

JL
Lm211, 030MP
N31.2.7-9
171 985

The Medical Practitioner

A Monthly Medical Journal

EDITED BY

Dr. M. S. Krishnamurthi Ayyar, M.B. & C.M.,
Retired Sanitary Commissioner, Travancore State,

AND

Dr. V. Rama Kamath
Member, Madras Medical Council.

CONTENTS.

PAGE.

Editorials	...	...	...	227
The Madras Medical Budget Debate	...	...	...	230
The Ensuing All-India Medical Conference	...	...	...	...
Original Articles	...	...	...	...
Beriberi: Aetiology and some clinical features, By Dr. M. L. Kamath, B. A., M. D.	...	...	...	233
Some observations on vitamins, By Dr. D. Sivasubrahmaniam, M. B. C. S., L. B. G. P.	...	...	...	240
Abstracts	...	...	...	...
The Treatment of Gonorrheal Rheumatism with organic Arsenical compounds	...	...	...	244
Round Table Conference and the Medical Service	...	...	...	246
Notes on Treatment of Diseases	...	...	...	248
Notes on Therapeutics, Diagnosis and other Medical Subjects	...	...	...	249
Useful Preparations and their Therapeutic uses	...	...	...	251
News and Comments	...	...	...	255
Correspondence, Reports, Etc.	...	...	...	...
Medical Budget Debate: Mr. V. T. Arasu, M. L. C. speaks	...	...	...	259
Interpellations: Medical Department	...	...	...	262
Private Practice	...	...	...	263

KURCHIBINE

(Kurchi Bismuth Iodide)

INFALLIBLE REMEDY FOR AMOEBIC DYSENTERY
AND OTHER AMOEBIC INFECTIONS.

MANUFACTURED FROM SELECTED AND SEASONAL BARK.

FOR AUTHORITATIVE REPORT CONSULT INDIAN
MEDICAL GAZETTE, SEPTEMBER, 1929.

LITERATURE FREE TO THE MEDICAL PROFESSION ONLY.

UNION DRUG Co., Ltd., 86, Clive Street,
CALCUTTA.

Telephone No. 3327, Calcutta.

Telegram: "BENZOIC," Calcutta.

Business Notice.

Scientific articles and notes of interest to the profession are solicited. Contributors of original articles will receive a copy of the journal in which they are published.

Communications on all matters connected with the journal, literary and business should be addressed to the Managing Editor, 147, Purasawalkam High Road, Vepery, Madras, as he alone is responsible for the conduct of the journal. Annual subscription to the journal is Rs. 1-8-0 including postage, payable in advance. Papers and articles forwarded for publication should be either typed or written legibly on only one side of the paper. They are understood to be offered to "The Medical Practitioner" alone and any breach of this rule will be followed by non-publication. When any such of the article appears in "The Medical Practitioner" the copyright automatically becomes the joint property of the author or authors and of the publishers. Papers and articles sent will be sent back to the contributors, if so desired, and postage sent for the purpose. The Editors of "The Medical Practitioner" cannot advise correspondents with regard to prescriptions, diagnosis, etc., nor can they recommend individual practitioner by name as such action would constitute a breach of professional etiquette.

QUININE URETHANE A. F. D.

BEST PREPARATION FOR

VARICOSE VEINS.

Tried with uniform success by the Continental as well as Indian members of the Medical profession.

The Anglo French Drug Co., (Estd. Ltd.)
P. O. Box. 460 BOMBAY.

THE MIRA THERMOMETER.

Reliability unchallengable. Order for it to-day and convince yourself.

T. M. Thakore & Co.,

Post Box. 249, MADRAS.

VICTORY OVER ASTHMA "KUSHMOL"

(THE ASTHMATIC'S DELIGHT)

BREAKS THE RECORD OF ASTHMA SPECIFICS

Over 98% success statistically proved.

"KUSHMOL" is effective from the first dose and curative in one bottle
LIFE LONG CHRONIC CASES ARE CURED IN DAYS.

Price Rs. 3-4 each; V. P. P. Rs. 3-10.

Sold on an Explicit and Unequivocal Guarantee.

The "KUSHMOL" Pharmacy, B-23, Victoria Park, Benares City, U.P.

Stocked by Messrs. Sri KRISHNAN Bros., Post Box 166, Madras.

For the Best Technic of Medication Use Compressed Tablets

Alcohol is a poison! Why poison your patients with alcoholic tinctures?

Give them compressed tablets.

Water is free! Why sell water to your patients in aqueous mixtures?

Give them compressed tablets.

Mixtures are nauseous! Why nauseate your patients?

Give sugar coated tablets.

Liquid medicines are bulky, bottles easily broken and medicine lost!

Why make your patients extra trouble?

Give them compressed tablets.

Manufactured under the sunny skies of Southern India our compressed tablets cannot be excelled for freshness, purity or medicinal properties.

For Price list of tablets address: The Manager,

ALL INDIA MISSION TABLET INDUSTRY, Bowringpet, India.

THE MEDICAL PRACTITIONER

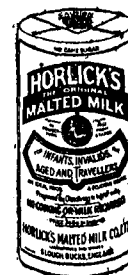
HORLICK'S MALTED MILK

The Ideal Food
for Convalescents

23 APR 1931



So good for growing children, Horlick's contains those qualities so necessary for building strong and healthy bodies. HORLICK'S is also available in tablet form for ready use and these tablets make an excellent substitute for sweets.



IN Horlick's are combined the tissue-building properties of mixed carbohydrates in the form of maltose, lactose and dextrins; the nutritive value of malted barley and wheat, the nourishing qualities of rich pasteurised milk.

Horlick's is a great aid in all cases of malnutrition and in the convalescent stages following illness; and in all conditions where it is essential the patient be given a diet affording maximum nourishment with the minimum of digestive effort.

Give your patient Horlick's. It hastens convalescence.

HORLICK'S THE ORIGINAL MALTED MILK

When writing to advertisers please mention this Journal.

PRODUCTS MADE IN GERMANY

THISIN**Painless Intramuscular Injection**

Is really efficacious and of real value in TUBERCULOSIS, pulmonary and other forms. TUBERCULOSIS of the LARYNX, the GLANDS, BONES and the SKIN.

It is the only preparation of its kind that contains IODINE-THYMOL-GUAIACOL-JAPANESE CAMPHOR and EUCALYPTUS. The effect of Thisin on Strepto, Staphylo, and Pneumococcus has been tested by the Method of Paul and Kronig, and it has been found that Thisin kills the above bacteria in two hours.

Thisin arrests the development of Tuberculosis, and promotes cicatrization of the lesions. It strikes directly on the Tubercular lesions and has a real and effective power of disintegration of the T. B. There is soon noticeable a gradual alleviation of cough, decrease in expectoration, subsidence of temperature, gain in weight, and a gradual disappearance of bacilli in the sputum.

Box of 12 Ampoules, each 1 c.c. Rs. 3-3

MERZA VITAL**Painless Intramuscular Injection**

Rapidly modifies the conditions in which all forms of bacillary disease develop.

A N E M I A, NEURASTHENIA, CHLOROSIS, PALUDISM, GENERAL ATONIC CONDITIONS. IT quickly increases cell activity and red corpuscles. It restores the tissues. Even the cutaneous circulation is greatly improved, as also the nerve cells, which are, one might say, integrally rejuvenated.

Box of 12 Ampoules, of 1 C.C., Rs. 2.

We shall be glad to furnish you with literature, case reports and all available data on every one of these and our other reputed preparations. Write now for descriptive Catalogue.

Sole Agents for India, Burma and Ceylon:

THE CONTINENTAL DRUG CO., OF INDIA
Commissariat Building, Hornby Road, Post Box 996, Bombay.

PRODUCTS OF PROVEN VALUE**'GONOKIN'**

Bottle of 50 tablets

'GONO-SEROL'

Urethral Injection.

'GONO-VACCINE'

Intramuscular & Intravenous Injection

Simple and safe treatments for acute and chronic Gonorrhoeal affections and complications.

'PAN-MELITUS'

The best for Diabetes Mellitus, Pancreatic, Renal, and Insipidus.

Bottle on 100 pills.

'RECTO-SEROL'

The accepted standard cure for Piles Abscess, Fissures, Fistula.

'SEX-VIGOR'

Of extraordinary value in Impotence, Sexual Neurasthenia, Sterility, Lost Vitality and Senility.

Bottle of 40 tablets.

Box of 6 ampoules.

'UROXYL'

Effective treatment for Gout, Rheumatism, Gravel, etc.

Bottles of 3 ozs. granules.

THE Medical Practitioner

Annual Subscription Rs. 1-8-0.

Single Copy As. 4

VOL. III

APRIL, 1931.

[No. 7

THE MADRAS MEDICAL BUDGET DEBATE

Within the limited time allowed for the discussion of cut-motions during the recent Budget Session, the peoples' representatives in the Madras Legislative Council did play their part well. We did our part of the duty to the profession and laid before the members of the legislature, the most important items requiring the serious consideration and as speedy a solution by the Government. The several points discussed by us in these columns in March were perhaps, too many to be considered by one Hon'ble member or a group of them. Everything had to be spoken of by all concerned within a couple of hours and within this time, the major portion of the items commented upon by us last month was dealt with.

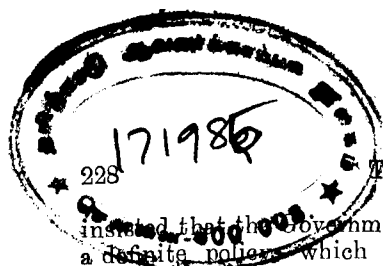
The debate was begun by an Hon'ble member representing the backward communities who naturally brought to the notice of the Hon'ble Minister, the hard treatment received by the members of his community in the state hospitals. This member was followed by yet another nominated member belonging to the same category. His appeal to the Hon'ble Minister was, that the womenfolk in his community should have better facilities regarding maternity relief. He advocated that more lady medical officers should be attracted by offering Government scholarships. The most important speeches delivered on the floor of the house were that of the Ex-Minister in charge of the medical portfolio, Hon'ble Dewan Bahadur R. N. Arogyaswami Mudaliar and another, in no way of less importance was that from Hon'ble Mr. V. T. Arasu who though a nominated member, spoke as frankly and as vehemently. At the time we

went to press, it was not possible for us to get the verbatim report of the speech of Dewan Bahadur Arogyaswami Mudaliar, though we got that of Mr. V. T. Arasu which has been published in the correspondence columns of this issue.

Dewan Bahadur Arogyaswami Mudaliar put the whole case in a nut-shell and pleaded for "a new orientation of policy in the Medical department" by which the expenditure on medical relief especially towards establishment, could be reduced considerably. This, he said, could only be done by the employment of Honorary Medical Officers who are at present treated as supernumeraries. He suggested the advisability of not recruiting medical officers any further.

Regarding Rural Medical relief the Ex-Minister advocated the system of appointing subsidised practitioners by rotation in villages where qualified and skilful medical men were not available. He was not for subsidising these practitioners permanently but for a limited period. We are glad to note that this view expressed by Dr. M. S. Krishnamurthi Aiyar in his Presidential address at the Madras Provincial Rural Medical Practitioners' Conference in last December is gaining ground. "The Madras Mail" was the first and the only lay newspaper that gave expression approving whole-heartedly, of what Dr. Krishnamurthi Aiyar said about this subject in his Presidential address.

Abolition of the dual course of medical education was another item of Dewan Bahadur Arogyaswami Mudaliar's speech. He wanted that the schools should be raised to the level of colleges. The future of the boys passing out of the School of Indian Medicine was another subject touched upon by the Ex-Minister. He



insisted that the Government should have a definite policy which areas required the Allopathic system of treatment and which, the Indian system. He brought to the notice of the Hon'ble Minister the highly objectionable conduct on the part of the State medical officers in running private hospitals and pointed out that the Government should come to an early decision regarding this baneful practice. Mr. Hameed Khan rightly pleaded for provincialisation of medical service. He was against recruiting from outside service as officers with high qualifications were available within the service. Being a Muhammadan representative, he could not but speak of special representation in Medical service, for his community. So also did Dr. C. Natesa Mudaliar, who would do well to know that the principle of communal representation has not been lost sight of by the Selection Committee, and even by the Madras Services Commission, while recruiting Assistant Surgeons from amongst the selected House-Surgeons and Physicians. The Provincial Medical Service does undergo double straining regarding communal representation. Both the Hon'ble members seem to be not aware that last year the Government had to select 26 candidates or very near this number so as to get in a Muhammadan candidate in the Medical service, though there was provision only for 11 Assistant Surgeons. This candidate did not secure the required number of marks in the competitive examination and there were about 25 more above him, who secured more marks than this candidate; and it is said that though this candidate was about the 26th regarding his marks he has been placed at the top, superseding others who secured a higher percentage of marks in the subjects examined.

The Hon'ble members who pleaded for the communities they represented either with reference to the treatment of patients or recruitment to Medical Service might have done better service to their communities if they made an attempt to find out the cause of all these ills. Whatever might be the justification for introducing communal representation in services, it is detrimental to the interests of the healing art to talk about communal representation more than is necessary. It is needless for us to point out that the patients never exhibit any caste bias in

this province in the choice of their doctors. The Hon'ble member representing the Muhammadans in this city should know more than anybody else that the popular Unani-doctors in this city have more Hindu patients than Muhammadan and the Hindu practitioners practising in Allopathy have more Muhammadan patients than the few Allopathic Muhammadan practitioners. If these communal Hon'ble members joined in discussion with Dewan Bahadur Arogyaswami Mudaliar or Mr. V. T. Arasu and followed their line of arguments for bringing reform in the matter of medical relief in this province,—that is by introducing wholesale, the honorary system,—then there will not have been any occasion for them to raise the issue of communalism at least in the future.

When the whole medical profession, here and elsewhere, are for abolishing castes in the medical profession, and when none of the Hon'ble lay members in the legislature raised any objection for raising the standard of medical education in the medical schools, it was certainly outrageous that Dr. C. Natesa Mudaliar should insist on the caste complex in the noble medical profession on the plea that poor people want cheap doctors. Was it not possible for him to realise that cheapness of a doctor does not depend upon his qualifications? Many of the L.M.P. doctors today are as costly as those from the institution where Dr. Natesa Mudaliar had his course of medical studies. Even for the sake of argument, if we concede that the L. M. P. practitioner is cheaper for the poor, may we ask this Hon'ble member whether there can be two standards for treating human ills, one for the poor and the other for the rich? We are of opinion that the doctor whose lot it is to treat the poor, should certainly have better equipment in the matter of his knowledge of drugs and foods, as he has to be more judicious in prescribing both, without risking the life of the patient and at the same time not be unmindful that he is treating a poor man whose means are very limited. Even in the matter of diagnosis, the poor man's doctor should be of exceptional merit, for his patient cannot afford the costly methods of diagnosis such as the X-ray and the bacteriological laboratories for finding out the causes of illness; and hence, he has to diagnose diseases correctly without the costly methods which, while being good

in their own way, usually detect diseases such as Tuberculosis when they are too far advanced to vouchsafe a cure, much less any relief.

The Hon'ble the Minister's reply was rather a confusion of thought. The Minister himself confessed at the close of his remarks that within the short time at his disposal, he was not able to get acquainted with all matters connected with the subject. Yet, it is a matter for consolation that the Hon'ble Dewan Bahadur B. Munuswamy Naidu, the Chief Minister, assured the House that "it would be his endeavour to do his best to remedy all defects that might exist, to the extent he could."

It is possible to conceive for a popular Minister with a nationalistic temperament that the department of which he is in charge deals entirely with the welfare of the public in this province and not merely of a very small percentage of population who seek admission either as out-patients or in-patients in state hospitals. His work does not end with finding money to run the state medical institutions and pay their medical officers, but in solving the larger question of furnishing skilful and qualified medical aid to 42½ millions entrusted to his care; and could he do it with about 1,000 medical men of all grades now employed in Government Medical institutions? As has been repeatedly mentioned in these columns, we require at least 25,000 medical practitioners on a rough basis of 5 for rural and 10 for urban areas, for a population of every 10,000.

There are at present, only about 4,000 qualified practitioners in this province including those in service. Out of an expenditure of Rs. 89,86,600 for medical relief this year, as much as Rs. 54,22,100 is proposed to be spent on establishment and contingencies. The latter amount is feeding about 1000 medical men in service and the rest of medical relief is now given by private practitioners who are only about 3000. Is it not the paramount duty of the state to see that those medical men outside service and who are doing as much or perhaps more onerous work, get a living wage? Is it possible for the Government to employ 25,000 medical men with the scale of pay they now give them, which costs Rs. 54,22,100, for nearly 1000 medical men? Besides, there are several systems of medicine. Some believe in Allopathic, others in Ayurvedic, Unani,

Siddha etc.,—not to mention of Homeopathy, Chromopathy, Naturopathy. The Government at present, is spending lavishly on the Allopathic system only and for the past few years, a Government School and Hospital of Indian medicine are being run. It is very likely representatives in the Council who have faith in other systems, will clamour for Government institutions in such systems and the Government who receive contributions towards taxes from such people also, cannot possibly deny to supply their wants. Considering all these difficulties, the cheapest and the most efficient arrangement will be for the Government to leave medical relief of the general public to the private medical profession as it is in other countries, where not only hospitals but teaching institutions are run by private agencies. The Government however, should be responsible to see that the practitioners of whatever systems, are really qualified and do possess skilful knowledge to treat human ills.

There is a vast field for the exercise of the medical profession by skilful and qualified practitioners but the unwholesome and unequal competition between the state-paid doctors and private doctors and the existence of dual standards of medical education has hampered the organisation of medical profession on sound lines. So, before the Minister appoints a committee as suggested to him by the Surgeon-General to go into the question of honorary system of medical relief, it is highly desirable that he asks the Surgeon-General to enquire about the abuse of privileges of private practice by state paid medical officers; unless this is done, the honorary system is bound to be a failure as the honoraries, while working for the state, have to find food for themselves and drive away the hungry wolves from off their doors. The vested interests and various other causes, result of these interest will certainly come in the way of the Surgeon-General to come to any satisfactory conclusions. More than one Surgeon-General, while privately talked to, have expressed their opinion in unequivocal terms that the running of private hospitals, research laboratories, chemists' shops and even being a consultant to chemists' shops were certainly an infringement of the existing rules which are so far, seen to be unwritten and consequently as lax as they are violable. It is certainly an

JK
Lsm 211, N30 MP N 31.2.79

irony that though the pay and prospects of the medical officers in service are almost double what they were a few years ago, the corruption in these services are on the increase; and the Surgeon-General have not been able to stop these practices. Nay, as was observed by us, last month in these columns a confidential circular warning medical officers against unethical private practice has brought about more sinners in this respect.

It has been our experience, and we are sure it should be of many more, including the ex-Ministers in charge of medical portfolio in this province, that the Government as it is constituted today with a Surgeon-General beyond the control of the Minister, cannot and will not be able to achieve much in this direction, unless the independent medical profession with the help of the public, agitate and put pressure on the Government as was done at the last budget session of the Legislative Council.

We suggest to the Hon'ble the Minister that if he is earnest that the honorary agency should take up their legitimate work in state hospitals and effect retrenchment on a tangible scale, he should call for a conference of prominent medical men both in the city and in the mofussil whose number should be sufficiently large to represent all varieties of interests now existing in the profession and have an open and frank discussion with them and chalk out a policy both regarding medical relief, urban and rural, and medical education as suggested by the majority in this Conference. The committee suggested by the Surgeon-General will be too small to thrash out this knotty question of such a vast and wide importance to this province, if not to the whole country.

The discussion on general topics of the medical department did not naturally permit the Hon'ble members in the Council to tackle the other items mentioned in these columns, such as unwarranted supersession in the Provincial Medical Service, the opening of the Sub-Assistant Surgeon cadre to the Medical Graduates, the formation of a recognised cadre for public health and medical department under the Local Bodies; and we trust that the Hon'ble members will take the next best opportunity to discuss these problems and bring about peace and contentment in the medical profession. Politics is after all, nothing more

and nothing less than a strife to live well and no profession does this more effectively and efficiently than a contented medical profession. Next in importance comes Education, and if the Hon'ble members do their duty towards these two inseparable items of public utility, Swaraj will be a reality and not a mere talk.

THE ENSUING ALL INDIA MEDICAL CONFERENCE.

As early as 1917, members of the medical profession in Calcutta conceived the idea of holding annual Conferences of an All India nature and had the first of its kind on a grand scale at Calcutta in the same year during Congress week. The attendance at this Conference though fairly satisfactory, did not represent all the provinces in as good a number as could be expected at such annual gatherings, but as this conference synchronised the Congress session, the few medical men who came to attend the Congress did the double function of representation. The next Conference was held at Delhi, the 3rd at Amritsar and the 4th at Nagpur. For want of organisation and other satisfactory details, these annual conferences, first started in 1917, had a brief life of four years and once again in 1928, its life was resuscitated in the place of its birth at Calcutta. For more than one reason, it was decided by the leaders to have these conferences during the Congress week, if possible in the very place where the National Congress met. It was also decided at Calcutta to organise an All India Medical Association on the lines of the British Medical Association and for this purpose, a resolution was passed at Calcutta in 1928 in the following words: "Resolved that an all-India Medical Association be formed to look after the interests of the medical profession, public health and medical education in India and that it be duly registered."

As a result of this resolution, the Indian Medical Association was brought into existence and there seem to be today, 468 members on its rolls. Efforts are made to start branches, the first was stated at Lahore where the annual Conference, was held in December 1929 during Congress week. Existing Medical Associations were affiliated to this parental body and already

the Poona and Patna Medical Associations have joined this body. Perhaps on account of political and other reasons the annual conference could not be held last December and consequently the Poona Medical Society has invited the All India Conference in Poona where the Conference will meet for three days, the 25th, 26th and 27th of this month. It was most appropriate that the Presidentship of this All India gathering has been conferred upon Dr. Jivaraj N. Mehta, M. D., M.R.C.P. (Lond.), Dean, Seth Gordhandas Sundardas, Medical College, Bombay, a staunch nationalist and a prominent member of the medical profession in charge of the Medical Institution founded by an Indian millionaire of Bombay and administered from top to bottom by honorary service by Indians. The speech to be delivered by such a personage from the Presidential chair will certainly have a penetrating effect in quarters where such speeches have eventually to reach. A person of the eminence of Dr. Mehta, who has had exceptional opportunities of knowing and studying the needs and the grievances of the independent medical profession and who has been making himself felt in all that he said and did, needs no direction from anybody, much less from ourselves, as to his responsibilities as the chosen head of the All India gathering at this momentous time when affairs concerning India are in a molten condition.

Dr. Mehta read a paper before the Punjab branch of the Indian Medical Association a few months ago, the subject being "The work before the Indian Medical Association". Those who have read this speech are sure to have some misgiving regarding some of his views expressed in that speech, especially that regarding future medical education in this country. He is "of opinion that looking to the large size of the country and the needs of the rural population, it would be difficult, if not impossible, to have one uniform standard of medical education for this country for some years to come." Philanthropy and charity alike either to his less fortunate brethren in his profession or to the rural population certainly demanded something other than what Dr. Mehta expressed regarding this subject. May we request Dr. Mehta to refer to the Bombay register published in 1930? He will find therein that there are in that province, 2356 university degree-holders

as against 2328 medical licentiates. If we eliminate the Graduates of other Universities, who are grouped alongside the Licentiates in this register, the number of Licentiates in the Bombay register will be still smaller. The present tendency is, whether it be in Bombay or elsewhere, to join colleges more than schools and if all the schools are closed at once and converted into colleges, there will not be a hue and cry in any quarter. He should know that the Licentiates were primarily brought into existence by the I. M. S. and when this class outnumbered the needs of the hospitals, they necessarily became general practitioners and a large number of them in private practice, though handicapped in every way, have been able to hold their own and show those whom they serve that they are "practical men and not merely stuffed with theories"—to use the words of Dr. Mehta himself. If the education of this class of practitioners is neglected to-day, the blame is not theirs, but of our leaders, not excluding Dr. Mehta himself. As a nationalist and one moving in circles of ultra-nationalists of the type of a Socialist Pandit Jawaharlal Nehru, a lower standard of education desired by Dr. Mehta for rural population is certainly inconsistent with his professed views on nationalism in other spheres of life. Are there two standards for the treatment of diseases, one the rural and the other, urban? Our leaders in politics decry the Government with one voice for having neglected rural construction. Will Dr. Mehta be satisfied with a lower standard for medical relief in rural areas? Are the lives of these so cheap? And do they become more costly to command the treatment of a higher standard claimed by Dr. Mehta, the moment they enter urban areas? We wish Dr. Mehta would change his personal views on this "ticklish problem"—to quote his own words.

The views of Dr. Mehta as expressed in his Punjab paper on another important subject i. e., of Medical registration are as confusive as they are beside the points raised by him to indicate his wrath against the General Medical Council of Great Britain. He does not regret a "break with that Council", and all the same, he is not against the All India Medical Council—of course, modified in his own way. He seems to have forgotten

that the All India Medical Council is to be brought into existence to appease the wrath of that great body in Great Britain who had the courage of not recognising Indian University qualifications. The purpose of the proposed All India Council is only for standardising the medical education in Indian Universities so as to bring them to the level demanded by the General Medical Council. This body is to take the place of the Commissioner once proposed and appointed by the General Medical Council. If that Commissioner was one from non-I. M. S. service and an Indian, we do think there would have been no talk of an All India Council. We do not feel inclined to comment more on this subject as we have done so several times in these columns. A Council without representation to the Medical Licentiates who form the largest bulk in the medical profession in this country, cannot be called an All India council; at the most, it may be called an All India Medical Graduates' Council as expressed by us once before.

If Dr. Mehta and the rest of his school of thought have dear to their hearts, the

future prosperity of the independent medical profession in this country and of the Indian Medical Association of a potentiality of the British or American Medical Associations, which seem to be the aim of Dr. Mehta as we could see from his Punjab lecture, and if he wants "cohesion of the interests of the different sections of the profession in this country" he and others like him should stretch their hands to the Licentiates and lift them up as did the medical profession in England in 1858 in case of medical practitioners who were not even qualified.

At present there does not exist a "cohesion" in the Indian Medical Association as this physical phenomenon cannot take place in case of bodies of different material. The "adhesion" now brought about in allowing the Licentiates to be members of Indian Medical Associations cannot last long under conditions prevailing in the profession. So, may we appeal to all concerned who run the conference at Poona to have the heart and prudence of a Ranade, a Tilak and a Gokhale in applying democratic principles in the Medical profession in India.

Dr. S. R. BHAT, M.B. B.S., L.D. Sc. (Cal.)
The X-Ray and Electro Therapeutic Dental Surgery,
 289, Esplanade, Madras.

CONSULTING HOURS 8-30 to 12 A. M. & 2-30 to 6 P. M.

Charges Moderate.

Consultation Free.

CAMPHOREINE

A Specific remedy for Cholera used by the profession and the public from 1919,

CHIEF INGREDIENT CAMPHOR

A Modification of Tomb's Formula with Camphor as an additional ingredient—and more palatable.

(Vide page 373 *Manson's Tropical Diseases, Ninth Edition*)

Tomb's Formula claims "95 percent of cases of recovery"

(Manson's own words)

Most Valuable "in Mass Treatment"

(Manson's Quotation)

Prepared and issued by—

THE ORIENTAL SPECIFIC DEPOT,
VEPERY, MADRAS

Original Articles

BERI-BERI: AETIOLOGY AND SOME CLINICAL FEATURES*

BY

DR. M. L. KAMATH, B. A., M. D.
 SUPERINTENDENT, GOVT. ROYAPETTAH
 HOSPITAL, MADRAS.

Definition: An endemic form of Periphral Neuritis with often a varying degree of oedema of the subcutaneous tissue and rarely effusion into the serous sacs, with great liability to implication of the vagus and phrenic nerves, the cranial nerves and the higher nerve centres being rarely affected.

Geographical Distribution: Commencing from north Madras coast, the disease is endemic along the sea board of Burma, Indo-Chinese Peninsula and China. It is prevalent in the Asian Pacific islands and along the Eastern coast of Brazil. A similar disease has been found to occur in the Asylums in England and America. It is interesting to note that in Mesopotamia in 1915 there were about a 100 cases of Beri-beri among the British troops whereas the Indian troops did not furnish a single case of Beri-beri but a number suffered from scurvy.

History: The modern knowledge of Beri-beri is stated to date from A. D. 1642 when Bontius wrote a description of the disease. It is stated that Chinese writers of the second and seventh centuries after Christ allude to the disease, and it is even surmised that they make a reference to this disease as having existed about 27 centuries before Christ. Strabo describes a similar condition as having occurred in the Roman army invading Arabia in B.C. 24. In Brazil, a non-rice-eating country, the disease, seems to have been first noticed in 1865.

The word Beri-beri is fancied to have been derived from one or other of its more important symptoms; "Bhair" in the Sanscrit-derived vernaculars means "Numb", and as every one knows, repeating the word twice means intensely numb; so Beri-beri is regarded by some as adapted from the Indian "Bhair-Bhair"; others

would hold that it is derived from the Arabic words meaning Sheep's Asthma and would support it by pointing to the dyspnoea which is so marked in a good number of Beri-beri cases.

Aetiology: As is usual with diseases having a scientifically undifferentiated cause, the theories about Beri-beri are legion. A glance through them would be worth while, if only to stress the difficulty in the search for the truth.

A. PHYSICAL CAUSES

As with Malaria, Beri-beri was supposed to be due to atmospherical conditions, but old writers like Devy honestly said that it was a cloak for their ignorance.

B. CHEMICAL CAUSES

1. Arsenical poisoning (Ross)
2. Oxalate poisoning (Treutlein)
3. Carbon-di-oxide poisoning (Ashmed)
4. Food poisoning
 - (a) Ichthyotoxismus (Grimm and Miura)
 - (b) Sitotoxismus (Eijkmann and others)
5. Some deficiency in the food
 - (a) Deficient Nitrogen.
 - (b) Deficient fat.
6. Intoxication from a germ living outside the body.
7. Intoxication or Auto-intoxication (Durek Wright Eupassant, it may also be mentioned that Giles in Assam for a time thought that Hookworm was the cause of Beri-beri on account of the common factor, dropsy, in Beri-beri and Ankylostomiasis.)

At the present day, I do not think it necessary to discuss the physical causation of the disease or the chemical causes like arsenic, oxalate and carbon-di-oxide poisoning.

Ichthyotoxismus may be disposed of by stating that a number of cases occur every year in the Northern Circars among the non-fish eating Brahmin population.

SITOTOXISMUS

Rice poisoning has been a favourite theory, and has had many supporters.

* The Dr. Elizabeth Matthai University Lecture No. 1 delivered by Dr. M. L. Kamath, B.A., M.D. at the Madras Medical College on 28th March, 1931.

Eijkmann and Venderman consider it due to eating rice without husk which is a natural protection—Gelpke and Yamagiva considering it due to stale rice, meaning, badly kept or stored rice. Braddon who according to Gastellani is often wrongly quoted, ascribes the disease to the ingestion of a poison found in the rice and which is the result of the specific product of some organism—epiphytic or parasitic, but does not believe that the disease is due to the ingestion of the organism—contrary to Eijkmann or Venderman; Braddon considered the husk to be the dangerous element as the micro-organism grew there.

The rice theory modified in one or other way, that is, by being the habitat of a micro-organism or by deficiency of vitamins by overmilling, has, in a rice-fed community, longest held the field; so it will be worth while to discuss it at some length.

Beri-beri, as I have already referred to in the paragraph treating of its history, is a disease of great antiquity. As regards the Circars and particularly the district and Municipality of Vizagapatam, from which my experiences were gathered, the first mill was opened nearly half a century ago. To explain away the causation of a disease that has been known for centuries by circumstances of later growth, does not, to say the least, seem scientific.

In the Vizagapatam district and the Circars, generally, there are two sorts of rice both being uncured, *i.e.*, (the paddy is not boiled before husking). One variety is made by hand pounding, the other is milled. Burma rice finds a sale in the Circars—itsself a rice producing tract—when the price of local rice goes up, as happened for instance in 1906-07; milled rice as found in Vizagapatam has never the fineness or lustre of Burma rice; in other words, it is not overmilled and it is extremely difficult for the novice to distinguish one from the other but for a difference in price.

Beri-beri is a disease that occurs in people eating a mixed diet where any pooriness of phosphates or vitamins in rice is made good from salts and vitamins in fish, flesh, other cereals, vegetables and milk and its derivatives in the case of the meat-eater, and excepting the first two, in the case of the Indian vegetarian. It does not seem probable that phosphates and vitamins, whether from rice or other substances, would make a difference. Perhaps it may be the other way round;

green vegetables supplying a plentiful and absorbable source of these two important substances.

The poorer classes, in Vizagapatam, who constitute the majority of the cases suffering from Beri-beri take a rice meal in the evening, the day meal being of ragi or kambu. Here it may be added that they are very partial to the green hollow sprouts of the onion (spring onion).

Besides, I would urge that any deficiency in these directions should make itself felt during infancy and childhood when these substances are required both for growth and repair, and not repair and maintenance alone as among adults; but statistics, fallacious though they may be and perhaps often are, do not bear this out. Beri-beri is seen in the second decade but it is commoner between the 20th and 30th years. Schuebe's youngest patient was eight years of age and in a ten years' experience in Vizagapatam I have not met with the disease before nine years.

The rice supplied to the Civil Hospital, Vizagapatam and later to the King George Hospital there till 1st April, 1939 has been sometimes hand-made but oftener milled. Over 150 have been in-patients and observed by me during the various occasions I have been there. All of these, except a few in the beginning when they had a real or feigned aversion to rice, have been put on the half or full diet of the olden days or the ordinary diet of the present time. If rice eating were the cause, the cause continuing, the patient should have steadily become worse; but the results compared favourably with those given in text books.

Malabar is a district which grows rice, on a small scale, just enough for a four months' consumption by its population. A small quantity (hand made from boiled paddy) is imported from South Kanara and the greater bulk (milled from boiled paddy) from Burma. In a six years' stay in Malabar, I have not come across a single case of Beri-beri. It may be argued contra that boiling the paddy prevented the rice from causing Beri-beri.

The city of Madras consumes what is mainly milled rice from both types of paddy, *i.e.*, boiled and unboiled. I have been attached to several hospitals in Madras at different times and have not come across a single case of the disease of pure

local origin from among the urban population.

Even in the Vizagapatam district where there is Beri-beri (as in other districts of the Circars), the same sort of rice, nay, diet is consumed along the coast (excepting for a little fish among the non-vegetarians) as in the interior of the district, but the disease does not obtain among the population of the interior; the disease is almost confined to a forty mile limit from the sea-coast.

The fact that Beri-beri is a coast disease; that, though seen during the whole year it is commoner in the months of August, September and October—when there is a combination of high humidity and heat; that even the same peculiarity can be noticed in the municipal Beri-beri zones, which are more or less practically restricted to low-lying, moist and over-crowded areas of the town, for example, in the Vizagapatam Municipality, certain wards like Chengalrowpetta and the Fort ward give many cases and some other wards give hardly any case as in-patients; out-patients or in private practice; all the above data coupled with the salient fact that healthy adults are more often attacked than the very young or the old; that it sticks to some houses or quarters; all these make it probable that the disease is caused by some *organism* not yet isolated.

The geographical distribution of Beri-beri has a faint resemblance to that of Filariasis, but there it ends.

The disease is not air-borne or water-borne. If that were the case, with a common supply, we should have more cases. The fact that the disease is confined to low-lying moisture-laden lands along the littoral, suggests that some phase of causative micro-organism might be spent on the soil. In this connection, I would like to mention the following incident that occurred within my own experience.

The Edward Hostel for the students of Vizagapatam Medical School, was started in 1904 in a spacious building on the main road. Till the end of May, 1906, though there were many cases of Malaria, and one or two cases of Dysentery, Beri-beri was unheard of among the inmates. In July, 1906, the owner of the building wanted to extend it and digging operations commenced in the early part of the month. By the end of August, out of the nineteen Non-Brahmin boarding and lodging students, nine had Beri-beri and out of the

five Brahmin students, who used only to lodge there (as there was no boarding accommodation for Brahmin vegetarians) two had the disease. Another adjacent building was obtained and the hostel removed into it. This second building was much less satisfactory than the one vacated. Since then, up to 1912, no case of Beri-beri was reported from the hostel inmates.

The Non-Brahmin students referred to above used to eat hand made raw rice. They had ghee, curds, other cereals and vegetables and mutton or fish every day. The Brahmin students had a vegetarian diet including milk and its derivatives and messed in the same hostel.

In my thesis for the M. D. Degree examination approved by the Madras University in 1911, I ventured to suggest that "if stale rice meant rice kept in low-lying damp godowns, it is probable that the causative organism might pass a phase of its existence in such rice and this rice thus contaminated by the presence of the organism itself or its toxins may produce Beri-beri in the consumer."

Some other cases detailed below, lend further support to the above view. When ultimately the true cause is discovered, it may be, that my original view, modified, is nearest the truth.

In a village near Anakapalle in the Vizagapatam District about 10 miles from the sea coast there is a rich Kshatriya family with over twenty members, men women and children. The members of their family frequently visit Anakapalle and Vizagapatam (Beri-beri areas), but in the village itself there are hardly any cases. It cannot be said that there is any deficiency in their diet, in calories, vitamins or proximate principles. In 1907, one adult of the family aged about 24 years got dry Beri-beri. I assisted a senior in his treatment. He took nearly a year to recover from the Polyneuritis but is alive and well to-day. A trace of the old complaint can still be discovered in his gait.

Dr. B.V.N., a member of the Provincial Medical Service, was in Berhampur for a couple of years and subsequently at Vizagapatam for over 5 years. The first signs and symptoms of the disease were observed about the middle of September, 1928. He was completely unable to use his lower limbs, had oedema of both lower extremities by the end of October, left the station for Vellore about the same time and died about the middle of

January, 1929. He was running 42 when he died and was a muscular, tall and powerful man. I shall speak in detail about his diet and residence.

His diet consisted of one or other of the Indian rice preparations, as "iddili, dosai, or appam" and milk in the morning; the midday meal of cooked rice, ghee, vegetable curries, butter-milk or curds. After light refreshments in the evening, night meal, identical with the midday meal, with this difference, that the quantity of rice was about half, the difference being made up by "chappaties" (whole wheat flour being hand-made). He was also eating fruit. He ate meat occasionally, say about once in a fortnight. He was a teetotaler and non-smoker. This routine was observed even before the commencement of the disease, and maintained till October. Thereafter he was eating more of fruits and butter.

The diet, it may be said in general, was about the same as that of many other persons of his circumstances in this province except for the wheat "chappaties," during the evening meal. I do not think it deficient in vitamins. His family (wife and six children, eldest about sixteen, youngest about two years) and his aged mother were living on the same diet (but for the chappaties). They were alright. His mother-in-law, and brother-in-law, a Kala Azar patient who had come to Vizagapatam for treatment, were in the same house and on the same diet with the rest of the family from July to September 1928 and left the station alright.

The Doctor was an active and busy professional man, doing about 15 to 20 miles a day on a push-bicycle till about a year before he got the disease (when he got a car and discarded the bicycle).

The house was a "pucca" Indian upstairs house and they slept upstairs. They were not very particular in keeping the windows open at night. The compound in which the house is situated was a water-logged one, in the olden days and even now water stagnates in the unbuilt portion of the compound when it rains more than one inch during the 24 hours. There are several other houses in the same compound, many of which are small ones, built more or less after the fashion of Bombay chawls (but ground-floor only) and to my knowledge there have been no cases of Beri-beri. The late doctor was living in the same house from 1923.

I got a sample of the rice he was eating and it was in no way microscopically different from the rice that a good many of the middle class eat in Vizagapatam. *i.e.*, milled rice, but from unboiled paddy.

During the last week of September 1928 and for a little time longer there was a scare in the St. Aloysius School Hostel, Vizagapatam; for here in quick succession, there cropped up eight cases of Beri-beri, a thing unknown since the hostel was founded. At that time, they had almost completed an extension of the building by making additions to its southern wing. This sudden onset of the cases, two of which were fatal by dilatation of the heart, looked as if they had some aetiological connection with the upheaval of the soil, though the connection was not so close as in the case of the King Edward Medical School Hostel of over twenty years ago and the ratio of the afflicted was not so high. Here the cases were eight from about 180 boarders; the severity of the two fatal cases being the main distinguishing feature here.

The following was the routine of the diet in the Hostel:

7-30 a.m.	...	Tea, bread and plantains.
12 noon	...	Rice, one oz. butter, meat and vegetable curry.
4 p.m.	...	Same as at 7-30 a.m.
7 p.m.	...	Same as at 12 noon.

On Fridays, meat was replaced by fish. The students played games regularly in the evening. They slept in big common dormitories on the first floor.

The school was closed for about a month. There was only one case in September 1929 which recovered. It was his fifth year in the hostel and he was a boarder during the previous year also.

FOOD DEFICIENCY—AS THE CAUSE OF BERI-BERI.

I am just alluding to the proteid deficiency theory as it has been recently adduced as a cause of Pellagra by W. H. Wilson (B. M. J. 18th January 1930—page 101) the reason stated being, that out of a total calorific food value of 2600-2700, the food contains only 60-80 grammes of proteid. As regards Beri-beri, this obsolete theory was due to Takaki who investigated the diet on board the Japanese warship "Ryujō" which went on a cruise in 1883 to New Zealand; it had 160 cases of

Beri-beri out of a crew of 350 men. Takaki found that the diet contained proteid 109.29 grammes, carbohydrate 622.32 grammes, and fat 15.3 grammes.

He raised the diet to 196 grammes proteid, 766 grammes carbohydrate and 43 grammes fat and the warship "Takuba" was sent on the same cruise taking 257 days and developing only 16 cases of the disease.

I would only state that if proteid deficiency were the cause of Beri-beri, the people of the South and West coast districts of this Presidency (barring the fish-eaters of the coast and so called meat-eaters—I advisedly say so-called for, a great percentage of the non-vegetarians use little meat) and who are unconscious followers of the Chittenden scale of proteid consumption should have shown a large number of cases of this disease. The people of the above districts get their proteid mainly from rice, whereas the population of the Circars who use a greater variety of cereals and corn are the people that suffer.

About fifteen years later than Takaki's observations, Bremaud and Lowrent in Siam thought that the disease was due to deficiency of fat. This theory found one or two supporters in Singapore, who adduced as an example that the Tamilian settlers there who used a larger quantity of gingelly oil were more immune. The theory however, found little support.

The latest view in this direction has been that Beri-beri is due to a deficiency of vitamin B. Beri-beri columbarum in pigeons and Polyneuritis gallinarum in fowls have been produced in the laboratory by a diet deficient in or free from B. vitamin. Peripheral neuritis is the essential feature of Beri-beri. Dropsy and dilatation of the heart which are not interdependent, are often but not always, associated.

Polyneuritis may be a clinical entity, but diverse conditions are associated with it as aetiological factors.

Inorganic poisons like lead, arsenic, and mercury, organic ones like alcohol, chloral and chloretone produce this condition. Serum disease may be associated with it. Metabolic changes as in diabetes, malignant cachexias, chronic anaemias; bacillary diseases like typhoid, influenza, tubercle, diphtheria and dysentery, coccal infection like that of pneumonia and septicaemia, spirochaetal as of syphilis, and the

malarial plasmodium may all be associated with it or leave it as a sequel. It is essential to the picture of leprosy. The puerperal period may be troublesome with this complication. It may also be noted that the puerperal period may predispose to Beri-beri. (In the Circars, Beri-beri during this period by a transferred epithet is called "Soothika," which literally means the puerperal period).

The nervous system, the main master-tissue of the body, offers feeble resistance to anoxaemia or toxæmia. The cortical cells are the most fragile; cells of plexuses like the myenteric plexus are more resistant and the peripheral nerves, the most resistant. Regarding the peripheral nerves, the sensory fibres which are always in action suffer earlier than the motor fibres. Toxins have been proved to combine with some of the constituents of nervous tissue and have their virulence increased or decreased. Thus it has been shown that in viro and vitro the toxins of tubercle and diphtheria combine with the phosphorised lipoids and have their virulence exalted; whereas tetanus toxin combines with the proteid elements with an apparent attenuation of its virulence.

I have already stated that the constant feature of Beri-beri is polyneuritis, the sensory moiety being first affected, for in the so-called larval cases there is only tingling and numbness without any motor paresis. Dropsy is the next common concomitant. As I will allude to later, under symptomatology, it is the diastolic blood pressure that suffers by a fall in this disease, the systolic remaining about normal, but there is no relation between lowered diastolic pressure and dropsy as with the same blood pressure some cases show dropsy and others do not. I will state here the case of a Muhammadan police constable who was under my treatment late in 1927 and early 1928—a case of wet Beri-beri. He was three times treated with a course of hypodermic injection of 5 drops Adrenalin Hydrochloride given on five or six consecutive days. There was no appreciable effect on the blood pressure; each time the dropsy disappeared but only to re-appear. (A long while later this patient was discharged convalescent from the hospital). I have seen similar transient effects in a couple of other cases. May I suggest here that in the causation of

Beri-beri dropsy, histamine absorption from protein decomposition in the intestines may play a part and hence account for the temporary effect of Adrenaline in relieving that sign to its well-known antagonistic effect on histamine. It may be that the hypertrophy of the Adrenals noted post mortem in some cases be Nature's attempt in the same direction.

The heart is also affected in a good number of cases of Beri-beri, mainly perhaps due to the affection of vagus nerves. As will be stated under symptomatology, the gastro-intestinal tract also suffers.

In this connection, I do not think I need remind you that toxins may reach a nerve either by the blood stream or the perineural lymphatics. It is also well-known that certain poisons have a selective affinity for certain nerves, *e.g.*, the musculo spiral in lead palsy, pharyngeal plexus and 3rd nerve in diphtheria. The vagus, with its wide ramification in the gastro-intestinal tract, might also receive, in addition to what is received by the blood channel, an extra dose of poison by way of the perineural lymphatics, the poison being manufactured by some causative micro-organism, perhaps of a low toxicity that spends a phase of its existence in the human intestinal tract.

In circumstances yet unknown, the combination with the constituents of the nerve tissue might exalt the toxicity of the micro-organismal products and this may account for the pernicious state.

To furnish a parallel, it is established that the bacillus coli communis is a normal inhabitant of the human intestinal tract, leading a saprophytic existence and helping in the part played by micro-organisms in digestion. The fact that the micro-organism becomes pathogenic when it transgresses beyond its usual jurisdiction, causing inflammation of the urinary tract, appendix or gall bladder, does not concern us here. In the intestinal tube itself perhaps, due to the fact that the virulence of some of the saprophytic strains is increased or that it has gained absolutely pathogenic qualities or because the resistance of the intestinal mucosa is lowered by physical, chemical or micro-organismal causes, the bacillus coli communis produces serious disorders.

Considering all the statements that I have so far put before you, may I submit to you as a working hypothesis that the symptomatology styled Beri-beri is pro-

duced by a micro-organism which spends a portion of its existence in the soil and yet another in the human intestinal tract; proteid deficiency or decomposition, vitamin deficiency and perhaps yet other causes being all factors in exalting its virulence?

Some Points in Symptomatology

THE NERVOUS SYSTEM: A zone of anaesthesia around the mouth is present in about 5 per cent. of cases. In one case there was patchy anaesthesia in both the lower extremities. In about 10 per cent. there is tingling in the anaesthetic area. In about 5 per cent no anaesthesia could be detected. Anaesthesia dolorosa was observed in two cases. Sensation to heat and cold is sometimes present.

Knee-jerk is generally lost but may be exaggerated. In a small minority it may persevere for over two weeks.

Pain in the calf muscles is almost constant and rarely there is rigidity in the painful calf, sometimes the abdominal recti are also rigid. In one patient, I noticed twitching of the muscles of the lower extremities for some days.

There is a certain laxity of the joints, in Beri-beri. They are sometimes painful and rarely, may show some slight effusion.

Paresis of varying degree is present except in the mildest cases. I have seen one case, where there was paresis of the abdominal and perineal muscles and the patient was not able to pass urine and faeces for nearly a week, and had to be relieved by catheter and enema.

Sight was slightly affected in some patients, haziness of perception and difficulty in making out fine print or small objects being noticed. Slight pain in the eye ball and lachrymation were also complained of. It took a week or a fortnight after complaining of the symptoms, for their amelioration.

In one patient, taste was temporarily lost and another felt her tongue like a thick block in her mouth.

Oedema of varying intensity is at some time or other present in many cases of Beri-beri, the shins, root of the neck, the skin over the sternum, face and lumbar region being the favourite places. There may be general anasarca or sometimes it may be absent altogether. It was not noticed in the Aloysius Hostel cases.

CIRCULATORY SYSTEM: Palpitation of the heart marked on exertion is often present and sometimes even distressful. Pulse rate is very much accelerated on exertion 16—40 beats a minute. The presence of this sign is often of help. There is a small percentage of cases where the pulse is not accelerated. I have also found that prognosis is not made worse with a heart over-sensitive to exertion.

On inspection the apex impulse may be seen in the usual place but it is often displaced a little outside the nipple line. In bad cases about 6 per cent. pulsation can be made out at the upper part of the right of the sternum. As Schaube noted long ago "particularly before death the phenomena of pulsation extending far beyond the region of the heart and the upper part of the abdomen is often observed: the cardiac impulse exhibiting a striking contrast to the small weak pulse."

On percussion an increase of cardiac dulness could be distinctly made out in 20 per cent. of the cases. I wrote in 1911 that slighter dulness which escapes detection during life may be much more common.

In the St. Aloysius Hostel cases, barring the two fatal cases, where marked dilatation could be made out by percussion, dilatation under the X-ray screen could be made out in four only of the remaining six cases. Roughly, I would think that dilatation is present in about 50 per cent of the cases.

AUSCULTATION: In a small percentage of cases, not exceeding 10 per cent. auscultation fails to make out anything peculiar to Beri-beri. In about half the number of cases, the first sound is impure. In about 20 per cent (cases of marked dilatation) the character and pacing of the sound is lost, the first sound resembling the second and following each other at equal intervals. Murmurs are common over the right side of the heart. They sometimes appear and disappear with a rapidity that is rarely met with in any other disease. Accentuation of the pulmonary second sound and reduplication of the second sound at the base are common. Pekelharing and Winkler stated that "a re-duplication of the second sound best heard at the apex is frequently met with."

Pericardial effusion preceded death in four patients.

Pulse in the early stages may be irregular or irregularly intermittent without auguring a bad prognosis. The same

conditions of the pulse in an advanced stage of the disease with a waterlogged body or scanty secretion of urine, are of ominous import.

Over twenty years ago, I observed that systolic blood pressure measured in those days by Martin's modification of Riva Rocci sphygmomanometer was not diminished as compared with the normal, except in a case here and there. With modern methods and modern instruments (in 1928 and 1929), I have observed that the systolic blood pressure in adults ranged from 110-125 m. m. Hg. though in one case it was 105 mm. Hg. and yet another 100 m.m. Hg. I have to state now that the diastolic blood pressure is invariably low, varying between 40 and 65 m.m. Hg., 55 m.m. being an average, though in one case the blood pressure was 125/80. As already noted, dropsy is present in some of these cases and absent in others.

Haemorrhage in the form of bloody diarrhoea was present in one fatal case for three days before death. Disorders of the digestion are common in Beri-beri. The appetite is bad in about a third of the cases, the tongue being coated. Even in cases with a fairly good appetite, a full meal increases the palpitation and causes distress. In nearly 5 per cent of the cases, there was bloating of the belly some time after food. Digestion is bad in about a quarter of the cases and vomiting of the gastric type was present in 6 per cent of the cases. It improved with the general improvement. In one case that ended fatally, vomiting persisted throughout the course of the disease, and increased in intensity as death approached. Vomiting which first declares itself late in the disease when the heart's action is embarrassed, is of bad import. In the greater percentage of cases, there was a daily evacuation. Constipation was present in about 40 per cent. In a case here and there, there was diarrhoea.

Catarrhal stomatitis was sometimes seen. Marked thirst was present in one and voracious appetite in two, which both were not due to glycosuria and were perhaps neuroses.

Shortness of breath and increased respiration and rarely, a passing catarrh of the trachea and bronchi were all that could be observed in the respiratory system.

Urine was diminished in a great major-

rity (sometimes as low as 130 c. c.). 500-800 c. c. per day was an average. Albumen was absent and there were not any changes that can be called characteristic.

Fever is not a feature of Beri-beri. In rare cases, there may be some fever for a week or ten days. The highest I saw and that in one case, was 103° F.

SOME OBSERVATIONS ON VITAMINS

By

DR. D. SIVASUBRAHMANYAM,
M. R. C. S. (ENG.), L. R. C. P. (LOND.)
MEDICAL COLLEGE, VIZAGAPATAM.

Food has gradually undergone great changes since those primitive days when man subsisted precariously like a wild animal upon fruits, seeds and roots varied occasionally by a lucky find of honey or eggs, or by the trapping of fish or other small animals. As his ingenuity and skill developed, he killed large animals. At first, all food was eaten raw but later, it was found some food tasted better when cooked. Later on, instead of depending on chance, he began to cultivate food plants and also to rear animals. In certain climates the winter was a very difficult time when there was not enough pasture for the animals. Their number had to be restricted and some animals used to be killed in the autumn and their flesh preserved for future consumption. This preserved food was not so efficient in maintaining health as the original fresh food.

Of late, with the growth of civilisation and the increase of population, even the cereals are being machine-milled instead of the original hand pounding. The modern machine-mill with its steel rollers removes all the bran and germ from the grain so that we eat only the innutritious core of the seeds of wheat, rice, barley and maize. If we want to find races with splendid physique and health, we must look in those out-of-the-way corners of the country, where the sons and daughters of the soil adhere to the primitive diet of their forefathers—whole meal flour, seeds, fruits and vegetables often eaten raw with a good deal of milk and butter and little or no meat; on this diet they are healthy and live to an active old age.

Food has two distinct purposes. The greater part is burned up to keep the body warm and give in energy for movement

and never becomes part of the living tissues. A small quantity enters into the intimate structure of the body, to replace worn-out body substance and to provide new material for the growth of the child or animal. Meat, fish, cheese, milk, eggs are essential body building foods. To subserve all the above-mentioned objects, a perfect food must be well balanced, not only as regards all the constituents, as proteins, carbo-hydrates, fats, salts and water, but also it must contain in itself the various vitamins.

What are Vitamins? They are chemical substances of vital importance and are named A, B, C, D, E and F. One vitamin cannot be replaced by another nor can these vitamins be manufactured by the body itself. Each is present in very small quantities in food and is difficult of extraction. Heating, ageing and drying of foods have a deleterious effect on the vitamins. These are found both in plants and animal foods. But even for the vitamins found in animal food, the original source is only plants.

A short story appeared years ago, regarding vitamins in the Madras Medical Journal which will be of interest to the readers. "Once there was a man who was very progressive in spirit but a little slow in his reading. The same might be said of his wife with an emphasis. They were enthusiastic over science, but they lacked the background and the scientific habit of thought. They were nevertheless such enemies of "germs" as they called them, that they made their household as nearly as they could, an aseptic establishment. The advent of little Willie their first child, set in motion an even greater rigor, than they had observed before, against all sorts and conditions of micro-organisms. Willie's food consisted of rations carefully balanced as to proteins, carbohydrates, etc., all effectively sterilized. But little Willie languished, failed to grow, whimpered and fell away despite the most scrupulous care and the best advice. A classmate of the father, who was professor of chemistry (with a physiological leaning) in a nearby college recommended raw cabbage for Willie. This, the father took for offensive humour, and the mother, for an insult. But the professor declared that he had given the best professional advice, which he sincerely believed would benefit their boy. With

fear and trembling they 'administered' rather than fed the uncooked, unsterilized vegetable to their child along with his other food. The child thereupon ceased to fear and tremble and began to grow and shout and make a nuisance of himself to the neighbours." Willie's otherwise perfect food completely inefficient in promoting growth was rendered perfectly efficient by the addition of raw cabbage. This clearly demonstrates that there is no use in a diet sufficient to produce the required calories alone but must be perfectly balanced as regards vitamins. Very few food-stuffs contain all the vitamins. Some are particularly rich in Vitamin A or D while others supply B or C.

Vitamin A is generally found in all the animal fats except lard and in green vegetables. Milk contains all vitamins.

Vitamin B or B₁ is found chiefly in the seeds of plants and in the eggs and internal organs of animals.

Vitamin PP or B₂ is in meat and is found together with B₁ in yeast, wheat germ, pericarp of rice, and some other foods.

Vitamin C is in fresh fruits and vegetables.

Vitamin D usually occurs associated with Vitamin A in most animal fats. The chemical substance "ergosterol" taken in the food can be converted into vitamin D in the body by the action of ultra-violet light.

Vitamin E like vitamins A and D, also occurs in fats but is present in some vegetable oils which do not contain these other two vitamins.

There are numerous workers in the West and in the far East who have contributed substantially to the knowledge of vitamins and in our own presidency, Col. McCarrison, I.M.S., of Nutritional Research fame, has done considerable work.

VITAMIN A: David Livingstone, the famous explorer in Africa as early as 1857, referred to a peculiar eye condition among his followers (now known as Xerophthalmia). He attributed it to a restricted diet of sugarless coffee, manioc roots etc. In describing the symptoms, he said "the eyes become affected as in the case of animals fed on gluten or starch". A similar condition has been noticed by ophthalmologists working among Russian peasants specially during certain religious fasts. The first man definitely to associate this condition with a faulty diet was

"Mori" and he also pointed out that this eye condition was rapidly relieved by the administration of cod-liver oil. It is important to remember that all fats are not imbued with the same virtue. Butter fat and the fat of egg yolk are identical with cod-liver oil more or less and are capable of inducing growth. The view has not infrequently been expressed that the ordinary mixed diet on which we live is satisfactory for the maintenance of health, since the well-marked deficiency diseases occur only among people whose diets are notably restricted and monotonous. Evidence has been steadily accumulating that this view is fallacious. Vitamin A has got a stimulating effect on the intestinal mucous-membrane and also directly or indirectly on the formation of blood platelets. Even in normal individuals when this vitamin is markedly increased in their diet, the process of food absorption is greatly facilitated. In all vitamin A deficiency cases, bacteriae often invaded the alimentary, mucous-membrane. This vitamin A which is "fat soluble" occurs in cod-liver oil, fish oils, egg yolk, butter and cream, liver, kidney, testes, spinach, celery leaves and tomatoes. Milk of certain species of animals as cow, goat, swine, has a high content of vitamin A. It must be remembered however, that unless the animal itself has been provided with a perfect ration, the body fat is not likely to possess enough vitamin content. One often wonders what vitamin is present in the milk of Madras cows, fed as they are, on straw absolutely dry and innocent of all vitamins. When the milk is heated in a closed vessel and raised to the boil, the vitamin is not destroyed. It is only in the presence of free Oxygen and when boiled for a long time, the vitamin is destroyed. As used for all domestic purposes with due regard to the safety of the consumer, the vitamin in milk is not destroyed.

VITAMIN B: WATER SOLUBLE: American and English investigators are apparently convinced that Beri-beri is essentially a disease due to the lack of vitamin B. Several eminent Japanese physicians, it is said, are unwilling to admit that deficiency of vitamin B is the 'sole' cause of the disease. This disease is noticed mainly among the rice-eating peoples of the East—those who particularly use the well-polished milled rice. During the Great War, in Dardenelles

campaign, the English troops living on white bread were attacked by Beri-beri whereas the Indian troops living on atta and peas, did not suffer. It is held by Walshe that in the absence of Vitamin B, carbohydrates undergo aberrant hydrolysis with the formation of toxic by-products, and producing Beri-beri. Col. McCarrison, I. M. S., believes that Beri-beri is not directly due to deficiency of Vitamin B, but there are certain endemic areas in the presidency where people suffer from Beri-beri on dietaries which would normally protect them in non-endemic areas. It is however, clearly demonstrated that experimental Beri-beri as produced in the mammals in the laboratory is due to lack of vitamin B. This is the most widely distributed of all known vitamins. It is present in all natural foodstuffs, in all grains, fruits, eggs and in very small quantities in meat. Whole meal flour, barley, whole rice, nuts, eggs, liver, milk, yeast, peas, beans and lentils are some which are full of vitamin B. White flour, pearl barley, sago, tapioca, canned meats, etc., do not contain any vitamin B.

There is another classification in this group known as B₂ or PP. This is present in whole meal flour, yeast, marumite, cheese, egg, meat. This deficiency causes "pellagra".

VITAMIN C:—Water soluble.

The need for fresh fruits and vegetables was realised centuries before the scientists discovered this vitamin C. There appears to be unanimity of opinion among all investigators that scurvy is a condition resulting from lack of vitamin C. When on long voyages, the sailors used to suffer from this dreadful disease and as early as 1830, the authorities of the British Navy ordered 'Lemon juice' as a regular drink in their daily rations for all their marines. This vitamin C is very unstable and easily destroyed by heat. This is to some extent stored up in the infants' body, having been derived from the anti-scorbutic food taken by the mother. This vitamin is present in milk, in all fruits particularly in lemons and oranges, tomatoes, citrous fruits, apples, grapes, pears, peaches, etc. (Lemon is different from lime). In scurvy, there is haemorrhage, the bones are fragile and the joints are swollen and tender. The patient complains of loss of appetite and general weakness. There is weakness of the walls of the blood

vessels. Purple spots appear on the skin indicating subcutaneous haemorrhages. Breath is offensive and teeth are buried in swollen spongy gums. An uncommon degree of sloth and laziness which constantly accompanies this evil is often mistaken for the patient's wilful laziness. Bottle-fed infants run the risk of developing scurvy as the preservative process destroys the vitamins. Pallor, loss of appetite, fretfulness and failure to gain weight with purple gums are some of the features of this "Barlow's" disease or infantile scurvy. Give every child a fruit juice either orange juice or tomato juice. Rats, cats and birds do not get scurvy.

VITAMIN D:—Fat soluble.

This vitamin resembles A, though not in all fours. It is also found in association with A in all foods which contain the same. It is very widely known that the deficiency of this vitamin leads to rickets. It is not a disease of the long bones alone, but affects the entire body although the chief signs are seen in the long bones. These children are constipated, easily irritable, disinclined to play, sweat profusely and are sleepless. The children do not stand or walk at the proper time. The muscles of the abdomen are lax. Deformities of the bones appear, as evidenced by the appearance of "Rachitic Rosary" (a line of knobs at the junction of the ribs with their costal cartilages). Pigeon breast forms. The head is square-shaped and bosses of new bone appear on the side and front of the skull. The ends of the long bones are enlarged and legs become knock-kneed. Unhygienic conditions as lack of fresh air, exercise, and sunlight are additional factors for the production of rickets. For a long time, it was known that cod-liver oil was a great curative agent for rickets but it was only recently proved that there are two vitamins A and D in cod-liver oil, out of which this D vitamin is greatly responsible for curing this condition. Sunlight, calcium and phosphorus containing foods are good protective agents. Vegetable oils exposed to ultra-violet light from mercury-vapour lamps are capable of forming vitamin D. Ergosterol contained in cholesterol in fat when activated by ultra-violet rays either in sunlight or artificially, yields vitamin D. This probably accounts for the healthy glow among the holiday goers who either resort to the seaside or the hills and enjoy

sea-breeze and sunlight. It is recently brought to light by Col. McCarrison that an ill-balanced diet containing much oatmeal, whole wheat or white flour with little or no milk is one of the factors for the causation of stone in the bladder. Excess of these cereals when supplemented by a copious consumption of milk however, does not cause stone.

VITAMIN E:

This vitamin establishes the relation between nutrition and fertility. Rats can be successfully reared at a normal rate on a synthetic diet of pure casein, starch, lard, milk, mineral salts and water but there is no reproduction. Lettuce, meat, whole wheat, wheat germ, rolled oats and large quantities of milk fat contain this vitamin. A well-balanced diet of all the

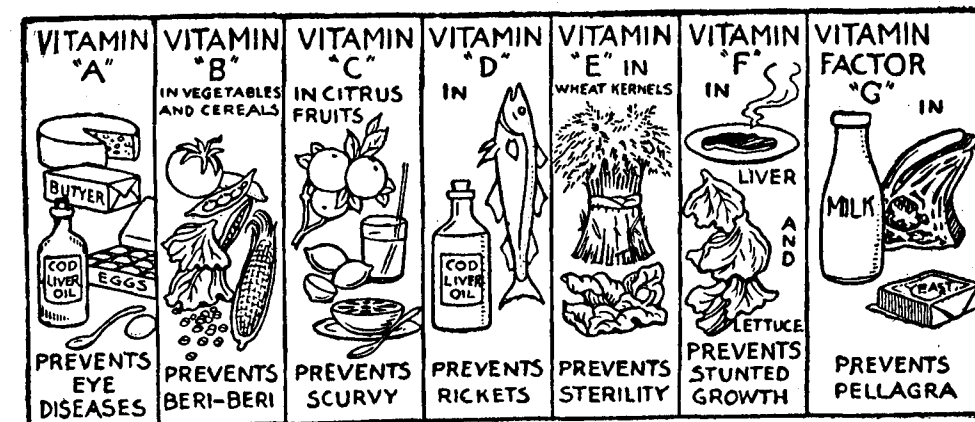
essentials of a mixed diet, meat, eggs, seeds, nuts, greens, supply enough of vitamin E.

There is another vitamin F, which is mainly responsible for lactation and supposed to be present in cream, butter, milk etc.

In short, vitamins act within the body by stimulating growth, by promoting appetite, and increasing healthy blood-flow. They prevent diseases, control metabolism and last but not least, most important, control reproduction.

These then, are a few observations shorn of all details. The field of vitamin research both on the chemical and pathological side is still a fertile one.

BIBLIOGRAPHY: Mayo's lectures on nutrition, food, health and vitamins Plimmer: Madras Medical Journal.



Seven Vitamins: What They Are and What They Do

Antiphlogistine

THE DENVER CHEMICAL MFG. CO., NEW YORK.

THE PERFECT POULTICE
AND DRESSING FOR
INFLAMMATION
AND
CONGESTION

THE INDIAN MATERIA MEDICA
With Ayurvedic, Unani, Siddha, Allopathic & Home Remedies,
With Exhaustive Appendices and Indices.

The one cyclopaedia yet cheapest volume 1450 pages strongly bound in "Rexine" leather, with artistic gold titles and designs. By V.P.P. for Rs. 11-14 0 Only.

Contains descriptive literature with therapeutic uses of one thousand and one new and most useful and efficacious remedies. **PHYSICIANS, CHEMISTS and DRUGGISTS** will benefit their patients and benefit themselves by having this volume in their library.

For particulars and additional information apply to:—
A. K. NADKARNI & Co., (M. F. Section), Kasaragod (South Kanara) S. India.

Abstracts

THE TREATMENT OF GONORRHEAL RHEUMATISM WITH ORGANIC ARSENICAL COMPOUNDS

BY DOCTOR JEAN LAMBLIN

Formerly Hospital Interne.

Among the numerous chemo-therapeutic measures proposed for combating gonorrheal rheumatism, we have had occasion to test, with complete success, subcutaneous injections of arsenical compounds of the type represented by Sulfarsenol, in three cases differing in their aspects and development. The impressions produced by these cases constitute the object to this paper.

CASE I

Arthritis of the left wrist, resistant to combined vaccino-therapy and protein therapy.—Very grave condition.—Rapid effects produced with Sulfarsenol begun five weeks after the onset of the rheumatic symptoms.

Madame D..., aged 28. First consultation, June 22, 1925, on account of generalised articular pain of a few days' duration. Associated with chills and a general condition of infection. Pain was severest on the dorsal aspect of the left wrist. Axillary temperature, 38.5° C. The patient presented pregnancy at the fourth month, and had no specially pathological history. Sodium salicylate, in doses of 6 grams daily, had no effect. On June 25, the left wrist only remained affected, presenting the classical pseudo-phlegmonous aspect. Every attempt to mobilise the part elicited cries of pain. Careful scrutiny of the gynecological history revealed evidences of gonorrhea (cystitis and a greenish leucorrhea). Intramuscular injection of 1 c.c. milk and of an antigonorrheal stock vaccine. These injections were repeated on June 27, 28, 29 and 30 giving results which were so slight that the patient abandoned treatment for the moment.

A month later, on July 27, she appeared for examination, presenting a limb whose condition was pitiable. All muscular capacity had been lost, the hand was fixed in extension, and the radiocar-

pal articulation presented an enormous, globular swelling with integument so tense, red and fluctuating that it seemingly required incision.

The patient was pale and emaciated and suffered from intolerable pain which prevented sleep. Absence of proper treatment was due to the representations of a charlatan, who had promised cure with two applications of some unknown plaster. Treatment was undertaken with the usual reserve concerning the immediate and remote fate of the articulation.

TREATMENT:

July 27. Subcutaneous injection of 12 cg. Sulfarsenol. The patient has had less distress.

July 28. 18 cg. Sulfarsenol.

July 30. 18 cg. Pain has almost ceased, articular exudates are beginning to soften, mobilisation is becoming possible.

August 1. 24 cg. Sulfarsenol.

August 6. 24 cg. Treatment with massage and hot baths instituted. Local improvement continues, the general condition is similarly improved, and the patient's colour and appetite are returning.

October 14, 1925, the patient gave birth to a healthy infant. Atrophy of the interosseous muscles of the left hand persisted, but the wrist movements were fully sufficient. From that time to the beginning of 1927 the improvement became still more marked and by February, 1928, no sequel of the arthritis remained.

In brief, a very grave arthritis of the wrist which failed to yield to five injections of vaccine and milk rapidly improved with five injections of Sulfarsenol, notwithstanding the fact that treatment was begun after five weeks had elapsed following the appearance of the local signs. The articulation, which appeared permanently affected, escaped fibrous ankylosis and has fully recovered its movements. We beg to insist upon the incredible rapidity of action in the therapy here employed.

CASE II

Recent gonorrheal rheumatism of the wrist, cured with seven injections of Sulfarsenol.

This case closely resembled the preceding. It refers to a Dutch woman, mother of three children, who sought consultation

on January 11, 1926, for a painful affection of the right wrist, preceded by a polyarticular manifestation. The radio-carpal articulation was tumefied and very painful. The axillary temperature exceeded 38.8° C. Urinary disturbances and leucorrhea were also present. Other examinations were negative. The general condition was satisfactory.

TREATMENT:

January 12, an injection of 12 cg. Sulfarsenol, with injection the next day of 18 cg., produced but slight improvement. The third injection, of 24 cg., gave appreciable relief, permitting massage and passive movement. Fever ceased.

July 15. 24 cg. Sulfarsenol.

July 17. 24 cg.

July 18. 24 cg. The wrist had resumed its normal aspect, but was still sensitive. Final injection was given on July 20. The results were sufficiently satisfactory to permit the patient to resume her journey.

In a word, this patient, though treated early, experienced at a later time the excellent effects of the arsenical. Three injections were required to produce evident improvement. The latter was sufficiently important, however, and the patient was cured at the close of the treatment.

CASE III.

Recent gonorrheal rheumatism of the knee requiring two successive series of Sulfarsenol. Complete cure.

P..., aged 37, came for consultation on June 24, 1927, on account of a urethral discharge of fifteen days' duration, accompanied at the beginning by pain during urination. At the time of the consultation, this pain had ceased. A serous exudation persisted, the first test glass showing large filaments in the urine. Bacteriological examination revealed gonococci. The patient had contracted frank gonorrhea at the age of 21, which had been cured in one month by free irrigations.

On July 7, the patient was referred to a specialist, for massage and dilatation.

At the close of this treatment there appeared, on September 5, pain, in the left knee and right elbow. On September 9, the patient received an injection of anti-gonococcic vaccine.

I saw the patient again on September 12. The left knee was distended by a

large articular effusion. Only an attempt at local movements was possible. Rectal temperature, 38.8° C. The patient presented fatigue, perspiration and pallor.

TREATMENT

On the same day, 18 cg. Sulfarsenol were given. On the next day, 24 cg. Sulfarsenol and 2 c.c. vaccine. On the third day, the temperature did not exceed 37.6° the articular liquid had clearly diminished, and 24 cg. Sulfarsenol were repeated. On September 15, 24 cg. were again given. From this day, however, the temperature ceased to fall and, in spite of two injections of vaccine, given on September 16 and 17, the knee showed tumefaction. On September 19 and 20, Sulfarsenol was resumed, in the dosage of 30 cg. On this date there appeared an area of fine rales at the left pulmonary base, having perhaps some influence in producing the temperature changes. The temperature became normal on September 21. The patellar impulse had ceased and the circumference of both knees was the same (38.5 cm. at the level of the superior synovial sac and 36 cm. at the tip of the patella.) A few injections of stock vaccine were interpolated.

Relapse, however, appeared, as shown by pain and return of the patellar impulse in the effusion. The circumferences of the knees were 39.5 cm., left, and 37 cm., right. The temperature had risen to 38.2° C. In view of the transitory effect of the arsenical compounds, I considered intravenous serotherapy, according to Ravaut's method, but desired to make a final trial of Sulfarsenol, resuming injections of 30 cg. each, which were given on September 24, 25, 26 and 28. From the latter date improvement persisted as shown by the temperature chart and measurements of the knees. A sub-febrile condition remained, however, with temperature varying from 37° to 37.6°. Massage and the resumption of walking on October 3 showed the presence of some sensitiveness and caused the reappearance of a slight patellar impulse. There was a painful point on the internal aspect of the condyle. Radiography on October 27 failed to reveal any bony lesion.

By that date the patient had gained 3 kilograms (6 and one-half pounds), and the urethral discharge had returned, becoming very free. Gradually, and perhaps aided by auto-hemotherapy, including a series of 5

injections of the patient's blood, of 10 c.c. each, the patellar impulse again disappeared.

The patient resumed his occupation (delivery man) on November 14. The articular movements were complete, the circumferences of both knees were identical and there was no appreciable muscular atrophy in the thigh, the circumferences of both thighs being 47 cm., at 12 cm. above the superior border of the patella.

This case is particularly instructive. It shows that it is of decided utility to continue injections of Sulfarsenol until there is frank descent of the fever. Thus, the first series of treatment was followed by renewed aggression of the rheumatism, which was finally controlled by four injections of Sulfarsenol, of 30 cg. each. Again, this case shows the great importance of mobilising the affected articulations as soon as possible, mobilisation being permitted by means of Sulfarsenol.

The interesting and valuable results which we have obtained in these three cases confirm previous observations concerning the efficacy of arsenical chemotherapy in the treatment of gonorrheal rheumatism. Since the papers by LEVY-BING and JANET, in 1913 (1), numerous clinicians have been similarly led to appreciate the effects of arsenical salts, applied either subcutaneously or intravenously (2).

We do not claim that this treatment acts invariably, and by itself, in a satisfactory manner. However, the rapidity with which it usually improves gonorrheal arthritis (GIRARD and TRIGHER report a case of five weeks' duration which was remarkably modified by the first injection) sufficiently explains the opinion expressed in 1920, by DURCEUX, TANT and BERNARD, namely, "that, at the present moment, arsenical treatment constitutes a veritable specific for the inflammatory complications of gonorrhea."

The remarkable labours of RAVAUT (3) on intravenous, anti-gonococcic serotherapy doubtless modify in part the truth of this assertion, but it is none the less true that practitioners find, in organic arsenicals, a therapeutic weapon of ready application and sure efficacy. This weapon gives results not less excellent in other complications of gonorrhea, such as orchiditis, epididymitis, salpingitis or prostatitis (4). Its action upon the gonococcus is by no means a selective one, for we know that a number of obstetricians successfully em-

ploy it in the treatment of puerperal infection (5).

Arsenic appears to act solely by increasing the means of defense of which the organism may avail itself in combating an infection which constitutes a true septicemia.

We therefore conclude that this method of chemotherapy is worthy of employment in the treatment of gonorrheal rheumatism.

1. It may be *easily applied*, and it is at the disposal of every practitioner. It is but slightly painful, whether used intravenously or subcutaneously. Because of its usually rapid action, it permits the application of a limited number of injections. Injections of 18 to 30 cg. each, may be repeated to total 5 to 8, at intervals which are generally of two days each. Not only do patients tolerate these doses well, without manifesting signs of intolerance, but their *general condition* improves very rapidly. Asthenia and anemia disappear, the weight increases and the appetite returns.

2. *Its efficacy is sure*, as evidenced particularly by our first case, given above. Its rapid action upon the painful factor permits early mobilisation of the affected articulations, an advantage which is not the least of those possessed by this therapy, in view of the familiar tendency of gonorrheal rheumatism to produce ankylosis.

3. It should be noted that this treatment *has no effect upon concomitant urethritis* (6) which, after a phase of decline, resumes the progress which it manifests on its own account. For that matter, this occurs similarly with the use of intravenous serotherapy, which leaves the urethritis to be dealt with by the classic method of treatment.

ROUND TABLE CONFERENCE AND THE MEDICAL SERVICE

The following extracts are taken from the report of Sub-Committee No. VIII (Services) presented at the meeting of the committee of the whole conference, held on 16th January, 1931. The terms of reference to this sub-committee were: "The Relation of the Services to the political structure."

1. EXISTING MEMBERS OF THE SERVICES: Inasmuch as the Government of India Act and the rules made thereunder:

by the Secretary of State in council guarantee certain rights and safeguards to members of the Services, due provision should be made in the new constitution for the maintenance of those rights and safeguards for all persons who have been appointed before the new constitution comes into force.

When the new constitution is drawn up suitable safeguards for the payment of pensions (including family pensions) and provident funds, should be provided.

As it is important that those responsible for the working of the new constitution should not at its initiation be embarrassed by the economic waste and administrative difficulties which a change of staff on a large scale would entail, it is desirable to take such steps as are necessary to reassure existing members of the Services with the view that they may serve with loyalty and efficiency for their normal term.

To this end the Sub-Committee agreed that the right to retire on proportionate pension should be extended, but opinion was divided as to whether the extension should be for an unlimited term or for a definite period of years, not exceeding five years.

2. THE INDIAN MEDICAL SERVICE: Subject to paragraph 1, the Sub-Committee are of opinion that in future there should be no civil branch of the Indian Medical Service; and that no civil appointments either under the Government of India or the Provincial Governments should in future be listed as being reserved for Europeans as such.

The Civil Medical Service should be recruited through the Public Service

Commissions. In order to provide a war reserve, a clause should be inserted in the contracts of service of a sufficient number of officers that they shall undergo such military training and render such military service as they may be called upon to do. The extra cost involved should be borne as an Army charge.

Further, the Governments and Public Service Commissions in India should bear in mind the requirements of the Army and the British officials in India and take steps to recruit a fair and adequate number of European doctors to their respective Civil Medical Services, and should be prepared to pay such salaries as would bring about this result.

It is suggested that agreement might be reached between the Central Government and the Provincial Governments whereby the latter in selecting their European doctors might grant a preference to those members of the Indian Medical Service who have performed a period of service with the Army. We contemplate that such members would sever their connection with the Indian Medical Service during the term of their employment in Provincial Medical Service—subject only to the acknowledgment of a claim by the Army authorities in time of emergency. The practical details of any such arrangement would have to be a matter of agreement between the Army authorities and each Provincial Government.

[Major Stanley wishes to make it clear that his acceptance of this section is contingent upon the possibility of securing satisfactory agreements under paragraph 4].—(*Indian Medical World*, February, 1931).

The Medical Practitioners' Service Bureau, Vepery, Madras.

Consists:—

- (1) In purchasing and supplying for the members of the medical profession their requisites from the city of Madras.
- (2) In arranging for lodging and boarding (on previous notice) not only for the members but their dependents and patients who require special treatment and attention.
- (3) In answering all enquiries regarding professional matters.
- (4) In instructing and guiding the members in Medico-Legal matters including drafting of appeals and petitions.
- (5) In assisting doctors to obtain literature published by Manufacturers of Pharmaceuticals, Physicians' supplies, Surgical Instruments, etc.

Apply with one anna stamp for reply to:—THE MANAGER.

Notes on Treatment of Diseases

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

Cough: (1) For irritating cough in children, nothing is better than Syrup Cocillana compound; and for adults, a table spoonful of the following mixture, every 3 or 4 hours:—Acid Hydrocyanic dil., 1 dram; Syrup Prunis Virginis, 3oz.

(2) For cough caused by relaxed throat or debility, Acid Phosphoric dil. 20-30 minims; Glycerine, 1 dram; Quinine Sulphate, 2 grains; Aqua, 1 oz., and if necessary, 10 minims of Nepenthe or Heroin Hydrochlor, 1/8th to 1/4th grain may be added. A gargle containing: Tincture of Iodine, 1 dram; Potassium Iodide, 1 dram Spirits Vini Galicai, 1 oz., Aqua Dist. 4 oz.; two teaspoonsful of this in 1/2 oz. of water to be gargled 3 or 4 times a day.

(3) Cannabis Indica is one of the best additions to the cough mixture as it relieves the tickling in the throat. In advanced Phthisis, it is justifiable to keep the patients in comfort by its use.

(4) Elixir Heroin and Terpene Hydrate are useful. The latter decreases the expectation, without increasing the inflammation as Iodides do.

(5) Extractum Hyoscyamus: Extractum Valerianate and Zinc Oxide, each 0.05 gram, made into a pill, to be taken thrice a day. (Martinett)

(6) Toramine, 1 to 1.50 gram in Syrup Aurantii. (Merck.)

(7) In Hilus Tuberculosis of children "Cresival" is good. (C.E.)

(8) In Tracheal cough caused by mucopurulent exudation, 20 grains of cubebs in powder in a cachet, 3 times a day gives relief. (Brunton.)

(9) For cough caused by Cerumin in the ear in children and by giddiness experienced by adults, syringing of the ear is necessary to remove the cerumin. (Brunton.)

(10) For nervous cough of children and adults, Tinct. Belladonna is the best. (Hare.)

(11) For pharyngeal cough in children, Codein Sulphate, 1 grain; Syrup Aurantii 3 oz.; one dram every three hours. (C.M.S.)

(12) Creosal Syrup (A. F. D.), a pure mono-guaicophosphate of calcium, contain-

ing in the same molecule, guaiacol 48 per cent phosphoric acid 15 per cent and calcium 37 per cent can be safely tried for coughs of whatever origin, nervous, spasmodic, recent or chronic, laryngeal or bronchial.

In ordinary colds or simple tracheal bronchitis, it soothes the pain and inflammation of the bronchi, relieves respiratory oppression and produces a state of comparative ease. Sputum is reduced, secretion becomes less purulent and a rapid improvement in the general health is observed.

DOSAGE: *Adults:* One tablespoonful in the morning and two tablespoonfuls at bed time.

Children: From two to four years of age—Mix a tablespoonful of Creosal Syrup with four tablespoonfuls of simple syrup or syrup of tolu and give a tablespoonful of the mixture every two hours. Above four years of age—three teaspoonfuls of Creosal Syrup, pure or diluted, every three or four hours according to age.

In whooping-cough, Creosal Syrup speedily diminishes both the frequency and severity of the attacks while its remineralising action benefits the general health of the child.

Cystitis: When the urine is highly acid, make it alkaline with Potash or Sodium Acetate, 10 to 30 grains, and combined with Soda Bicarbonate. After a few days, makes the urine acid by giving Sodium acid Phosphate and Ammonii Benzoas followed by Hexamine. When an acid urine cannot be obtained, Proflavine and Acriflavin in doses of 0.05 to 0.1 gram in capsules to be given. (M.T.T.)

(2) In acute Cystitis, Tinct. Aconite, 3 drams; Spirits Ether Nitrosi, 1 oz.; Liquor Potassium Citrus, 6oz.; a dessert spoonful of this every 4 hours until fever comes down.

(3) Hot compresses over the bladder (Turpentine should not be used) in some cases, Tinct. Belladonna, 15-20 minims with or without Aconite, 3 times a day is effective. If there is much pain, an opiate enema (30 minims of Tinct. Opium in 2 oz. of starch water or opium and Belladonna Suppository).

(4) Cannabis Indica acts better than Opium to relieve pain.

(5) If the inflammation becomes purulent, Phenyl Salicylate 10 grains, three times every day should be given and

Urotropine if the urine is alkaline. Quinine should not be given.

Chronic: If coli Bacilli are present, Urotropine, 5-10 grains to be given after making the urine acid by giving acid Sodium Phosphate. If the urine is high coloured and strongly acid, alkalies are useful but if it is of light colour and loaded with phosphates, Urotropine should be employed, or Urotropine given to prevent decomposition in the bladder. (Hare)

(2) To make urine acid, calcium or Ammonium chloride is the best; and to make it alkaline, Sodium bicarbonate is the best. As an antiseptic in bacillary Cystitis, use Hexa Methylene-amin intravenously. (J.A.M.A.)

(3) *Bacte-Coli-Phage* (D'Herelle) has been tried with very good success in urinary affections due to Coli infection. Since the bacteriophage acts only in alkaline medium, it is desirable before having recourse to this therapy, to place the patient upon an alkali medication sufficient to render the urine distinctly alkaline. This can be done by prescribing a vegetarian diet and giving the patient about 20-30 grains of Sodium bicarbonate every day. As soon as the urinary reaction becomes alkaline, and not before, treatment with the bacteriophage may be begun, as follows:—

i. Give a single subcutaneous injection of 2 c.c. Bacti-Coli-Phage, consisting of the contents of a small ampoule.

ii. The patient should swallow the contents of an ampoule of 2 c.c. Bacte-Coli-Phage, diluted in half a glass of Vichy water, in the morning, on waking, and with the stomach empty, and ingest a similar dose in the evening at least 3 hours after the last meal of the day. This daily dosage should be continued as desired.

iii. During the therapeutic period, give an intra-vesical instillation daily of the contents of a large ampoule, of 10 c.c., Bacte-Coli-Phage, diluted in about 50 c.c. lukewarm boiled water. The water should be suitably cooled before receiving the contents of the ampoule. These instillations must be made by a physician, with strict observance of the rules governing asepsis. The bladder should be emptied before making the instillation and the patient should retain recumbent during two hours following it, in order to avoid desire to urinate and thus to retain the bacteriophagi in the bladder as long as possible. Should daily instillations prove too fatiguing, the

instillations may be given every second day, without interrupting daily administration of Bacte-Coli-Phage by mouth.

The duration and efficacy of the treatment depend upon the duration and chronicity of the case. With acute cases, treated as soon as the first symptoms appear, cure occurs as a rule, and rapidly, after treatment continuing from two to five days. In chronic cases, cure is much less certain largely owing to the fact that in such cases, the humours of the patient possess "antibacteriophagic" properties. These properties should be diminished or annulled before undertaking treatment with the bacteriophage. The desired result may be obtained by resorting to auto-homotherapy, ten c.c. of blood being taken from a vein of the patient with a sterile syringe and reinjected into the muscular tissue of the gluteal region. This procedure should be practised five times, at intervals of forty-eight hours.

(4) For cystitis of gonorrheal origin in addition to other local and internal medication sulfarsenol in 18 ctgr doses twice or thrice a week has sometimes marvellous effects.

Notes on Therapeutics, Diagnosis and other Medical Subjects.

Treatment of Sprue by Bacteriophage.

SPRUE CONTROLLED IN TWO DAYS: A number of cases of sprue have shown a complete change in symptoms as a result of two day's treatment with Bacte Inteste Phage (D'Herelle) orally administered. The only precautions necessary are the avoidance of antiseptics during the treatment, and the alkalisation of the digestive tract if acid. A little Bicarbonate of Soda (3 to 5 grs to each ounce) should always be given with each dose, and if the intestines are acid, further doses of Bicarbonate may be repeated at intervals (15 to 20 grs. every 4 hours). The phage does not thrive in an acid medium, hence this precaution.

Bacte Inteste Phage cannot be considered a complete cure or specific for sprue, because sprue is a vicious circle, but this phage can and does break the cycle at one point, and can induce a wonderful change

for the better in the course of a few days. Any other supplementary treatment can be given at the same time, so long as nothing of an antiseptic nature is introduced.

There is no harm in continuing Calcium, Parathyroid or Emetine treatments. Calcium in the form of Pulmo Calcium is particularly applicable, because of its basic or antiacid character. Arsenic and cacodylates are perhaps doubtful as adjuncts to Bactepha treatment, because some mineral arsenic may remain in the intestines and inhibit the growth of the phage.

Anaemia, cachexia and the spinal phases of the vicious cycle of sprue are best treated by Hemoplas. An ampoule of 5 c. c. of which injected every alternate day usually controls effectively and rapidly these complications.

Rejuvenation without gland grafting.

The following appeared in "The Indian Medical World," January '31—Copied from Sunday Referee '30—11—30,

"Rejuvenation without monkey glands or stringent diets is the treatment that has been developed by Dr. Henri Jaworski a prominent Paris surgeon.

While not claiming to restore old people to the first blush of their youth, Dr. Jaworski states that his method of blood injections will retard the clock of life to permit elderly people to grow old happily and increase their span of life.

This new method consists of injecting fresh blood corpuscles into veins, the operation occupying three weeks. Under this treatment no patient need submit to rigid dieting, each time only two or three grammes of new blood being injected.

Men and women subjected to the new blood infusion return to pre-senile age and grow old again in full possession of their physical and mental powers. They know nothing of the ordinary infirmities of old age, such as gout, rheumatism, or slow paralysis, and as the blood infusions can be repeated indefinitely their expectations of longer life can be gradually increased."

In making use of the above suggestion, it is important that the blood corpuscles should be first washed free from blood serum, so that the foreign serum proteins may not cause a serum reaction after the repeated injections. Perhaps the best method of preparing blood corpuscles is

that originated by Professor Lumiere, wherein after repeated washings with normal saline and subsequent repeated freezings with distilled water, a solution is prepared.

Blood corpuscles in a soluble form suitable for such injections are found in Lumiere's "Hemoplas" of which ampoules of 5 c.c. are suitable and are available in the market.

New Asthma Treatment

The following extract with the above heading copied from "The Evening Standard" 17—9—30 appeared in "The Indian Medical World" January '31.

"As a result of research work by a French physician very important facts have presented themselves about the cure and alleviation of asthma. The treatment consists of injections of hyposulphate of magnesium at intervals of four days, and also of the oral administration of the same substance.

In twelve cases of asthma, which had previously resisted all prescribed regimens, including vaccines, attempts at desensitisation and thermal cures, the condition of all the patients showed marked improvement. The immediate effect in attacks of asthma was rapid, and in ten minutes the condition of the patients was frequently transformed completely. The preventive action also was marked, the attacks becoming progressively less frequent and not reappearing for several months after a course of treatment lasting for a few weeks.

The discoverer is careful to point out that occasional cases of asthma fail completely to respond to it, but such cases represent only a small percentage."

The injections of hyposulphate of magnesium referred to in "The Evening Standard" are perhaps more correctly prescribed as hyposulphite of magnesium, which has already been referred to in our columns for the treatment of various kinds of shock.

Asthma being frequently an anaphylactic symptom against apparently foreign proteins, this product ought to be useful in those cases of asthma which are caused by dust, foodstuffs which disagree and other cases of anaphylactic asthma.

Put it in a muscle.

It has been shown that Treponema Pallida is not killed by Salvarsan, etc., alone, but by co-operation of the living body with the arsenical derivative. In a test tube they fail to act, but in an animal body they are effective.

The reason for this difference is an interaction between the chemical and some constituents of the body. The two together produce a product toxic to the parasites.

It takes time for this reaction to take place.

If the injection is made intravenously much of the chemical is eliminated through the kidneys before the reaction takes place.

If the injection is made into a muscle or under the skin, the reaction has easily time to be completed before elimination takes place.

The reaction products remain in the system longer, are only slowly eliminated and give a more prolonged effect.

WHAT HAPPENS WHEN INJECTED?

INTRAVENOUS.		INTRAMUSCULAR OR HYPODERMIC—ALL UTILISED	
Well utilised 606 group	Part utilised 914 and Sulfarsenol groups	With pains and abscesses 606 and 914 groups	Without pain or abscess Sulfarsenol.

Pulse and Temperature in fever.

In adults, the pulse increases 10 for every one degree rise of temperature, and in children, it rises by 4 for each degree. The normal temperature is somewhat higher in children than in adults: and any rise beyond 99° F. in children should be regarded as slight fever.

Stray Hints.

One Horse Power is equal to lifting 33,000 lbs. 1 foot for one minute, or 746 watts in electric power. 1 man-power is equal to 1/8th H.P. (Overbeck).

The absolute zero temperature is—273° C. At this point, which is the foundation of temperature, all gases become solid. At about 7° above the absolute zero, the lowest temperature attainable, only

Helium remains liquid and it has been solidified at + O. 101

The closing time of Foremen Ovale was found to appear prior to 12 weeks after birth in 87 per cent. of the cases and the closure of Ductus Arteriosus prior to 8 weeks after birth, in 88 per cent of the cases. (J.A.M.A.)

According to Dr. Russell Burton Optiz, medullated nerves contain 2.9 per cent of Lecithin, and non-medullated nerves 9.8 per cent. Dr. Howell states that Lecithin is especially characteristic of the white matter of the nervous system.

The test of digestion is found in the state of the bowels. If the bowels act normally or constipate as a rule the digestion is complete and may indeed be too good. If there is Diarrhoea, it may be assumed that digestion is imperfect.—(Osborne)—

The stomach does not absorb water and hence, in case a liquid which needs no digestion is taken even at meal time a special channel is formed along the lesser curvature by which the liquid is conveyed to the intestine, without mingling with the more solid undigested content of the stomach. The liquid taken during meals does not therefore, dilute the gastric juice.

USEFUL PREPARATIONS AND THEIR THERAPEUTIC USES

Tonikeine Chevreton.

A Neurotonic solution of strychnin, sodium cacodylate and sodium Glycerophosphate in seawater.

COMPOSITION. In tonic medication hypodermically, seawater serves not only as a solvent, but it also constitutes a *vital medium*. In this respect it maintains the functional properties of organs and tissue cells when placed in contact with them and supplies the elements which are necessary for their maintenance and repair.

Each ampoule of Tonikeine contains :
Sodium glycerophosphate, (Cod. 1908) 0.20 gram.
Sodium cacodylate ... 0.05
Strychnin sulphate ... 0.001
Diluted seawater ... 5 c.c

Handwritten notes: JL, LM 24, N30 MP, N30. 2.2

THE PHARMACODYNAMIC ACTION of Tonikeine amplifies and utilizes in its entirety the action of each of its several constituent substances.

Strychnin constitutes the most powerful tonic for the nervous, cardiac and respiratory systems.

Sodium cacodylate facilitates fixation of the alimentary nitrogen and conserves the protein substances present in the muscles, lymph, plasma and other humors.

Sodium glycerophosphate, rich in phosphorus, repairs phosphatic losses occurring in cellular nuclei and aids in modifying the character of the tissues in pretubercular states and consumptive conditions. Finally, isotonic seawater is more satisfactorily borne than normal saline solution. QUINTON has rightly observed that kidneys impermeable to sodium chloride are readily permeable to seawater.

THERAPEUTIC INDICATIONS: Tonikeine manifests a very favourable action in neurasthenia, cerebral fatigue and overwork and post-influenzal asthenia.

Pretubercular states, all forms of tuberculosis and all consumptive conditions are amenable to the use of Tonikeine, associated with remineralizing treatment.

The period of convalescence from any affection is much reduced by neuro-tonic medication.

Muscular and nerve tonus may be restored by this treatment in neuritic conditions and affections of the spinal cord.

DIRECTION FOR USE: The contents of one ampoule of Tonikeine should be injected once every two days, preferably in the morning. Injections made subcutaneously are painless if made in the abdominal wall or gluteal region with a fine needle 2 and one-half centimeters, or 1 inch long, introduced into the tissues perpendicularly.

The duration of treatment is variable. In order to produce real and durable effects, two series of twelve injections each are generally required. The treatment should be continued until clinical signs cease.

Finally, it is preferable to allow a resting interval of one week between each series of injections.

Tonikeine never produces the slightest intolerance, a quality due to the exact determination of the quantities of its several constituents. It has likewise no contra-indications whatsoever.

Seroferrine Chevreton.

A ferro-Cacodylic Solution.

COMPOSITION: Seroferrine Chevreton is presented in the form of ampoules, each containing one cubic centimeter.

EACH AMPOULE CONTAINS

Magnesium cacodylate	... 0.05 gram.
Sodium glycerophosphate	... 0.05 "
Strychnin sulphate	... 1/2 mill.
Organic iron	... 0.01
Physiological saline solution,	1 c.c.

ITS PHARMACODYNAMIC ACTION: Unites, synergies and amplifies the actions of its separate component elements.

Combined ferric and arsenical medication exercises upon chlorosis an action which is much more vigorous and effective than that obtained from ferruginous treatment alone, as much with respect to the regeneration of hemoglobin as with relation to increase in the number of the red cells. The iron present in Seroferrine exists in the form of an organic combination. In other words, it is eminently assimilable. Arsenic, also present, occurs as magnesium cacodylate, the magnesium ion imparting very marked tonic properties.

By means of its other components, namely, strychnin sulphate and sodium glycerophosphate, Seroferrine provides an excellent tonic for the heart and nervous system and supplies phosphatic deficiencies present in cellular nuclei.

THERAPEUTIC INDICATIONS: Seroferrine Chevreton is indicated in all cases where the proportion of the red cells has become altered, as by their diminution, and also in all cases where the hemoglobin has become deficient. Such cases consist of various forms of anaemia, chlorosis, demineralization of the blood plasma, and states of convalescence.

Disturbances of growth and puberty are clearly amenable to treatment with Seroferrine.

Finally, Seroferrine yields favourable results very frequently in cases of neoplastic or malarial cachexia, so commonly resistant to every form of treatment.

DIRECTIONS FOR USE: One subcutaneous injection, given daily or every two days, and made preferably in the loose, cellular tissue of the abdomen or gluteal region.

Such injections are painless, while the injection of most ferric salts is usually painful.

Seroferrine never produces the slightest sign of intolerance, and has no contra-indications whatsoever.

Seroferrine is supplied in boxes of 12 ampoules each.

A SPECIFIC FOR GONORRHEA

Heterolysine.

(OLIVIERO.)

Bacteriologists have shown that the specific agent of gonorrhea—the Gonococcus—is found in the pus accompanied by various combinations of pathogenic micro-organism or saprophytes. In chronic gonorrhea it frequently happens that the gonococci disappear completely, giving place to various allied micro-organisms, more particularly the Diplococcus Fallax (the specific agent of a large number of simple urethritides).

We know that the gonococcus is the specific agent of gonorrhea both in the male and in the female. It is also present in purulent affections of the bladder, uterus, rectum, prostate, also in purulent ophthalmia, a number of rheumatisms and arthritides, epididymitis, metritis, ovaritis and salpingitis.

VACCINATION: Anti-gonococcic vaccination has been studied and practised with success in England by Sir A. Wright and in France by Maute, Renaud-Badet and Mainini. More recently very remarkable results have been obtained from the researches of Lumiere and Chevreton by the oral administration of specially prepared vaccines, thus obviating both the unpleasantness and the attendant danger of the injection method.

It has been observed that during the decline of the disease the gonococci become scarce but that the Diplococcus Fallax (which is nearly constant in the healthy urethra, and only becomes pathogenic when subjected to irrigation) remains in a condition to carry on the inflammatory process. It is therefore bad practice to administer a simple antigonococcic vaccine, which accounts for many failures, and in Heterolysine the Diplococcus Fallax being added, the clinical results obtained by the administration of this mixed vaccine have fully justified this departure from the beaten track.

The cultures are obtained upon a liquid medium (horse serum) according to the special processes communicated to the French Academy of Sciences and to the Society of Comparative Pathology and a vaccine is produced which is heterogeneous, heterovalent and polyvalent. Sterilisation of the cultures is obtained by thrice heating to 60° C. in the presence of Ether, with an interval of 24 hours between each heating. They are then counted and deprived of the culture medium. After dessication horse serum is added to assure an easy assimilation in the intestinal tract and the mass is divided out and enclosed in gluten coated capsules, together with small doses of Terpene and Hexamine added for the purpose of diminishing the mucous secretion during the terminating stages of the disease.

INDICATIONS: Gonorrhea, particularly during the declining period, Chronic gonorrhea, Morning secretions, Prostatitis, Cystitis, Bladder affections, Vaginitis, Metritis, Salpingitis, Ovaritis, Diplococcic rheumatism, etc.

The usual local asepsis should not be dispensed with (lotions, irrigations, etc.).

By this treatment the secretions are systematically reduced and asepsis of the entire urinary tract prevents the existence of any harmful saprophytes which are usually very troublesome.

DOSAGE: These capsules, owing to their special coating, do not become active until dissolved by the intestinal secretions, and the contents are then easily absorbed by the intestine. They are absolutely harmless to the organism and in no instance has any gastric or intestinal disturbance been recorded.

Dose: 1 to 3 capsules in the morning before food; 1 to 3 capsules at night.

Heterolysine capsules may be taken daily, without intermission for 10 to 15 days, then after a few days interval the treatment can be resumed.

It is not unusual to observe after the administration of the capsules for 2 or 3 days a marked increase in the amount of the discharge. This negative phase is purely temporary and is always followed by a well defined positive phase, during which the pus may be observed to undergo rapid changes; the discharge, at first thick, passes gradually into the hyaline stage, becomes less abundant, then in the majority of cases ceases altogether.

Heterolysine capsules are presented in bottles containing 70 capsules, and should be prescribed as: Heterolysine (Oliviero).

Oleoformine.

This is a combination of pure cholic acid, sod. oleate and hexamine presented in the form of gluten-coated tablets. An effective cholagogue and biliary disinfectant, Oleoformine exhibits a threefold action on the hepatic gland and biliary tract, stimulates biliary secretion, promotes dissolution of cholesterol deposits, and combats the development of pathogenic organisms in the bile. It is indicated in biliary lithiasis, cholecystitis, cholaemia, cirrhosis, and hepatic congestion.

DOSAGE: Acute cases 3 to 4 tablets twice daily; chronic case, 2 tablets twice daily. Supplied in boxes of 40 tablets.

Acecoline for High Blood Pressure

Subcutaneous or intramuscular injections of Acecoline immediately reduce high blood pressure.

All symptoms are rapidly relieved.

Angiospasm, violent headaches, tinnitus, vertigo, spasms, loss of sensation in fingers, "Muscae volitantes", etc. quickly disappear.

In most cases lasting effects are obtained after persistent use for some time, especially in peripheral arteriosclerosis. Acecoline must not be given intravenously.

MODE OF ACTION: Acecoline acts by dilating the peripheral arteries and arterioles, and has an elective vasodilator action in the limbs.

It also improves the tone of the smooth muscles of the uterus, intestine and bile ducts, without producing spasmodic contraction.

The usual dose of Acecoline is 5 centigrams, and ampoules of this quantity are available, as also are ampoules of 2 ctgr, 10 ctgr and 20 ctgr.

THE MIRA THERMOMETER

Has been certified by the Medical Profession as the most reliable yet the cheapest.

You can get it from:—

T. M. THAKORE & CO.,

43, Churchgate Street, BOMBAY.

CALCUTTA P.O. Box 211
LAHORE P.O. 134

MADRAS P.O. Box 249
KARACHI P.O. Box 114

Equals radical treatment of diseases of the veins

PROVEINASE

Regulator of venous circulation

MIDY

Varicose
Varicocoele
Phlebitis
Troubles of the
Menopause
and puberty

Internal
treatment
for
Haemorrhoids

Combination of the dehydrated extracts of medicinal plants made in laboratories of the French Ministry of Health and the products of internal glands. These extracts and products are combined in a special manner to form a powerful regulator of venous circulation.

4 to 6 tablets 3 or 4 times a day

ointment MIDY
Adrenio-Styptic

TOPICAL TREATMENT FOR PILES
LABORATOIRES MIDY
3, rue du Colonel Molé, Paris

SUPPOSITOIRES MIDY
Adrenio-Styptic

PRACTICAL MEDICINE

The Treatments for Tuberculosis.

Phenols: Carbolic Acid has been used in Tuberculosis, usually under the impression that having antiseptic properties it was bound to do good. Although this theory will not quite stand inspection, Carbolic Acid does appear to exhibit some beneficial effects. The pure acid however is dangerous to the kidneys and cannot be pushed far enough as a rule to merit its being prescribed. Sometimes the sulpho-carbolate of Sodium is substituted, with no less of benefit and with greater safety, but where the antiseptic theory is believed no reliance is usually placed on this salt because here the antiseptic properties of the phenol is reduced to practically zero. Homologues of phenol, such as guaiacol are much more popular, having the same beneficial effects as simple phenol and being much better sustained without harm. Sometimes Creosote is preferred on account of cheapness, but the milder flavour of purified form renders Guaiacol preferable to all who can afford the extra cost. A number of esterified forms of Guaiacol are found on the market in which the flavour of the remedy is much reduced. The choicest of these is perhaps the phosphoric ester which is found in Creosol Syrup. This last preparation is distinctly pleasant in flavour and is never the cause of objection even from the most fastidious patients. Moreover, as it contains Calcium as well as Guaiacol, it serves as a double course of treatment.

Iodine: Iodine and the Iodides have been recommended from time to time, and in some early cases even cures have been attributed to it. It appears to be a safe form of treatment in cases of Tuberculosis of the bones, and is often useful in gland cases, especially where there are no signs of lung trouble. Where there are the least doubts as to the lungs being affected, Syrup Creosol is a safeguarding adjunctive to the iodine treatment, definitely preventing those breaking down processes which Iodine is so liable to initiate.

Manganese: While Manganese preparations (such as Pharmasol Manganese) are sometimes extremely useful injections where there is mixed infection of lung cases Manganese has probably little effect on the tubercle bacillus itself. Mixed infection however, is a very common condition, particularly where the sputum is

purulent, and in such cases Pharmasol Manganese, or other Colloid Manganese preparations are very useful. We prefer the Pharmasol because of its painlessness on injection and invariably effective.

Antimony: During the past three years or so Antimony injections of various kinds have been recommended in Tuberculosis with favourable results. Small doses are used and the more mild forms such as the sulphide are usually preferred. This may be found in the Pharmasol brand Colloid Antimony. The dose is usually $\frac{1}{2}$ to $\frac{3}{4}$ c.c. to begin with, gradually increased to 2 c.c. as found desirable.

Hepatic & Spleen Extracts: Endocrinologists argue that the infection theory of Tuberculosis does not completely cover the whole ground of causation. They say that there must be endocrine deficiency to permit the infection to develop and that in persons whose internal secretions are normal, tubercular lesions heal up by natural process.

Some credit may be given to the recent tendency of some manufacturers to provide enteric coating to some of their endocrines. The best manufacturers have from the beginning of the Endocrine movement insisted on this being the only form that should be used for oral administration. Those who wish to avail themselves of this improvement in the whole range of endocrine tablets will be glad to know that all the opocrin brand tablets are and always have been enteric coated including Pancrepatine, Mycol, Hepar, Spleen Masculine, Feminine etc.

Opocrin parathyroid is often useful in small doses. One opocrin parathyroid per day may be found sufficient, if continued for a considerable period along with Pulmo Calcium.

Small doses of thyroid (one opocrin daily) may also be found useful for the psychic depression, but more often the pulse will be found to contra indicate thyroid. Usually, this psychic depression can be better met by prescribing Opocrin Masculine, (or in women Opocrin Feminine). One, two or three opocrins daily may be given according to the needs of the case.

Calcium Treatments: We have three styles of calcium treatments:—

(1). Intravenous Calcium Chloride. This has always seemed to be a rather inhuman course of forced feeding. True it

often succeeds in forcing up the Ca. content of the blood, but it entails a constant tax on the kidneys, it stimulates Calcium excretion and if these injections are stopped after they have been continued for some time, the reaction is a much lowered Calcium content in the blood, with usually, a sudden demise.

(2). Basic Salts, orally administered. This is a much less drastic course than the last, and more easy to sustain as a steady treatment. Sometimes citrates or tartrates are added to assist retention by alkalizing the blood, but usually this is unnecessary in the case of patients whose diet is mainly vegetarian. In most cases basic preparations such as Pulmo Calcium meet all the indications. It usually takes a month or more to definitely establish an increase of strength and an improvement in the clinical signs, but if the treatment is continued long enough usually nothing but good can come of the use of Pulmo Calcium.

Churchill was the first to study exhaustively the effects of certain calcium salts, and the conclusion he came to eighty years ago can hardly be improved on to-day. "Continue" he said "Without interruption for a period of several years. Even though the patient appears perfectly well, these salts should be continued for very long periods".

(3). Colloidal Calcium. Colloid preparations of Calcium such as Pharmasol Collo Calcium differ from the foregoing in that the calcium, being in a more assimilable form, it is more completely utilised. It is absorbed by the colloid proteins in the body and more immediately exhibits a tonic effect in the tissues.

The calcium is retained and offers no tax on the kidneys. A dose of 1 c. c. containing 3 millegrammes calcium once a week, or $\frac{1}{2}$ c. c. twice a week sufficient for any patient who has not been previously sensitized to calcium by intravenous injections of irritant doses. Usually within a week or two of commencing treatment by Pharmasol Collo Calcium the improvement noted is remarkable. Hemoptesis appears to be inhibited in many cases, and the patient rapidly puts on weight and gathers strength. Most, if not all of the calcium administered in this form is directly utilised in the diseased tissue to assist recovery.

Hypophosphites: The first really extensive experiments with hypophosphites in tuberculosis were published by Churchill in the middle of last century. He found the sodium salt to be useless for curative purposes, and only the calcium salt to merit attention. Later day workers also find that the hypophosphites by themselves are of no more specific value in this disease than other salts of the same bases, and that the calcium salt is useful only on account of its calcium content.

Cod Liver Oil: This most useful dietary accessory has earned its place in tuberculosis treatments. Recent tests for vitamins appear to favour the use of the plain oil rather than emulsions. Small doses of the oil are an excellent adjunctive to the Pulmo Calcium and Opocrin Parathyroid treatment.

Arsenic: has been used in the treatment of phthisis since medieval times. The stimulation which it offers to the nutrition of the tissues and in the counteraction of the anaemia are of undoubted value. Under arsenical treatment the weight is increased, appetite improved and the blood corpuscles multiplied. The best forms of arsenic for immediate effects are those which readily form Nucleoarsenic with the nuclein of the body, such as that contained in Hypercytol.

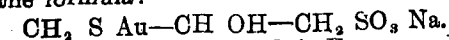
In the same category may be placed the Nuclarrine compounds, which have the further advantage of supplying the nutritive phosphorous of the Nuclein molecule. Nuclarrine is contained in Elixir Histogenol and in other forms of Histogenol.

Lung cavities and hemoptysis, and high temperatures either contra indicate or call for caution in the exhibition of arsenic.

Gold: To Professor Moellgaard of Copenhagen, is due the merit of having shown by laboratory experiments that a gold thiosulphate [double thiosulphate of gold and sodium, $\text{Aw} (\text{S}_2\text{O}_4) \text{Na}_2$] had a specific action on the Koch bacilli and on tuberculous tissue. The general opinion is that there is much in favour as well as much against the double thiosulphate of gold and sodium as recommended by Moellgaard.

It remained to Auguste Lumiere to devise an organic compound of gold in which the advantages of the double

thiosulphate would be combined with a lesser toxicity. This was a compound of the formula:—



It was first introduced in France under the name of Allochrysine, and the favour in which it was received has been so great that the laboratories have been hard put to be able to manufacture a sufficient quantity to meet the requirements.

Some little difficulty was found at first over a suitable form for presentation under tropical conditions, but this has at last been overcome, and Allochrysine is now available in the tropical form under the name of Aurothysin.

Aurothysin is presented in an ampoule of concentrated solution, along with an ampoule of special saline for dilution. It is claimed that Aurothysin is perfectly harmless and never causes the least local, focal or general reactions, nor albuminuria.

Natural Elements of the Blood in the Treatment of Tuberculosis

CHOLESTEROL DERIVATIVES: To Jacques Carles and Francois Leuret we owe deference for the study of the cholesterol and glucose contents of the blood in tubercular cases.

The results of their studies should that at certain ratios of Cholesterin to Glucose i.e. when cholesterin was less and the sugar more, tuberculosis became acute and progressed rapidly, while in the presence of a sufficiently high Cholesterol content the disease became either stationary or retrogressed to cure.

They found that the cholesterol content of the blood could be increased and maintained by subcutaneous injections of Biocholine.

Something like 25 per cent complete cures were obtained, besides 40 per cent of the remainder showed important improvements, and many of the cases tried were in a hopeless condition when the treatment was commenced.

HEMOCYTIC AND LEUCOCYTIC DERIVATIVES: Extracts of read blood cells, both in the form of complete extracts and of Hemoglobin have been suggested in the treatment of anaemia. Extracts of white cells, also both in the complete form and as nucleinic acid or nucleinate of soda have been used against various bacterial infections.

In Lumiere's Hemoplas we have the total extracts of both the red cells and the white corpuscles together with their ferments and the vital principles of the serum.

Hemoplas is packed in ampoules of 5 c.c. which are given intramuscularly twice or three times a week. Hemoplas reduces the toxemia, improves the blood and increases the defensive reactions of the body.

AMINO ACIDS: Certain amino acids as shown by Dr. Hervouet, specifically stimulate the occlusion of tubercular lesions, forming a barrier between the diseased tissue and the healthy, and a substratum which attracts calcium to the affected part.

In Aminobiase these amino acids are provided along with Creatin in, which, deposited in the barrier formed, interrupts the absorption of toxins from the inflamed area. Very rapid results are claimed for the majority of cases. One injection is given into a muscle or hypodermically every for days.

Ambrine

Composition: Paraffins Neutres 95%
Bleekrode 5%

Bleekrode is an oil distilled from resins of the amber type.

Although one may not often think of it, there is no doubt about the fact that Dame Fashion takes her place in Medicine as well as in other things. This is particularly true where the treatment of burns is concerned.

There was a time when Carron Oil was the method of choice. This was followed by the use of Olive Oil, and later on treatment consisted in the application of a solution of Picric Acid or a solution of Tannic Acid. Now the latest method which has come into vogue is in treating burns with the proprietary preparation Ambrine. This Paraffin Wax Compound is aseptic, non-irritating and non-adhesive, and in addition to the remarkable distinction which it has achieved in the treatment of burns, Physicians are finding excellent results in using the Ambrine treatment wherever the application and retention of heat is desirable, such as in Neuritis, Neuralgia and in Rheumatism. It has also been found successful in the treatment of Varicose Ulcers, and Boils.

One of its many assets is the fact that it is analgesic, soothing and comforting to the patient.

The dressing can also be removed and the wound re-attended without pain or discomfort, and without destruction of the newly regenerated tissues.

The directions for use of this preparation are very simple. A few pieces of Ambrine are heated in some metal recipient on a very slow fire until vapours are seen to appear. It is then allowed to cool down to about 60°C. when it is applied by means of a brush to the wound which has been previously washed and thoroughly dried with sterilized gauze compresses. On coming into contact with the wound it at once forms a solid mass, over which is placed a thin pellicle of wadding.

Another coating of Ambrine is then added to this, and the whole bandaged up in the usual way.

Ambrine is a preparation well worth trying and one that can be thoroughly recommended. For further particulars, Apply to

The Medical Practitioners' Service Bureau, Vepery, Madras.

SPECIAL CONTRIBUTION TO THE MEDICAL PROFESSION
Elixir Histogenol Naline
SCIENTIFIC REFERENCES
REGARDING HISTOGENOL NALINE

PAPERS READ BEFORE

The "Academie des Sciences", Paris.
The "Societe de Biologie", Paris.
The "Societe de Therapeutique", Paris

THESES PRESENTED

At the Faculty of Medicine of Paris.
At the Faculty of Medicine of Montpellier.

Histogenol Naline is employed in the Hospitals, Dispensaries and Sanatoria of all the principal countries. It is prescribed daily by the leading medical practitioners of the whole world.

Histogenol Naline is a new form of strengthening medicine discovered by Dr. Mouneyrat, Professor Agregé of the Paris Faculty of Medicine.

Having Nuclarrhine as its base **Histogenol Naline** acts by producing a complete renovation of the tissues. It is

prescribed in all cases of deficient nutrition requiring tonic and reconstructive action. It is a powerful dynamogenic medication, in all diseases producing intensive disassimilation, and in all affections in which assimilative functions are seriously impaired.

Amongst these we must mention particularly:

Malarial cachexia.
Cutaneous, osseous and pulmonary tuberculosis.
Chronic bronchitis.
Anaemia, neurasthenia.
Lymphatism, scrofula, rickets.
Defective growth.
Convalescence after acute disease.
Diabetes.

Histogenol Naline is also prescribed in all diseases of a microbial origin which impair nutrition and diminish the vitality and resistance of the cells, such as:

Influenza, Broncho-pneumonia, Pleurisy, Paludism.

Histogenol activates the growth of the blood corpuscles and is, therefore, indicated in cases of Anaemia, chlorosis, adenitis.

It has been found of great use in neurasthenia, nervous troubles, chorea, mental diseases, myxedema and Basedow's disease, owing to its beneficial influence on the glands and central nervous system.

It has given good results in the treatment of skin diseases.

Histogenol, either alone or administered at the same time as iodide, has given marvellous results in asthma, though the reason of its action is not exactly known.

In cases of diabetes, it rapidly destroys sugar and modifies energetically the nutritive tendency, and its action is wide and durable.

The effects produced after ten days or a fortnight's treatment with *Histogenol Naline* may be shortly summarized as follows.

RECOVERY OF APPETITE: The appetite returns in the generality of cases to such a degree that invalids who were formerly disgusted with all forms of food become, under the influence of *Histogenol Naline*, heavy eaters. This stimulation of the appetite is accompanied by an immediate improvement in all the physiological phenomena of the digestive organs which at once resume their normal functions.

INCREASE OF WEIGHT: This recovery of the appetite brings about a larger consumption of food and adds to the body's power of assimilation which manifests

itself by a very rapid and marked increase in the patients' weight. The increase of weight (we advise eggs, extract of meat, shredded raw meat, etc., being used by way of extra diet as soon as the appetite returns) is an undeniable fact and varies after a month's treatment from 500 grammes to 4 kilos (1 lb. to 8 ½ lbs.).

INCREASE OF STENGTH: Under the influence of *Histogenol Naline*, there is an increase of strength, both physical and intellectual. Sufferers feel themselves rapidly stronger and brighter, their low spirits disappear their oppression and shortness of breath cease, their nights become peaceful,

In Pulmonary Affections

CHRONIC BRONCHIAL DISEASES: In *Tuberculosis, Influenza etc.*, we notice, in addition to the results already mentioned:

CESSATION OR MARKED DECREASE OF THE COUGH: *The Cough* becomes less violent and fatiguing always decreases and often completely ceases.

DISAPPEARANCE OF NIGHTLY SWEATS: *Nocturnal perspiration* is rapidly arrested.

DIMINUTION OF EXPECTORATION: The *expectoration* becomes first easier and then gradually less abundant. But what is particularly noticeable, is the diminution and in many cases, even the complete disappearance, of pus and fœtor from the sputum which from yellowish-green becomes mucous. Bacteriological examination indeed shows a marked diminution in the number of the tubercle bacillus.

Now, the presence of pus in the sputum being the result of organic poisoning, its disappearance proves conclusively the antitoxic action of *Histogenol Naline* in the presence of tubercular toxin.

Histogenol Naline is presented in the following pharmaceutical forms:

1. ELIXIR

DOSE.—Adults: One tablespoonful twice a day, an hour before the two principal meals. This will be found particularly suitable for those who experience difficulty in taking medicine.

Children: Two tea-spoonsful or dessert-spoonsful a day.

2. GRANULATED FORM.

DOSE.—Adults: Two measures or two dessert-spoons per day.

Children: Two half measures or two tea-spoons per day.

5 & 6

3. COMPRESSED FORM.

DOSE.—Adults: 4 comprimés daily,
Children: 2 comprimés daily.

4. BULBS.

DOSE.—Adults: The contents of one bulb to be injected into the muscular tissues daily.

DIRECTIONS FOR USE OF HISTOGENOL NALINE.

Histogenol Naline should be taken by adults in doses of two table-spoonsful daily, and for children the dose is two tea-spoonsful daily; one spoonful before each meal.

In order to be perfectly certain that the remedy passes entirely into the digestive tube, it is advisable to drink a little water after each spoonful. *Histogenol Naline* may be taken for two or three days in succession, after which its employment may be interrupted for a similar length of time before continuing the doses.

But better results are achieved by continuing the doses of two spoonsful daily for fifteen or twenty days in uninterrupted succession, after which the patient should rest for a week, and then recommence the treatment should it be necessary to do so.

Histogenol Naline thus administered may be taken for several months without causing dyspepsia, gastritis, renal or hepatic congestion, cutaneous eruptions or other ill effects.

Safety—First

N. B.—As soon as the appetite returns, the patients should partake freely of eggs, meat-extract, meat, green vegetables, etc.

Pancreatine is the safest and least offensive of all effective oral remedies for Diabetes.

The preparation of Pancreatic tissue for oral administration in Diabetes is a delicate and intricate process. it is no matter for surprise that many such preparations are ineffective.

The ineffectives may be ruled out.

Some manufactures, failing to show benefits from pancreas preparations which they make, may adopt organic arsenic as an "addition". Organic arsenic has some apparently good effect in some cases, but the end results of the use of arsenic are very doubtful. The expedient is not very safe.

A number of new organic derivatives, insulin-like substances, are offered, but they usually become unsupportable just when most badly needed.

Pancrepatine is absolutely safe and in the doses suggested (10 to 12 per day) is remarkably effective.

Failures are rare with Pancrepatine and we have never yet heard of untoward symptoms arising from it.

A TYPICAL CASE OF DIABETES

1st day: Boils
Vague Rheumatic Pains
Polyuria
Thirst
Constipation
Loss of energy and mental activities
Urine
Colour pale
S.g. 1040
Albumen present
Sugar 5 per cent
Acetone present
Ordered: Moderate diet and Pancrepatine globules, two with each meal.

4th day: Urine
S.g. 1020
Sugar 1.75 per cent
Acetone trace
Ordered: same diet and Pancrepatine globules, three with each meal.

7th day: Urine
S.g. 1014
Albumen nil
Sugar nil
Acetone nil
Ordered: gradually increased diet.

11th day: Urine normal
Ordered: increased diet

31st day: Urine still normal

60th day: His complaints have completely disappeared.

Varicose Veins

In the *Lancet* of January 11th, 1930, Higgins and Kittel consider various medicaments for injecting varicose veins. They seem inclined to the view that sodium morrhuate in 5 per cent solution is satisfactory for the purpose, and find that up to 10 c.c. of this solution can be used at one sitting without harm. Half to one cubic centimetre is given at each point, and repeated each inch and a half to two inches of vein from above downwards. They have tried it in 187 cases.

Sodium morrhuate is available in India as a 5 per cent solution under the name of *Pharmasol* sodium morrhuate 5 per cent.

"Recovery Graphs"

It would be interesting to make "graphs" tracing the recovery of patients from various diseases, and showing percentage recovery obtained each day.

In a case of acute malaria, for instance administration of quinine might give 80 per cent or 90 per cent disappearance of symptoms in the first three days, but weeks or a month might be required to obtain a 100 per cent cure of that case.

In contrast, a case of typhoid would be shown to get worse for the first two or three weeks treatment, then if the case ended favourably a sudden rise in vitality at the end of that period.

In cases of tuberculosis treated by Aminobiase the percentage vitality curve is peculiar.

Usually the first five or ten injections may show little improvement, but following after that subsequent continuation of the same treatment gives a gradually increasing rate in the improvement of vitality.

Convenient Doses

The dosages of Sulfarsenol tubes are very conveniently arranged. If we wish to give a child a few centigrams, we find the doses "A" $\frac{1}{2}$ ctgr., "B" 1 ctgr., "C" $1\frac{1}{2}$ ctgr., "D" 2 ctgr. and "E" 3 ctgr. give a suitable assortment from which to choose.

When we advance to older children, or for test doses for adults, the No. 1, 6 ctgr. and No. 2, 12 ctgr. are often the exact doses required. Each higher number contains only six centigrams more than its lower neighbour. There is no need to jump from a low dose to a high one without testing intermediate doses, nor to resort to guess work in order to have approximately the dose which we desire.

This facilitates the production of prolonged steady action, for a dose of 24 centigrams every four days would give a more constant effect than say 45 ctgr. or 43 ctgr. once a week.

Then suppose we have given a dose of 30 ctgr. and we are not sure that 45 or 48 ctgr. would be equally well supported, we can, if Sulfarsenol is used, give an intermediate dose of 36 ctgr. or 42 ctgr.

Again suppose the patient cannot come exactly on the day when called, or perhaps the physician is detained long on his rounds that day, 6 ctgr. more might be given after the longer interval, and so the treatment could be regularised.

News and Comments

Director of Public Health: The Minister for Public Health, in his reply to the speeches made by the members of the Legislative Council in regard to the appointment of the Director of Public Health, said that on the occurrence of the vacancy, the claims of the members of Provincial Service in the Public Health Department would be considered. Perhaps, by this he meant when the appointment falls permanently vacant. Col. Russell went on long leave and in his place, Dr. Ubhaya, a member of the Provincial Health Service, a non-I. M. S. man and the Senior Assistant Director, was appointed. But when he died, an I. M. S. officer, though a member of the Health Service, was appointed. There is absolutely nothing to be said against Major Hesterlow, the acting incumbent now, except that he is a member of the I. M. S.; and according to new rules, the place of the Director of Public Health is not reserved for a member of the I. M. S. and therefore should go to a member in the Provincial Service. Those who were responsible for framing the new rules, did not perhaps conceive of a future awkward situation when they reserved the place of one of the Asst. Directors of Public Health to an I. M. S. Officer. Major Hesterlow is the senior-most Asst. Director and has all the necessary qualifications and could not but act as the Director. The disqualification when Major Hesterlow was appointed, of his being a member of the I. M. S., may have to be condoned and the existing rules so modified, taking away the reservation of one of the Asst. Directorship to a member of the I. M. S.; and in case there should be an I. M. S. Asst. Director, there should be no bar for his being appointed as Director of Public Health, if at a time when vacancy arises, the I. M. S. Asst. Director is the senior-most.

In this connection, it will not be out of place if we suggest that the initiation of appointing the Director of Public Health cannot be from the Surgeon-General. This is incompatible under the present circumstances when a separate and independent department of Public Health has been brought into existence, and that, quite appropriately. We have been mentioning oftentimes that the post of Surgeon-General as such, should be done away with.

This is a post unknown and unheard of in any other civilised country. Col. Russell, a prominent member of the I. M. S., on his return from America where he went to study the medical problems, both preventive and curative, read a paper before the South Indian Branch of the British Medical Association, in March 1925, and he said that he had envisaged a time not far distant, when the Government Medical Department would be totally abolished, and with it, of course, the post of the Surgeon-General. At present, it is seen that the two departments—Public Health and Medical—are not working harmoniously, particularly during the prevalence of epidemics. In cholera, the members of the Public Health Department do not treat the patients, but conduct inoculations and disinfection etc. The medical men attached to hospitals do not or cannot attend to cases in the patients' own houses. In some places, there is no accommodation for treating epidemic diseases in hospitals. So, practically the patients do not get any treatment at all in most cases. In order to bring about a harmonious working, the two departments may be immediately amalgamated and placed under a single officer, and the Surgeon-General may for the present, be designated as the Director of Public Health and Hospitals. This arrangement will not only pave the way for the future development of the Public Health Department but will minimise the cost of administration. Later, when the time comes to abolish the Civil Medical Department, the two departments may be placed under an officer styled "The Chief Medical Officer of Health", to advise and work under the Minister as his Secretary. This, our suggestion will do away with the necessity of appointing an officer as the head of the Public Health Department and will certainly prevent an awkward and difficult situation which has arisen now.

Interpellations and the Minister's reply: In the Correspondence columns of this issue, we publish the questions asked by the Hon'ble members of the Madras Legislative Council and the replies of the Government as given by the Minister, during the recent Budget Session of the Legislative Council.

The questions and answers speak for themselves. The art of shelving was more in evidence in all the answers. It looks as if those who sit in treasury

benches have ears but they will not listen and have eyes and yet they will not see.

We have more faith in communications than in interpellations. We hope the Hon. members who interested themselves in these interpellations will follow them up by further direct communications which cannot be shelved in the way interpellations are usually treated. We are so far positive of one thing from the Minister—that is, that the medical officers are not permitted to run nursing homes. The question now to be settled is whether "private nursing homes" are not "regular nursing homes". This is a play of words to all others except the Government who seem to have no judgment of their own and depend upon the Surgeon-General for interpretation of rules on the subject, which do not exist. This accounts for all the confusion in the answers.

A Triangular Contest: Professional work in state hospitals seem to pay one more than in one's own surgery, so long as these institutions are not reserved for the destitute poor only. It is no wonder in the present state of administration of Government institutions that at times, at least, one sees keen competition in the matter of treatment in the out-patients department which is the feeder to itself or to the in-patients department. That being the case, one need not wonder at the keen contest for occupying the out-patient chair. It so happens now after the introduction of the honorary system, those belonging to the honorary cadre wish to be at the out patient department, in the same chair where the stipendiaries used to sit. The Superintendents of the hospitals who are the sole judges for distribution of work in hospitals, have now to apply higher advanced mathematical calculations so that the honoraries and the stipendiaries do not quarrel in unequal distribution of work, which does not depend upon number or sex but on status and other qualifications. Rather a hard job it is, especially for Indian D. M. Os in the moffusil hospitals. In Madras City, the rules of equation in the distribution of work are quite different as the Superintendents in the majority of hospitals are different from those in the moffusil hospitals. So, as a natural sequence, there will be contests for getting work, and a triple contest did take place in a moffusil hospital, between a government specialist, an honorary specialist and an assistant to

the D.M.O., in the distribution of work and it so happened that a few suffering patients attending this department made some statements against the honorary—so it is alleged—with the result that he honorary thought it safe to resign. The Surgeon-General wished to know the circumstance that led to this resignation from the D. M. O. who naturally avoided a quadrangular fight and allowed matters to drift in a triangular contest. The result of the Surgeon-General's query was a victory to the honorary, who is now in sole charge of the special department and will be, at least for some time to come. We do not grudge this victory to the honorary; but we are bound to say that an excellent opportunity for knowing the methods of treatment of patients in state hospitals—apart from professional treatment—was missed by the Surgeon-General.

Civil Surgeons: In the appointment of Civil Surgeons, especially in hospital appointments, seniority alone cannot count, it should be coupled with merit—certainly a good principle. There is yet another point which may have to be considered. Exigencies of service do not permit many to show their professional ability. At times a good general surgeon, does the work of a physician and a physician, of a teacher and a teacher is sent out to a hospital and so on and so forth. So, the Service Register which generally contains the nature of work turned out by a particular individual belonging to the Provincial Service does not always denote his capacity. As an instance in point, a senior civil surgeon who spent the major portion of his work as a physician and teacher, has been doing good surgery in the city hospital. It is opportunity and not skill alone that is generally responsible for a good record in the Service Register.

There is yet another circumstance to be noted. There is no such thing as a teacher's cadre in entirety except in Anatomy and Physiology. If there were teaching cadre for all subjects and a hospital cadre, as two separate entities, there would not have been a confusion in making appointments, which handicaps good administration and consequently supersession becomes a matter of routine and not an exception.

Seniority does not count: All service men may not realise, on account of individual interests, the agitation for prohibiting private practice to state-paid practitioners. Even in their individual

interests a few of them are now realising though slowly that such a prohibition is certainly conducive. There are instances where even in hospitals, a junior is made an Asst. D.M.O. when there is a senior in the staff of the same hospital; and when questioned, the answer comes that the particular senior is wanting in something else! The fact is that the D. M. O. does not want to disturb a happy team for the work outside the hospital which today is intermingled with inside hospital work also. If the D.M.O. did not have private practice, at least had he restricted private practice the senior could have had his place by right and not condemned, though mildly.

Homeopathy: Signs are not wanting to prove what we have been saying, that time will not be far when Government will be forced by peoples' representatives, to start or help institutions other than Allopathic. In Madras, the School of Indian Medicine came into existence and now claims recognition which is not possible to be refused by the Government. In Calcutta, the Minister in charge of Local self Government makes a suggestion to the people to agitate for Homeopathic institutions and Specialists, as we saw in his speech delivered the other day during the opening ceremony of Dr. Roy Memorial Block in Calcutta Homeopathic Hospital. From where the money is to come the Calcutta Minister did not suggest, especially at a time when money is not found, to run the existing Allopathic Institutions. Here again we repeat the same remedy mentioned by us in our Editorial columns; that all medical relief schemes should be entrusted to the people themselves without government interference, the duty of the government being to see that whoever gives medical relief has the necessary prescribed qualifications, to be a medical practitioner of any system whatever.

Medical Registration Act Flouted Kaup, a village in South Kanara District, has been gaining a prominence for undoing what has been done. A Government Order was nullified on 25th February 1931. We hear on authority, that the Medical Registration Act was flouted by the President, Taluk Board, Udipi, in the matter of appointing a rural medical practitioner, who was not registered at the time of appointment—all this, to bring in a nominee of the Taluk Board President as a subsidised rural medical practitioner in Kaup where there has been a qualified and

registered medical practitioner who could not at any time, be said to be unpopular.

Quackery Encouraged: A quack, not even a compounder, who is a cosmopolitan in the matter of treating his patients, in a moffusil town, owns a Sphygmomanometer said to have been presented by a prominent member of the Madras Provincial Medical service evidently in appreciation of his services—whether to the public or to the doctor, we cannot say.

A practical dentist, who holds no diploma, recognised or unrecognised, either as a dentist or as medical man, is the Honorary Dental Surgeon to a Head quarters hospital under the Madras Government.

Nearer in the city, we find an unqualified dentist has been permitted to advertise in a professional magazine conducted by as eminent doctors as the one who made a present of the Sphygmomanometer to the "cosmopolitan doctor" referred to above.

Yet there is a cry—quite a justifiable one—that medical profession in India cannot thrive on account of quacks. We ask "Who is responsible?"

Admission of L. M. P's to the M. B. B. S.: Ever since we published a regulation passed by the Academic Council allowing L. M. Ps with a two years' extra course to qualify themselves for the M. B. B. S. degree, we are having enquiries on this subject. The examinations equivalent to the Intermediate include (1) the Cambridge Senior; (2) Oxford School Certificate Examination; (3) the College of Preceptors' senior Examination held in Colombo. On an enquiry from those who had to appear for these examinations in India, we learn that an average S. S. L. C. could pass anyone of these examinations within a period of six months at the most. It is very likely that the Syndicate might not, at this stage, press that either Physics or Chemistry should be one of the subject of study for the above examinations. There is not likely to be a special class for L. M. P's and the two years' course will be along with the regular students of the M. B. B. S. class. Selection for admission by the University will not depend upon the marks secured in any examination or on communal lines—at least, we hope so for the present; unless perhaps, there is a rush of students from the advanced communities.

The candidate should pass Part 2 of the first M. B. B. S. examination and should take special courses in a college of medicine affiliated to the Madras University, in

any subject the candidate likes, for a period of two years; and he should appear for the whole of the 2nd and the final M. B. B. S. Examination of the Madras University. The Registrar of the Madras University may be addressed for any further information.

We are told that it is possible to pass the above examination by correspondence; and there are one or two in the city of Madras who undertake postal tuition.

A few of our readers have expressed a desire whether "The Medical Practitioner" could undertake to give tuition for the above three examinations through its columns. We have referred the matter to "The Medical Practitioners' Service Bureau" Vepery, Madras, who may be addressed for further information regarding the preliminary examination.

Publicity: It is most unfortunate and regrettable that those who are responsible for medical education and medical relief, both curative and preventive, in their zeal to be useful to the public, seem to have forgotten their responsibility to the medical profession. It is the profession that is feeding and has to feed workers who serve the public, not only in the healing art but even for the purpose of propaganda to popularise the healing art and it ought to be the first duty of all concerned not to miss the members of the medical profession in the matter of Public Health Propaganda.

Quite recently, the Director of Public Health, gave an "enjoyable party" on the occasion of the pre-release of two Health Propaganda films, and he would have certainly done better service in case he had given intimation to the Medical Journals now existing in the city as he did to the lay newspapers, though Madras could boast today as having as many as five medical magazines, one of them having a circulation amongst almost all qualified and registered practitioners in this province and a large number of prominent medical practitioners in other provinces. Perhaps he and many like him, have not as yet realised that medical men are the best advertisers.

Of late, the Madras University have arranged for lectures out of their own funds or endowments and prominent men in the medical profession are made to deliver these lectures but the University authorities do not seem to know the existence of medical journals in the city and

invariably, not only announcements regarding the lectures but the lectures themselves are published in the columns of the Madras dailies. The subjects treated in these lectures, usually being of professional interest, necessarily technical, are not likely to interest the lay public. Members of the medical profession who read newspapers would certainly like to read all about these lectures in detail but naturally, the newspapers other than medical cannot possibly devote as much space as the subject-matter of the lectures deserves. The object of the University lectures being one of public utility, may we request all concerned to give publicity to the lectures in the existing medical journals in which case, they will be serving the purpose both of education and propaganda, which is the primary object of the University lectures.

Quite recently, three such lectures were delivered by a prominent member of the Madras Provincial Medical Service, Dr. M. L. Kamath, B.A., M.D., Superintendent, Govt. Royapettah Hospital, Madras; and our readers will be glad to know that both the Registrar of the Madras University and Dr. M. L. Kamath obliged us by permitting us to publish the three lectures in our columns. A perusal of the first series, on Beri-beri, which appears in our current issue, will not only convince the readers of the valuable services rendered by the lecturer to the profession in his masterly discussion of the etiology and clinical features of Beri-beri, but also the importance of the new ideas conveyed by the lecturer regarding the causation of this dreadful disease. How much more the profession lost for want of publication of such lectures in the past.

We are obliged to the Registrar of the Madras University and also to the lecturer for having given us an opportunity for a new scope of service to the profession through our columns. And we trust that in future, not only the University authorities but all concerned in Public Health Propaganda will not forget the existence of the medical journals in this city for the purpose of publicity, in which they are concerned.

OMISSION: We are sorry that due to some irregular instructions, the posting list of Sub-Assistant Surgeons for March, 1931, has been omitted in this issue. The March and April postings will however, appear in the next issue as usual.

Correspondence, Reports, etc.

[The Managing Editor regrets that due to other pressing matter, some of the letters and case reports kindly sent by practitioners could not be published in this issue. They will appear in the next and subsequent issues in the order of their receipt.]

MEDICAL BUDGET DEBATE

MR. V. T. ARASU, M.L.C. SPEAKS.

Mr. President, Sir, my learned friend, Mr. Arokiaswamy Mudaliar, speaking on this motion said that the policy of any Government in regard to the administration of its Medical department should be to render effective and efficient medical relief as economically as possible. I entirely agree with the Hon. member in that statement. But when he proceeded to say that the policy of the Medical department of the Madras Government appears to be to pay greater attention to the urban areas to the neglect of the rural areas, I feel compelled to disagree with him. For, I shall presently point out to the Hon. members of this House that though the latter part of the statement is true, the former is not an absolute truth. That is to say, the Madras Government are not paying any attention to the expansion of Medical relief either in the rural areas or in the urban areas. Both are neglected. From a close examination of the administration of the Medical department I am inclined to think that with the Madras Government, Medical relief has come to mean rendering of relief to able bodied—certainly not the distressed and the maimed—men, not by admitting them as patients of hospitals, but by recruiting them as paid officers of the hospital. (Laughter). That is how I am inclined to think of the whole matter.

Hon. members would remember, Mr. President, that in the year 1925-26 the Madras Government spent only Rs. 56,97,734 on the Medical department. But in the year 1929-30, the Medical department spent as much as Rs. 88,42,129. That is to say the department has spent in 1929-30 about 57 per cent more than what it spent in the year 1925-26. From this, Hon. Members are likely to come to the conclusion that Medical relief has expanded to that extent. But I submit, Sir, that it is not so. Medical relief has not ex-

panded to the same extent as the expenditure has. In the year 1925-26 the total number of medical institutions in this presidency was 959. But in the year 1929-30 the number was 1,128. That is to say, Sir, there was an increase of about 20 percent only. I now take the total number of beds available in all the hospitals of the presidency. There were in the year 25-26, 7748 beds in all. In the year 29-30 the number was only 9390. That is to say there was an increase of about 22 percent. But my Hon. friend the Chief Minister would say, 'I am not concerned with what had happened in the year 1929-30! The 'late ministry'—which the Hon. the Chief Minister used to characterise as a *benami* ministry—is responsible for it,' and therefore he cannot be taken to task for what has happened in that year. I admit that.

I will now examine, Sir, what the present Ministry, of which my Hon. friend the Dewan Bahadur is the chief, which has resumed office with the blow of trumpets that it is going to stand by the people and render great service to the people, is going to do in the future. In the Budget Estimates for the coming year the Minister has budgetted for an expenditure of Rs. 89,86,600. Out of this sum, on a careful analysis, I find that as much as Rs. 54,22,100 is proposed to be spent on pay of officers, establishments, allowances, and other contingencies. That is to say about 60 per cent of the whole allotment is proposed to be spent over establishments. But, Sir, the late *benami* Ministry did not spend so much as that under these identical heads. Of the total amount of Rs. 88,42,129 spent in the year 1929-30 only about Rs. 51,65,956 was spent over establishments. That is to say, whereas the *benami* ministry spent only about 56 per cent of the total allotment for the medical department over establishment, the Justice Ministry proposes to spend in the coming year over establishment, about 60 per cent. Mr. President, if this increased expenditure on pay of officers and establishment is to mean expansion of Medical relief, I submit the Hon. the Chief Minister is entirely mistaken.

I will now take up the question of officers, and the expenditure that is incurred on them, and examine whether these officers are giving their best to the state, in return for all that the state gives them. The state is paying these officers salaries

ranging from Rs. 1,000 to 2,000 a month. In addition to their pay they are given allowances of various kinds—city allowance, teaching allowance, honorarium for examining candidates seeking admission into the public services, etc., I ask the Hon. the Chief Minister to state on the floor of this House whether these officers, from whom the state should legitimately expect unstinted service, are giving their best to the state. I submit, Sir, that they do not. I will explain myself.

As soon as one passes out of the college, he is generally taken in as one of the house surgeons in one of the hospitals, and is paid about Rs. 50. After undergoing training for a period of about one year, he is drafted into service as an assistant surgeon and is paid about Rs. 300 inclusive of allowances. He remains as such for about five or six years. Mr. President, these five or six years he is paid this fat salary for nothing. For he does just the same work that he has been doing as a house surgeon. He is simply learning work by experimenting on the poor patients in the hospital. After this period of training he is sent to England, in some cases on state expense, at any rate in all cases on study leave—to acquire further training. On returning from England he is appointed as a civil surgeon, and is posted in charge of a hospital. Thus, Sir, you train him, and create for him a status in the profession, and above all pay him a fat salary of about Rs. 1,000. Is it not therefore legitimate that we should expect him to give his best to the state. I ask the Chief Minister whether it is so. I am of opinion, and am in a position to support my assertion, that he does not give his best to the state. Being assured of the salary from the state, he looks out for pastures new.

Nominally, the period of the day when the officers in the hospitals in the city of Madras are expected to be present in the hospitals is from 10 A.M. to about 12 or 12-30. For this two or two and a half hours work you pay them salaries ranging from Rs. 1,000 to 2,000. I know, Sir, even this two hours work, the officers in the city hospitals, do not seem to relish. For I am in a position to state that many of the officers find it difficult to come to the hospital at 10 A.M. In fact the attendance of the officers in the Madras General hospital was so irregular that the

superintendent of that hospital was constrained to send out a circular insisting on the officers coming to hospital punctually at 10. This is a circular issued by a brother I. M. S. officer. Is this not proof enough to show that irregular attendance is a common feature? At this stage Mr. President, I should like to state that the statements that I have made till now, and statements that I may presently make, are all based on information derived not second hand from some one else, but information gathered first hand by constant visits to the hospitals in the city. Myself and six other colleagues of the '29 Madras Youth League are officially recognised social service visitors of some of the hospitals in the city. In that capacity we visit the hospitals periodically. And it was in the course of such visits to and constant intercourse with the poor and unhappy patients of the hospitals that I have come to know of the real state of affairs in the hospitals.

Sir, I will now proceed to give you an idea of the state of affairs in the Madras hospitals. Can you imagine an I. M. S. officer observing days of silence? Sundays, penultimate Saturdays and other public holidays are off-days for the officers of these hospitals. Over and above these, a certain day of the week is observed as a day of silence by a certain officer in the General hospital.

I can understand a Mahatma Gandhi, or even some non-official members of this House observing days of silence; but I cannot understand how a paid medical officer can with impunity observe a certain day of the week as a day of silence and refuse to speak to the patients in the hospital. Another matter to which I should like to draw the attention of the Chief Minister is the pernicious practice of certain District Medical Officers living about forty miles away from their head quarters. Imagine, Sir, what medical relief a D.M.O. living such a distance away from his head quarters will be able to render. This is the kind of relief, Sir, that is being rendered. (Mr. Sami Venkata Chalam Chetty: He lives in the same place as the head quarters of the Madras Government.)

Mr. President, Hon. member may ask, 'why is it that in spite of the fact that these officers are being paid high salaries, such grave irregularities exist, and, that these officers neglect their legitimate

work?' The answer is simple, Sir. It is due to the pernicious concession that has been given to the officers of the Medical department to have private practice. Surely, We cannot expect them to serve two masters at one and the same time: they have to serve Mammon as well as the state; and that is what they are doing at present. They are attending to their private practice in order to make as much money as possible. This concession of private practice has been so abused as even to open regular nursing homes, which are miniature hospitals. The Hon. the Chief Minister in answer to a question of mine the other day categorically stated on the floor of this house that Government orders do prohibit the running of regular nursing homes and dispensaries by members of the Medical service. But surely, Sir, the Hon. the Chief Minister cannot be ignorant of the fact that medical officers in the city of Madras do run nursing homes on large scales, and for running the same, utilise the whole hospital staff. I am certain that he does know of these; at any rate, he must have noticed one just close by his residence.

There are also instances of medical officers running dispensaries. The Hon. the Chief Minister in the course of a talk that I had with him only the other day said that the Government has put an end to the practice of medical officers putting up their sign boards in or near dispensaries and chemists' shops. But, I ask Sir, whether the Chief Minister is aware of instances where medical officers are running dispensaries of their own under the glorified pseudonyms of Research Laboratories and the like. Those dispensaries may perhaps stand in the names of the daughters or brothers-in-law of the officer concerned. If only the Chief Minister would care to find out on whose names the bank accounts in respect of those dispensaries and laboratories stand, he will find out as to who is actually running the same.

Sir, in conclusion, I should like to put as briefly as possible that the reforms will have to be effected in the administration of the hospitals in the city of Madras. The concession of having private practice should be withdrawn at once, so that these officers may devote their whole attention to hospital work. They should be compelled to attend the hospital for at least four hours, i.e. from

8 in the morning to 12 in the noon, and put in charge of more beds than at present. As regards the question of manning these hospitals with honorary men, my friend Mr. Arokiaswamy Mudaliar has already dealt with the question and pointed out the benefits of that system. However, I should like to point out one thing: You may recruit more honorary men, in fact I would go further and say that hereafter there should be no recruitments to the service; but when once you recruit them as honorary men, they should continue to be honorary physicians or surgeons as long as they live; there is no use in recruiting them as such, and after a period of about six months or one year drafting them into the service on fat salaries. Once honoraries they should always be honoraries. Otherwise, the honorary system would degenerate into a regular scramble for office.

Finally, Sir, lest I should have been misunderstood by Hon. Members of this House, I should like to make one observation. And that is, that in making these remarks I have no doubt had in view some of the prominent officers in service. But I may at once state that I have no personal grudge against any of them. I claim many of them as personal friends; and to some of them I am grateful for the treatment that I have had at their hands. Nevertheless I was constrained to make these remarks and expose the vagaries of some of these officers because of higher considerations, viz. the efficiency of the department, and the expansion of medical relief. There is nothing personal in the remarks. It is the present administrative system that I am finding fault with. As I said, I have myself undergone treatment by some of these officers. But I may incidentally remark that I have never entered their private nursing homes. I always entered the hospital, and paid to the hospital not only stoppage charges, but also the extra charges for the relief given that are usually levied in hospitals; and in that way I have contributed my little mite to swell the funds of the state.

Therefore, Sir, I would urge upon the Chief Minister that he should immediately take up the reorganisation of the whole department, and purge it of its abuses, some of which I have hinted at in the course of my speech.

MEDICAL DEPARTMENT

LIST OF QUESTIONS PUT AND ANSWERS
DELIVERED AT THE LAST BUDGET
SESSION OF THE MADRAS
LEGISLATIVE COUNCIL.

27th February 1931: Alleged Irregular Attendance of Medical Officers in the City.

Question: Mr. V. T. Arasu:—Will the Hon. the Minister for Local Self Government be pleased to state whether it is a fact that the paid Medical Officers attached to the hospitals in the City of Madras are not punctual and are not regular in attending their respective institutions?

Answer: The Govt. have no reason to suppose, that the facts are as stated in the question. If any specific instance is brought to their notice, they will make enquiries.

Mr. Arasu: May I know whether the attention of the Govt. has been drawn to an article entitled 'Discipline in Medical Service' published in Vol II, No. 12, of the Journal of the South Indian Medical Union?

Dewan Bahadur Munuswami Naidu: No, Sir.

Mr. V. T. Arasu: Is the Hon. Minister aware that the attendance of the officers of the General Hospital was so very irregular that Lt. Col. Bradfield, during the time he was the Supt. of the General Hospital, had issued a circular to the officers in that hospital stating that he would be compelled to take disciplinary action if they failed to attend the hospital regularly and in time?

Mr. Munuswamy Naidu: I will call for the information.

Mr. Arasu: It is not a question of information, Sir. I am referring to a serious allegation made by a responsible association like the South Indian Medical Union. Has the Hon. member ascertained whether it is a fact?

Mr. Munuswamy Naidu: If a specific question is given I will enquire.

Mr. V. M. Ramaswamy Mudaliar: Is there any record showing the time when these officers arrive?

Mr. Munuswamy Naidu: No information.

28th February 1931: Alleged Private Nursing Homes Maintained by Govt. Medical Officers.

Question: Mr. V. T. Arasu: Will the Hon. the Minister for Local Self Govt. be pleased to state:—

(a) Whether it is a fact that certain paid Medical Officers in the Govt. hospitals in the City of Madras have their own private Nursing Homes where rich patients—who would otherwise join the hospitals and help to augment the income to Govt. from hospitals are taken away for the private benefit of the officers concerned:

(b) Whether it is a fact that in some cases a hospital 'team' is transferred in its entirety to run such private nursing homes; and

(c) whether the Government will put an end to such irregularities as are noted above?

Answer: (a), (b), & (c) Medical officers are not permitted to maintain regular nursing homes.

Mr. Arasu: Does the Hon. Minister categorically deny that some of the officers attached to the General Hospital do not run regular nursing homes of their own?

Mr. Munuswamy Naidu: No information.

Mr. Arasu: If I should place before the Chief Minister facts relating to the running of regular nursing homes by several officers of the Madras General Hospital, will the Hon. the Minister see that disciplinary action is taken against them?

Mr. Munuswamy Naidu: If specific cases are brought to my notice, I shall have an enquiry.

Mr. C. R. Parthasarathy Aiyengar: Are they not permitted under the rules?

Mr. Munuswamy Naidu: No.

Mr. A. Ranganath Mudaliar: Will not the Surgeon General be able to furnish the information whether they are running or not?

Mr. Munuswamy Naidu: These Medical officers are not permitted to run nursing homes and Government have no reason to think that that rule is violated.
26, Mar. 1931.

26th March 1931: Private Practice by Government Medical Men.

Q: Mr. A. B. Shetty: Will the Hon. the Minister for Local Self Government be pleased to state:

(a) Whether some time ago a circular was issued warning medical men in Government service against misusing the right of private practice;

PRIVATE PRACTICE

DOCTOR: A GOD, A FRIEND, A RELATION:
AT LAST A YAMA OR A DEVIL:

GETS HIS FEE ONLY IN A COURT OF LAW;
Sir,

When a person gets ill, a Doctor is sent for and if the illness is of a serious nature, the doctor when he is just ushering to the patient's room, is treated with all reverence and there are occasions when the doctor is reckoned as one next only to God and many a time he is even addressed by a suffering patient or his relations "Doctor, you are my God Saviour." The relief sought for is got and the doctor is treated later, as a very near relation; he is surrounded by all the inmates of the house, is offered tea or coffee or whatever the doctor drinks. Naturally, when the visit becomes more frequent, the doctor becomes a very familiar figure of the house-hold. He is no more a relation—he becomes the friend of the family. In the meanwhile, the patient gets well and the doctor is required no more: so far, so good. Then the doctor, especially if he happens to be one not paid by the State, sends his legitimate bill for services rendered and medicines supplied. The patient and his relations get aghast—"We never expected the doctor will be so hard. He has charged us for each visit. Look at his medicine-bill! It can't really be so much and it is scarcely a month since we got him and there comes the bill!" At times, much harsher words are used if the bill is sent after the unavoidable death of the patient; and the doctor who was loved and respected first as the Almighty, next a dear relation and then a close friend, becomes a Yama (God of death) or a Devil in circles where Yama is not known. All the same the bill is not paid; the doctor has to seek the help of an Advocate. Many a time, a notice from the lawyer is refused; and if answered, all sorts of objections are raised; some visits denied; so also, some items of medicines supplied. The next step for the doctor is to enter a law Court.

A typical case of the nature came for hearing in a law court; and the defence Advocate in addition to the pleadings of over-charge, alleged part-payments etc., went a step further in his zeal of defence and made a vehement speech that a very prominent surgeon does not chargo the patients in the way the plaintiff-doctor had done his client. As an instance be

(b) whether any disciplinary action has so far been taken against any medical officers who are directly or indirectly connected with nursing homes, dispensaries or drug stores or those who are hanging their sign boards on chemists' shops; and (c) whether such practices are continuing today in Madras City?

A. (a) Yes. (b) No. (c) Neither the Government nor the Surgeon-General has any information in the matter.

Mr. V. T. Arasu: Why is it that officers in the other services, for example, engineers, are not allowed to have private practice while officers of the medical service are allowed that privilege?

The Hon. Mr. Munisami Naidu: I cannot now discuss the principles. If sufficient time is given, I will lay before the House the rules governing the matter.

Mr. A. B. Shetty: Have Government made any enquiries in regard to these allegations after the circular was issued?

A: Yes; the Surgeon-General was asked to make enquiries.

Mr. U. C. S. Bhat: Will the Minister call for a report of the various civil surgeons practising in Madras City as to whether they have any nursing homes of their own?

A: The suggestion will be considered.
Mr. V. M. Ramaswami Mudaliar: What exactly is meant by private practice in view of the answers given?

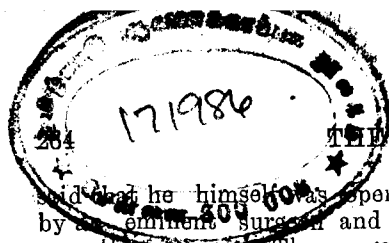
The officers are certainly entitled to private practice within certain limits but if they exceeded these they were liable for disciplinary action.

Q: What are the limits?

A: I cannot answer off-hand.

Mr. Arogiaswami Mudaliar: Do or do not Government consider the starting or running of private nursing homes by Government medical officers as an infringement of the rights of private practitioners?

The Answer was to the effect that he had been discussing the subject with the Surgeon-General sometime back and he seemed to be of opinion that the running of a private nursing home was not an infringement of any rule, unless it interfered with the discharge of the officers' official duties.



and that he himself was operated upon by an eminent surgeon and he did not pay the surgeon. The surgeon, he said, did not charge him at all but asked him to supply his own dressings. The presiding Judge who, in spite of his position, looked more a man of the world, suggested to the plaintiff whether it was possible for him to reduce his charges, especially when the defendant pleaded poverty also. The plaintiff thought that wisdom was the better part of valour and requested the judge to suggest a reduction. All the same, the plaintiff protested against the pleadings of the defence Advocate which, he said, were most damaging to the medical profession, especially his uncalled for reference to the prominent surgeon who did not charge anything for professional services, but was satisfied with the dressings by his Advocate patient. The presiding Judge gave a judgment in favour of the plaintiff, of course with a reduction in the decree amount, and made the defence Advocate withdraw his pleadings.

The future of a profession depends upon the part played by its prominent members and if, as alleged by the Advocate, he was treated free of payment, such action on the part of the eminent members tells seriously upon the rank and file who have

to maintain an equitable standard of fees. Mixing charity with business may pay a particular member of the profession and has certainly given a good start to many, especially in the medical profession, and these many were State-paid doctors to begin with, and as such they could mingle charity with business as they were sure of their pay and what they got by private practice was extra. The vicious effect of this is seriously jeopardising the prosperity, good morals of an otherwise noble profession. I appeal to these respected elders in the profession with all the humility at my command, that if they want to be chitable to the public, even to men of the position of an Advocate of the High Court, let them by all means do so; and my prayer to them is that they may as well request the Surgeon-General to keep the out-patients department of all charitable institutions open at such hours when these elders could sit in the out-patients department and get prescriptions compounded in the hospitals and supply free instead of diverting the patients from their houses or consulting rooms to chemists' shops. This is certainly a real and better charity and not likely to affect either the general or medical ethics.

VERITAS.

BEST QUALITY AMPOULES FOR HYPODERMIC OR INTRAMUSCULAR USE

Camphor in Ether	Rs. A.	Emetine	Rs. As.
Box of 6 ampoules (2 grs.),	0 12	Box of 6 ampoules ($\frac{1}{2}$ c.c. $\frac{1}{2}$ gr.),	1 12
Camphor in Ether		Emetine	
Box of 6 ampoules (3 grs.),	0 12	Box of 6 ampoules (1 c.c. 1 gr.),	2 12
Camphor in Oil		Pituitary Extract	
Box of 6 ampoules (2 grs.),	0 12	Box of 6 ampoules (1 c.c.),	2 12
Quinine Chlorhydrate		Pituitary Extract	
Box of 12 ampoules (5 grs.),	1 4	Box of 6 ampoules ($\frac{1}{2}$ c.c.),	1 12
Quinine Chlorhydrate			
Box of 12 ampoules (10 grs.),	1 12		

Trial orders solicited before you order for them elsewhere.
Special cash discount for readers of "The Medical Practitioner"

THE MEDICAL PRACTITIONERS' SERVICE BUREAU,
VEPERY, MADRAS.

Telephone : 2610.

Telegrams : " INCREASE, MADRAS "

DADHA & CO.,

PHARMACEUTICAL CHEMISTS,

52, Nyniappa Naick St., P.T., Madras.

Dealers & Suppliers of all Pharmaceutical requirements.
Prices very moderate and satisfactory execution
of orders guaranteed.

CERTIFIED

BY

The Government of Cochin.

TRUE

(Extract of Certificate)

" I am glad to say that Messrs Dadha & Co., have been suppliers of medicines & surgical appliances to the Cochin State, Medical Department, during the last three years and I have pleasure to testify that they have carried out their contract to my entire satisfaction. The advantage of dealing with them has been their comparatively favourable rates, their readiness to carry out all suggestions as regards the firm, to get the supply from and willingness to replace breakage & shortage free of extra charge. Our medicines were imported from European Manufacturing Chemists and delivered at the nearest Ry. Station. I can recommend them to Medical Men, Planters and others interested in securing good supply of medicines.

(Sd.) VERGHESE,

(Dewan Bahadur)

ERNAKULAM, }
9th May, 1927. }Chief Medical & Sanitary Officer,
COCHIN GOVERNMENT

KONILLA is an excellent European remedy for Whooping
Cough and all Bronchial troubles.

When writing to advertisers, please mention this Journal.

SL
Lm 21, N30 MP
N31.2.29

*There's
nothing
else
the same
as
Sulfarsenol*

"There are no objections at all against Sulfarsenol. It can be given intravenously, into a muscle or under the skin without serious pain." (The Medical Practitioner).

"The toxicity of Sulfarsenol is less than quarter that of 914 or 606. The curative results are better." (The Medical Practitioner).

THE ANGLO-FRENCH DRUG Co., (Estn) Ltd.

Yusuf Building, Churchgate Street, BOMBAY.

SYRUP CREOSAL A.F.D.

POINTS



TO



→ Creosal has none of the inconveniences of Guaiacol.

→ It has no odour.

→ Has no unpleasant flavour.

→ Is accepted by the most fastidious patient.

→ Is an excellent specific for coughs and colds.

NOTE

→ Is a powerful recalcifier and of great value in the treatment of tuberculosis.

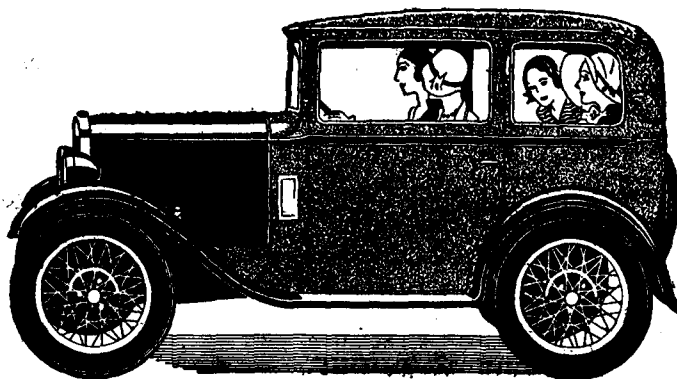
The Anglo French Drug Co. (Estn) Ltd.,

Yusuf Building, Churchgate Street,

BOMBAY.

Reg. No. M. 2528.

AUSTIN



**The Car that still makes motoring
Cheaper than ever.**

Despite the enhanced duty, costlier petrol, and higher taxation, our world famous **BABY AUSTIN** still makes it possible for everybody with small means, to maintain and derive the advantages of a motor.

The increase in duty has not much affected the cost.

The increase in price of petrol matters very little.

Taxation is cheapest on Baby Austins.

BABY AUSTIN has rightly been termed a Doctor's Car as hundreds of gentlemen in the Medical Profession use it and praise it including the Editor of this Journal.

The South Indian Motor Co.,
Mount Road, Madras.

Printed at the Kesari Printing Works, and Published by the Managing Editor
DR. V. RAMA KAMATH, 147, Puraawalkam High Road, Vepery, MADRAS.

VOL. 2, No. 8

MAY, '31

The Medical Practitioner

A Monthly Medical Journal

EDITED BY

Dr. M. S. Krishnamurthi Ayyar, M.B. & C.M.,
Retired Sanitary Commissioner, Travancore State,

AND

Dr. V. Rama Kamath,
Member, Madras Medical Council.
CONTENTS.

21 MAY 1931

PAGE.

Editorials	
The Poona Conference	268
Administration Report of the Sanitary Commissioner, Travancore, for the year M.E. 1105.	270
Original Articles	
Diseases of Infancy and Childhood—Gleanings, By Dr. M. L. Kamath, B.A., M. D., C. M.	273
The I.M.S. Officers in the Civil Medical Department, By an esteemed Retired Member of the Madras Provincial Medical Service	275
Abstracts	
The All-India Medical Conference, Poona :	278
(1) Extracts from the Address of the Chairman, Reception Committee	283
(2) Extracts from the Presidential Address	285
Gangrenous Appendicitis: Treatment with D'Herelle's Bacteriophage	286
Notes on Treatment of Diseases	298
Notes on Therapeutics, Diagnosis and other Medical Subjects	299
News and Comments	
Correspondence, Reports, Etc.	300
Medical College, Madras : The appointment of the Professor of Pathology	301
List of Postings of Sub-Assistant Surgeons for the months of March and April 1931	

KURCHIBINE

(Kurchi Bismuth Iodide)

**INFALLIBLE REMEDY FOR AMOEBIC DYSENTERY
AND OTHER AMOEBIC INFECTIONS.**

MANUFACTURED FROM SELECTED AND SEASONAL BARK.

**FOR AUTHORITATIVE REPORT CONSULT INDIAN
MEDICAL GAZETTE, SEPTEMBER, 1929.**

SAMPLES AND LITERATURE FREE TO THE MEDICAL PROFESSION ONLY

UNION DRUG Co., Ltd., 86, Clive Street,
CALCUTTA.

Telephone No. 3327, Calcutta.

Telegram : "BENZOIC," Calcutta.

Business Notice.

Scientific articles and notes of interest to the profession are solicited. Contributors of original articles will receive a copy of the journal in which they are published.

Communications on all matters connected with the journal, literary and business should be addressed to the Managing Editor, 147, Purasawalkam High Road, Vepery, Madras, as he alone is responsible for the conduct of the journal. Annual subscription to the journal is Rs. 1-8-0 including postage, payable in advance. Papers and articles forwarded for publication should be either typed or written legibly on only one side of the paper. They are understood to be offered to "The Medical Practitioner" alone and any breach of this rule will be followed by non-publication. When any such of the article appears in "The Medical Practitioner" the copyright automatically becomes the joint property of the author or authors and of the publishers. Papers and articles sent will be sent back to the contributors, if so desired, and postage sent for the purpose. The Editors of "The Medical Practitioner" cannot advise correspondents with regard to prescriptions, diagnosis, etc., nor can they recommend individual practitioner by name as such action would constitute a breach of professional etiquette.

CAMPFOREINE

A SPECIFIC FOR CHOLERA

A modification of Tomb's Formula with Camphor as an additional ingredient—and more palatable. || Tomb's Formula claims "95 per cent. of cases of recovery." Most valuable in "Mass Treatment".

(Vide: Manson's Tropical Diseases, Ninth Edition)

Prepared and issued by:

THE ORIENTAL SPECIFIC DEPOT, VEPERY, MADRAS.

VICTORY OVER ASTHMA "KUSHMOL"

(THE ASTHMATIC'S DELIGHT)

BREAKS THE RECORD OF ASTHMA SPECIFICS

Over 98% success statistically proved.

"KUSHMOL" is effective from the first dose and curative in one bottle
LIFE LONG CHRONIC CASES ARE CURED IN DAYS.

Price Rs. 3-4 each; V. P. P. Rs. 3-10.

Sold on an Explicit and Unequivocal Guarantee.

The "KUSHMOL" Pharmacy, B-23, Victoria Park, Benares City, U.P.
Stocked by Messrs. Sri KRISHNAN Bros., Post Box 166, Madras.

The Medical Practitioners' Service Bureau, Vepery, Madras.

Offer their services:—

- (1) In purchasing and supplying for the members of the medical profession their requisites from the city of Madras.
- (2) In arranging for lodging and boarding (on previous notice) not only for the members but their dependents and patients who require special treatment and attention.
- (3) In answering all enquiries regarding professional matters.
- (4) In instructing and guiding the members in Medico-Legal matters including drafting of appeals and petitions.
- (5) In assisting doctors to obtain literature published by Manufacturers of Pharmaceuticals, Physicians' supplies, Surgical Instruments, etc.

Apply with one anna stamp for reply to:—THE MANAGER.

THE MEDICAL PRACTITIONER

BIOCHOLINE

HOW TO OBTAIN GOOD RESULTS?

A Review

This new remedy for Tuberculosis, was introduced to the Medical Profession, in France early in February 1930. An announcement was made in "The Medical Practitioner" about this preparation, in August, 1930. Since then we have been able to collect valuable information both from French and Indian Doctors and we publish the following summary for the information of the Medical Profession and shall be pleased to supply any information concerning this subject.

When a new remedy is introduced in such a disease as this, it cannot be expected that all observers will find exactly the same results. Some physicians have even said that they could get nothing like such good results as these. Naturally, on hearing such reports, it has been necessary to make inquiries as to the course of treatment adopted.

In every case where there was such an unfavourable report it was found that instead of persisting steadily with the treatment there had been interruptions of 10 to 15 days after each course of 5 or 10 injections. It is necessary therefore to insist on the correct mode of treatment. Consecutive injections must be given and continued without any interruptions and for a sufficient length of time to obtain in a definite manner the modification of the root of the disease.

There is no fear of any toxic symptoms or untoward results arising from Biocholine treatment, because the only conditions under which such effects are possible are amongst those cases in which tuberculosis as a disease can hardly be said to occur.

For instance, in hypercholesteremic cases and in Lithiasis where the cholesterol content of the blood may be high, we do not find as a rule acute tuberculosis.

Perhaps in hepatic cases and in cases of diabetes, it may be advisable to watch the condition of the patient rather more carefully than usual.

It is quite true that the number of injections to be given cannot be fixed at a uniform number for every patient and consideration must be given to the form of tuberculosis being treated and to the condition of the patient.

Usually in cases that are favourably affected by treatment, there is an improvement in the general state evidenced in the recovery of appetite, increase of weight, return of sleep and a feeling of well-being before the 10th injection, that is in the first 20 days.

Reduction to a normal temperature and cessation of night sweats have required from 15 to 25 injections and moderation of the expectoration or pus as well as reduction of tubercle bacilli in the sputum, and improvement in the radiograph are commonly obtained in 2 to 3 months.

Biocholine must not be considered as a specific acting on the Koch bacilla.

It acts locally on the lesions but the action on them is indirect and the direct action of the remedy lies in restoring the tissues and the fluids of the body to a normal healthy condition in which the viability of the bacillus is reduced.

In advising a prolonged treatment, we hasten to assure the doctor that he is not likely in any case to meet objections on the part of the patient because in practically every case the patient feels so much the better as to be only anxious to continue the treatment.

Of course in thus estimating the length of treatment that may be required, it is necessary to give consideration to the stage at which the patient is seen.

In ambulant cases a much shorter period of treatment may show good results, while in hospital cases a course of 3 months may be necessary to induce permanent effect.

Apart from the fact that 25 per cent. of the patients who are treated with Biocholine for Tuberculosis obtain a complete clinical recovery, another 25 per cent. obtain a very marked improvement and approximately another 40 per cent. are somewhat the better for the treatment. In all nearly 90 per cent. of tubercular patients show some benefit from Biocholine treatment.

N. B.—Biocholine is stocked and distributed by The Anglo-French Drug Co., (Eastern), Ltd. Post Box No. 460 Bombay.



The Unanimous Verdict

AFTER an attack of malaria, enteric or other acute infection, so prevalent in India, excessive destruction of tissue takes place, and medical authorities to-day are agreed that a well-balanced fluid diet, is the only effective counteractive to retarded convalescence and continued tissue destruction.

Doctors the world over prescribe Horlick's in all such cases. Composed of rich, pasteurised cow's milk in combination with the malto-dextrins

extracted from carefully selected barley and wheat, Horlick's is rich in vitamins, and makes for easy assimilation.

Horlick's is invaluable in all cases of malnutrition, in diseases of the alimentary canal and myocardial diseases, during pregnancy and lactation and whenever maximum nourishment with the minimum of digestive effort is required.



HORLICK'S

The Original Malted Milk

When writing to advertisers please mention this Journal.

THE Medical Practitioner

Annual Subscription Rs. 1-8-0.

Single Copy As. 4

VOL. II

MAY, 1931.

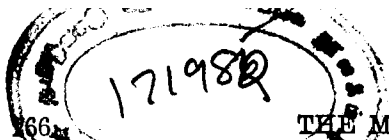
[No. 8

THE POONA CONFERENCE.

As announced in these columns, the 7th All-India Session of the Conference of the Indian Medical Association was held at Poona for three days commencing from the 25th of last month. All the important cities in India were represented including Calcutta, the birth-place of the Indian Medical Association. The ex-Presidents of the previous Conferences who automatically become the vice-Presidents of the Association, were conspicuous by their absence which, in the case of the one who presided at the last Conference at Lahore, was certainly inexcusable and unconstitutional. The immediate ex-President has distinct functions before the new President occupies the *ghadi* and so necessarily the functions of the ex-President had to be gone through by the President-elect. Any constitution which has been brought into existence to run organisations, has to be respected as much as, if not more than, the objects of that particular organisation, or else ~~so~~ both work becomes an impossibility, sooner or later, depending upon the time taken to violate the constitution. We trust that those who worked hard to bring about the All-India organisation and who have been striving harder to make it an useful and all-absorbing body worthy of the name and the area of its activities, in their zeal to achieve the objects of the Association, will not fail to respect the constitution which gave birth to this All-India body.

The members of the medical profession in Poona deserve all praise for their ability and zeal in making the Conference a success under the guidance and leadership of Khan Bahadur Dr. E. S. Bharucha, one of its senior-most, if not the seniormost, practitioners in the city.

Dr. Bharucha in his capacity as Chairman of the Reception Committee, played the host. He welcomed the guests in appropriate terms befitting the occasion and briefly referred to all the institutions of public utility and service, in Poona, such as the Servants of India Society, the Seva Sadan, etc., in addition to the existing medical institutions almost all of which were the munificent gifts of philanthropic gentry of the place. Regarding the medical profession and its present situation, he made a review with a vision of nearly 45 years of experience, a major portion of which he gained during his devoted and faithful service as a member of the Bombay Provincial Service, in which cadre he served both as a teacher and as a healer. His views are to be respected and his solutions deserve the serious consideration of those who are interested in bringing about reforms in the matter of medical relief and medical education. Though he was emphatically of opinion that in the matter of medical relief, there should be a complete overhauling, he was cautious and doubted, as all in his position are likely to do, whether honorary system of medical relief if introduced wholesale, would interfere with efficiency, especially concerning the responsibilities of the state towards the medico-legal and such service now exclusively entrusted to the state-paid doctors. He was not dogmatic as persons of his age usually are, nor uncompromising, but suggested to the executive of the Indian Medical Association, to bring about a workable scheme of honorary service which was eventually agreed upon by the Conference. He advocated more rational reforms in non-University Medical Education than those espoused by eminent persons in charge of university education. He did not tolerate half-hearted and



halting one. It was rightly of opinion that increase in the curriculum of studies and the consequent period involved in such studies required an entrance qualification equivalent to that demanded by the universities and this view of a higher standard of preliminary education for medical diploma entrants was also unanimously adopted by the Conference. The opinion of this veteran leader about the temporary exclusion of the Licentiates from the proposed All-India Register, as enunciated in his welcome address, underwent a thorough change in the course of two days following his utterances and those advocating only one register were pleasantly surprised when Dr. Bharucha strongly spoke later against "caste system" in the medical profession. We believe from what we heard, that this change was due to healthy associations and consequent unbiased private discussions, both of which are the natural outcome of such conferences.

The choice of Poona, advocated in the welcome address, as a fit University centre for the location of a Research Institute would not be considered seriously and turned down as a selfish proposition. Such a pious wish coming from the oldest practitioner in the city of Poona which was the centre of his activities, indicates a respectful regard for old things and not for self. Dr. Bharucha as a host, was much appreciated by the guests and he was made aware of this fact in the parting speeches by the guests but we wish to release from Madras "a silent vote of thankfulness" from the "junior practitioners" of Poona, to use Dr. Bharucha's own words, that their chosen leader was against caste distinctions in the medical profession, though at a not far distant period of his life, his views of castes in the medical profession were quite the reverse of what he expressed in his welcome address and later, in the open Conference and during discussions. It is immaterial to know who is responsible for this "silent vote."

The Presidential Address delivered by Dr. Jivraj N. Mehta, traversed almost all the themes on subjects concerning the medical profession as a whole and was thought-provoking on all points of views excepting that of the general practitioner. Dr. Mehta and others like him in their zeal to get rid of the "nursery of parasites", have little or no vision of "con-

structive work" in the medical profession. True it is that there are strong and stalwart pillars here and there which do the only work of absorption. Pillars, however strong, cannot of themselves form a construction without the humble material, the bricks—and bricks alone cannot stand unless there goes in between them, sound cohesive cementing material. A construction thus formed can stand the strain of any fight for reforms.

If reforms are delayed in our country and that, unduly long, whether it be in politics or in other departments in public life, it is mainly due to our elders trying to work from the top rather than from the bottom. The medical department has not been an exception to this rule. It is quite a natural phenomenon that those at the top do not, or rather cannot, see things in their reality at the bottom. The plums are always seen at the top. The existing services have made them look most attractive. This is why the energies of our leaders are concentrated to get these plums for the sons and daughters of the soil. So, under the existing conditions, if Dr. Jivraj N. Mehta dealt in the presidential address, with subjects like Medical Service, Medical Research and methods of recruitment concerning them, he cannot be said to be not in keeping with the times. But, from the point of view of the future of medical relief in our country, especially in rural areas and the future of the independent medical profession, the lay public as well as the general practitioners would have relished the address better if Dr. Mehta led them by solving the problem of 'medical relief, especially in rural areas, by formulating a workable scheme which, while not burdening the tax-payer more than he can bear, will afford cheap yet efficient medical relief to the masses. It is very unfortunate that Dr. Mehta shelved this most important question which is "not so easy a problem" and did not give 'more thought' for its consideration, though he said in his address that 'it would not be impossible to devise some workable arrangements in this matter.' An All-India gathering of the nature that met in Poona is certainly better qualified to solve this problem and other side-issues intermingled with it, such as the abuse of private practice by state-paid medical practitioners and the unequal and unwholesome competition now existing in the profession due to

special privileges enjoyed by those in service, in the matter of issuing of medical certificates and such details which work as a great handicap for the healthy growth of the independent medical profession. It will not be out of place if we were to note another omission in Dr. Mehta's address and that is regarding the subject "Medical Ethics" which is as bad in Bombay as in Madras or in Calcutta, and if Dr. Mehta knew the hardships of the rank and file in the profession (which a person in his position as the Dean of a teaching Institution is not likely to know), he would have certainly devoted some time on this most important yet most neglected item in the duties and responsibilities of the medical profession. The general ethics in our country being what it is today, it was all the more necessary to have a "talk-out" regarding this subject. Neglect of the Code of Ethics is as harmful to the prosperity of the profession as it is to the health of the general public.

Last, but not of least importance, was the subject of abolition of castes in the profession and the consequent water-tight compartments now existing in the profession, both in service and in private practice. The host as well as the President of the Conference, were vehement in their expressions to abolish the caste and the compartments but neither of them suggested means and methods by which these distinctions could be abolished immediately. But the former wanted to exclude the Licentiates from the common register as a temporary measure, while the latter could not tolerate for ever, a common register to group the members of the profession now occupying separate compartments. "To produce a strong united body of medical men throughout the country"—to use Dr. Bharucha's words—it was essential that a workable formula ought to have been worked out by the leaders for absorbing nearly 75 per cent. of the members of the profession as equal partners, not only for the purposes of running medical associations and conferences but for enjoying the fruits of the labour of such organisations. This was possible in the country of our rulers as early as 1858. We have to fight against "rooted parasitism" with an "ambition to make the healer as he was intended to be." The way is sure to be long and the fight 'grim' and while it lasts, we should have as faithful and as big an army of

workers. Is this possible? We ask with all earnestness.

But for the omissions referred to by us, the Presidential utterances of Dr. Jivraj N. Mehta were as elaborate as they were exhaustive. Apart from the discussion of his pet subjects such as the lopping of civil side from military medical service, the employment of Indian talent in Medical Research and a non-official majority in the governing bodies of the Research Association and such and similar bodies, the location of a Central Research Institute in an important University centre, he dealt with Drug Industry in India and wished that India should be made self-sufficient in the supply of not only drugs but surgical instruments and such requisites needed by the profession. He advocated the introduction of Pure Drugs Act. Subjects like National Insurance, Nursing and Social work, attracted also the attention of the President.

The proposed All-India Medical Council and reform in the medical education were the first two subjects treated at some length in the Presidential Address. We chose to deal with these last so as to avoid confusion of issues if dealt with in connection with other items. We are glad to note that the protests from various parts of the country against the non-inclusion of the Licentiates within the purview of the proposed bill did reach the ears of the President and though it has to be said that amongst the objections raised by Dr. Mehta against the constitution and other details of the Council published in newspapers immediately after the meeting of the Simla Conference in June 1930, no protest was raised by him against the non-inclusion of the Licentiates. In addition to the above objections, Dr. Mehta mentions five more, namely: (1) predominance of non-officials, (2) want of provision for the co-relation of Provincial Medical Councils with the All India Medical Council, (3) electoral rolls should not be on provincial basis but on an All India basis, two rolls being maintained, one for Graduates, and the other for Licentiates, (4) the necessity of the first President being elected, (5) provision in the proposed Act for not entertaining in Civil, Military and Naval medical services, candidates who are not in Indian Registers. It will not be out of place if we repeat here what we said in July last, in these columns regarding this subject:—

LC
Lm 2A, N30MP
N3 1.2.7-9

"We wish to point out most respectfully to the Honourable Sir Fazil Hussain who is the member in charge of the All-India Medical Council Bill that the function of any Medical Council including that of the proposed All-India one is to guide and control the medical education and registration of qualified medical men with the sole purpose of enabling the public to distinguish qualified from unqualified practitioners and that in 1858 when the British Medical Act was passed for the first time and when there existed in England and Wales, Faculties and Universities who conferred medical diplomas, the Act provided registration of practitioners who did not pass any examination or possess any qualification but practised Allopathic system of Medicine before 1st August, 1815,....."

"The proposed constitution of an All-India Medical Council can never be acceptable, as such a Council will be preponderantly official. It is reasonable, nay, desirable that the Council should have representatives, one from each teaching institution as is the case in the British Medical Council. But as these institutions are at present manned by officials, it is essential that representatives from such institutions should be chosen by the medical practitioners passed out of such institutions, and provision should be made to have as many Independent Medical Practitioners as there are members representing the teaching institutions, as the Medical Council has to deal with Ethics and other problems connected with the medical profession apart from Medical Education. There is no need for nominations as those to be returned by the teaching institutions will be almost all officials. The president of the Council should be elected by the Council even for the first time. The Council formed on the above lines may look unwieldy but we cannot forget the fact that India is a continent in itself and cannot but have such a really representative Council especially at present when matters concerning the medical profession are unfortunately the monopoly of the officials in Government service. As time goes on, there is bound to be a change in the teaching institutions. (Signs are not wanting at least in Bombay and Bengal Presidencies). And we hope it will not be far when our teaching institutions will be on the level of those in the British Isles manned by the members of the Independent Medical Profession, and it will be possible then to consider the desirability of lessening the number of members in the Council, especially from the Independent Medical Profession. Till such time, we should tolerate a bigger Council."

Regarding Medical Education, Dr. Mehta was right in saying that "a medical student is enormously better off to day as regards the facilities available for his instruction than was the case ten years ago," but pointed out that "one essential defect in Indian Medical education is the lack of facility for post-Graduate medical education" and he had advocated a scheme in his address worth the consideration of

the authorities. The education of Licentiates did not escape the notice of the President. He would increase the course for five years, but was not for increasing the preliminary entrance qualification; but it was most gratifying that, the Conference showed more progressive ideals and would not approve of the present lower standard for entrance and raised it to that now demanded by the Universities. Thus the Conference had done away with two standards in medical education, and would not tolerate the lower one, even as a temporary measure and our wish as expressed in these columns last month had been a reality.

Differences of opinion are bound to exist. Discussions on differences are a sure sign of progress and nobody has a right to condemn another for any difference of opinion. Such differences cannot come in the way of admiring a person of the capacity of Dr. Mehta whose devotion to work is worthy to be applauded and worthier to be followed. His sincerity of purpose cannot be doubted even by those who differ from him. At times he has a tendency to be a dictator but he is shrewd and does not mind removing controversial matters from his dictation, to bring about harmony and unanimity. The Poona Conference is really a success and we trust that the Indian Medical Association will have a continued life of usefulness with a variety of activities during the term of office of Dr. Jivraj N. Mehta as its President for one full year.

ADMINISTRATION REPORT OF THE SANITARY COMMISSIONER, TRAVANCORE.

(FOR THE YEAR M. E. 1105.)

The Report is a readable and an interesting one and shows the satisfactory working of the department, under Dr. Chandy, the Sanitary Commissioner. The substantial and solid progress made by the department is established by the lower incidence of epidemic diseases in the state. The propaganda and the Child Welfare week celebrations, which are at the best only tamashas, satisfying only children, and are mere excuses for not doing solid and substantial work, do not seem to form a main part of the working of the department, as no mention is made in the Report about them, unlike in the

case of the Public Health Department in Madras, the report of which would lead one to infer, from the greater importance given to these duties than to other duties which are solid and substantial towards the advancement of Public Health, that the department is organised mainly for this purpose and to justify its organisation and existence, the officers of the department work hard and try their best and compete with one another in organising and celebrating these tamashas.

Advancement in Public Health can only be achieved by correct and efficient administration and by the advancement in education in which hygiene and physiology should be made compulsory subjects and taught by medical men. Taking Travancore, characterised by detached homesteads and scattered villages, no sanitary measures are possible except in villages where people are collected and live close together. It is only in such villages that conservancy arrangements can be made and sanitary measures undertaken with benefit. It is satisfactory to note that the number of conservancy stations, major and minor, are increasing year by year. If all small villages are made into conservancy towns, much improvement in public health can be expected. The Municipalities whose members have no appreciation of Public Health do not seem to secure correct vital statistics and attend to sanitation, etc., as satisfactorily as they are being done in conservancy towns, under the direct control of the Sanitary Commissioner. It is extremely doubtful if the persons in Municipal towns, for all the taxes they pay, get adequate return in the shape of public health measures as in conservancy towns where no taxes are levied.

We understand that Dr. Jacocks, the representative of The Rockefeller Foundation of America, has suggested a scheme of organisation of the sanitary department and that it is under the consideration of the Government. Dr. Jacocks may be a capable person but any scheme based on the lines existing in other countries cannot work in Travancore satisfactorily, where the habits of the people and the nature of the country etc., are different from others. The failure to get adequate benefit from the working of the departments organised in mere imitation of those obtaining in other countries, is due chiefly to the fact that local conditions have not

been taken into consideration in their organisation and working. Whatever may be the case with other departments, as far as Public Health is concerned, which is intimately connected with the private life and habits of the people, it should never be organised and worked in mere imitation of that in other countries. No Research Institution can be established and maintained in a small state like Travancore, with its limited means. The thing that is required now as far as Travancore is concerned, is the strengthening of the staff of the inspecting officers and making them contented, extension of conservancy arrangements over other villages, making proper arrangements for the collection and registration of vital statistics in rural areas by the employment of special staff under the Sanitary Department and of the extension of education of the people in which hygiene and physiology are given prominence in all schools and they should be taught by medical men who may also be entrusted with the duties of medical inspection of schools.

Coming to the population which is the basis of all public health movement, it seems that the population of the state has increased by 27 per cent from the last census. The increase is rather too high—the highest in India except the State of Bikaner which is said to have increased by 41 per cent and in Delhi by 30 per cent. Besides the smallness of the population in the latter two, the variation between the census as shown below, has been so erratic in Bikaner State that no reliance can be placed in the figures. There has been an increase of 64 per cent between 1831 and 1891 census, and a decrease of 30 per cent between 1891 and 1901, and again an increase of 20 per cent between 1901 and 1911 and so on. As regards Delhi, it is only a city with a population less than that of the capital cities of any of the provinces; and the variation is evidently due to immigration which is expected in a capital town of India. The increase of 27 per cent in Travancore must have been caused mainly by the natural increase, as immigration cannot be expected to be very much. It was found out that the normal birth-rate for the whole population was 35 and the death-rate 20, and from the vital statistics return of major conservancy towns, where the vital statistics collection and registration are more correct than anywhere in the state, it

was found that during the last decade the birth-rate was 40 and the death-rate was 25. As in rural villages, where a large percentage of people live the birth and death rates may be a little lower; a birth-rate of 35 and a death rate of 20 can be considered to be normal, even during the last decade. Any increase in the birth-rate is against the biological law; and therefore in order to have an increase of 27 per cent the death-rate should have gone down to 8 per millie; in other words, the average life of a person is 125 years. This is quite unheard of anywhere else in the world.

Of course, explanations will be offered for the increase, but before any explanations it must be verified that the increase is real to the extent shown, lest it should look like the heated controversy that is said to have raged round the question, whether a dead fish is heavier or lighter than a live fish, between two opposing parties of philosophers—one maintaining that the dead fish was heavier, because of the life that had left it and the other maintaining that the live fish was heavier, because life was in it, when at last, it was found by actual weighment, that there was no difference in weight at all, between the two.

Under the conditions in which the census, the most important duty connected with human beings and for all purposes, administrative, social, economical etc., is conducted in India, including the States, by the temporary employment of irresponsible and untrained persons, it is always better that sufficient interval be left between the preliminary and final census, so that any abnormal variation found, may be enquired into and set right, as it was done in the last census in the case of Trivandrum Town. Even now, as it is essential, for inferences of importance and far-reaching effect to be drawn from these figures that they should be as accurate as possible, it is not too late to find out by special enquiries, the places where the variations are found to be abnormal and to rectify the mistakes.

Dr. S. R. BHAT, M.B.B.S., L.D.Sc. (Cal.)

*The X-Ray and Electro Therapeutic
Dental Surgery,*

289, Esplanade, Madras.

CONSULTING HOURS:

8-30 to 12 A. M. & 2-30 to 6 P. M.

Charges Moderate : : Consultation Free

Original Articles

DISEASES OF INFANCY AND CHILDHOOD—GLEANINGS.*

BY

DR. M. L. KAMATH, B.A., M.D., C.M.,
SUPERINTENDENT, GOVT. ROYAPETTAH
HOSPITAL, MADRAS.

To the parents, the child is the centre of their domestic felicity, and no happiness or domestic peace can remain to them, in their anxiety, with a sick child at home. To the physician, the consideration of the diseases met with in childhood entails a very fascinating study of the child itself. To him, every child practically always presents a difficult problem no less than to its parents, teachers or the state who all are concerned, or ought to be concerned, in one way or the other with its physical, intellectual and moral welfare. Has not the great Philosopher Plato said of children, "of all the animals, the most difficult to manage, is the child"? Increasing interest is being rightly taken in recent years by civilised mankind all the world over, in the welfare of children. It is advantageous to review the commoner diseases of childhood met with in Southern India, bearing on them my experience, as through such widening of our outlook, means of prevention ought to be ultimately sought and found, and we can contribute our share of work, if not in prevention, at least in our efforts directed to reduce the chronic ill-health following in the train of diseases, by our timely recognition and appropriate treatment.

Before proceeding to the consideration of the individual affections of childhood, I would like to treat, at some length and with some emphasis, the importance of the developmental factor in considering the aetiology, the diagnosis, the prognosis and treatment in diseases of children.

While heredity, constitutional factors or diathesis, familial tendencies, environmental causes and sex, all have their share in the causation of disease in individuals, I consider that the age factor must be reckoned as of prime importance, since it considerably modifies the character of

* The Doctor Elizabeth Matthai Foundation Lecture No. 2. delivered by Dr. M. L. Kamath, B. A., M. D., C. M., at the Madras Medical College, on 30th March 1931.

infantile disease and the incidence of attack, though age by itself is not primarily responsible for any special form of disease.

Age modifies the character of the disease because of the difference of response of the tissues to stimuli at different age-periods. Note how trivial causes, such as slighter degrees of infection, intoxication or metabolic disorder, produce quicker and exaggerated responses in the young, stimulating much graver disorders; the same causes in severe degrees produce at best only a slow and modified response in the old and sometimes hardly any response at all. A high temperature, oftentimes seen in a child, consequent on a digestive upset, contrasts very strongly with the subnormal temperature sometimes met with in pneumonia in the aged; how quickly vomiting and diarrhoeas produce dehydration and wasting in children as contrasted with their effect on the older.

As an illustration of the effect of age on the incidence of tissues or organs affected, I may cite the occurrence of tubercular infection and disease. While tubercle bacilli can produce generalised miliary tuberculosis with greater frequency in children than in the older, it seems specially to choose amongst the tissues, the meninges of the brain and the peritonium as to make one think that tubercular meningitis and peritonitis are the special features of tubercular affection in children. Age factor has its voice again, amongst others, in determining the progress of disease. Note how the acuter forms of pulmonary tuberculosis are seen before, and the more chronic forms after 25.

Besides, each age period has its own problems in diseases; so during the period of infancy and childhood, certain diseases, like peptic ulcer or acute cholecystitis met with in adults, are almost unknown in children below ten years. Contrariwise, there are examples of diseases like *tabes mesenterica* and *intussusception*, common in children but rare in adults.

The significance of this age factor in its relation to aetiology and diagnosis of the morbid conditions in children, will be further appreciated, if we remember that the child has, at birth, an anatomy and physiology of its own, quite distinct from those of the adult. It is equally imperative to take into cognisance that even after birth, continuous developmental changes do take place in the various

tissues and organs, till the time of puberty; those are, to name a few of the more salient amongst them:—changes in the skeleton leading to increase in height and weight; changes in the size of the cranium with the closure of fontanelles to accommodate the growing size of the contained brain; changes in the spine, changes in the face, consequent on development of nasal cavities and the communicating air sinuses; and the gradual changes in the bone marrow, consequent on the transference of the main responsibility on it for blood formation from foetal sites, such as the liver, spleen, thymus, lymphatic glands etc., leaving these, on further elaboration in their structure to carry on the protective function for the tissues of the body. With these changes comes a gradual alteration in the blood picture from its predominant lymphocytic character of infancy and early childhood to that of polymorphonuclear leucocytic dominance in later childhood and the adult. Then, there is the gradual evolution in the functions of the digestive, respiratory and nervous systems.

These changes ultimately lead to the full organisation in the structure of the various systems of the body with a corresponding adaptation in their physiological functions to such as obtain in the adult. These growth changes in different systems begin and are completed at different periods according, as to, whether one or the other of them is needed to carry on the essential processes of life. There is evidence to show that active changes in the bones, for example, precede those in the muscles. The relatively later appearance of the ossific centres for the traction epiphyses, like those of the crest of the ilium, vertebral border of the scapula and of the os calcis, as compared with the dates of appearance in epiphyses that give rise to increase of length in bones—as in long bones—illustrate my point.

While these changes in bones are more active from the first year onwards, the corresponding active changes in muscle growth do not occur before the seventh or eighth year: this is all to the good, else, we should have met with more frequently, dislocations, separations of epiphyses or fractures of bones which would have given more work to the specialist in the line.

I will give yet another illustration that growth changes, are governed by the needs of the organism at different periods,

while myelination of the pyramidal tracts begins during the second year, it is not completed till the time of puberty. The developmental changes in the lower level centres are completed earlier than in the higher level centres as these are more essential to carry on the vegetative functions of life; the child, at birth, is essentially a spinal animal, gradually emerging out by a series of changes and adaptations into the adult condition with the dominance of the neopallium and its assumption of the inhibitory controls over the lower centres. A child learns to walk about the fourteenth year of its age, before that it runs.

Disease processes seem to prefer growing tissues and organs to non-growing ones.

The special preference of rheumatic virus for the growing heart, and its predilection to attack the developing portion of the brain, namely, the upper nerve-centres, are expressed by the frequency of rheumatic cardites and chorea. The incidence of lesions in pulmonary tuberculosis on growing parts of the lungs, the hila and the apices of its lobes—is another example in the same direction. The ease with which spleen and the lymphatic glands enlarge in the course of infections in childhood, is yet another.

While there is an average rate in the growth development in the different tissues and organs in the course of infancy and childhood till puberty, it must also be recognised that specially, during two periods, one between two and seven years, another just preceding puberty, there is a generalised and rapid activity in developmental processes. It is remarkable to note that it is just during these two periods of tissue stress, the weak points in the anatomy and physiology of a child are laid bare.

Diseases due either to congenital deficiency of organs or structural imperfections are more likely to show themselves at these periods than at others. Latent congenital morbus cordis and some of the heredo-familial conditions such as muscular dystrophies, Freiderich's Ataxia etc., may show themselves during either period.

While the age factor is helpful in the diagnosis and in assessing the value of signs and symptoms found in diseases of children, by special reference to the stage of development attained at a particular period, it is equally important to take that factor into consideration in

prognosis and treatment. At no other period of life is Nature more active in her efforts to cure or willing to assist us in our treatment. With the greater reparatory power associated with development, a greater degree of recovery from disease processes is possible in childhood than can ever occur in later life.

Nature in her wisdom, seems to have provided for the needs of the growing tissues, a defensive mechanism at points of vantage against injurious extraneous factors and that too, in satisfactory working order, even as early as the second year. The extraordinary immunity which children enjoy in the first six months of their life in respect of ordinary infections, and which protection gradually wears out as they reach their second year, must be regarded, perhaps, as inherited from the mother.

The Waldeyer ring of lymphoid tissues constituted by the pharyngeal, tubal, palatine and the lingual tonsils, placed at the very commencement of the digestive and respiratory systems forms the first line of defence; the mass of lymphoid tissue occurring lower down in the mucosa of the alimentary canal and the respiratory tract is the second line of defence. Here, by far the greater portion of this contingent is placed exactly at sites which appear strategic and where they are needed most. The Peyer's patches in the terminal portion of the ileum and the lymphoid tissue in the colon, specially in the region of the caecum and appendix which is so appropriately called the "abdominal tonsil", are placed in situations where bacterial activity is prolific and beyond the reaches of the protective influences of the powerful digestive enzymes. The same protective influences can be noticed at the terminal portion of the trachea, along the bronchi and along the hila of the lungs in the case of the respiratory tract.

The third line of defence is to be associated, among other factors, with the activity of the organs such as the liver, spleen, thymus, (which attains its maximum development by the second year) and the various lymphatic glands placed in the course of the portal and the systemic circulations.

This mechanism is after all, not infallible and it is to be expected that at times, when working against heavy odds, it may refuse to

function, nay, even rise in revolt. There again, it is in consonance with the universal law of Nature that no advantage worth its name is ever obtained from her without some sacrifice which is its price. It will therefore be not surprising to see the geneses of many an infection and ill-health in children, can ultimately be traced to the throat.

Viruses of infectious diseases such as measles, whooping cough, diphtheria, acute anterior polyomyelitis, scarlet fever etc., which play an important part in the pathology of early childhood have been known to affect primarily or secondarily, the mucous membranes of the nose and throat. Many of these diseases, we know, show prodromal symptoms referable to the throat. There is both clinical and experimental evidence that the specific microbic poison or viruses of these diseases attack the patients by way of the mucous membrane of the throat. Further the all important "carrier" problem in the prevention of these diseases is essentially a problem of the throat.

The complications and the sequelae met with in the above infective diseases, I should think, are the result of the failure of the lymphadenoid tissue of the throat to function efficiently. The too frequent complications of the ear, otitis media and interna, otorrhoea, mastoiditis, and their sometimes disastrous termination of pre-vontible deafness, meningitis and suppurative encephalitis, etc., are to be explained as due to the easy accessibility of the tympanum beyond the "tube tonsil" of Gerlach, on account of the anatomical peculiarities of the Eustachian tubes in the young, in whom they are shorter, wider and if at all, slightly more horizontal than in the adult.

The gastro-intestinal and respiratory complications, too frequently met with in these infective diseases are again to be explained as due to the same failure of the defensive mechanism; given equal opportunities for the virus to choose between the gastro-intestinal and respiratory systems, they would attack the latter more readily. I think, that in this, as elsewhere, the law "last to appear, first to suffer" holds equally true, for, the respiratory apparatus of the type met with in man is phylo-genetically of later formation than the alimentary canal from which it is derived.

(To be continued.)

THE I. M. S. OFFICERS IN THE CIVIL MEDICAL DEPARTMENT.

BY AN ESTEEMED RETIRED MEMBER
OF THE MADRAS PROVINCIAL
MEDICAL SERVICE.

In olden days of British administration in India, on account of scarcity of officers—European and Indian—for civil duty, military officers were appointed for important offices in the civil administration, as Magistrates, Engineers, etc. Gradually, they were replaced by civil officers, Europeans and Indians, except in the case of civil medical department, where members of the I. M. S. were and are largely appointed. Nowhere else in the world, military medical officers are employed in civil duty. And the reasons given by the Government for continuing this obsolete system in the medical department are:

(1) That, had it not been for the I. M. S. officers, the medical relief and the medical science in India would not have been brought up to the present level of efficiency; and therefore, their employment must be continued.

(2) That these I. M. S. Officers are kept as a reserve in the medical department, to be employed when their services are required in the military department.

It is well known that medical science has not advanced in India as much as it has in other countries. One of the chief reasons for this backward state is to be found in the employment of I. M. S. men for important offices in civil duty where facilities exist for the advancement of science: and the cause for advancement in other countries is that no military officers have been appointed for civil offices and the work was done by civil medical men alone. As regards the second reason given, viz., that I. M. S. men in civil department are meant as a reserve for military duty cannot hold water, and this is unknown in any other department. If it is really the case, then why not appoint Royal Engineers in civil employ, so as to form a reserve for military duty? Absolutely there is no meaning in appointing military officers in civil employ. After some agitation, the number of appointments for I. M. S. in the civil department was reduced to 23, with an addition of 6 for leave and

study reserve, raising the total to 29. The unique features of these arrangements are:

- (1) The high percentage (27½) maintaining as a reserve while ordinarily 14 is generally maintained in other departments.
- (2) Out of the 23 appointments reserved for I. M. S. officers, about 9 officers are not to be mobilised for military duty at all; i.e., 9 military men should not be taken for military duty!!

It is usual in all countries to employ civil men, on emergencies, for military duty, particularly in the medical department—and it is unknown and unheard of anywhere that military men, maintained as reserve for military duty, in the civil department, should not be called for military duty. The correct meaning of the reservation of 29 officers is that there should not be at any time, more than 29 officers, including those on leave. In 1929, in the Legislative Council, the Minister in charge replied to an interpellation that there would not be more than 29 officers in civil employ. According to the Civil Medical List brought up to 31st December 1930, there were 36 officers including 7 on leave and to fill up a vacancy, a military officer Major Cruickshank, was brought in. This is entirely against the rules fixing the maximum. We wish to know who is responsible for this violation of the rules. The 7 places (36 minus 29), should have been given to Civil Surgeons, many of whom are acting for long time and are nearing the completion of their services.

Coming to the Military Assistant Surgeons, unlike in the case of I. M. S. Officers, though specific appointments in the civil department are not fixed for them, still 22 of them are required to be appointed in civil duty. Are these men also to be considered as reserve to those in military employ? If so, why is no leave and study reserve maintained in the civil department? If I. M. S. Officers and military Assistant Surgeons are employed in the Civil Medical Department, to serve as a reserve for those in the Army, why are no military Sub-Asst. Surgeons employed in the Civil Medical Service? and why such difference is made in these appointments, as a leave or study reserve for the I. M. S. officer, no such reserve for the Military Asst-Surgeon and no appointment at all in the case of military Sub-Asst. Surgeons? All these would indicate more or less that the plea of entertainment of military officers in civil employ on reserve

for those in the army is spurious, and that the real object is the promotion of the private interests of favoured I. M. S. Officers by employing them in the Civil Department. Though 22 Military Asst. Surgeons are required to be appointed in the Civil Department, according to the Civil Medical List referred to above, 25 are actually employed and a large number of them are Civil Surgeons; and this is detrimental to the interests and prospects of the Civil Asst. Surgeons who are superior to them in qualification and senior to them in service. As per the Civil Medical List mentioned above, there were 7 I. M. S. Officers including the Surgeon-General, holding appointments not reserved for them; and excluding the Surgeon-General, the remaining 6 appointments at least should have been given to the Provincial Service men. Out of 12 districts reserved for I. M. S. Officers, Salem, we believe, was not included in the first list, though it is now found included.

We would invite the attention of the Government to the address recently delivered by Lt. Col. Gidney, I. M. S., (Retd.) M. L. A., before the Indian Medical Association, Calcutta. He condemns the principle and practice of appointing I. M. S. or I. M. D. Officers in civil employ on any plea. There is neither any necessity for making such appointments nor is it desirable. If during war or any similar occasions, more doctors are required, they may be recruited voluntarily either from the private medical practitioners or those employed in the Civil Medical Department; and if necessary, in making appointments in the Civil Medical Department, it should be made a condition of such appointments that holders thereof should be prepared to serve in the army when so required and they should be given necessary training for such purposes. Already a few doctors in Madras, some of whom are private practitioners, are given military training and this system should be gradually extended. The Medical Service in all its branches, should be purely a Civil Service. For attending on European Civil Officers and their families, a few of the appointments in the Provincial Medical Department may be reserved for Europeans and they may be appointed in selected stations from where they can attend to Europeans easily. It is hoped that with the advent of the new

constitution of Government as the result of the Round Table Conference, the purity of the Civil Medical Department will be maintained, without any admixture of military element and until then, steps will be taken in that direction by decreasing the military officers now existing, so as to facilitate the inauguration of the pure Civil Medical Department and not by introducing a larger number of military officers now, to postpone or throw obstacles in the way of the introduction of the system.

Abstracts

THE ALL INDIA MEDICAL CONFERENCE, POONA (1931.)

EXTRACTS FROM THE ADDRESS OF

KHAN BAHADUR DR. E. S. BHARUCHA,
L. M. & S., F. C. P. S.

(Chairman of the Reception Committee.)

Introduction.

Khan Bahadur Dr. E. S. BHARUCHA, in welcoming the delegates in appropriate terms, referred briefly to the greatness of the city of Poona, which, he said, is a centre of learning, containing as it does, numerous high schools and Arts colleges, Engineering and Agricultural Colleges, a fine civil hospital with a medical school attached, and an up-to-date Mental Hospital, besides a couple of Maternity Hospitals. He referred to the other institutions catering to the political and social needs of the public, such as The Servants of India Society, The Seva Sadan, etc., and delivered his address.

Dr. Bharucha said, "Our Association has come into existence not a day too soon. It has its goal to become a power in the country in all matters professional even as the old and already well established association in England—the British Medical Association. Already in its short career, it has done no little service to the profession by taking a dignified part in the two burning questions of the day viz., the non-recognition of the Indian degrees by the

General Medical Council in England and the important question of the location of the Research Institute not in the out of the way hilly station like Dehra Dun but in the midst of and near important centres for medical education. This branch of ours also considered the latter question at one of our meetings and though our action may appear presumptuous to some of your we consider few places in India are so well fitted for the purpose as Poona, whether taken from the point of view of vicinity of large institutions to supply material for research or from the point of view of climatic conditions or of the distance from social distractions."

Need for thorough overhauling of the antiquated medical education and medical services.

Considering the great and important changes in the administration of our country, Dr. Bharucha opined that the "antiquated policy of medical administration must be thoroughly overhauled."

He referred in detail, to the gradual development of medical education in the Presidency and to the state of affairs in the medical service at the beginning of the century, which was far from satisfactory, especially to a class of medical practitioners, till recently known as "Hospital Assistants", who formed into a strong All India Association and have been able to get their grievances redressed to a certain extent, compelling the Government to change their course of studies from three to four years and change their designation as "Sub Assistant Surgeons". He said that the Association was able to bring about reforms in the prospects and pay in the subordinate medical service. He complained that the men belonging to the Provincial Medical Service and styled as "Assistant Surgeons" had no Association of the nature referred to above and consequently, their lot remained what it is today, especially in the Bombay Presidency. At the beginning of the century, as a result of individual memorials, Government released in their favour, four of the least important Civil Surgeoncies from the cadre of I. M. S. with the condition that they were to remain as "Assistant Surgeons". During the Great War, when the I. M. S. officers had to revert to military duty, nearly three-fourths of the Civil Surgeoncies were handed over to the Assistant Surgeons as a temporary measure—and how

well they rose to the occasion and proved themselves worthy of the position, is amply testified to by the Annual Reports of the Surgeon-General.

The profession, he said, is now divided into four distinct classes, each with a definite interest of its own—namely, the I. M. S., the Assistant Surgeons of the Graduate class, the Sub Asst. Surgeons, and lastly, that class of medical men working independently, whether Europeans or Indians, University Graduates or Licentiates. With the growth of the profession and the liberal supply of medical men, it is but reasonable to expect that there should have arisen in the country, with the general cry of Indianisation all round, a demand also for the Indianisation in the higher grade of the medical services. "An entirely new scheme appropriate to the present requirements is thus most urgently needed" observed Dr. Bharucha. A demand from a certain section of the profession has been made that medical relief should in future be entirely from voluntary agencies. But is it feasible for such agencies to work in this country, in suppression of the paid medical service as hitherto? Dr. Jivraj says it is, as also some of our distinguished colleagues. A resolution was proposed in 1928 at the All India Medical Conference held at Calcutta, recommending "a new policy of gradually handing over professional work in all the civil hospitals and other departments to medical men from the independent medical profession, equally efficient and qualified, who are willing to do it honorarily." In effect, the mover of the resolution wanted to substitute the Civil Surgeon of the I.M.S. by an officer of the Provincial Medical Service. This is actually the case in some places. Again, the mover would have certain appointments to be held in the District Hospitals by honorary men who are specialists in their subjects. This is also the case in some districts. But these conditions may not exist in all important cities except where there is "a surplus of talent." Dr. Bharucha, said that from personal experience, he could emphatically endorse the opinion that it is a doubtful matter whether, even if properly qualified men were available, they would in all instances be willing to work without remuneration or would care to devote sufficient time to their work.

Dr. Jivraj on the other hand, in his address recently delivered at Calcutta, formulated a different scheme. He would have a paid House Surgeon with honorary officers to do the rest of the work of a civil hospital. With an experience of over forty years and with a certain amount of personal knowledge of the voluntary work done in the districts, Dr. Bharucha regretted that he could not persuade himself to be of Dr. Jivraj's opinion. Any such arrangement would be impracticable. "The District Surgeon has not only to give medical relief in the shape of diagnosing and prescribing medicines or operating, but he is also responsible for medico-legal work including post-mortems etc. To relegate those duties to inexperienced men and to make them responsible for emergencies is likely to cause embarrassment now and again."

The Military Medical Service and the Civil Medical Service, he said, should be two distinct and separate entities; and the anomalous condition of retaining military officers for medical service, to be released in times of emergencies, should be entirely abolished. "Then, a formula must be evolved to satisfy the vested interests of those already in service. The present most invidious system of restriction and helplessness experienced by men who have no opportunity of rising from their subordinate to a higher status, should disappear and hospitals and dispensaries should be kept open for all deserving men equally." Dr. Bharucha, in formulating a scheme embodying these reforms, urged that medical education should be so reorganised as to make it possible for any competent person to qualify from the grade of Licentiates to that of Graduates and in the case of the latter, from their minimum qualification to the highest, such as M.D., M.S., &c., and at the same time, their having been so qualified to be taken into consideration in all questions of their advancement. "The time is gone by" he said, "for the continuation of two separate classes of practitioners such as exist to-day, namely, the so-called Assistant Surgeons and the Sub Asst. Surgeons. In Great Britain, no such conditions exist."

Where the recruitment of medical officers in a Province rests in the hands of the Minister in charge, Dr. Bharucha suggested that a competitive examination for all appointments in the Province will be

the best solution. "It will not only ensure the selection of the best men" he said, "but it will be a true incentive for ambitious persons to continue to advance in the profession." He added "we should prefer distinguished candidates of our own schools and colleges to those with foreign diplomas. A complete revision of the entrance qualification, course and curriculum in the different provincial schools will then become necessary."

The immediate concern, Dr. Bharucha said, should be a thorough overhauling of the course, curricula, staff, etc., of our existing teaching institutions and enforcing a minimum standard of qualifications from all bringing it on a level with that of a minimum University course. He was emphatic that with the increase of the medical course, it was essential that the entrance qualification for medical schools should be of the same standard as now claimed by the Universities for medical degrees. "I would suggest" he said "that our Association both at head quarters and especially in the Provinces, should take up this question in earnest for consideration and draw out a scheme to revise the present medical policy on the lines suggested by me, if my view is accepted that the paid medical service should be retained; even if the view of retaining the paid medical service be considered not in conformity with the considered view of a majority of our colleagues, the Association will have to take early steps to advise Government with their opinion for any alternative scheme for their consideration and action."

Military Medical Service.

Regarding the Military Medical Service he said that in this country, it is divided into the R. A. M. C. and the I. M. S. services—the former was entirely meant for the British Troops, while the latter, for the Indian Troops. "The case of the Military Assistant Surgeons stands on a level quite different from that of the R. A. M. C. They are recruited in India and educated at the expense of the Indian Government in Madras and Calcutta and come entirely from the Anglo-Indian community. Some of these are transferred to the Civil Medical Department like the I. M. S. Officers, after serving certain periods in the military and often hold important and coveted places in that

department. The ineligibility of an Indian to this service and the transfer of these officers to Senior Civil Medical posts, often in supercession to Indians, has always been a grievance of great magnitude, especially in Bengal and other Provinces, and it behoves our Central Association to take up this subject for consideration at an early date."

The I. M. S. Service presents quite a different picture. "The question of Indianisation of the Indian army and the reduction of the army expenditure has been discussed time and again by the Central Legislature." Dr. Bharucha felt that a very considerable reduction could be effected if a reorganisation of the I. M. S. for military service was seriously taken on hand. He further suggested that all recruiting for I. M. S. Officers should take place in India by a competitive examination held in some central place as Delhi or Calcutta or Bombay while the vested interests of those already in service should be adequately safeguarded.

The All India Medical Council.

Dr. Bharucha then referred to the high handed action taken by the General Medical Council to withhold recognition by the Council, of all medical degrees of Indian Universities, which action of the General Medical Council had been universally condemned. He said some called it a gratuitous threat, others considered it an unwarranted insult. He narrated in detail, the various stages of the ban placed by the General Medical Council on the Indian Medical Universities which finally forced the Government of India to initiate a Bill for the formation of an All India Council. He welcomed the attitude of the Provincial Medical Council which, he said, was a blessing, not in disguise, but without disguise, and hoped for a beginning of true Medical Swaraj in India. He would not venture to pass any criticism on the proposed Bill as the same was not published for public opinion. But he warned all concerned to take sufficient care to safeguard the interests of those two classes of practitioners now existing in the country, namely, the University Graduates and the Licentiates. "He said that there would be great dissatisfaction in the country if the Licentiates were excluded from the

purview of the Bill and suggested that provision will have to be made to give representation to the Licentiates, though not immediately, at least in the near future, when necessary changes are brought about in the curricula of studies of the Licentiates, to bring them on to a level with the University medical course.

He was anxious that the standard of education in our schools and colleges should be raised to such an extent as to draw the foreign medical men, including the British, to take post-Graduate course in the Indian Medical Institutions.

In his concluding remarks, he made mention of the urgent necessity for the reorganisation of the Public Health Service and the Rural Medical Relief Scheme.

EXTRACTS FROM THE PRESIDENTIAL ADDRESS

DELIVERED BY

DR. JIVRAJ N. MEHTA, M.D., (LOND.)
M.R.C.P. (LOND), F.C.P.S. (BOM.)

The following are extracts from the Presidential Address of Dr. Jivraj N. Mehta to the All-India Medical Conference held in Poona, on 25.4.1931.

During the year we have passed through, the whole country was called upon to make enormous sacrifices. Our first duty would therefore be to express satisfaction that the country responded to the call of freedom to an extent unthought of by our rulers and undreamt of probably by our own leaders. It is a matter of gratification that members of our profession have not been found wanting in carrying out their duty in the national cause. Some of the most honoured of them, like Dr. Ansari from Delhi, Dr. B. C. Roy, the retiring President of our Association to whom, incidentally, I like to extend your and my hearty congratulations on the civic honours that his fellow-citizens of Calcutta have recently conferred upon him by electing him the Mayor of their city. Dr. Pattabhi Sitaramayya of Andhra Desha, Dr. S. K. Vaidya of Bombay, Dr. Satyapal of Amritsar and scores more of our brothers in the profession, have taken a most active share in the campaign for their country's freedom, not hesitating to pay the extreme forfeit of their patriotism—Imprisonment. All over the country, medical men and

women have given the necessary voluntary assistance in organising Ambulance corps to tend, on the battle-field of Civil disobedience, the victims of lathi charges—the latest weapon in the armoury of the British Rule. They have also organised or helped in organising, hospitals where the wounded have been looked after with the greatest care and devotion. To them, as to our sisters of the nursing profession, and to the medical students who also did good work in this direction, I offer, on behalf of the profession, our most heart-felt congratulations. Let me also condemn on this occasion, the treatment of the volunteers of Ambulance corps received at the hands of the authorities. The brutal way in which some of the Ambulance corps volunteers were treated by the myrmidons of 'law and order' is manifestly against the rule of warfare, if it calls itself civilised; and accordingly deserves the severest censure. The lessons, however, of this phase of the struggle will, I hope, be not thrown away. This Conference would, I trust, consider this matter and also take active and immediate steps to form an All-India Ambulance Society with a definite organisation of its own.

Bullying Tactics of G. M. Council.

The Nation-wide awakening last year was the response which the people gave to the hectoring attitude of the British authorities both in India and in England. The 'Birkenhead tone' ruled supreme. So far as the medical profession is concerned, the General Medical Council of Great Britain has served no small purpose in electrifying our energy. The challenge that this Council hurled at our Universities unified the Universities and the independent medical profession throughout the land. The insulting comments of the British Medical Journal on the decision of the General Medical Council to cease to recognise Indian medical degrees, which Reuter was pleased at the time to circulate throughout the length and breadth of India, played no small part in making the country realise the enormous forces we were up against in our national fight and the depth our opponents were capable of descending to, in maintaining their ill-gained vested interests in this country.

The action of the General Medical Council did good in another direction, in

that it has made the local Governments as well as the medical profession in the different provinces which were still hesitating on the merits of an All-India Medical Council, realise the necessity of having such a central organisation in the country for the proper control over medical education and for safeguarding and securing the rights of the medical profession as a whole. The Universities also realised their position and rallied to the lead which the Medical Faculty of the Bombay University gave in this direction. For the first time in the history of the Indian Universities, a Conference of their Medical Faculties was held in Bombay in May 1930, which enabled the representatives from the different provinces to understand one another's difficulties and to chalk out an agreed programme for the betterment of medical education in the country. This Conference of the Medical Faculties thus became an important milestone in the history of medical education in India.

Simla Conference.

In response to the united demand of the Universities and the medical profession, the Government of India convened a Conference in Simla in June 1930, to consider the question of constituting an Indian Medical Council. A Simla conference was held once before in July, 1929, in a similar connection but in that Conference only the Local Governments were represented, the Universities and the medical profession not having been asked to send representatives, with the result that the ministers of most provinces, with one or two honourable exceptions, took their cue from their official medical advisors and opined against the constitution of an All-India Medical Council. Here we had a curious spectacle of the Central Government which is theoretically non-responsible and therefore, non-responsive, to the popular view point, advised by the Head of the Indian Medical Service, pressing for a constitution of an All-India Medical Council; while most of the theoretically responsible provincial ministers opposed the proposal because they followed the line their constitutional advisors, namely, the Surgeons-General and the Inspectors-General had indicated them. The ministers forgot, however, that these their official advisors, were also members of the Indian Medical Service. Those interested in Indian history will find a parallel in

how the agents of the East India Company attached to the Courts of the different Princes, contrived to give such advice or assistance in their respective spheres as to bring about a clash of forces among the Princes concerned, to the ultimate gain of the East India Company, and to the ruin and subordination of the Princes themselves.

Creation of Indian Medical Council

As stated above, the Central Government was forced to convene the second conference at Simla in June 1930, to consider the question of the creation of an Indian Medical Council. At this conference the representatives of the medical faculties were invited for the first time along with those of the local Governments. It is unfortunate that the other element in the country *viz.*, the independent medical profession which is closely concerned in the formation and the working of the Indian Medical Council was on this occasion also entirely ignored by Government and was not invited to take part in and influence the decisions of that conference. The representatives of the medical faculties did, no doubt, play an important part in the decisions of that conference and some of them even made a contribution to safeguarding the interests of the medical profession as a whole. But it cannot be gainsaid that though the resolutions of this second conference are a great improvement on those arrived at by the previous year's conference, they fell short in certain essential requirements.

I would first refer to the representation of the independent medical profession in the Indian Medical Council as proposed at this conference. The number of the representatives of the medical graduates on the "Council" has been fixed at 8 in a total membership of 27 persons. The representative character of these 8 members so far as the general interests of the independent medical profession are concerned is further likely to be affected by a recommendation of the conference, that only those medical graduates who are of 10 years' standing and who have had during that period some teaching experience will be qualified to seek election from the medical graduates' constituency. A restriction of this type would effectively prevent the non-official members of the profession from successfully contesting the election, for, out of 12 medical colleges in

British India, two only are entirely independent institutions, one at Calcutta and the other at Bombay, being devoid of any official influence of interference.

Defects in Proposed Constitution

The other defect in the proposed constitution is the entire exclusion of the Licentiates from the Indian Register. I think it will be a great mistake to divide the profession into entirely water-tight compartments by excluding this class of practitioners altogether from the purview of the Indian Medical Council.

The third defect in the proposed constitution of the Indian Medical Council is that no indication is given in the published proceedings of the Simla Conference as to what machinery is to be provided for the proper co-relation of work between the Central and Provincial Medical Councils. In my opinion the best machinery to bring about closer contact, co-ordination and co-operation between these institutions and to avoid conflicts between the Central and Provincial Medical Councils would be to enable each local medical Council to send a representative on the Central Medical Council, instead of the local Governments sending one each, as recommended by the Simla Conference.

Fourthly, the proceedings of the conference do not indicate how the representatives of the medical profession are to be elected. Reading between the lines it seems that practitioners will send their representatives on provincial basis. The better method, in my opinion, would be to maintain one electoral roll for all the medical graduates in the country and also a similar one for the Licentiates. The advantages of such common rolls would lie in that the representatives of the profession would not think provincially, so that the chances of a clash between the interests to the different province will be reduced to a minimum.

Fifthly, the President of the Council as recommended by the Simla Conference is in the first instance at least, to be a nominated Officer. This is indeed objectionable, as the Indian Medical Council has to be not only independent of the Medical Councils in other countries but it has also to be independent of official control in India. Unless this is secured, bureaucracy will triumph; and the in-

terests of the independent medical practitioners will undoubtedly suffer.

Sixthly, it should be enacted in the Indian Medical Act that no one who does not possess a medical qualification registrable in India, would be entertained in the civil, military or naval medical services of the country or be permitted to act as a ship's surgeon.

In conclusion I may say that the Simla Conference proceedings seem to have been conducted with an eye more on what the General Medical Council of Great Britain would feel or think on the matter, or how it can be reconciled to the proposed Indian Medical Council, than on a frank and fearless consideration of India's requirements only.

Government Dictation

In every civilised country in the world, the standards of medical education are in the hands of the medical profession. In no other civilised country, do they depend upon the whims and fancies of the temporary head of the Government Medical Department. Even in countries where medical education is regulated by ministerial decrees, the minister merely publishes the decisions of a council composed of medical teachers and representatives of the profession, the head of the Government Medical Department being only one individual in a large and representative council. It is, therefore, surprising that in the twentieth century, the Government of Bombay should claim to settle the course, curriculum and standard of qualifications of the Licentiates according to the fancies of a single Dictator—the Surgeon-General!

Medical Services

I take it that many of you have a great deal to say about the Indian Medical Service as well as the Provincial Medical Service and Subordinate Medical Service.

A new grade of the civil medical service is now being introduced in Bombay. Class I of the Bombay Medical Service is a grade beginning with Rs. 1,000 and rising to Rs. 1,750, with all the privileges of private practice. No valid reasons are forthcoming for introducing this class of officers. If special officers are needed on relatively high salaries, they could be appointed on contract basis but no reason is made out for creating such a class of

permanent officers. As a matter of fact, while the opinion is gaining strength in the country, that as a matter of policy, a larger number of medical posts should be filled in by Honorary Medical Officers as is done in all countries in Europe and America, we see here, on the other hand the spectacle of highly paid appointments being created in the Hospital Medical Service. The more I consider this matter the more I am convinced that it is a waste of public funds to engage highly paid civil medical officers who are also allowed further to enrich themselves by a large lucrative private practice. Time has come to consider whether the present policy should not now be changed.

Army Medical College

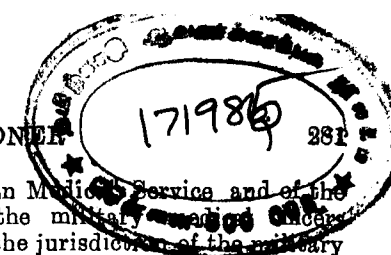
The recruitments in the Indian Medical Service is carried on at present in a way which is most objectionable. Europeans, whatever their qualifications, are taken on with special allowances and terms which give them a fat bonus after six or twelve years' service. Indians are taken as temporary officers principally and are made to shift for themselves after a contract service of a certain number of years. Why is the recruitment not effected by holding a competitive examination as used to be the case before the War? The total strength in the I.M.S. is about 608. Taking about 27 years' service on an average the number of vacancies to be filled in will be about 25 annually. In view of the fact that about 500 to 600 medical graduates are being turned out every year from the Indian Universities, and in view of the increased facilities which are now available for holding resident medical appointments in teaching hospitals, an ample supply of suitable candidates for the competitive examination for recruitment into the Service is assured. With the introduction of this competitive examination, various medical colleges and hospitals will vie with one another in providing special instruction for entrants into the examination, an arrangement which will also help in encouraging the development of post-graduate medical instruction in India. May I add here that it has become highly necessary to institute an Army Medical College in India for the subsequent training of Army Medical Officers in this country on lines more or less similar to those followed in other countries? As the questions of granting commission

3 & 4

in the Indian Medical Service and of the training of the military medical officers fall within the jurisdiction of the military department, it is highly essential that a representative of the Indian Medical Association is appointed on the Sandhurst Committee, for the training of military which, as recently announced, is shortly going to be constituted.

White Healers for the "Steel Frame"

Lately, the Government have openly introduced a sort of a caste system in this service, the best posts or climatically the most suited stations being reserved for the white-skinned officers, the brown-skinned Indians being told off into jobs which either do not interest his British colleagues or where there is not much lucrative practice. As if this was not enough, an absurd arrangement was suggested at the Round Table Conference for recruiting "An adequate number of European Doctors to their respective Civil Medical Services and also a preference for the I. M. S. men in the selection of European doctors of the Provincial Governments." This would seem preposterous when it is realised that the number of European officers in a District will hardly, if ever, exceed 15, and will often be much less, the Britishers rarely miss an opportunity of taunting Indians over their communal outlook, but they themselves never feel ashamed to exhibit a communal mentality when it suits their own purpose, as in the case under consideration. The arrangement suggested at the Round Table Conference is evidently meant to continue so long as the British officers remain in this country. It seems the authorities are afraid that without these white healers of humanity, the steel frame of the British services in India might crack or bend at any moment. The proceedings of the Round Table Conference do not tell us as to what would happen, without the white-skinned medical officers after the last British civilian and police officer has left or been replaced to the British merchants who will still hang on to the business which they have assiduously built up in this country. Perhaps their fertile brains will think out, in course of time some other formula to retain the European element in the Medical Services of the country in the interests of the British merchants and industrialists.



Handwritten notes: "JL on 211, N30MP N31. 2.7.9"

The Public Health Institute

It would not be out of place to refer at this stage to the Public Health Institute which is being constructed at Calcutta out of the munificent donation of over 15 lakhs from the Rockefeller Endowment. The Institute is expected to be in working order by the end of this year and its staff will soon need to be appointed. It was at first proposed to appoint Professors on a salary of Rs. 2,500 p. m., and Assistant Professors on Rs. 400 p. m. The profession put up a strong protest, as such an arrangement would never have induced the most capable Indians to take up the Assistant Professorships. Since then, the matter has been reconsidered by Government, and I am glad to note that our protest had had its effect and the grade is now changed to Rs. 450—50—1,250, thus ensuring the promotion of the Assistant Professors to the Professorial grade. But while thus rectifying the original mistake, Government have perpetrated another in that; out of the six Professorships at that Institute, three posts have been reserved for the members of the Indian Medical Service. While we are urging Government to do away entirely with the civil side of the Indian Medical service, this iniquitous service has evidently succeeded in capturing three more highly paid posts, and also in securing enhanced salaries, viz., of the Professors recruited from the service to the extent of Rs. 3,000 p. m., in two cases and to Rs. 3,500 in the case of the Director. At a moment when a reduction is demanded by the country in the scale of the existing high salaries, here is the benign British Government in India, actually proposing salaries for new appointments higher than what was thought sufficient for these very appointments two years back. Now that the matter is brought to the notice of Government, I trust the Hon'ble Member in charge of the Department of Health, Education and Lands, will move in the matter and do the needful. It should be made perfectly clear that no new vested interests should be created for this service and that not even a single post—say, even that of the Director—should be reserved specifically for an officer of the Indian Medical Service.

The Drug Industry.

Of late, the question of making India self-sufficient in the supply of drugs, sera,

surgical instruments, equipment and dressings, etc., has come to the forefront. In the Great War, the profession as well as the public soon realised how suicidal it was to depend for such necessities of national life upon foreign imports. But with the termination of the war, lethargy again crept in. Thanks, however, to the great wave of nationalism that has swept over the country in the last 15 months, the necessity of placing the Drug Industry on a permanent footing in India and of manufacturing surgical instruments and appliances in this land has again been brought to the forefront. Let us hope that medical men and the industrialists will contrive measures to profit by the great national urge and to make India self-sufficient in these regards. The report of the Drug Enquiry Committee which toured the country under the chairmanship of Prof. R. N. Chopra of the School of Tropical Medicine and Hygiene, Calcutta, will, I trust, throw considerable light on this question. A few points, it is, however, necessary to enunciate here on this important question. One is that some machinery should be devised in the form of an All India Pure Drugs Act to prevent the import, manufacture and sale of adulterated, deleterious, worthless, misbranded, or dangerous drugs and appliances, as also false advertisements of drugs appliances, etc., for medical use.

Lastly, it would also be necessary to insist on a definite policy of protecting the infant drug industry against huge foreign countries which dump drugs, chemicals, etc., at low prices and even below cost price to kill the Indian industry. The help may be either in the form of tariffs in some cases, bonuses in others or by both. Facilities in the way of reasonable freight charges on Indian Railways and concessions in the way of Excise duty on alcohol used in the manufacture of drugs are also indicated.

Nursing in India

With the growth of Hospitals it has become necessary to have an adequate nursing staff in these Institutions. So far nursing in India has been carried on as a profession by ladies of the European, Anglo-Indian and Indian Christian communities. Hindu, Parsi, and Mahomadan ladies have also begun to be interested in this profession, but the response is not yet sufficient. Here is a great field for service.

Indian ladies have pushed themselves to the forefront within the space of twelve months to an amazing extent. Now that the trammels of purdah have been broken on a magnificent scale, may I appeal to our sisters that here is a profession which they will well adorn. Besides making women economically independent by adopting the profession of nursing, they would be rendering service to humanity with that gentleness and devotion that Indian women are so well renowned for, all over the world.

I have deliberately not expressed any opinion on the specific resolutions coming before this Conference, though on the principal matters interesting the profession as well as the country, I have tried to lay out before you the necessary and pertinent facts, to enable this Conference to make up its own decisions. I have, I am afraid, taken a very great time in the process, and must have in consequence worn out your patience. The importance, however, of the subjects I have outlined before you must be my excuse, which I trust would suffice to procure me your indulgence. The Conference will, I feel confident, do ample justice in its resolutions to these matters; and tell the powers that be, in no uncertain accents, what the profession thinks, what the country needs, in all these instances; and I have no doubt that success will crown your efforts in no distant future. The way may be long and the fight may be grim, while it lasts. But the end is certain to be a victory for the cause of justice and reason. The medical profession is perhaps the noblest avocation a man might take up. Our present rulers are turning it into a nursery of parasites through the insatiate greed of the organised Indian Medical Service, to turn the most selfless posts into the most fruitful preying ground. Our fight is against this rooted parasitism; our ambition is to make the healer, as he was intended to be, a blessing to mankind, not a curse nor a self-seeking institution. Who can doubt where the victory will eventually be? (*Bombay Chronicle*, 27—4—31).

Gangrenous Appendicitis operated in a case of urgency and treated with D'Herelle's Bacteriophage.

BY HENRI BERNARD.

I am recounting for you an observation of an urgent operation of appendicitis

the results of which seemed interesting to me, thanks to combined surgical treatment with that of bacteriophage of D'Herelle. Here are the facts:—

X, aged 16 years, without previous history, was suffering from a pain in the stomach in the evening of January 10th, 1929, and also during the next day.

The family were not alarmed about it, because the temperature had not reached 38° either in the evening or the following morning. But on the evening of the 11th January, that is to say, 24 hours after the commencement of the symptoms, the temperature rose to 39.6° and the family called in the doctor who asked me to see the patient. I saw him at 6-30 P.M. There had been no vomiting, flatus or motions since the previous day. The small patient complained of a pain in the stomach on the right and in the right lumbar region. The abdominal respiration continued but with a well diminished amplitude. There was no abdominal contraction. I insisted upon that point. With palpation there was severe pain on a level with Mac. Burney's point which pain gradually increased still more, so that attention was drawn to the right lumbar region. The rest of the stomach was not painful. To touch the rectum caused pain on the right and in the direction of the appendix, but no tumefaction was revealed. The doctor in attendance and I decided the diagnosis to be appendicitis and we decided to act at once.

Operation at 9.30 P. M. on 11th January, 1929, anesthetic-ether—Jalaguier incision. From the open peritoneum a very offensive smell; the epiploon was congested but free—not adherent. The caecum was large and distended. The appendix could not be seen. There was a very putrid serous looking substance which came from the coli-parietal cavity. On raising the caecum the appendix was found at the back adhering to the caecum and to the posterior parietal wall. Removal of appendix was rather difficult. I did not bury the stump but was content with a cat-gut ligature and dried up simply with gauze; placed a tube rolled up in two pieces of gauze in the coli-parietal cavity and another similar one towards the pelvis; suture of the wall done with silk.

The appendix was very long about 10 centimeters; the farthest extremity was sewn and in a level with the stitching was

found a rough surface occupying three-fourths of the circumference of the appendix; portion very crisp and ready to break. Thus the aperture of the appendix showed it. Further there was found in the appendix a stone having the shape of a very large lentil, chocolate in colour and of calcareous consistency. There was no fecal matter in the appendix. I need not lay stress on post operation treatment—physiological subcutaneous serum, cardiac tonic and strict diet.

The next morning (12th) the temperature was 38.2. I changed the dressing without touching the tubes. The gauze and cotton were very much soaked with serous matter, having the smell of game which has been kept till very "high". The discharge was such that the bed was quite soiled. I thought it best only to replace the gauze and cotton dressings. In the afternoon I was visited by a representative of Robert & Carriere who told me of their speciality of D'Herelle's Bactephages. Thinking of my small patient I asked him to send me a few samples of Bacte Intesti Phage and Bacte Pyo Phage. In the evening I gave the patient every hour by mouth with a teaspoon one ampoule of Bacte Intesti Phage diluted in a quarter of a glass of alkaline water. The temperature was 38.6.

On the 13th temperature was 39.3. Dressing still soaked and fetid. I poured into the tube one ampoule Bacte Pyo Phage and gave by mouth 2 ampoules Bacte Intesti Phage in the same manner as on the day before. In the evening, temperature 39.7.

On the 14th temperature 38.1. Still an odour. The cotton was dry and only the gauze dressings were soaked; by aspiration, I withdrew from tubes about 4 c.c. clear serous matter free from smell. Same treatment as day before. One Bacte Pyo Phage local, 2 Bacte Intesti Phage per os.

On the 15th same treatment. In the morning 37.4 evening 38.2.

On the 17th I took away the gauze dressings, leaving only the tubes. I again poured one Bacte Pyo Phage ampoule into tubes, but I did not give Bacte Intesti Phage by mouth. In the morning temperature 37.4 evening 37.8.

On the 18th same treatment. Morning 37.2 evening 37.2.

On the 19th appearance of clear pus. I poured Hydrogen Peroxide into the passage of the tubes to facilitate the flow of the pus by ebullition and owing to this, I no longer used Bacte Pyo, because it is advised not to use it with an antiseptic. I continued the same treatment until the removal of the last tube on the 24th, the lower one having been withdrawn on the 21st.

The temperature chart showed:—

	M	E		M	E
11th	39.6	38.4	22nd	36.5	37.2
12th	39.3	39.7	23rd	36.6	36.9
13th	38.1	37.8	24th	36.5	37
14th	37.9	38.2	25th	37	37.2
15th	37.4	38.2	26th	36.9	37.2
16th	37.4	38.2	27th	36.9	37
17th	37.4	37.8	28th	36.7	37.3
18th	37.2	37.2	29th	37	37.1
19th	37.1	37	30th	37.1	37.1
20th	36.9	37	31st	36.9	
21st	36.6	36.9			

Alimentation was renewed on 21st, patient allowed up on 27th. left the clinic on 31st. There remained where the tubes were a superficial wound the size of an old 5 franc piece.

I shall not go as far as to say that the excellent result obtained was entirely due to the treatment with Bacte Phage, for I have had, during the past four years a series of successful cures in six cases of gangrenous appendicitis analogous to the cases which I have just reported and this only by early intervention. But it seems to me that the progress was less simple and more prolonged. I think that one can attribute to Bacte Phage the following interesting comments if one studies the present observation well.

On the point of view of temperature: On 13th the first local application of Bacte Phage was made at 11 in the evening. At 4 p. m. temperature was 39.7 but after the following day it fell to 38.1 and 37.8 and continued to do so until it returned to normal on the 7th day.

On point of view of discharge from wound: The discharge was very copious and very fetid on 12th and on 13th before local treatment with Bacte Phage, the first application of which was made on 13th. On next day there was still an odour but less discharge. Only on 19th did pus appear, but let us not forget that

I had taken away the extensive gauze dressing on 17th. I do not wish to enter into any discussion for or against Mikuliez, but there is every cause to think that the elimination of this pus was due to the freedom of evacuation of the eliminating tissues brought about by the suppression of extensive gauze dressing and this pus was not very bad, since the temperature was about 37 and definitely remained there. Further, I had been able to suppress all drainage on the 12th day and all the extensive draining had disappeared on the 14th.

I quite believe that an evolution as successful as operative results can be attributed to the use of Bacteriophage. I am quite resolved to use Bactephage in analogous cases of abdominal suppuration of intestinal origin and even to use it by way of prevention at the time of intervention.

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.

Convulsions: Chloral Hydros, either by the mouth or enema, with Bromide and Morphine, hypodermically. (Modern Medicine.)

(2) Urethane, 1 grain, 3 times a day to a child of 1 year. (Armytage).

(3) Dosage of Chloral and Bromide:

Age	Chloral		Bromide	
	By mouth	By rectum	By mouth	By rectum
Few days	$\frac{1}{2}$ a grain	1 grain	1 grain	2 grains
6 months	1 "	2 "	2 "	4 "
1 Year	2 "	4 "	4 "	8 "

Older children Dosage in proportion with age.

May be repeated in an hour if necessary and then three-hourly. (Armytage).

Cancrumoris: The part may be touched with pure Carbolic acid and injection of 8 minims Iodine solution (60 grains of Iodine dissolved with the aid

of Potassium Iodide in 1 oz. of water) at intervals of about $\frac{1}{2}$ an inch encircling the necrotic area.

(2) Application of poultice of linseed and charcoal after smearing the surrounding parts with Eucalyptus oil. (Armytage).

Child Birth: Novalgin to be used in the first and second stages of labour. During the period of dilatation, 1 c. c. may be given intra-muscularly followed by 1 c.c. in 2 or 3 hours. In the second stage, 2 c.c. are drawn into a syringe, 1 c.c. of which is slowly given intravenously and the remaining is given immediately, intra-muscularly.

(2) Pitutthymin (Harrower) is useful in uterine inertia during labour before the dilatation complete, $\frac{1}{2}$ to 1 c.c. a distinct contra-indication to the use of Pitutrine.

Dandruff: Wash the head once a day with the following: Potas. Carb. and Ammon. Carb., each half a dram, glycerine 4 drams, aqua and spirits vini galici each 8 oz., Oleum lavender, 6 mms. Subsequently apply white vaseline with resorcin, tar or mercury—to be rubbed overnight. (P.M.)

Sarcoptol (A.F.D.) is also useful and tried with success.

Deafness: Deafness may be due to the deficiency of vitamin D which causes malformation of the malleus Incus and stapes. (I.M.J.)

Delirium Tremens and Alcoholic excitement and Uremia: Apomorphine, 1/30th part of a grain, hypodermically, combined with Hyoscine is good in the first disease. (Hare).

(2) Amylene Hydrate 1 $\frac{1}{2}$ to 2 drams alternately with Sulphanol, 30 grms. (Craig).

Dementia Precox: A little over half an ounce of Cerebro spinal fluid to be withdrawn by puncture of the spinal column in the lower part of the back, and replaced by an equal amount of horse serum. The meningitis so induced runs its course in about 3 days but is harmless, since no disease-producing germs are introduced. This treatment may be made 1 to 5 times at seven days' intervals. Similarly, in paresis or softening of the brain distinct improvement is perceptible after an attack of malaria or other disease causing chill and fever.

In cases of paralysis, the patient is injected with half a teaspoonful of blood

taken from a malarial patient, tertian type, at the height of fever. It takes about 8 to 32 days for the effect to be produced, when the malarial fever induced, can be controlled by Quinine. (P. S. S.)

(2) In this disease, the suprarenal gland is found to be much reduced in weight and size. While the normal weight is 7 to 7.5 grams, in Dementia Precox, it is 3 to 4 grams. (E. S.)

(3) Thyroids and gonads play an important part in this disease, and they may be given. (E. S.)

(4) At the commencement, Ammon. Bromide, 10 grs.; Liq. Arsenicalis 2 mms.; Spirits Ammon. Aromat, 5 mms.; Aqua Chloro. 1 oz.; 3 times a day. (M. T. T.)

(5) Elixir Polyglandin, in a dram doses for some months. (M. T. T.)

(6) Paraldehyde from 2 to 4 drams every 6 hours is good. Sulphanol and Luminal are also given. In giving Sulphanol the appearance of dark smoky urine indicates that the drug is accumulating and so it should be stopped. Morphine and Hyoscine are good. Soneryl may be given up to 9 grains through the day. (M. T. T.)

(7) Testis substance to be given subcutaneously. (J. O. T.)

(8) Manganese Chloride intra-venously 2 to 8 c. c. of a 0.02 solution and by the mouth, 0.3 grams of Manganese Chloride after the intra-venous injection is stopped. 30 injections to be given in fifteen weeks. (J. A. M. A.)

Delinquent Children: Pineal glands, 1/20th of a grain thrice a day. (Harrower)

Notes on Therapeutics, Diagnosis and other Medical Subjects.

The Salicylic treatment of Rheumatism, Arthritis, Rheumatic Gout, Sciatica etc.

The Reipar Solution enables the physician to apply salicylic medication "loco dolenti," exactly where it is required. The minute doses, one thousandth part of the oral dose, and the method of application, hypodermic injections, obviate all gastric disturbances, vertigo etc., which frequently follow oral administration.

COMPOSITION.

Natural Salicylic Acid ...	0.001 Gm.
Sodium Chloride, Chemically pure ...	0.009 "
Distilled Betula Lenta Water ...	0.40 "
Distilled Water to ...	1 c.c.
The solution is put up in ampoules ...	2 c.c.

The Reipar Solution, owing to the purity of its ingredients its hypertonicity and its diluent betula lenta water is practically painless on injection, and has no caustic or toxic action.

DIRECTIONS FOR USE.

(a) ACUTE RHEUMATISM: In general no single injection should exceed 1 c. c. but, if necessary, several injections may be made at the same time in different localities, one or two injections being made in each joint. For instance, in the case of the knee, 1 c.c. on the outside on a level with the articular line and 1 c.c. on the inside; for the wrist, 1 c.c. on the cubital edge and 1 c.c. on the radial edge.

The injections should be made as near as possible to the articular line, while remaining strictly subcutaneous. In this way, one is able, according to the number of joints involved, to inject in one day 8 to 10 c.c. if necessary.

The injections should be repeated each day until the pain ceases and the temperature drops. It is essential to continue the injections regularly as long as any joint remains painful.

(b) SCIATICA—ACUTE AND CHRONIC: The technique of injections in both acute and chronic sciatica is the same; the only factor that varies is the interval between injections.

The first injection, 2 c. c. should be deep subcutaneous, or into the gluteus muscle itself in the neighbourhood, but not necessarily the immediate neighbourhood of the sciatic nerve. A second subcutaneous injection should be made about the middle of the back part of the thigh, along the path followed by the nerve. The third, subcutaneous also, should be made in the vicinity of the upper end of the fibula or on the posterior part of the leg at the painful spot which will be indicated by the patient, according to whether the external or internal sciatic-popliteal nerve is involved. The last injection should be made

at another painful point (retro-malleolar groove or dorsal side of the foot).

Frequently, patients complain of pain in the region above the buttocks, or even in the sacro-lumbar region. In this case, an injection of Reipar will be useful.

In acute sciatica the series of injections can be repeated daily, then when the pain has abated, every 2 or 3 days only.

In chronic sciatica the series should be made every 3rd or 4th day only.

(c) DIVERSE RHEUMATIC PAINS: A subcutaneous injection of 1 c.c. at the most painful spot calms the pain, often definitely, in a few hours and sometimes in a few minutes. As many injections may be made as there are painful spots.

(d) CHRONIC RHEUMATISM, GOUT: As chronic rheumatism may not be of a purely arthritic origin, the Reipar treatment is naturally not always effective. When the etiology is obscure Reipar may be used with advantage in subcutaneous injections of 2 c.c. at the painful spots. Treatment has to be prolonged to obtain definite results.

GENERAL REMARKS.

The Reipar injections can be given to persons of all ages, the largest doses: 10 c.c. per day, have been given to aged persons without the least ill effects. The treatment is far superior in effect to the oral administration of the salicylates and its action is much more rapid. Acute rheumatic pains disappear completely in from 6 to 8 hours. Complete cures of severe cases have been obtained in less than two weeks.

In sciatica, which is only slightly affected by the salicylates, Reipar injections are so effective that cases resistant to their action may be considered as symptomatic neuralgias.

There are no contra-indications to the use of Reipar injection.

Treatment of Lymphangitis and Elephantiasis

BY

CAPTAIN AUBIN, PRINCIPAL MEDICAL OFFICER, GOVT. HOSPITAL, KARAIKAL (FRENCH) AND DR. M. NADESSIN, MEDICAL OFFICER, GOVT. DISPENSARY, TIRUNALLAR (FRENCH.)

The etiology of the tropical lymphangitis and elephantiasis is yet obscure and

therefore, curative therapeutics is difficult to be established.

According to Manson there is first, obstruction of the lymphatic circulation by the eggs of filaria (which lays eggs and not larvae), then lymphangitis which by successive attacks, gives rise to elephantiasis.

This hypothesis presents one (filarial) microbial factor and one inflammatory factor.

All are not agreed regarding the specific filarial species which is the real cause of the disease. Manson says Filaria of Bancroft is the causative organism, Ouzirau is for Filaria Volvulus, Rousseau, for F. Perstans and Bahr for Filaria aperiodic.

Croll in Queensland, Sharp in Nigeria state that in spite of high figure of filarial infection, elephantiasis is not in existence. It seems then, that the microbial factor is insufficient itself to determine the inflammation of the lymphatics traumatized by the preceding action of the filaria. It is the opinion of Dufougere that the killed filarial worms act as obstruction to the circulation of the lymph.

The microbe itself can either be one common group of Streptococcus or the particular coccus isolated and cultivated by LeDantec under the name of Dermococcus which Dufougere found afterwards and called Lymphococcus. Stevenel also found it later on. (Diplogene and tetragene whose description of the Bacteriological characters are rather resembling those of Streptococcus.)

According to Dufougere the endemic lymphangitis is due to the dermo-lymphococcus only and elephantiasis is the result of the primary infection by any filarial worm and by a secondary infection by the dermo-lymphococcus.

Be that as it may, we tried to struggle against the two diseases and to defy the causative microbial factor. In the absence of Anti-dermococcus vaccine we used lipovaccine alone or combined with the anti-staphylo vaccine (lipovaccine pyogene).

These are our observations.

The filarial patients were treated usually in the following manner:

Thymol and Sodium sulphate.

Neosalvarsan.

Fresh Tr. Iodine by mouth.

This is the total or partial efficacy of the treatment which we carried on. One

of us utilised the lipovaccine alone whereas the other simultaneously employed it with other treatment mentioned above.

It is difficult to compare the observations of patients treated by other methods with those we are presenting here; the duration, the intensity, the extent of inflammatory and hypertrophic processes etc. are factors so very variable according to the patients.

Lastly an attempt was made to corroborate our unexpected conclusions with the report of the patients who are better judges of their condition from experience and by the comparison of impressions we have of the cases treated separately by us.

Our conclusions are, under the above mentioned treatment:—

(1) Improvement of the attack of the lymphangitis, more rapid and more satisfactory.

(2) Periods of interval between relapses, longer and relapse itself less severe.

(3) The results are comparable in the cases of Filariasis and in the lymphangitis of unknown etiology. It is possible that in the latter the connection of germs between the strepto and the dermo-lymphococcus give the possibility of a specific action, in the former at least the success of the treatment seems to indicate that to the action of Filariasis associated the action of ordinary microbes (strepto) temporarily virulent or special (dermococcus) of the integuments and sensible to the action of utilised vaccines.

From the data, it will be seen that the results with Autovaccines and Anti-Strepto Lymphococcus polyvalent are better.

CASE REPORTS.

(1) LYMPHANGITIS OF THE SCROTUM:—C, ... 45 years, cooly. Chancre and gonorrhoea five years ago. Lymphangitis of the scrotum of 2 years' duration which necessitated his stay three times in the hospital, for varying periods. Scrotum red and oedematous. Integuments considerably thickened. Inguinal adenopathy, high fever and severe general reaction with some delirium. The temperature was 103.1 on the day of his admission in the hospital. Six injections of Anti-streptococcic lipovaccine helped in the disappearance of the acute symptoms. Discharged on 12-1-30.

(2) LYMPHANGITIS OF THE LOWER LIMB:—N, ... 20 years, servant. The

mother of the patient appears to have been suffering from the elephantiasis of the lower limbs for 5 years. This young man who attended the hospital on 9th January 1930 was suffering from the same disease for nearly 18 months. In the beginning there were some mild attacks of lymphangitis and the swelling never went above malleolus of the right leg and disappeared without treatment within a few days. A severe attack accompanied with fever set in later on and came off and on and lasted more than 2 months and the oedema rose up to the knee.

Subcutaneous injections of Anti-Streptococcic Lipovaccine on the 21st, 23rd, 25th, 27th and 30th January were given.

The oedema disappeared and the patient was discharged apparently completely cured, on the 1st February.

(3) LYMPHANGITIS OF THE LOWER LIMB:—A, ... 50 years workman in a mill. Admitted as in-patient in the colonial hospital of Pondicherry on the 5th February 1930. Symptom of apyretic lymphangitis of the right lower limb started insidiously three months before, with a feeling of heaviness, violent pains in the knee and severe itchings. The repeated scratchings of the part and the application of empiric tonics had contributed much to increase the oedema. The excoriations were oozing the clear serous fluid. Our first examination showed a considerable thickness of the skin, effacing the normal reliefs of the limb and giving to it one almost cylindrical form. Bilateral inguinal and adenopathy. Several small glands in the left inguinal region; one big gland of the size of a walnut in the right region. Decrease in the right patellar and Achilles Reflexes. General health fair.

Injections of Anti-Streptococcic Lipovaccine on the 9th, 12th and 16th February. Local and general marked improvement. The measurement of the affected limb became equal to those of the healthy one. Discharged on 25th February.

(4) ELEPHANTIASIS OF THE LOWER RIGHT LIMB:—A, ... 32 years, gardener. Admitted on 20-12-29; Chancre 20 years ago. Attacks of acute lymphangitis during the last eight months resulting in the progressive Elephantiasis of the right lower limb rising up to the knee. Presence of microfilaria in the blood.

Seven injections of Anti-Streptococcic Lipovaccine. Discharged on the 4th January with complete abatement of all the symptoms of the last acute attack which was particularly severe.

[The authors have reported about 16 cases of which only 4 have been published. The rest have been withheld for want of space and may be published in a future issue.—Ed.]

Acrocyanosis

CASTELLOTTI, F.: CLINICAL STUDY OF ACROCYANOSIS; ACETYLCHOLINE THERAPY, BIOCHIM. E TERAP. SPER., 16:385, SEPT. 30, 1929.

The case is described of a woman, aged 43, with venous acrocyanosis, probably of endocrine origin (ovarian insufficiency). There was nothing significant in her history except that menstruation which had always been regular and of the four weeks' type, had become irregular both as to quantity and duration of the periods, and was accompanied by pain in the lower left quadrant. At the time these irregularities appeared tingling of the fingers and cyanosis were noticed and a violaceous colour gradually developed. The condition had gradually become intensified until the patient came under observation in January, 1929. Under acetylcholine treatment she was completely relieved by June 1929, save that the last phalanx of the little finger still became cold and showed some red coloration.

She also had hypertension and a slight tumor in the parotid region. The acetylcholine brought about an improvement in the blood pressure as well as in the symptoms of acrocyanosis. This medication is of unquestionable assistance in overcoming arterial spasm and stimulating the parasympathetic nervous system.

VILLARET, M. AND JUSTIN-BESANCON, L.; THE THERAPEUTIC APPLICATION OF ACETYLCHOLINE, M. J. & RECORD, 129: 343-345, MARCH 20, 1929.

Acetylcholine has no influence on ordinary acrocyanoses, common in young women who in addition show a submalleolar erythrocyanosis, a syndrome which has been proved to accompany a venous hypertension. Consequently, it is not

amenable to arterial medication. On the contrary, true Raynaud's syndrome is improved by acetylcholine.

Phlebitis with Pulmonary Embolism

TREMOLIERES, F. AND VERAN, P.: OBSTRUCTION OF THE ARTERIES OF THE LOWER RIGHT EXTREMITY APPEARING DURING SUPERFICIAL AND DEEP PHLEBITIS WITH PULMONARY EMBOLISM. THERAPEUTIC EFFECTS OF ACETYLCHOLINE, BULL. MED., PARIS, 43: 1101, OCTOBER, 19, 1929.

"This case is reported because of the remarkable therapeutic success of acetylcholine, and also to add certain facts to the obscure chapter on angitis of the lower extremities"

The patient, a salesman, aged 50 years nonsyphilitic, and always in good health, was suddenly seized with severe pain in the right leg, followed by swelling. He was admitted to hospital on January 30, 1929, about three months after the first manifestation of symptoms. At this time the leg was extremely painful and greatly swollen and gave the impression that the circulation was obstructed. There was at the same time an acute and menacing asphyxia. The skin of the affected leg was of a pale livid colour, with scattered cyanotic and violaceous or red irregular areas on the thigh, the leg and the sole of the foot. There were some ecchymoses and purpuric spots. The skin was cold and extremely dry. The toes were edematous, but there were no ulcerations or gangrenous lesions. The skin was anesthetic to the touch and pin-prick, and thermal sensibility was lacking. The function of the leg was practically lost. The general physical examination revealed nothing of particular interest, the patient being otherwise apparently normal.

Absolute rest was insisted upon and 0.2 Gm. of acetylcholine administered. Two hours afterwards the pain in the affected leg became less intense and less continuous, and the prone position became more supportable. For the first time in ten days the patient was able to sleep. After the third injection the decubitus pain disappeared and the edema was decidedly decreased. Four days after admission, a pulmonary embolus developed, with

great pain at the base of the left lung and on the following day, bloody sputum. Because of this complication the acetylcholine treatment was interrupted for eight days.

During the period the condition of the right leg remained stationary. On resuming the treatment there was again progressive improvement. "To our great amazement, this man was completely restored to his normal condition in three weeks, and walked easily with the aid of a cane."

Although the patient was completely relieved so far as the symptoms of the condition were concerned, the oscillometric index was 2 and 2.5 as compared with 5 for the left leg. The roentgenogram showed no evidence of arterial calcification. Four months after beginning the treatment the patient was practically normal, complaining only of a sensation of slight heaviness in the leg and a little edema after walking, but the arterial pulsations still remained weaker than in the left leg.

Scleroderma.

VILLARET, M. AND JUSTIN-BESANCON. L.: EXPERIMENTAL AND CLINICAL STUDIES ON ACETYLCHOLINE, BULL. ACAD. DE MED., PARIS, 99: 439, APRIL 17, 1928.

In two cases of scleroderma, under the influence of acetylcholine injections, there was a return of colour and warmth to the cold violaceous extremities of the patient.

Gauch, Sohier and Courreges: Two cases of Scleroderma, one with Raynaud's Disease. Comparative effects of Pilocarpine and Acetylcholine, Bull. Soc. franc. de Dermat. et syph. 36: 78, February, 1929.

SCLERODERMA COMPLICATING RAYNAUD'S DISEASE.

The patient, a woman aged 37, came under observation on November, 16, 1928, with the symptoms of Raynaud's disease which had first appeared some three years previously. The typical symptoms were present—local spasm, cyanosis, and painful sensations aggravated by cold and emotion. There were lesions of scleroderma on the face, hands, feet and the anterior thoracic region. The fingers were partially flexed

smooth, glistening and of a cherry red colour. Movements of flexion and extension were very difficult. The surface temperature was lowered. The heart was normal; the neurological examination, negative. There were, however, definite ovarian disturbances and the thyroid gland appeared to be enlarged. The patient had been treated for two years for Basedowism.

Nitrate of pilocarpine was given intravenously, 0.005 Gm., then 0.05 Gm. of acetylcholine subcutaneously. The patient received twelve injections of pilocarpine intravenously and ten injections of acetylcholine subcutaneously. Comparing the results of the two substances, it was evident that the acetylcholine had a favourable influence on Raynaud's disease, which was marked by recession of all the symptoms. There was an improvement in the lesions of the scleroderma brought about by the pilocarpine.

The Treatment of Obesity

In order to tackle this difficult problem we shall have to consider various factors which are responsible for the accumulation of fat. Some of these are given below:—

1. Heredity.
2. Lack of exercise.
3. Improper metabolism of carbohydrates and fats.
4. Faulty diet.
5. Want of endocrine balance.

From these we have to look for what particular factor predominates in a particular obese individual and treat him accordingly.

In all such cases we should at the outset take the history. We will in the majority of cases find that the obesity has been inherited from either of the parents. The fact that obesity is hereditary should not deter us however from treating it. The first thing that should strike us in such cases is to correct the habits of the subject. If he is of lethargic temperament or if he has a sedentary occupation, he should be advised to lead an active life. If he is not accustomed to taking exercise, he should be persuaded to start doing so. A little effort and exertion on his part in the beginning will overcome his usual indolent way of living. The third point to be borne in mind in connection with the treatment of obesity is the metabolism of fats and carbohydrates. It is generally

defective in these cases. If we notice that the intake of fats and carbohydrates is more than can be properly assimilated, restriction in these substances should be strictly enforced. Fat people are generally fond of sweets and they think it an ordeal when they are made to submit to a diet free from such articles. Some obese people are accustomed to taking food not only rich in carbohydrates, but also in fats, but very poor in proteins. It would therefore be advisable if the proteins enter their dietary in more quantities and fats and carbohydrates restricted as far as possible. Now as regards the last point of want of endocrine balance there is hardly any doubt that endocrine glands influence and regulate fat metabolism in the body. For instance the Thyroid gland is helped to a great extent by the sex-glands and also by the anterior lobe of the Pituitary. From this we can deduce that the fat and the carbohydrate metabolism in the body is maintained by the reciprocal actions of the internal secretions of the various glands. If the secretions are defective or if they are not properly utilised by the body in the process of metabolism, obesity is the natural result. In order to keep up this endocrine balance, as it is called, Iodobesin is the ideal remedy.

While undertaking the treatment of Obesity, the physical condition of the patients should be taken into consideration. We come across some who are plethoric and some who are of the anemic type. In the former together with the treatment with Iodobesin, exercise and dietetic restrictions should be strictly enforced, whilst in the latter, as the patients are weak and pallid, any violent exercise or exertion should be avoided and no rigidity should be observed in diet, as it is absolutely essential to maintain the strength of the patients. Gentle massage should however be strongly advocated in these cases.

The efficacy of Iodobesin can only be appreciated when one looks at its composition. The Pituitary extract in it influences the requirements and consumption of the various substance involved in the metabolism of the body. It is the pars intermedia and the Posterior Lobe of the gland present in Iodobesin, which is responsible for this. Again it regulates

diuresis, promoting or inhibiting this activity according to the necessity of the case. It influences the fat metabolism, so that when Iodobesin is administered, there is reduction of fat in the blood and the ketone bodies are lessened. Ovarian and Orchitic extracts are specially included, as they have a great effect on the activities of the Pituitary and the Thyroid. Secondly the relation between these and other endocrine apparatus is most intimate, as is apparent from the fact that the internal secretions of orchitic and ovarian glands reflect on the activities of other endocrine glands. Thyroid extract is there, as it has also a great part to play in the metabolism of the body. The dose of this extract found in Iodobesin is such that it is generally useful but never harmful. Besides, it increases the activity of the Suprarenal extract, which is also present in Iodobesin, for carbohydrate metabolism. The inclusion of Hepatic extract is most ingenious, as the internal secretion of the liver increases the Leucocytes and the megakaryoblasts of the bone marrow and thus keeps up the vitality and the strength of the subject by not only overpowering the toxins in the body but also by keeping up the equilibrium in spite of the excessive metabolic processes in the body during the treatment. Iodalbumin is responsible for the proper oxidation of fats. We can therefore find from this ideal combination in Iodobesin how invaluable it is in Obesity, be it of whatever origin.

Now the success of the treatment of obesity with Iodobesin depends on the full co-operation of the patients. If they follow the routine and the diet prescribed by the physician and follow the instructions about taking this product, an insurmountable obstacle to success would be removed. So far as Iodobesin is concerned, it is quite safe as it is hardly necessary for the patient to be under the observation of the doctor. It is not only easily absorbable but safe and efficacious and has given satisfactory results in a number of cases, where there followed marked reduction in weight.

It is hardly necessary to add that the results obtained by Iodobesin treatment in various types of obesity are very encouraging. This is borne out by the experience of numerous medical men who have treated cases of obesity, which were

absolutely uninfluenced by other "Fat Reducers" and other thyroid preparations.

G.M.P.

Blood injections for Rejuvenation.

There is only one objection to the blood injection method of rejuvenation. It is the same objection which we have in a much stronger form against gland transplantation, namely the danger of protein reactions. The first graft of a monkey gland is safe enough. There have been many sudden deaths after a second repetition in the same person. Serum reactions after blood injections, excepting

type controlled transfusions from man to man, if often repeated are practically certain to induce some form of prote in reaction. Such reactions, if not usually fatal, like a repeated gland graft, are at least uncomfortable, and would for rejuvenation purposes lead to the method being discarded by all discriminating physicians.

The preparation of fresh blood corpuscles "Hemoplasme Lumiere" contains all the vital principles of blood and rejuvenation. Hemoplasme seldom produces any reaction, and if it appears it is most ephemeral and mild. A dose of 5 c. c. repeated on alternate days for about ten to fifteen days can produce very marked and satisfying results.

Antiphlogistine
TRADE MARK

THE PERFECT POULTICE
AND DRESSING FOR
INFLAMMATION
AND
CONGESTION

THE DENVER CHEMICAL MFG. CO., NEW YORK.

PIPERAZINE MIDY
EFFERVESCENT GRANULES

DISSOLVES
92 %
of the compounds of
URIC ACID

Well tolerated by the stomach.
stimulates hepatic activity.
Urinary Antiseptic.

Dose: 2 to 6 teaspoonfuls per day.

**URIC ACID
DIATHESIS**

E. STELLA & CO. BOMBAY.

SPECIAL CONTRIBUTION TO THE MEDICAL PROFESSION.

Syrup Creosal in the treatment of Cough etc.

BY A BOMBAY PRACTITIONER

It is almost a truism in Medicine that when drugs which possess what they call a synergistic action, are combined, their therapeutic effects are increased. This does not mean that because they are combined they have increased therapeutic action, but the latter property is due to the fact that they have many physiological points of attack. Such combinations are therefore ideal, as together with the increased therapeutic action, the toxic effects are almost eliminated owing to the reciprocal antagonism of the components. The products "Syrup Creosal" approximates to this rule and hence, is an efficacious remedy for coughs of whatever origin. Creosal contains besides Guaiacol 48 per cent. phosphoric acid 15 per cent. and Calcium 37 per cent. The Syrup has a very pleasant taste on account of orange flower syrup and cherry laurel.

This syrup is indicated not only in acute and chronic lung troubles, but can also be used in catarrh of the upper respiratory tract, laryngitis or spasmodic and nervous cough.

Out of the many cases that had been treated with "Syrup Creosal," a few described below be of special interest to the Profession.

1. A. V. an adult male of about 35 years of age came to me for treatment of cough. There was no history of any specific disease, nor could any history of tuberculosis be traced in the family. On examination of the pharynx and the tonsils, nothing abnormal could be detected. There were absolutely no physical signs in the lungs. The cough was intractable and according to the statement of the patient the cough was also refractory, as he had taken medicine from several doctors without any effect. I at once kept him on a course of "Creosal" treatment and to my surprise I found his cough gradually decreasing after he had finished half the bottle. He is still taking that syrup and his cough has considerably decreased. He has so far finished two bottles and there is remarkable improvement in his condition and he told me that he is feeling distinctly better.

2. A child of about two years came under my care with almost classical symptoms of Bronchitis. It was kept on nothing but ordinary diaphoretic mixture with Syrup Creosal. The improvement was remarkably rapid and the temperature came down on the third day. This typical case of Bronchitis, the course of which is generally prolonged and troublesome, was out short and for this, I believed, the credit goes entirely to Syrup Creosal.

3. This was a case of a gentleman aged about 40, working in one of the big commercial firms in Bombay, whose godowns he has to look after. Here he is exposed almost every day of his life to dust, as a result of which he had contracted chronic pharyngitis. He came to me to be treated and I found that on the top of his pharyngitis he had follicular tonsillitis. The troublesome cough was a perpetual nuisance to him in his work and besides being uncomfortable on account of the pain, he had difficulty during deglutition. In addition to the local treatment he was having, I prescribed Syrup Creosal. The improvement was quite marked on the third day. A distinct change for the better was observed in the local condition and the patient was quite comfortable and could swallow with ease in about a week's time.

These cases fully illustrated the efficacy of Creosal in coughs be they of any origin. On account of its pleasant taste, children take it very easily and inspite of high percentage of Guaiacol content, it is nicely tolerated by the most sensitive stomachs. It has been found from the above cases that patients get relief from most hacking coughs. Added to this expectoration is easy and speedy due to the fact that after Creosal administration there is rapid liquefaction of the phlegm. Apart from its effective action as an expectorant, it is also an excellent recalcifier and improves the appetite, for which properties it can be effectively prescribed in tuberculosis as well as rickety conditions.

Coal Tar Antipyretics and Analgesics, with special reference to Cryogenine

FROM A MEDICAL CLINIC.

The first care of a medical man in connection with the use of coal-tar derivatives

is whether their action is attended by harmful or depressant after-effects. All such synthetic antipyretics are looked upon with suspicion by Practitioners, as after prolonged use they are of opinion that they may be deleterious to the system or they may have some undesirable reaction. After a continuous use of Cryogenine in a variety of cases we have come to the conclusion that not a single case disclosed any harmful by-effects nor any rash nor even signs of idiosyncrasy.

In this new antipyretic-analgesic are combined the maximum of efficacy with very little of toxic effects. To begin with it is a good antipyretic. In fevers there is a fall of temperature in about two hours and this effect lasts for more than 12 hours and from the cases under our observation we can say confidently that after its administration the temperature rarely rises to its original height. It has been tried with great success to check the temperature in phthisis without any injurious effects.

It has a strong analgesic action. This action was marked in headaches, dental pains, neuralgias and specially in Rheumatism and Gout.

Here we cannot resist the temptation of citing two cases under our care which are quite typical and which responded to Cryogenine admirably.

There was a case of inflammatory Glaucoma under our care. The patient was awfully worried on account of the agonising pain, for which he took salicylates and bromides without any effect. He was then administered Cryogenine, 1 tablet of 5 grs. every three hours. The first tablet had a very slight effect, the second gave him some relief and the third one had quite a pronounced effect. The patient continued taking these tablets whenever he felt pain and was thus relieved of the suffering though he was not free from the disease.

The second case is one of obscure origin but very severe headache paroxysmal in character. The exact diagnosis could not be determined. All attempts to trace the cause proved unavailing. The best course we thought was to keep the patient Cryogenine tablets, one every 4 hours. The patient was completely relieved of his symptom, though the malady could not be made out.

Besides these two typical cases we have prescribed Cryogenine in a number of

minor complaints of pain with very satisfactory results. The treatment with this product is generally to be preferred, since it is comparatively harmless, does not affect the heart, muscle and seldom causes arrestation secretions which is disagreeable to the patient. Larger doses also do not appear to have much depressing effects.

Gall Stones

Gall stones differ in size from fine gravel to masses of 4" to 5" in diameter. The central portion, or the so called nucleus, consists of bilirubin-calcium and around this nucleus is a mass consisting chiefly of cholestrin which in most cases is amorphous although in certain cases it may be crystalline.

The conditions leading to the presence of these two chief constituents of gall stones are essentially the same, as both cholestrin and bilirubin calcium are secreted as a result of catarrhal conditions of the mucous membrane of the bile passages.

Although gall stones may be formed in any part of the bile passages, they are most liable to occur where mucous is given time to collect and thus the reason why the gall bladder is the most common site for gall stone formation.

As free movement of the diaphragm by compressing the liver is one of the most important factors for expulsion of bile from the gall bladder, it is essential to avoid anything which may interfere with free movement and the emptying of the gall bladder. Tight fitting dress, sedentary habits and pregnancy all tend to interfere with the expulsion of bile from the gall bladder, and no doubt this is why women are much more susceptible to gall stones than are men or children.

Recently it has been observed that Boldine A.F.D. has maintained the fluidity of the gall bladder contents, aiding the expulsion of bile and preventing the secretion from becoming too dense, and so preventing the formation of gall stones.

Where these are already formed, the concretions gradually soften and with continued treatment finally disappear.

Two to three Boldine Pills (15 minutes before principal meal) three times daily is the prescribed dosage.

News and Comments

Medical Conferences: Following soon after the National Congress sessions, there came in quick succession, three gatherings of the members of the medical profession, in three different parts of the country, each gathering having its own individuality, its own scope of work and its own duties and responsibilities. The one that met in Poona on the 25th of last month was the Conference of the Indian Medical Association, an organisation of all India activities, having on its rolls, members of the medical profession of all grades both in service and outside. The second that met at Hissar in the Punjab, was the Provincial Conference of a branch of All-India Medical Licentiates' Association, which body allowed on its rolls only Licentiates, as the name itself indicates. The third that met in Mysore, under the auspices of the Mysore Medical Association was a unique gathering consisting of private practitioners in Mysore State, of all grades and the members of the Mysore Medical Service in all grades, with the head of the Medical Department as its President. It is no wonder that these three Conferences run by three associations of diverse nature, were presided over by persons of three different professions. Evidently, each Association has its own purpose in making its individual choice. The All India gathering at Poona run by the All India Medical Association, being run on the National Congress style, could not but have a non-official President who, as our readers are aware, was Dr. Jivraj, N. Mehta. At Hissar, the Conference was presided over by B.R. Puri Esq., Bar-at-Law, and a member of the Legislative Assembly. The All-India Licentiates' Association, though the oldest Indian Medical Association with a well-organised constitution, did find it to their interests not to make their constitution so rigid as to exclude the services of non-members either in the profession or outside. They chose one who was sympathetic to their legitimate aspirations, the most important being the recognition of their merit in service either to the Government or the public. Though it has not been possible so far, for the members of the medical fraternity on the higher wrung to treat the Licentiates as their equals the lay public have by their patronage shown at least in some instances,

that the Licentiates are not wanting. Such a recognition by the public has made it possible for the Licentiates to aspire for equality of status in the profession. The organisers of the Licentiates' Conference at Hissar are certainly to be congratulated in their choice of a President who is likely to be useful to them in the Legislative Assembly where he would point out to the Government the folly in excluding the largest group of qualified practitioners from the purview of the proposed All-India Medical Council Act.

The Mysore Medical Association which is a Democrato-Bureaucratic institution—to coin a new word—with an official President, being as unique in its constitution as in its functions and which as it stands to-day, cannot but identify itself with the activities of the state in matters of Medical Relief and Public Health, chose Mr. P. G. D'Souza, the 3rd member of the Mysore Executive Council as its President, with the hope of approaching the Government directly to carry out the wishes of the Association.

The extracts from the Presidential Address at the Poona Conference appear in the "Abstracts" columns of the current issue and the Presidential Address delivered at Hissar appears in our "Correspondence" columns. The Mysore addresses will be published and commented upon in our next issue.

An Injustice: An article was published in "The Hindu" about the distinction made in the rate of travelling allowance between the D.M.Os and other District heads. In addition to the humiliation to which the D.M.Os are subjected in the matter of travelling allowance and in the maintenance of conveyances, the rules require that their travelling allowance Bills should be counter-signed by the Collector of the district. This is adding insult to injury. We believe that in no other Government department, such practice exists. The Surgeon-General who is the head of the Medical Department, is the proper authority to counter-sign the travelling allowance bills of the D.M.Os. The taking away of this authority and privilege from the Surgeon-General is not treating him fairly; and we sincerely trust that he will see that his legitimate rights are restored and that the humiliation to which the D.M.Os are put by

requiring their travelling allowance bills to be counter-signed by the Collector, will be removed by the Government.

Medical College Appointments :

We understand that the Madras Services Commission have nominated the candidate for the Professorship of Pathology, Medical College, Madras, and the Professors of Anatomy for the two colleges at Madras and Vizagapatam have been recommended by the Surgeon-General and all the applications with the two nominees of the Surgeon-General are sent to Government who in their turn will forward these applications to the Services Commission for the final nomination. The Professor of Pathology nominated by the Services Commission seems to have all the necessary qualifications required for the post. He is an Indian and is reported to belong to United Provinces. The nominees of the Surgeon-General are said to be both Europeans one of whom belongs to the Indian Medical Service. There is sure to be much heart-burning amongst the members of the Provincial Medical Service. One will not be justified to criticise till the names of these Professors are published by the Government. There will be certainly less cause for complaints if the Government separates the hospital appointments from those for teaching, both being entrusted to the Services Commission and the Surgeon-General relieved of this dual function. Then only it will be possible to locate responsibility and blame, then only efficiency will be ensured and with this the heart-burning will cease.

1929 Medical Register At Last :

The rules framed under the Madras Medical Registration Act make it obligatory on the part of the Registrar to compile and publish the Medical Register for the year ending 31st December early in the month of January following. So the Register for 1929 must have been published in January 1930. But the Registrar, Madras Medical Council, is immune to all obligations. He seems to have no belief in the Medical Registers. Ever since he entered the office of the Medical Council, the Medical Registers were never published in time and the belated Registers have never been accurate. Ever year he has a cause for delay. For the two years previous to 1929 elections came in the way though this very excuse ought to have been an incentive and he ran the Medical

Council elections without up-to-date Registers. Nowhere could anybody hold elections without an electoral roll for the purpose. One of the purposes of the Medical Registration Act is to guide the public in the matter of choice of a qualified doctor and the Medical register is the only guide. The other affairs of the Madras Medical Registration Act are too well-known to the medical profession. Time will not be far when the profession will have to consider seriously the benefits of not having the Medical Registration Act at all.

Cancer Research : Two discoveries of the highest importance in the treatment of Cancer are featured by "The Daily Herald." A London physiologist and Doctor Bendies of Zeist, Holland working originally on quite different lines, have both come to the conclusion that cancer is caused by deficiency in the component of blood. Both have achieved remarkable success in treating patients, but neither claim certain cure. (The Hindu, dated 8-5-31.)

Later news confirms that the deficiency is of parathyroid origin.

Rural Medical Relief : In view of what we have been writing in these columns repeatedly, what appears under this heading might look redundant and even superfluous. In the January issue of "The Antiseptic" a journal under the Editorship of Dr. U. Rama Rau, who is also the President of the Provincial Rural Medical Practitioners' Association, a suggestion was made by the Editor, of an Advisory Committee for the purpose of guiding and helping the Rural Medical Practitioners, consisting of the village headman, two retired or Government servants in actual service, of the position of Sub-Registrars and two or three rich and influential land-holders of the locality, which, in our opinion, should not at all be preferred to a District Advisory Committee approved by the Rural Medical Practitioners' Conference, and consisting of the District Collector, the President of the District Board and two independent medical men of the district, nominated by the District Rural Medical Practitioners' Association. Had it not been for the fact that Dr. U. Rama Rau, along with the other representatives of the Rural Medical Practitioners' Association, is to wait on

deputation on the Hon. the Chief Minister in the near future, to discuss about this subject, there would not have been any need for us to comment on the opinion of our contemporary. "The nucleus for the formation of medical Swaraj" cannot certainly be the Rural Medical Relief Scheme as advocated in the columns of "The Antiseptic." Far from laying the foundation of the future medical Swaraj, the proposed alternative suggested by our contemporary with the Surgeon-General as the final authority, will certainly perpetuate another paid agency under the Surgeon-General, in addition to the top-heavy machinery already under him.

We cannot conceive of a better scheme than the one suggested by Dr. M. S. Krishnamurthi Aiyar in his presidential address before the Rural Medical Practitioner's Conference, in December last, referred to in the Editorial columns of this issue and supported by an Ex-Minister, Dewan Bahadur R. N. Arogyaswamy Mudaliar, the distribution of subsidy being on a rotatory basis in places where medical men do not exist, and that, for a fixed period of not more than five years. Such a scheme has also been unanimously adopted by the All India Medical Conference which met last month in Poona. This scheme will not only afford medical relief to the rural area but will certainly be a nucleus for the healthy growth of the independent medical profession who alone can bring about the real medical Swaraj, as in other countries. Even in the matter of distribution of subsidy, there will be a great difficulty, whether it should be to the Allopathic practitioner or the practitioner dealing in Ayurvedic system of medicine; and in either case, who is to judge what is wanted for a particular area? Any ideal scheme wherein the principle of Government subsidy comes, can only be a temporary measure. For, it is our considered opinion judging from what we have seen in other civilised countries, that any medical relief scheme should be entrusted to the people themselves without Government interference, the duty of the Government being to see that whoever gives medical relief has the necessary prescribed qualifications, to be a medical practitioner of whatever system.

More about admission of L. M. Ps. to M. B. B. S. Degree : We have been

receiving letters almost every day from the Licentiates regarding this subject and the Medical Practitioners' Service Bureau have been referring to us many more received by them. As it is not possible for us to answer everybody separately either now or in future, we wish to inform them that we shall duly publish in these columns, all available information on the subject. Everything is unsettled regarding either the entrance qualification or the time when the extra two years' course at the college commences. Our information from the framers of the regulation in the Academic Council, is that Cambridge Senior will be treated as equivalent to the Intermediate. But this has been nullified by the Registrar, University of Madras, who has replied to one of our readers that the Madras University does not recognise Cambridge Senior Examination. The Oxford Senior Examination seems to have been abolished in India. The former and the Examination of the College of Preceptors, Ceylon, being the entrance qualification recognised by the General Medical Council, Great Britain, will very likely be considered by the Madras University to be equivalent to Intermediate. As soon as this is settled, we shall publish in these columns all the details connected with the subject including the extra two years' course at the Medical College. The Cambridge Senior Examination can be arranged by postal tuition; we have no idea if this is possible regarding the Examination of the College of Preceptors, Ceylon. All the educational institutions are now closed at Madras for the summer holidays. We are in correspondence with authorities on this subject, outside Madras, and hope to deal with this matter more elaborately and definitely in the next issue and request our readers to watch these columns instead of having recourse to correspondence which has grown very tedious on account of uncertainty of available information.

Higher University Medical Qualifications: During recent years, the Medical Graduates in Govt. service, have been appearing for M.D. and M. S. Degrees in much larger numbers than hitherto. This desire on the part of the Asst. Surgeons to be something more than M.B.B.S., synchronises with the event of granting better facilities for study leave outside India to

" Mycol is a reliable laxative, and safe even to give in Typhoid."

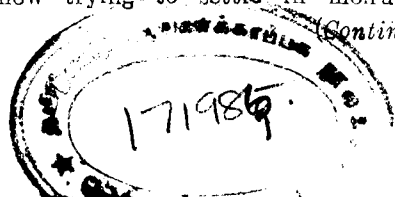
the members of the Provincial Service. We will not be far wrong when we say that the incentive for higher qualifications was the desire to be something higher than a mere Asst. Surgeon.

The times were propitious for such a craving with the advent of Surgeons-General from outside Madras Province, who cared more for qualifications than for service and merit in the matter of transforming Asst. Surgeons into Civil Surgeons. New Civil Surgeoncies are being created and still more are in the making. So far, the aspirants have been mostly the Asst. Surgeons under the 1st and 2nd Physicians and the 1st and 2nd Surgeons of the Govt. General Hospital Madras. Of course, there were a few stray candidates from outside the General Hospital, but the fact that these few did not or could not succeed so easily, has made the Asst. Surgeons outside the General Hospital go a-thinking, and we understand that some Asst. Surgeons of the Medical College Madras have approached the Principal to transfer them to the General Hospital. The Principal, who has certainly a broader imagination in such matters, seems to have recommended to the Surgeon-General that it was desirable in the interests of better efficiency in the service as a whole, that the Asst. Surgeons employed in the Medical College should be given a chance to qualify themselves for higher Degrees and that this could be done only if these Asst. Surgeons are given facilities of study by the bed-side in the General Hospital. It is quite possible that the officers in charge of the wards in the General Hospital may not relish the substitution of M.D. & M.S. by ordinary Asst. Surgeons, for reasons, more than one. But we hope that the Surgeon-General will over-rule these objections in the interests of service more than of individuals, and give a chance to as many as may apply to him for study and service at the General Hospital, giving preference to seniors, so that when the question of promotion comes, the want of higher qualifications may not come in their way.

Out of Good Cometh evil: The affairs of the Medical Profession are in such a state to-day that even expressions which have a Biblical significance, have to be changed paradoxically. Cities being overful, some of the private practitioners are now trying to settle in mofussil

stations and there too, they cannot escape competition, the 1st in the field being the State-paid practitioner. Midwives and nurses have naturally to follow the medical practitioner in the field of private practice, and as there is not enough food or material for the private practitioner himself the private midwives and nurses are not now found in as good a number as the medical practitioners. But whether there are qualified midwives and nurses or not, confinements have to take place. Proximity more than anything else, during emergencies, attract the services of the private practitioners. Formerly, there was no question of distance or anything else—the only available medical attendant was the State-paid practitioner of the place. The Government doctor has necessarily under him, a midwife who is the first to be summoned by the women folk, for confinement cases; and when she finds the case is too tough for her, she summons a doctor. But this doctor now need not be necessarily the one under whom she serves, as the people, in spite of the midwife's advice, bring a private practitioner—of course, only at times. Naturally, the State-paid practitioner loses a case—especially a midwifery case, which usually brings a fat fee. He could not find fault with the midwife, because it was her legitimate duty to attend on delivery cases. The accommodation in Taluk Headquarters Hospitals depends upon the capacity of the doctor rather than on anything else. Medical wards are not so very attractive, Surgical—yes—and Maternity, doubly so. Necessarily, medical beds are turned into Surgical and Maternity. So, evidently a few Medical Officers in Taluk Headquarters Hospitals seem to have complained to the Surgeon-General that the work in the hospitals suffers, if midwives attached to them do private work. The Surgeon-General naturally not being aware of local conditions and forgetting at the time, that the complaining Medical Officers have the right of private practice and could use the mid-wife for their private cases, had passed an order, last year, to the effect that the midwives attached to hospitals where labour cases are admitted, should not undertake private work. Such an order in the present state of medical relief in State institutions where the presiding officer has the right of private practice will be likely to be misconstrued and

(Continued on page 297)



JL
Lm 1203 N30MP

NSL 2.7-9

*ANAEMIA, SPRUE, and other conditions
due to poverty of blood.*

*Announcement of Liver Extract that combines
palatability with economy.*

SANG-CRE

(BLOOD CREATOR)

SANG-CRE (Liver Extract in sugar-coated tablets) a convenient and palatable mode of administering liver treatment.

The tablets contain a uniform preparation exhibiting in concentration the active principles of liver substance.

Supplied in sealed bottles containing 240 and 120 tablets, and sold by all good Chemists.



All our preparations before being placed at the disposal of the Medical Profession are clinically tested and proved efficacious by leading Physicians at large public hospitals.

Hepabos, (Liver Extract in powder form), is a uniform preparation of maximum therapeutic value. In addition to the principle active in Pernicious Anaemia, the manufacturing process retains the vitamin value of the original liver.

High cost and unpalatability have been the principle handicaps in the rapid advancement of Liver Extract Therapy.

In **Hepabos**, the Medical Profession is now offered a liver extract at an economical price.

Many observers report prompt and good results with **Hepabos** in anaemia of Pregnancy and sprue.

Not affected by climatic conditions.

Usual dosage for Pernicious Anaemia, Sprue Severe Secondary Anaemias is: **Initial**—two heaped dessertspoonsful 4 times daily. **Maintenance**—one heaped dessertspoonful 4 times daily.

Hepabos is supplied in sealed bottles containing 5 ozs. net (142 grams) at Rs. 7-8 and sold by all good Chemists. Half size Rs. 4.

HEPABOS
(LIVER EXTRACT)

Prepared at the laboratory of
Glandular Preparations Ltd.,
SYDNEY, AUSTRALIA.

Literature on request from the representative:

T. S. R. GILLET,

Head Office: "STRONACH HOUSE",
BALLARD ESTATE, BOMBAY.

Branches at: CALCUTTA, KARACHI,
MADRAS and RANGOON.

171986

JL
Lm 20, N30MP N31.2.7-9

DEPENDABLE SURGICAL REQUISITES.

Stocks at this Store have the best chance to be always up-to-date and perfect. They come and go so fast under the pressure of our big and busy trade with noted Surgeons and Progressive Hospitals throughout India. Write for our 1931 Catalogue.

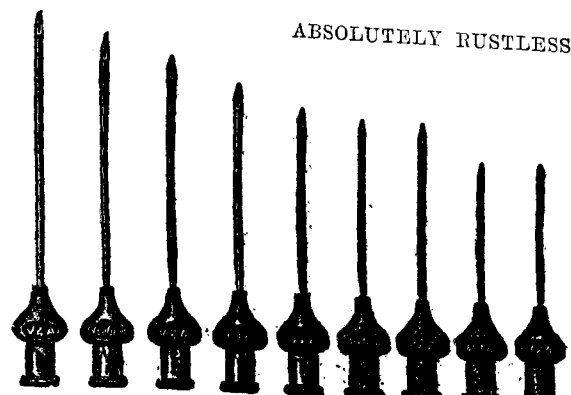
RUSTLESS SYRINGE NEEDLES.

Made of Krupp Rustless "V2A" Steel specially to our order.

These Hypodermic and Serum Needles are made from Krupp's "V2A" Steel and are guaranteed to be ever non-rusty, pliable and strong, maintaining sharp edge and tip always.

They may safely be boiled in a soda solution and are not attacked by corrosive sublimate, salveol and other customary disinfectants.

Doctors and Nurses appreciate the exceptional quality of this needle of ours. Rest your confidence on the fact that these needles are most economical, for they do not rust under any circumstances. THEY WEAR LIKE PLATINUM NEEDLES. All genuine needles are put up in boxes bearing "SURGICO" Name and Trade Mark.



LEUR OR SLIP JOINT—STANDARD LENGTHS AND GAUGES.

No. 1,400 : Sizes 1, 2, 12, 14, 16, 18 and 20.
Lengths as illustrated ... Rs. 3-8 per dozen.
No. 1,405 : Sizes 8, 10 and 12. Two inches long.
For Serum, etc. ... Rs. 6-0 per dozen.

ASK FOR OUR LIST OF KRUPP'S STEEL RUSTLESS SURGICAL INSTRUMENTS—A PRODUCT OF TESTED MERIT.

"SURGICO" PRECISION



STANDARD THERMOMETERS.

Made of well-seasoned glass, with triangular, magnifying lenses and black figures which are clear, distinct and easily read. Self-registering in $\frac{1}{2}$ minute. "Shake-down" easily. Specially selected for permanent accuracy. Have passed the most exacting and severe tests. You can depend on them for absolutely true temperature readings. In metal case. Made specially for us. Re. 0-14 each, Rs. 10-0 per dozen. A fast seller.

SERVICE: a small word embracing a lot of things we are striving to do for the HOSPITALS and THE MEDICAL PROFESSION in the Indian Empire.

Telegrams :
"SURGICO"

Distributors of Goodrich Hospital
Rubber Goods—Ask for Price List.

Telephone :
No. 41936.

BOMBAY SURGICAL CO.,

India's Foremost Hospital Supply House,
BOMBAY, 4.

Specialists in Surgical Instruments & Hospital Requisites.

(From page 296)

misunderstood. Depriving private practitioners of the help of the only available midwife in the mofussil station, with no similar restrictions on the State paid practitioners has caused much heart-burning amongst the private practitioners. If the State-paid practitioners are made to attend to the hospital cases only and so also the midwives and nurses, private nurses and midwives will very likely settle in mofussil stations and the public, rich and poor, will have a chance of better and more wholesome medical relief.

More About Old News: Our readers might remember our commenting upon the action of the Surgeon-General, in the December issue of the journal, regarding the withholding of fees earned by a practitioner, in connection with the examination of school children in a mofussil town. We learn that the aggrieved practitioner who spent over a year in the city of Madras in undergoing special courses in Govt. Ophthalmic Hospital and the Indian School of Medicine, has approached the authorities once again, for a reconsideration of his case. Whatever be the shortcomings, if at all, in the school inspection report, submitted by this practitioner, it was against all ethics that a member of the medical profession was to be criticised by a school-master. The highest the school-master or his immediate superior might have done, was to submit the report of the practitioner to the Surgeon General merely mentioning that he did not find it up to the mark, without offering criticisms of a technical nature. The Surgeon-General, who is an expert in all these matters, ought to have passed the remarks on technical matters, whether they be of omissions or commissions, in the Report thus submitted. Nothing of this sort seems to have been done and the previous Sur-

geon-General would not reconsider his decision, when the request came from the Municipal Council which ran the particular school.

We do not wish to say anything more than what we have said now and on the last occasion and trust that the Surgeon-General will reconsider the case of this practitioner, who owns certificates of merit and good work not only from local bodies under whom he served but from distinguished and prominent members of the medical profession in Government service.

Hony. Medical Relief to be Extended: News comes from Ootacamund that the Government are pleased to extend the system of honorary medical relief in the Government Hospitals and that they have appointed a Committee of 9 members, 4 from the Independent medical profession and 4 from Government service with the Surgeon-General as the Chairman.

We trust the Government will not forget the interests of all grades of practitioners now existing in the profession for which the Government is primarily responsible and the Committee will be so formed as to represent varieties of interests in the profession and that the Committee will bring forth a scheme of Honorary System of Medical Relief worthy of the profession and will not perpetuate the undesirable caste system now existing in services remembering that Doctors made the Degrees and that the Degrees did not make the Doctors.

All India Medical Conference: As the official copy of the resolutions that were passed at the Conference was not sent to us in time in spite of our requests and reminders, we regret, we could not publish them in the current issue. They will however appear in the next issue with our comments.

The All India Medical Conference, Poona, advocated the need for an Indian Pharmacopoeia.

Dr. Jivraj N. Mehta, the President of the Conference mentioned in his address, "The want of an Indian Pharmacopoeia has long been felt."

We offer to the Medical Profession, **The Indian Materia Medica with Ayurvedic, Unani, Siddha, Allopathic and Home Remedies, with Exhaustive Appendices and Indices.** 1450 pages. Strongly bound in 'Rexine' leather. Artistic Gold Titles and Designs for Rs. 11-14-0 V. P. P.

For free and descriptive literature, apply to:

A. K. NADKARNI & Co.,

(M.P. Section), Mangalore, (South Kanara)

"Mycol gives splendid results in Intestinal Stasis, Alimentary Toxemias, Intestinal Intoxications, and other Diseases arising therefrom."

Correspondence, Reports, etc.

PRESIDENTIAL ADDRESS

DELIVERED BY

MR. B. R. PURI, BARRISTER-AT-LAW,
ADVOCATE, HIGH COURT, LAHORE,

AT THE

TENTH PUNJAB PROVINCIAL
CONFERENCE OF THE ALL INDIA
MEDICAL LICENTIATES' ASSOCIATION
ON THE

25TH APRIL 1931, AT HISSAR.

Gentlemen, I must express my sincere acknowledgment of the honour you have conferred upon me in electing me as President of this Conference. Indeed I have all along wondered why this choice should not have fallen upon worthier persons. I find that on two previous occasions also you did this honour to members of my profession and therefore in a way it places me under a double obligation to offer my acknowledgment not only for the individual honour done to me but to my profession as well.

Gentlemen, let us hope we shall be able to do something by our joint efforts.

Doctors' position in society is befittingly the highest since his mission is to alleviate suffering.

Bacon said "Medicine is like music because the office of medicine is to tune the curious harp of man's body."

It will be wholly unnecessary to recount the great services which members of your profession and particularly of your class have rendered the people of this country. Indeed if the Western System of medicine has been made popular (remember the opposition and the prejudice people had against it in the beginning) it is through your labours—because you are more accessible to people, you are people's doctors and not of the upper ten—yours has been the solid labour and not ornamental or spectacular work.

You have overcome people's prejudices and to-day we see caravans of afflicted humanity seeking such goals as Moga, Bhalwal and many other places where members of your class afford relief.

A class which can produce such men as the late Dr. Chanan Shah, Dr. R. B. Mathra Das, Dr. R. S. Nand Lal, Dr. Hari Ram and I am sure scores of

others whom I have not had the privilege of knowing personally, deserves well both of their countrymen and Government who they have so loyally and faithfully served in peace and War. And remember they have had to work against great odds, with less facilities and on smaller salaries and they carried out the great task of making a foreign system of medicine and surgery popular amongst highly sentimental and superstitious people and—how well they succeeded. They had no doubt on the surgical side a marvellously clever and up-to-date scientific system to introduce and that no doubt this gave them a great advantage but it must be admitted that they had a comparatively poor pharmacopoeia to work on. In a country like ours singularly rich in drugs of marvellous healing properties—British pharmacopoeia can hardly appeal. Truly has Holmes said "I firmly believe that if the whole of materia medica could be sunk to the bottom of the sea it could be all the better for mankind and all the worse for the fishes".

Apologising for this digression and reverting to the main issue, let us look carefully and see how and where do the Sub-Asst. Surgeons stand and whether they are being treated generously or at any rate fairly. The chief grievance of the Sub-Asst. Surgeons is their inferiority complex, i.e., that they are deemed to occupy a lower professional status than the Assistant Surgeon. This difference in status is explained on the assumption they have been denied equal privileges with Assistant Surgeons in a variety of ways:—(1) Salaries. (2) Exclusion from certain posts (Civil Surgeons) and certain stations (Big towns). (3) Exclusion from certain class of work (Post Mortem work). (4) Lastly their proposed exclusion from the All India Medical Council.

As I have said before, all this is sought to be justified on the assumed inferior training. But is this correct? An examination of their course of studies and its comparison with that of the Assistant Surgeons would show that there is no material difference between the two—the courses are substantially the same—the subjects are precisely the same—Physics and Chemistry, Anatomy, Physiology, Materia Medica, Medicine, Surgery, Pathology, Midwifery, Eye Surgery, Mental Diseases, etc. The only difference that is

noticeable is that Assistant Surgeons take Physiology course for two years whereas Sub Assistant Surgeons do it in one year. Text books are the same percentage of pass marks, I believe, is the same. It is true that the Assistant Surgeon class has five years' training as against four years of Sub Assistant Surgeons. But is this a difference for which they should throughout their career be relegated to an inferior position—a position which must remain attached to them—no matter what their professional achievements may be in actual practice—can they they never redeem themselves? Assuming that one year's difference in training is a vital difference—can't it be ever made up? You can penalise them with a condition of five years' approved service. Is not five years' experience equal to one year training. I can cite the analogy of young lawyers who have to wait for a few years before they can argue cases in the High Court. And how is this done? Not by passing fresh examinations—on a mere certificate of the District and Session Judge. In the case of men who have made a name in practice, it is idle to expect them to sit for examinations and reproduce definitions and passages from text books.

Medical man is nothing if he is not a practical man. He might know all the definitions by heart but if he cuts a main artery when using knife, he is a source of danger to Society. It is therefore not examinations that are needed but practical work.

There is, in the first place no legitimate difference in the two classes—but assuming that there is, it is easily capable of being adjusted by very simple method such as I have ventured to suggest above.

With regard to Post Mortem work Sub-Assistant Surgeons are debarred. Is it on the ground of incompetence?—Can't be. Medical Jurisprudence is part of their curriculum just as it is of Assistant Surgeons.

They are permitted to perform all other kind of medico-legal work. In all other provinces Sub-Assistant Surgeons perform Post Mortem work. Then what is the justification for excluding them here? I suspect that Post Mortem work is considered too important and serious to be entrusted to Sub-Assistant Surgeons. It offers great temptations. Well, let us work it actually. If other provinces allow this, it means Sub-Assistant Surgeons of this province

are less honest than those of other provinces; none but a lunatic would advance this argument. Why inflict this slur on the people of this province. Does a Sub-Assistant Surgeon occupy a less trustworthy position than a Sub-Inspector of Police who is authorised to investigate a murder case and who enjoys unlimited powers—is he more honest?—if he can be trusted why not a Sub-Assistant Surgeon? It would be interesting to pursue the matter just a step further. It might be news to you that not only Sub-Inspectors but all the Head Constables are equally authorised to investigate murder cases. If a mere Head Constable is sufficiently trustworthy to perform this class of work—if he is above temptations—is a poor Sub-Assistant Surgeon a potentially dishonest public servant? The thing is too grotesque to be tolerated.

I will now deal very shortly with the All India Medical Council question. I understand it is contemplated that Sub-Assistant Surgeons should be excluded from it and this is bitterly resented. The object of this body is to maintain a Register of all qualified medical men in the country and to see that a proper professional standard is kept up. Therefore the sole question is whether Sub-Assistant Surgeons are qualified men or mere quacks. If they say they are not qualified, they damn their own institutions which they have put up at a great expense for which all of us have got to pay—the sooner they demolish them, the better. Why set up a big institution, incur large expense, invite young men to come and go through a course of training for four long years with all the attendant expenses which they incur and go through four annual examinations and after going through all this—to be told that you are not qualified men. It is a huge joke. Perhaps what they mean is, that they are qualified but not sufficiently qualified—here again the position is hardly clear—if out of 900 odd dispensaries in the Punjab, 600 could be run by Sub-Assistant Surgeons—if lives of lakhs of people could be entrusted to their care—if they are qualified enough to play with people's lives—how are they insufficiently qualified for the purposes of All-India Medical Council? Further, if they are sufficiently qualified for Provincial Medical Council, how in fairness can they be held to be unqualified for All India Medical Council?

"I would never like to be without Mycol in my dispensary."

If and when the Bill comes before the Assembly any humble service which I can do in this connection will be cheerfully rendered.

Gentlemen, I have taken up a lot of your time and thanking you once more for the honour and hospitality you have shown to me, I resume my seat.

Medical College, Madras.

THE APPOINTMENT OF THE PROFESSOR OF PATHOLOGY,

(By an esteemed correspondent.)

Open recruitment for a few chairs in the Madras and Vizagpatam Medical Colleges was recommended by the Medical Education Committee about a year ago. The members of the Provincial Medical Service feared at the time that such a recruitment would affect prejudicially, the interests of the service members who were well-qualified to hold such posts and who have had teaching experience by being acting professors or permanently as assistant professors in the respective departments, and who had entered the teaching cadre or non-carde appointments with the hope of rising to the highest posts in the respective departments. The members of the Provincial Medical Association consequently organised a deputation and waited on the Surgeon-General and subsequently on the Minister, urging the undesirability of such open recruitment and requesting that the policy of the late Rajah of Panagal in sending when necessary, chosen members of the service by deputation and study leave for specialisation abroad, might be pursued with benefit, as such a policy was economical and was in operation, achieving all the objects that were sought to be obtained by the system of open recruitment. The members of the deputation were told by the Minister that open recruitment would not be resorted to except in special cases, that qualification being equal, provincial men in the service would have preference over outside applicants, that term of service for recruits from the profession who do not belong to the provincial service would be limited to a period not exceeding five years, that they would be replaced later by local men qualified for the appointments, and that the

interests of the members of the provincial service would be safeguarded by the recruitment being done by the Public Service Commission and not by the Head of the department.

I am reliably informed that the claims of the service members for the post of the Professor of Pathology, Medical College, Madras, have been ignored in spite of their very good qualifications and teaching experience, and the name of another person who is not better qualified than the local applicants, who is not a Pathologist but only a Bacteriologist, and who had never held any teaching post, has been recommended to the Government. I only hope that this will not be accepted by the Government as there is already an experienced and highly qualified Bacteriologist at the Medical College. The place ought to be filled up by an experienced Pathologist. It should be remembered that the local applicants are capable of doing research work when they are relieved to a certain extent of the routine grinding work of the department, as much as any person who devotes his time wholly to research work under the Medical Research Fund or who is employed in the Bacteriological Department. There are other posts yet to be filled such as Professorship of Anatomy at Madras and Vizagapatam Medical Colleges. I hope that the present arrangement would be allowed to continue in view of the retrenchment which is necessary at the present juncture, or the local qualified men are preferred to outside applicants.

Bromo Valerianate

Dear Sir,

I was interested to read in "The Medical Practitioner" articles about Elixir Bromo Valerianate (Gabail) and I should like to confirm your impressions by the following report on two interesting cases, on which this product was used with the happiest results.

One of these cases was of hysteria accompanied by headache, giddiness and parasthesia and the other of neurasthenia.

In the first case the administration of other sedatives such as Bromides and Valerianates proved unavailing, while when the patient was kept on Elixir Bromo Valerianate her attacks became

"When I tell a patient that he will have an extra motion I like to be sure about that. Therefore I use Mycol".

less frequent, there was a considerable diminution in her headache, and a pronounced improvement in her general condition. This progress, however, was not noticed after one or two doses but the patient had to finish one bottle before any appreciable improvement was found.

The second case is very interesting. The patient was addicted to taking all sorts of liquors. He suddenly gave up this vice—whether it was due to the redemption of the soul or due to pure economic causes, it is difficult for me to judge. The result, however, was that he suffered from nervous irritability, severe insomnia and eventually became neurasthenic. He consulted several medical men to whom he narrated his whole history frankly and without any reserve. They only prescribed substitutes for alcohol such as Tinct. Capsici etc., but the patient got absolutely no relief. Eventually he came to me and I thought it advisable to keep him on a sedative mixture instead of any substitutes for intoxicating drugs. The choice of sedative drugs offered at present for the use of the Medical Profession has vastly increased and it was therefore very difficult for me to select the right one. Fortunately for the patient I hit upon Elixir Bromo Valerianate, which proved very effective in this case. He gradually began to get good sleep at night and he told me there was absolutely no sense of fatigue the next morning. The Elixir proved of special value in this case, as together with insomnia there was a good deal of nervous irritability. Both disappeared very slowly. I admit that the cure was not speedy as the patient was on the Bromo Valerianate course for about three months. But even in spite of this prolonged treatment, there was neither any harmful nor toxic effect. The patient after four months of this treatment was entirely free not only from his nervous affection but also from the vice of alcoholism which had ruined his health as well as wealth.

G. M. DHURANDHAR.
M.B.B.S. (Bombay).

Endocrine therapy in Ayurveda:

Sir,

With reference to the article published in "The Medical Practitioner", March, 1931, page 198 about the heart: "It is found that from a portion of the heart known as the 'sinus' or 'pace maker'

which sets the pace for the action of the heart, because of its peculiar irritability, a substance may be extracted which accelerates and strengthens the beats of the isolated heart even after the heart has been beating alone outside the body in an artificial solution. An extract of the heart particularly the portion containing the 'sinus' and the 'bundle of His' has been used in diseases of the heart. I am of opinion the secretion may be the same as what the Ayurvedic Texts (Charaka) says as 'Ojas'. The secretion 'Ojas' is said to have action over the heart. The glands that secrete the 'Ojas' occupy a certain place in the heart, under the pericardium. As long as the 'Ojas' is in normal condition one feels happy. It is said to be the outcome of the last 'Dhatu', 'Sukra', or Semen. The colour of the fluid is described to be yellow (Peetham in Sanscrit). In all cases like Anaemia, Jaundice, Dropsy, the secretion diminishes in quantity and causes various changes—pain over the pericardium, sense of distress, dyspnoea, orthopnoea, palpitation, blueness of the face, irregular and feeble pulse, irritable temper. It is said that the life 'jeevam' is controlled by this fluid. When the fluid 'Ojas' diminishes in an abnormal way, the 'jeevam' i. e., the life leaves the station heart. The heart has to rotate or roll on one or other of its axes during the course of its mechanism, and such turnings may press these glands to excrete. Perhaps we cannot see it even with our microscopes, but the internal eyes of our ancient Rishis might have discovered them.

The "Organo Therapy" is also found in Ayurveda, where for persons suffering from 'heart disease', and 'Ojheenam' i. e., loss of the fluid 'Ojas', goat's or sheep's heart is recommended. The juice boiled from the above forms the important food and medicine.

In this connection, I wish to mention my experience. I never drug my patients suffering from heart disease attendant with dilatation but simply kept them on the above juice prepared by me at the dispensary, and they had the relief within a month. In the place of other medicines like digitalis, strychnine, strophanthus, pituitrin etc., I request my friends to use the substance of the heart for heart diseases and report their experience in "The Medical Practitioner".

K. S. RANGASWAMY,
Madhavaram, Medical Officer.

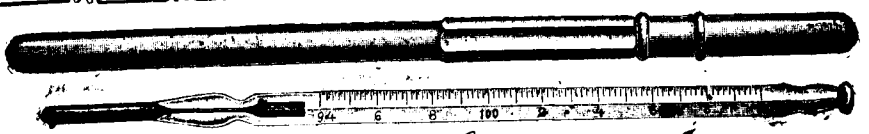
List of postings Sub-Asst. Surgeons for the months of March and April 1931.

Name of Sub. Asst. Surgeons	From	To
1. Dr. P. A. Nainar	L. F. Dy., Andipatti	c/o Collr. of Madura
2. " K. Thyagarajan	Lawley Rd. Dy. Coimbatore	c/o Civil Surgeon, Vizag. Agency
3. " T. N. P. Kanakasabapathy Pillai	Leave	Lawley Rd. Dy., Coimbatore
4. " M. B. Victor	L. F. Dy., Bisemkatak (Vizag. Agency)	Govt. Hd. Qrs. Hl., Ootacamund
5. " P. Adinarayanamurthi	L. F. Dy., Chipurupalli	c/o I. G. of Prisons, Ootacamund
6. " B. Satyanarayana	Hd. Qrs. Hl., Ellore	c/o P. D. B., Guntur
7. " V. Ramalinga Iyer	Glen Morghan, (Nilgiris).	Hd. Qrs. Hl., Palamecottah
8. " R. Srinivasa Iyer	Hd. Qrs. Hl., Palamecottah	c/o Resident Engr., Glen Morghan
9. " R. Padmanabhan	Vizag. Agency	c/o P. D. B., Madura
10. " D. Krishnamurthy	Hd. Qrs. Hl., Madura (relief)	Hd. Qrs. Hl., Madura (Sanctioned)
11. " P. Chockalingam Pillai	Hd. Qrs. Hl., Madura	Govt. Hl., Usilampatti
12. " C. Suryanarayana	Leave	L. F. Dy., Pattikonda
13. " K. V. Mahadevan	L. F. Dy., Pattikonda	c/o P. D. B., Tanjore
14. " C. Venkatanarasimham	Hd. Qrs. Hl., Chingleput	Govt. Dy., Ponneri
15. " V. Gnanayya	Govt. Dy., Ponneri	c/o P. D. B., Chingleput
16. " H. Manjunath	Govt. Hl., Tellicherry	c/o D. M. O., Ganjam
17. " A. Bhagyanatham Pillai	Spl. Police Force Dy., Sivakasi	Govt. Hd. Qrs. Hl., Ramnad
18. " L. A. Subrahmanyam	Govt. Hd. Qrs. Hl., Ramnad	Spl. Police Force Dy., Sivakasi
19. " K. A. Subramaniam	L. F. Dy., Thandamuthur	c/o I. G. of Prisons, Ootacamund
20. " V. M. Ramuuni Nayar	Central Jail, Coimbatore	c/o P. D. B., Coimbatore
21. " V. Ramakrishnan	Hd. Qrs. Hl., Vellore	c/o P. D. B., Cuddapah
22. " A. M. Arulanandam Pillai	L. F. Dy., Kolacombi	c/o P. D. B., Salem
23. " S. Gopal Pai	L. F. Dy., Palakodu	c/o P. D. B., Nilgiris
24. " M. V. Suryaprakasa Rao	Leave	King George Hl., Vizag.
25. " N. V. Ramanyya	Hd. Qrs. Hl., Nellore	c/o P. D. B., Nellore
26. " V. S. Srinivasan	L. F. Dy., Buchireddipalayam	Govt. Hd. Qrs. Hl., Chingleput
27. " J. Suryaprakasa Rao	Hd. Qrs. Hl., Chingleput	c/o D. M. O., Ganjam
28. " O. S. Venkatraman	Cholera duty, Chingleput Dt.	c/o Principal, Forest College, Coimbatore
29. " C. R. Narayana Iyer	Hd. Qrs. Hl., Chittoor	c/o P. D. B., Malabar
30. " C. H. Venkateswar	L. F. Dy., Payyanur	c/o I. G. of Prisons, Ootacamund
31. " M. Doraiswamy Naidu	Leave	Govt. Hd. Qrs. Hl., Madura
32. " K. Venkatramana Rao	Govt. X-Ray, Inst., Madras	Hd. Qrs. Hl., Ootacamund
33. " V. Sankararama Iyer	Leave	Govt. Hl., Negapatam
34. " N. P. Subrahmaniam	Govt. Hl., Negapatam	c/o P. D. B., Coimbatore
35. " M. Kelu	Leave	Hd. Qrs. Hl., Calicut
36. " K. Ramaswamy	Plague duty Cumbum Valley	Govt. Genl. Hl., Madras
37. " P. Somasundaram Pillai	Govt. Genl. Hl., Madras	Govt. Dy., Paramagudi
38. " S. Sundaram	Hd. Qrs. Hl., Coimbatore	c/o P. D. B., Coimbatore
39. " P. V. Subba Rao	L. F. Dy., Kota	c/o P. D. B., Nellore
40. " R. Purushothama Rao	L. F. Dy., Dugarajapatam	c/o P. D. B., Nellore
41. " I. P. Sankara Menon	Leave	c/o P. D. B., Chingleput
42. " G. Gangayya Acharya	L. F. Dy., Sattiavedu	Hd. Qrs. Hl., Masulipatam
43. " M. Satyanarayana	Hd. Qrs. Hl., Masulipatam	c/o Civil Surgeon, Vizag. Agency
44. " G. Ramamurthi	L. F. Dy., Giddalur	Govt. Dy., Koilkuntla
45. " N. V. Narasipur	Govt. Dispy., Koilkuntla	L. F. Dy., Giddalur
46. " B. Krishnayya Naidu	Leave	c/o P. D. B. Vizag. Agency
47. " J. Suryaprakasa Rao	L. F. Dy., Kurupam	Hd. Qrs. Hl., Vellore
48. " A. Navamani	Govt. Hl., Paramakudi	Govt. Hl., Negapatam
49. " S. Sundaresan	Govt. Hl., Negapatam	Hd. Qrs. Hl., Tanjore
50. " K. Sankaranarayana	L. F. Dy., Sattenapalli	L. F. Dy., Kovvur
51. " Y. Suryanarayana Rao	L. F. Dy., Kovvur	Govt. Rayapuram Hl., Madras
52. " R. Srinivasa Iyer	Hd. Qrs. Hl., Palamecottah	Hd. Qrs. Hl., Madura
53. " T. M. Devaraja Iyer	L. F. Dy., Ettiyapuram	Govt. Oph. Hl., Madras
54. " S. V. Siva Rao	L. F. Dy., Polur	c/o P. D. B., Nellore
55. " M. Jagga Rao Naidu	L. F. Dy., Nayudupet	Hd. Qrs. Hl., Nellore
56. " R. Varahanarasimham	Penitentiary, Madras.	Govt. Hl., Tenali
57. " R. Venkatakrishnayya	Govt. Hl., Tenali	Hd. Qrs. (L. F.) Hl., Satnapalle
58. " A. Gopalan Nambiar	Ganjam Agency	Hd. Qrs. Hl., Calicut
59. " M. Kelu	Hd. Qrs. Hl., Calicut	Hd. Qrs. Hl., Calicut, (Reserve)

List of postings of Sub-Asst. Surgeons, for the months of March and April, 1931—(continued)

Name of Sub-Asst. Surgeons	From	To
60. " N. Navamani	Govt. Hl., Paramakudi	L. F. Hl., Kovilpatti
61. " G. Sheshagiri Rao	Leave	L. F. Dy., Sutturpet
62. " T. N. Duraiswamy	L. F. Dy., Merkanam	c/o P. D. B., S. Arcot
63. " M. Kolu	Hd. Qrs. Hl., Calicut	Govt. Hl., Cannanore
64. " N. S. Raman	Govt. Hl., Cannanore	c/o P. D. B., Malabar
65. " H. Mannunatha Baliga	L. F. Dy., Mannarghat	c/o P. D. B., Tinnevely
66. " R. Padmanabhan	Koraput	Do.
67. " P. Narasappaya	L. F. Dy., Ottapidaram	Govt. Hl., Nanguneri
68. " I. P. Sankara Menon	Leave	L. F. Dy., Madurantakam
69. " Aga Md. Saduok Sahib	L. F. Dy., Madurantakam	c/o P. D. B., Chingleput
70. " B. Appalarayana	K. G. Hl., Vizag.	Edward VII Dy., Vizianagarrm
71. " G. Srinivasa Rao	Edward VII Dy., Viziana-garam	Govt. Oph. Hl., Madras
72. " D. A. Syed Naziruddin Sahib	Leave	Govt. Hl., Usilampatti
73. " P. Chockalingam Pillai	Govt. Hl., Usilampatti	c/o P. D. B., Salem.
74. " D. Raja	L. F. Dy., Kaveripatnam	Hd. Qrs. Hl., Madura
75. " A. M. Ethirajulu Naidu	Govt. Hl., Bezwada	Govt. Hl., Gudivada
76. " P. S. Sankaranarayana Iyer	Leave	Hd. Qrs. Hl., Vellore
77. " P. S. Srinivasan	Hd. Qrs. Hl., Vellore	L. F. Dy., Polur
78. " P. Ramalinga Nainar	L. F. Dy., Vedaraniyam	c/o P. D. B., Ramnad

Dr. S. R. BHAT, M.B. B.S., L.D. Sc. (Cal.)
The X-Ray and Electro Therapeutic Dental Surgery,
 289, Esplanade, Madras.
 CONSULTING HOURS 8-30 to 12 A. M. & 2-30 to 6 P. M.
 Charges Moderate. Consultation Free.


The "Mira" Thermometer
 with the blue Grip-Button (Regd.)
The registered innovation of the blue Grip Button
 affords a secure grip on the thermometer, no slipping from hand and breaking, while shaking down the mercury.
 distinctly marks the **Thermometer of utmost accuracy and security.**
 The "MIRA" Thermometer is the product of precision workmanship, made of best Jena glass, prismatic, tested by the **German Governmental Office** and certified **exact within 1/10 of a degree.** Marked in **two colour graduation** (the black figures denoting the normal, the red ones the fever temperature), it tells the public when to summon medical help. **Reasonable in cost.**
 Ask for the blue Grip-Button Thermometer, the "MIRA" with the certificate to get the genuine.
 Stocked by all leading dealers.

A TRIUMPH OF SCIENTIFIC RESEARCH!

Here's the Remedy
the Profession has
long been looking for



P A S P A T

A Positive Cure for

A S T H M A

(Bronchiale)

No more the question of mere temporary relief. **PASPAT** is no palliative remedy. It is a Guaranteed CURE for Bronchial Asthma, howsoever Acute or Chronic.

The therapeutic value of **PASPAT** is not in the experimental stage. FIVE HUNDRED Cases of varying degrees of Chronicity, belonging to the Wilhelminen Hospital of Vienna, have been successfully treated with this remedy and the permanence of the cure checked for over five years.

PASPAT treatment is novel but simple; it consists of a short course of **vaccinations** at intervals of 12 to 14 days.

Literature and supplies can be had from the Sole Agents:—

THE INDO-FOREIGN GENERAL AGENCY,

Wellington Street, CUDDALORE OLD TOWN.

Or the following from among their sub-agents:—

APPAH & Co., Madras.

THE PHARMACY, Kumbakonam.

SITARAM & PAI BROS., Bangalore.

When writing to advertisers please mention this Journal.

You will find it to your advantage to deal with us

A TRIAL WILL CONVINCE YOU

*Prompt execution and satisfaction in respect of
prices and quality guaranteed*

DADHA & CO.,

PHARMACEUTICAL CHEMISTS,

52, Nyniappa Naick St., P.T., MADRAS.

Telephone : 2610.

Telegram : INCREASE, MADRAS.

Direct Importers of Drugs, Patent Medicines,
Surgical Instruments & Sundries. Contractors
and Suppliers to the States of Cochin,
Travancore, Mysore & Pudukottah,
the leading medical institutions of
the Presidency, the trade
and profession.

Sole Distributors & Agents for several well-known
Manufacturers.

ZAMBUK :—The Magical Herbal Skin Cure. Stops Aches and Pains.

PEPS :—The World Renowned Bronchial remedy for coughs and Colds.

When writing to advertisers please mention this Journal.

*There's
nothing
else
the same
as
Sulfarsenol*

"There are no objections at all against Sulfarsenol. It can be given intravenously, into a muscle or under the skin without serious pain." (The Medical Practitioner).

"The toxicity of Sulfarsenol is less than quarter that of 914 or 606. The curative results are better." (The Medical Practitioner).

THE ANGLO-FRENCH DRUG Co., (Estn) Ltd.

Yusuf Building, Churchgate Street, BOMBAY.

SYRUP CREOSAL A.F.D.

POINTS



TO



Creosal has none of the inconveniences of Guaiacol.

It has no odour.

Has no unpleasant flavour.

Is accepted by the most fastidious patient.

Is an excellent specific for coughs and colds.

NOTE

Is a powerful recalcifier and of great value in the treatment of tuberculosis.

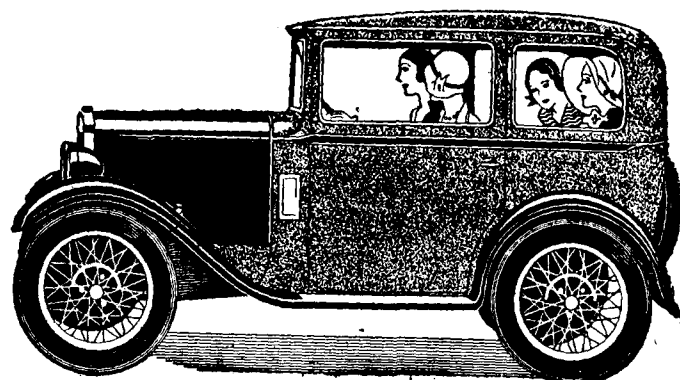
The Anglo French Drug Co. (Estn) Ltd.,

Yusuf Building, Churchgate Street,

BOMBAY.

Reg. No. M. 2528.

AUSTIN



**The Car that still makes motoring
Cheaper than ever.**

Despite the enhanced duty, costlier petrol, and higher taxation, our world famous **BABY AUSTIN** still makes it possible for everybody with small means, to maintain and derive the advantages of a motor.

The increase in duty has not much affected the cost.

The increase in price of petrol matters very little.
Taxation is cheapest on Baby Austins.

BABY AUSTIN has rightly been termed a Doctor's Car as hundreds of gentlemen in the Medical Profession use it and praise it including the Editor of this Journal.

The South Indian Motor Co.,
Mount Road, Madras.

Printed at the Kesari Printing Works, and Published by the Managing Editor
DR. V. RAMA KAMATH, 147, Purasawalkam High Road, Vepery, MADRAS.

VOL. 2, No. 9.

JUNE '31

The Medical Practitioner

A Monthly Medical Journal

EDITED BY

Dr. M. S. Krishnamurthi Ayyar, M.B. & C.M.,
Retired Sanitary Commissioner, Travancore State,

AND

Dr. V. Rama Kamath,
Member, Madras Medical Council.

CONTENTS.

PAGE.

Editorials		
The Honorary System of Medical Service in Government Hospitals	...	305
The Malarial Commission Report to the League of Nations	...	306
Original Articles		
Diseases of Infancy and Childhood—Gleanings, By Dr. M. L. Kamath, B.A., M. D. C. M.	...	309
School Health, By Dr. V. S. Mahadevan, L. M. & S., B.S.Sc.	...	314
Abstracts		
The Mysore Medical Association : Third Annual Conference :		
(1) Welcome Address	...	318
(2) Presidential Address	...	320
Sulfarsenol and Erysipelas	...	322
Notes on Treatment of Diseases	...	325
Notes on Therapeutics, Diagnosis and other Medical Subjects	...	325
News and Comments	...	334
Correspondence, Reports, Etc.		
All-India Medical Conference, Seventh Session Poona : Resolutions	...	338
Review	...	342

KURCHIBINE

(Kurchi Bismuth Iodide)

**INFALLIBLE REMEDY FOR AMOEBIC DYSENTERY
AND OTHER AMOEBIC INFECTIONS.**

MANUFACTURED FROM SELECTED AND SEASONAL BARK.

**FOR AUTHORITATIVE REPORT CONSULT INDIAN
MEDICAL GAZETTE, SEPTEMBER, 1929.**

SAMPLES AND LITERATURE FREE TO THE MEDICAL PROFESSION ONLY

UNION DRUG Co., Ltd., 86, Clive Street,
CALCUTTA.

Telephone No. 3327, Calcutta.

Telegram : "BENZOIC," Calcutta.

Business Notice.

Scientific articles and notes of interest to the profession are solicited. Contributors of original articles will receive a copy of the journal in which they are published.

Communications on all matters connected with the journal, literary and business should be addressed to the Managing Editor, 147, Purasawalkam High Road, Vepery, Madras, as he alone is responsible for the conduct of the journal. Annual subscription to the journal is Rs. 1-8-0 including postage, payable in advance. Papers and articles forwarded for publication should be either typed or written legibly on only one side of the paper. They are understood to be offered to "The Medical Practitioner" alone and any breach of this rule will be followed by non-publication. When any such of the article appears in "The Medical Practitioner" the copyright automatically becomes the joint property of the author or authors and of the publishers. Papers and articles sent will be sent back to the contributors, if so desired, and postage sent for the purpose. The Editors of "The Medical Practitioner" cannot advise correspondents with regard to prescriptions, diagnosis, etc., nor can they recommend individual practitioner by name as such action would constitute a breach of professional etiquette.

CAMPFOREINE A SPECIFIC FOR CHOLERA

A modification of Tomb's Formula with Camphor as an additional ingredient—and more palatable. Tomb's Formula claims "95 per cent. of cases of recovery." Most valuable in "Mass Treatment".

(Vide: Manson's Tropical Diseases, Ninth Edition)

Prepared and issued by:

THE ORIENTAL SPECIFIC DEPOT, VEPERY, MADRAS.

VICTORY OVER ASTHMA "KUSHMOL"

(THE ASTHMATIC'S DELIGHT)

BREAKS THE RECORD OF ASTHMA SPECIFICS

Over 98% success statistically proved.

"KUSHMOL" is effective from the first dose and curative in one bottle
LIFE LONG CHRONIC CASES ARE CURED IN DAYS.

Price Rs. 3-4 each; V. P. P. Rs. 3-10.

Sold on an Explicit and Unequivocal Guarantee.

The "KUSHMOL" Pharmacy, B-23, Victoria Park, Benares City, U.P.
Stocked by Messrs. Sri KRISHNAN Bros., Post Box 166, Madras.

The Medical Practitioners' Service Bureau, Vepery, Madras.

Offer their services:—

- (1) In purchasing and supplying for the members of the medical profession their requisites from the city of Madras.
- (2) In arranging for lodging and boarding (on previous notice) not only for the members but their dependents and patients who require special treatment and attention.
- (3) In answering all enquiries regarding professional matters.
- (4) In instructing and guiding the members in Medico-Legal matters including drafting of appeals and petitions.
- (5) In assisting doctors to obtain literature published by Manufacturers of Pharmaceuticals, Physicians' supplies, Surgical Instruments, etc.

Apply with one anna stamp for reply to:—THE MANAGER.

Nutritional disorders in infancy . . .

AS all doctors know, infant mortality in the East is high, and it has been proved that one contributory factor is the carelessness shown in the selection of an infant dietary in place of human milk.

What is necessary is a food easily assimilated, highly nutritious and pleasantly flavoured and the medical profession for the last fifty years has pointed to Horlick's as the ideal infant food.



Horlick's is a perfect 'balanced' food, rich in vitamins, and contains mixed carbohydrates in the form of lactose, maltose and dextrin

Pure full-cream cow's milk has been enriched with the nourishing extracts of malted barley and wheat, and evaporated by a special process to dryness in vacuo. To this Horlick's owes its efficacy as a nourishing food drink.

When prescribing be sure to
specify Horlick's

HORLICK'S

The original Malted Milk—obtainable everywhere



When writing to advertisers please mention this Journal.

A TRIUMPH OF SCIENTIFIC RESEARCH!

Here's the Remedy
the Profession has
long been looking for



P A S P A T
A Positive Cure for
A S T H M A
(Bronchiale)

No more the question of mere temporary relief. **PASPAT** is no palliative remedy. It is a Guaranteed CURE for Bronchial Asthma, howsoever Acute or Chronic.

The therapeutic value of **PASPAT** is not in the experimental stage. FIVE HUNDRED Cases of varying degrees of Chronicity, belonging to the Wilhelminen Hospital of Vienna, have been successfully treated with this remedy and the permanence of the cure checked for over five years.

PASPAT treatment is novel but simple; it consists of a short course of vaccinations at intervals of 12 to 14 days.

Literature and supplies can be had from the Sole Agents:—

THE INDO-FOREIGN GENERAL AGENCY,
Wellington Street, CUDDALORE OLD TOWN.

Or the following from among their sub-agents:—

APPAH & Co., Madras.

THE PHARMACY, Kumbakonam.

SITARAM & PAI BROS., Bangalore.

When writing to advertisers please mention this Journal.

THE Medical Practitioner

Annual Subscription Rs. 1-8-0.

Single Copy As. 4

VOL. II]

JUNE, 1931.

[No. 9

THE HONORARY SYSTEM OF MEDICAL SERVICE IN GOVERNMENT HOSPITALS.

The long-expected Committee to go into the system of honorary appointment in the government hospitals and dispensaries, with a view to its extension throughout the Province, has now been appointed. We have been pointing out in several issues of our journal, that the existing practice of appointments of honoraries as merely supernumeraries, is not what is intended by the system of honorary appointments, nor does it obtain in other countries where the system is in operation. Without in any way meaning any disparagement to the members of the Committee, it must be said that the constitution of the Committee is far from satisfactory. Medical men who have studied the question in all its aspects and put forth their views before the Profession and the Public, should have been preferred for membership. As long as the Surgeon General is the Chairman of the Committee, it would have been quite sufficient if only two Government officers, one from the Presidency Hospital and another from the District Hospital were taken in the Committee, instead of two from the Presidency Hospitals as is now done. As regards honorary officers, one might have been from the Presidency town and the others from the mofussil. The rural medical staff practically comes under honorary system of medical service; so one from amongst the rural medical practitioners ought to have found a place in the Committee. Private practitioners in the mofussil are also not represented; instead of all the three from the city there should have been one from outside.

It is only then that the Committee would have been representative, which the present Committee is not.

The Preliminary Stage: The first step to be taken for the proper working and extension of the scheme of honorary appointments is to stop making any new appointments or permanently filling up the existing vacancies till the Government pass final orders on the Report of the Committee. We have pointed out several inconsistencies and anomalies in the existing rules framed for the appointment of honoraries and in our issue of November, 1929, the appointments actually made were shown to be against the rules. The rules must be changed, making all registered medical practitioners eligible for honorary appointments. Apart from the designation of Honorary Physicians and Surgeons and honorary Assistants to help them, the meaning-less title, honorary Sub-Assistant, is certainly undesirable and therefore should be abolished. There can only be two classes and not more. It is essential both in the interests of medical men, and the public and also for the recruitment of the honoraries that candidates passing out from the Medical Schools and Colleges should be given intensive training in the hospitals; and for this purpose, they should be Internes in the hospitals for at least one year after they qualify themselves. It is desirable that this training should be made compulsory for the purpose of registration.

There are now 42 temporary Assistant Surgeons both men and women, 70 temporary Sub-Assistant Surgeons both men and women, and 82 House Surgeons and physicians, both men and women, according to the Civil Medical List. The services

of temporary officers should be dispensed with to make room for the honoraries. By this arrangement there is provision for 180 candidates to undergo practical training. Taking that about 300 candidates pass out every year from the Medical Colleges and Schools, accommodation for the remaining 120 may easily be made in government hospitals for giving them practical training.

Recruitment of Honoraries: Having given one year practical training as Internes in Hospitals so as to make them eligible for being registered as a medical practitioner and to enable them to set up practice, a further training of an intensive kind is necessary for such of them as are willing to undergo the same, to be qualified for honorary appointments. The period for such training has to be fixed with reference to the availability of in-patient wards in government hospitals and the number of beds available in them for in-patients. A large number of medical men after undergoing the practical training as Internes may set up private practice and out of the 300, only about 100 to 150 will be prepared to undergo training for honorary appointments. The candidates taken to undergo such training may be designated "Clinical Assistants" and may be given an allowance of Rs. 50 per month during the period of training. Each will be put in charge of a ward of about 20 patients and they must do all the duties including post-mortem examinations in connection with his ward and also take up night duty. They should not resort to private practice during the period, and the course will, extend under the existing circumstances, to three years. After the completion of this course, he is eligible to become Honorary Assistant Surgeon and Physician. Honorary Surgeons and Physicians should be selected from these honorary assistants who have put in as honorary assistants more than 5 years' service. The Honorary Assistant Surgeons and Physicians may be given each a conveyance allowance of Rs. 75 in Madras and Rs. 50 in the mofussil stations. The Honorary Surgeon and Physician may be given an honorarium of Rs. 100 to 150 per mensem.

The system of honorary appointments if interpreted correctly and given practical effect to, in conformity with the practice obtaining in civilised countries

where the system has been working satisfactorily, would require that all appointments in the State Hospitals and in Medical Colleges and Schools should be honorary except perhaps, in the case of Research Institutes. But it may not be possible in this province to give effect to this all at once, as it will cause dislocation of work. It is safe therefore, to proceed stage by stage.

(To be continued)

THE MALARIAL COMMISSION REPORT TO THE LEAGUE OF NATIONS.

The Commission which toured in India, between August and December, 1929, has submitted its Report to the League of Nations. The Commission consisted of Dr. W. A. P. Schuffner, Director of the section of Tropical Hygiene of the Royal Colonial Institute of Amsterdam as President, and Drs. N. H. Swellengrebel of Amsterdam, Louis Williams, head of the anti-Malarial Service, United States Public Health Service, S. Reuben, Madrid, Major M. Peltier, Marseilles with Dr. M. Căușă, Roumania, as Secretary. Though the Commission has recognised the large extent of area and the large population they had had to deal with in India, there was no doctor in the Commission, either European or Indian, acquainted with India. Of course, for the expenses of the Commission, India would have contributed some money to the League of Nations, directly or indirectly. The Report is considered to be not satisfactory by "The Indian Medical Gazette" though there are some points in it, worthy of consideration.

The Commission admits that the poverty of people, the majority of whom depend upon agriculture for their maintenance, is one of the causes of the prevalence of the disease and appreciates the popular movement undertaken in Bengal where about 2000 voluntary societies have been formed for the treatment of the sick and for the distribution of quinine, and notes that no such societies have been organised in other places and no substantial steps have been taken to control the disease. There is no mention made about the province of Madras, as evidently no action worth

mentioning has been taken in the Province, though a special officer on a high pay has been appointed for the work, not because there was a need for this appointment, but because they had to provide the Health Officer of the Madras Municipal Corporation, who had been sent away from it. He is not included among the staff of the Public Health Department and would seem to have formed a Department of his own. The two points worthy of note recommended by the Commission are:—(1) that the distribution of quinine in malarial areas should be handed over to the Public Health Department and for this purpose, all the dispensaries should be placed under it, the Medical Department confining its attention only to important hospitals, (2) that Hygiene should be taught in schools, as a compulsory subject. We wish to quote the very words used by the Commission in their Report, regarding this recommendation: "It has to be faced and it can be faced in only one way rendering the task easier of accomplishment, by educating the young, receptive minds in the schools, in Hygiene. The future of Public Health lies in the hands of the younger generation."

It is well known that Plague, Cholera, Malaria, etc., disappeared from Great Britain and other countries, not by destruction of rats, or inoculation or quinine distribution, but by the rise in the standard of living and improvement of the social and economical conditions of the people, and the spread of education among the masses. In India, with irregular and torrential rains, habits of the people (who use daily larger quantity of water than the Europeans), their social and religious observances, nature and construction of houses, etc., make the adoption of the usual procedure of oiling the wells and tanks and deep drainage, etc. impracticable, especially in rural areas. Perhaps, such measures may be possible in Tea Estates, in Railway Premises and sometimes in towns. It is well known that even in this city, the capital of the Province, Malaria is prevalent and the mosquito nuisance is observed more in bungalows with gardens attached to them than in houses closely packed in streets. The reason is that in bungalows the daily sweepings and drainage do not go outside the gardens, and the gardens are so ill kept with pits in the ground and holes in trees in which water stagnates,

serving as breeding grounds for mosquitoes. The Municipal authorities, without making frequent inspection of the gardens and pointing out the sanitary drawback to the owners for getting them rectified, go on opening extensions in lowlying places like Mambalam, Nungambakam, etc., where the houses look like the Swiss Lake dwellings of the Neolithic Period, surrounded on all sides by water. The extension seems to have been made more to perpetuate the names of some officers and public men by naming the streets and parks after them, rather than for relieving the congestion and providing healthy resorts to the people.

Even if the streets and the surroundings of the houses are kept sanitary, if water is allowed to stagnate within the house, in the pits, vessels, etc., it will serve as a breeding place for mosquitoes. So, the people themselves should be educated how to live healthy lives. Not only this Commission but the President of the Far Eastern Association of Tropical Medicines, Singapore, brought out the importance of the teaching of Hygiene in schools. To teach Hygiene and Physiology and make their study interesting to the students, they must be taught by medical men. If for teaching Mathematics, Science etc., the teachers qualified in those subjects are required, why not medical men be taken for teaching Hygiene and Physiology? These medical men, besides teaching Hygiene and Physiology, may be entrusted with medical inspection of schools. They will then be able to find out by examination, cases of enlargement of spleen caused by Malaria, even though the patients had not been found to be suffering from fever, and treat them. It is not necessary that these medical men should be full-time employees. One medical man can do the teaching and medical inspection of two or three schools in a place. This arrangement is both economical and efficient. The Government need not spend much money. The grant they give for medical inspection now, will be found more or less sufficient for the employment of medical men as teachers. The subjects of Hygiene and Physiology should be made compulsory in all schools and as a condition of their recognition. The management of these schools should be made to employ medical men as teachers. Physical culture is only secondary to medical inspection but still we find advertisements inviting candidates

trained in physical culture for employment in schools and we have not up to this time, seen any advertisement inviting medical men for appointment as teachers.

The Government, instead of appointing costly commissions which have of late, assumed epidemic proportions, with its members having little or no knowledge of the country and the habits of the people and who make impracticable recommendations, involving a waste of large amount of public money and impoverishing the people to that extent, can profitably enforce the simple and least costly arrangement, namely the appointment of medical men as teachers to teach Hygiene and Physiology and entrust them with the medical inspection of schools.

For the treatment of patients in hospitals and dispensaries, the Commission suggested the transfer of dispensaries to the Public Health Department, leaving the Hospitals under the Medical Department, so as to facilitate the distribution of quinine. We have suggested in our issue of April 1931, the amalgamation of the two Departments, Medical and Public Health, when the office of the Director of Public Health falls permanently vacant, and placing them under the Surgeon-General, to be designated as Director of public Health and Hospitals, as a first step in the direction of doing away with the post of Surgeon-General and designating him as later, the Medical officer of Health to help the Public Health Minister, as is the case in Great Britain and other advanced countries.

The President of the 3rd Annual Conference of the Madras Provincial Rural Medical Practitioners' Association, in his address, has stated that the unit of medical relief maintained by the Government should be a hospital, and all dispensaries should be abolished and the medical relief in the villages should be handed over entirely to private medical practitioners and the rural medical staff. The "Madras Mail" with its knowledge of this kind of work both in India and England, has appreciated the recommendation and entirely concurred with these views. The lower ranks of the staff of the Public Health Department who visit each and every village are not medical men and it is not advisable to entrust them with the diagnosis and treatment of malaria fever. If the scheme of rural medical relief is

worked on the lines set forth above which is least costly and the most suitable method for our country, practitioners will settle down in almost all the villages with the result that diagnosis and treatment of malarial cases and distribution of quinine will be done more satisfactorily than now.

There are, as pointed out by Dr. E. R. Whitmore of the Medical Department of The United Fruits Co., New York, three sides of the Epidemiological Triangle in connection with Malaria, and they are: (1) the source of infection, (2) the mode of transmission, and (3) the susceptibility of the population. Breaches in any of these sides collapse the Triangle and the disease does not spread. The susceptibility of the population is made up of several factors, one of which is the vitality of the people. It is said that to bring on the fever, a certain number of parasites are required in the blood. But if the person be of low vitality, a smaller number of parasites will induce the fever. Thus the economic condition of the people which underlies their vitality, has to be improved and this can be done not by one department only, but by the general administration.

The mode of transmission is chiefly by a certain species of Anopheles mosquitoes. As already stated, the eradication of mosquitoes is a difficult problem in the tropics and requires education of the masses, raising of the standard of living, etc. So there only remains one side of the Triangle, namely, the first side, i.e., the source of infection. It is established that in Malarial fever (the sub-tertian type), there are two stages, a-sexual and sexual. The former is repeated over and over again and keeps up the clinical manifestation of the disease in the patient. These a-sexual forms are not infective in the Anopheles mosquitoes. But if the a-sexual cycle has been going on for a few days, some of the young parasites do not go through the a-sexual forms, but differentiate into sexual forms. These sexual forms otherwise called gamocytes, undergo no further change in the infected persons but are infective to the Anopheles mosquitoes; and it is these infected mosquitoes that transmit the disease to human beings. It may not be possible to prevent infected mosquitoes from biting human being and thus transmit the disease; but it is possible to a large extent, to prevent

human beings from infecting the mosquitoes. Quinine has little or no action on the sexual form of the parasites, while it has a powerful action on the a-sexual form. Plasmochin, Pharmasol Quinine are a few preparations now in the market whose efficacy in killing the gamocytes has been fairly established by the medical profession. So in the treatment of malarial patients, such preparations either alone or with quinine, will be more useful, not only as a curative measure, but also as a prophylactic measure, to prevent the mosquito from being infected. The presence of gamocytes in the blood may be found out by microscopic examination of the blood. It is therefore necessary that medical men alone should be entrusted with this work; and so if the rural medical scheme is worked on the lines indicated by the President of the 3rd Annual Conference of the Madras Provincial Rural Medical Practitioners' Association and referred to above, there will be a most suitable agency who can be safely entrusted with the work, of combating Malaria in both aspects, prevention and cure.

The Malarial control in India can be achieved only by the adoption of the following measures:

(1) The improvement of the economic condition of the people and raising of the standard of living, by cutting down all unnecessary expenditure on establishments and utilising the amount for starting new industries.

(2) The education of the masses and making Hygiene and Physiology compulsory in all schools, to be taught by medical men who may be entrusted with the duty of medical inspection of schools.

(3) Extension of rural medical scheme throughout the province affording facilities for the private practitioners to settle down for practice in villages.

(4) Supply of Quinine, Pharmasol Quinine, Plasmochin etc., free to those practitioners to enable them to treat malarial cases.

We invite the attention of our readers to the paper read by Dr. V. S. Mahadevan L.M.S., B.S.Sc., on Medical Inspection of Schools, at the Educational Conference held recently at Palghat. Dr. Mahadevan has made a special study of Medical inspection of schools, in which he has got much experience. His address is interesting and instructive and we understand,

was much appreciated by those that attended the Conference, including the Hon'ble the Minister for Education.

Medical inspection of schools has become a recognised factor in the Educational system, though steps have not so far been taken to make the inspection serve the purpose for which it is intended. This is one of the few instances where a medical man has attended an Educational Conference and participated in its proceedings. We hope that in future, medical men will be appointed as teachers to teach Hygiene and Physiology in schools and to conduct medical inspection, by virtue of which appointments, they will attend such conferences in large numbers and that several papers on medical inspection and allied subjects will be read by them.

Original Articles

DISEASES OF INFANCY AND CHILDHOOD—GLEANINGS

BY

DR. M. L. KAMATH B. A., M.D.C.M.

SUPERINTENDENT, GOVT.

ROYAPETTAH HOSPITAL, MADRAS.

(Contd. from previous issue)

Tonsils and Adenoids

The pathological hyper-trophy of the normally occurring lymphoid tissue in the throat and naso-pharynx which we refer to as "enlarged tonsils" and "adenoids", occur quite frequently either separately or more often conjointly, and begin to give trouble from the second year onwards. The question as to whether the enlarged tonsils and adenoids are the result of the cause of any infection need not detain us. It is more important from a practical standpoint to remember that the unhealthy condition of the throat and naso-pharynx associated with them, thus play a considerable part in causing much ill health. They form the happy hunting ground for many a pathogenic microbe. The close association of an attack of tonsillitis with primary or recurrent attacks of acute rheumatic fever is hard to be missed by any. In some cases of acute nephritis in children, a preliminary or coincident attack of tonsillitis is also noticed.

The relation of tonsils and adenoids to cervical lymphadenitis, either simple or tubercular, is more interesting, for, while a large proportion of children, whose throats are unsatisfactory, do have palpably enlarged glands in the neck, considerable doubts have been raised as to the relation of tonsils to cervical tubercular lymphadenitis. There has been, from time to time, much discussion as to the route by which tubercle bacilli gain access to the system and, considerable clinical and experimental work has been done by many observers in this connection. Some favour the gastro-intestinal route, others the respiratory. It appears unnecessary to labour this point, in view of the well-known fact, that the tubercle bacillus can penetrate the mucous membrane, leaving behind no trace of its passage and producing its customary effects in parts beyond, in this case, in the cervical glands that drain the throat. Moreover, since numerous observers, from time to time, have reported the actual finding of tubercle bacilli in the tissue of the growth, we call enlarged tonsils and adenoids it is no presumption to infer that cervical tubercular lymphadenitis may have its starting point in the unhealthy condition of the nose and the throat. Among other effects of tonsils and adenoids, I must refer to chronic nasal catarrh, consequent on nasal obstruction, catarrhal deafness (which may become permanent) defective intelligence and the effects on skeleton and general growth.

Nasal obstruction and mouth-breathing, are complementary, but the proper functions of nasal respiration, viz., normalising the temperature and moisture and purifying the inspired air, cannot be available to the same extent in mouth-breathing. Besides, air entry will be inadequate, lungs will not expand properly, foundations of the deformities of the chest like pigeon-breast and those of the spine—the result of mechanical interference to air entry—are laid and these, with the loss of the aforesaid functions of nasal respiration, predispose to recurrent attacks of bronchitis, pneumonia and other pulmonary complications.

With disuse, the nasal mucous membrane will become relaxed. There will be collection of mucus, and with the warmth of the very vascular mucous membrane, will form suitable culture medium for the micro-organisms, to

breed and give rise to constant nasal catarrh; but fortunately, this condition will clear out easily and often completely with the removal of the cause, namely, adenoids and unlike as in adults, in whom the chronic nasal sinusitis is often left as a legacy hard to eradicate and which can further act as a source of focal sepsis for many a condition found in them (for in children most of the air sinuses are not developed before they are six or seven years of age).

The clinical picture of typical adenoid faces so well described in text books, like many typical cases in medical literature, is comparatively rare. Adenoids need not necessarily be associated with stupidity; bright children may suffer from them, and even so, many pronounced idiots. There is no doubt that many children are considered to be dull or stupid, when they are in reality, only slightly deaf. Deafness, during the growing periods of life and especially during school-life, cannot but have deleterious effect on the intelligence. The bright, clever child will be handicapped and a dull child will become duller, because education consists partly in impressions acquired by way of special senses of which hearing is not the least important—hearing can be interfered with by adenoids.

The train of events that may follow in the wake of enlarged tonsils and adenoids interfere also with the normal progress of development and give rise to stunting. The deformities of the upper jaw associated with narrowing from side to side, high-arched and "V" shaped palate, those of the teeth such as over-crowding, malposition and irregularity, those of the nose such as deviations and irregularities of the septum, the defective growth of other nasal bones, besides those of the chest and spine above alluded to, some or all of these will always be found in a typical adenoid case. Since naturally, they take a long time to develop and their development coincides with the period of second dentition, they are seen with increasing frequency towards the later period of childhood that is to say, a period during which adenoids tend to disappear; therefore, the relation of the one with the other may be in doubt, but the association with the adenoids, nasal obstruction and mouth-breathing in early childhood with the presence of these deformities at puberty

or later life, is too glaring to be easily brushed aside.

Tonsillar infection without frank tonsillitis will have to be remembered in some cases as a possible cause of obscure pyrexia in childhood.

It is thus possible to construct rather a terrible geneological tree of diseases having their origin in the nose and throat. Many of these affections persist throughout life as a handicap to the individual. For this reason, I would call the period of early childhood between two and seven years which is so crowded with pathology "the adenoid phase" of childhood, for want of a better term. The aphorism that if you are called in to see a child suffering from any ailment, "look to the throat for the cause" is well worth remembering.

I consider that I should refer in this connection, to the question of surgical treatment of adenoids and enlarged tonsils. My more conservative view on this question, based partly on the old teaching and partly by my own training, may possibly jar on some among the newer school. I am yet to be convinced that surgical treatment is necessary in every case. There has been a difference of opinion among medical men, as to the advisability of surgical interference and this is likely to persist as in the case of peptic ulcer. The tendency of lymphoid tissues towards involution about the time of puberty should not be forgotten. If one however, pauses to put oneself the following questions:—

- (a) Is it diseased?
- (b) Is it a source of infection?
- (c) Do they cause positive nasal obstruction?
- (d) Are they a visible expression of the Status Lymphaticus?

I am sure then, that removals will become much less frequent.

Medical treatment on general principles, properly carried out, with the local application of Mandl's solution with ether, would often suffice. It is well to postpone any surgical interference until a preliminary treatment is given, for, if infection be present, it will avoid septic sequelae.

Rickets

Rickets is quite a common disease in this presidency, though its manifestations are much less marked than one would expect by a study of the text books in one's pre-Graduation course. Perhaps, we owe it to the tropical sun, the munifi-

cence of whose rays make sunlight treatment possible or obligatory in every hut, whereas in western countries, they have to found special institutions for artificial light treatment.

The earliest manifestation is perspiration about the forehead, when the child is quietly sleeping in its cradle. Every intelligent mother of a sickly child—such mothers are the rule rather than the exception—will confess to this sign in her child, if carefully questioned, and this may be present as early as the fifth month or perhaps earlier.

The teeth cut later if cut in time, are not healthy and decay easily or fall out before their time; and quite in defiance of the statement that "teething should produce nothing but teeth", produce diarrhoea at every cutting of a tooth and often, irritability and excitability of the nervous system up to convulsions. Laryngismus stridulus and tetany may also, sometimes, be met with.

Then, one notices that the child is very much susceptible to attack of cold in the nose, which may easily become bronchitis or broncho-pneumonia.

The digestive system does not digest well and assimilates badly, and attacks of diarrhoea are common—sometimes there is bilirubin in excess in the motions and this on exposure to air, becomes oxidised into billiverdin. The liver is often enlarged. The urine deposits phosphates.

The changes in the skeleton are the best marked, for the incidence of rickets coincides with the active growth period of the skeleton. There is the dumb-bell-like thickness of the lower ends of the radii and slight depression of the sternum. Delayed closure of the fontanelles is also seen. There is an attempt at rickety rosary, well marked ones being rare, and Harrison's groove is only infrequently met with.

There is general loss of tone in these children. These swell up the mortality rate for measles and whooping cough, diarrhoea and convulsions.

A little increase of milk in the diet and chemicals, as in Parrish's Chemical Food, invariably effect a cure.

Measles

Measles is an eruptive fever from which every child has to suffer. If one had the choice, I would say that it is much better to get it after five and before puberty, as

every year after puberty, somehow increases the severity of the disease. If one could avoid getting it during certain months of the year, it would be worth while to avoid getting measles between the middle of November and the middle of February, the cool or comparatively cool months of the sultry South Indian Peninsula.

Measles, when it follows whooping cough, runs a severe course.

SIGNS AND SYMPTOMS: The preliminary catarrhal symptoms are very important in the diagnosis of measles. As is very well known, one child in a family where several are affected, may escape with only the preliminary catarrhal symptoms, without any other signs and symptoms of the disease. I have yet to see a case where the catarrhal symptoms are completely absent.

Filatow's spots or Koplik's spots have been supposed to be almost diagnostic of the disease. As far as my experience goes in Southern India, Koplik's spots are very rare indeed. In my own children that suffered from measles, I have been carefully looking for them day by day but did not discover them. I had seven cases of measles in General Hospital in 1926-27 and there were Koplik's spots only in two. I would only state that they may be present sometimes but not with the frequency with which they may occur in Austria or America.

The temperature curve of measles is given in every text-book. I would only stress that any rise of temperature after the sixth day and its persistence is suggestive of some febrile complication.

COMPLICATIONS: The commonest are diarrhoea, broncho-pneumonia and otitis media. (It is worth while to tap the mastoid processes of every febrile child).

Diarrhoea of a mild sort has been fairly common in my experience, perhaps, due to hyperaemia of the mucous membrane of the intestinal tract.

Broncho-pneumonia is fairly common. As a matter of fact, among Indians, a medical man is generally called in when this complication occurs, for, the people are under the belief that members of our profession cannot treat the disease, but only the complications. Efficient ventilation, I believe, is nowhere more important than in measles, if only to prevent this complication. Previous ill-health,

deficient food, all contribute to this complication, but I do not think that I am exaggerating when I say that closing the doors and windows of the sick-room is a sure way of inviting it.

SEQUALAE: Measles and whooping-cough in children, as influenza among the older people, bring out the weak points in the body as no physician can. Cancer-moris or Noma in the poor and debilitated, Nephritis and Tuberculosis of the lymph nodes, both among the well-to-do and the poor, are the common sequalae.

TREATMENT: Proper diet and abundant ventilation are all that are required for the unhealthy child. Broncho-pneumonia takes a heavy toll among the rickety and Marasmic.

Years ago, following an American text-book, I tried small doses of Ammonium Carbonate, and imagined that it reduced the respirator complication. I have no experience of serum treatment or of Amidopyrin.

Whooping Cough.

Whooping cough is another of the diseases of childhood from which no child can escape. I would only repeat that this occurs more or less at a similar age as measles and generally runs a mild course in healthy children. The cool months of the year as with measles, give rise to more pulmonary complications.

Ushered in by an ordinary nasal catarrh and perhaps, a mild tracheitis which last for about a week,—a condition, which may pass for an ordinary cold in an early case, and easily recognised as the premonitory stage when the epidemic is in progress—the familiar "whoop" manifests itself, often first in the night, then during the day as well. Some cases are so mild as to show one or two whoops only during the whole of the disease, whereas others are severe enough to have a whoop almost every hour of the day. As some cases of measles escape with only the preliminary catarrhal symptoms, similarly, a greater percentage pass through an attack of whooping cough without a 'whoop' in the whole of its course.

SEQUALAE: Bronchitis, ulcer about the tip of the tongue, and sub-conjunctival haemorrhage are the common complications about here. Broncho-pneumonia

and emphysema of the lungs are occasionally met with. Sometimes, a hernia may protrude in a child with a lax abdominal ring and sometimes, prolapse of the rectum.

Tuberculosis of the cervical nodes and enlargement of those at the hilum of the lung are the commoner sequalae. Though the paroxysms of cough, undoubtedly, put temporary strain on the heart muscle, especially on the right side, it is remarkable that the heart invariably escapes permanent damage in this disease.

Mortality is high in Rickety and marasmic children as in measles, more so, when measles and whooping cough follow each other.

Ventilation is as important, if not more so, in the treatment of whooping cough as in measles. Regarding drug treatment, I have come to view with special partiality, a prescription containing Bromide and Belladonna (the choice of the individual Bromide being left to the prescriber) with just a trace of alum, say a sixth of a grain for a dose for a child of about one year. Bicarbonate of Sodium and dilute Hydrocyanic acid may be added when vomiting is a factor requiring treatment.

I have found the above prescription as good as any and better than many.

Diphtheria.

During the year 1926, when I was acting as the Second Physician of the General Hospital, Madras, I stated in the Annual Report—"During the year, fifteen children were admitted, the largest number on record for General Hospital. Eight out of the fifteen children were Indian, the remaining being Anglo-Indian. They came from all parts of the city. Mylapore, Royapettah, Triplicane, Park Town, George Town, Royapuram, Perambur and Purasawalkam. There were six deaths, five children being in a moribund condition when admitted. Five emergency tracheotomies were performed with three deaths (out of the total of six).

The inferences are:—

1. Diphtheria is more prevalent among Indian children than it is supposed to be;
2. It is spread practically all over Madras.

Acute Rheumatic Fever.

If descriptions given in text books are to be confirmed to make a diagnosis of this condition, the disease is uncommon indeed in this province, though present. I do not think that I can say that I have treated more than a score of typical cases up-to date. If prevalence of mitral stenosis is to be taken as an index to the existence of rheumatic fever infection, then the condition is common.

As far as my experience goes, the following is the clinical picture.

The child, generally over five years of age, has slight fever about 101° F. for a couple of days and complains of vague pains in the limbs, more often the lower limbs, and occasionally, some pain in and slight swelling of a joint or joints. An examination of the throat will invariably show enlargement of and pain in the tonsils—a tonsillitis.

These attacks pass off, with or without any treatment in the course of about a week; sometimes, they do not occur, but sometimes they do, may be as often as once in two or three months; and three or four of these attacks leave the child with a damaged heart.

So, acute rheumatic fever runs a very mild but insidious course and in its insidiousness lies its danger; it does not attract attention enough to be treated in time, and leaves its dangerous sequalae behind.

Acute Anterior Poliomyelitis.

Acute anterior poliomyelitis is a disease that is sporadic in every village; I have not come across any epidemic of this ailment. Of the palsies or paralysees of post-natal life, one due to this cause comes an easy first.

Third year is the usual period of its onset, therein contrasting with the earlier incidence of infantile hemiplegia. As the disease spares no age, the synonym "infantile paralysis" is misleading.

The invasion is in the mildest of health, so much so, that in the villages, it is nothing unusual for the mother to say that her child's complaint is due to evil spirits or the evil eye.

"Aminobiose is a successful treatment for Tuberculosis, and is suitable for every case having no contraindications."

After an incubation, there is the usual pyrexia with signs and symptoms attendant thereon; sometimes it may be ushered in with gastro-intestinal symptoms.

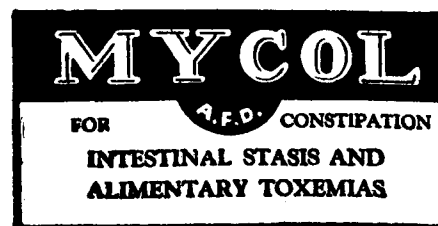
I have already stated that it is worth while to examine the throat of every sick child. It is equally so to feel the limbs of every child with fever. The muscular pain and tenderness during the fever, herald the paralysis that will follow. The manipulation of the limbs will assist us in making it out from an ordinary febrile catarrh or an attack of indigestion, and in warning the parents of what might follow though of no avail in prevention.

Mortality is very low. Children recover from the disease with loss of function, and later, atrophy of a group or groups of muscles in a limb or two, rarely three. This benefit of low mortality is marred by the unusually high incidence of the above sequelae, in contrast to what obtains in the epidemic type.

It may as well be pointed out here that the susceptibility of the nervous system is most marked before the end of the third year. The highest incidence of primary or the secondary cerebral affections may be noted to occur during this period. The posterior basic meningitis, the highest incidence of polio-encephalitis, acute anterior poliomyelitis, tubercular meningitis and the occasional fatal cerebral complications arising in the course of infective diseases, are all met with during this period.

There is usual lymphocytosis in the blood and the spinal fluid.

Regarding treatment, I would only caution against indiscriminate electric stimulation. One should have the patience to see that only the weak muscles are stimulated and at proper stage. Manual massage is much safer. It is simpler, and at worst, can do no harm.



*SCHOOL HEALTH

BY

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

School Health is one of the most important branches of science, to which little attention has been paid in India. It is a wide term which includes defects in boys and girls prevalent during school life, physical training, physical education, anthropometry, medical inspection, health education, school hygiene, and all other factors which promote the health and well-being of the school child. Careful attention and improvement in the health of school-children of the community is necessary. Medical inspection and treatment of school-children is not enough. A large number of crippled children are still found in our schools. Millions of school-children in our country are deprived, through sheer poverty, ignorance and apathy, of their early days of happiness; they are underfed, badly housed and insufficiently clothed, and their personal hygiene and bodily cleanliness are sadly neglected and with pathetic fatalism their health and life are left solely in the hands of a Divine Providence. This is the lot of the majority of the pre-school children all the time, and many school children most of the time. Medical service in schools in Madras is in a very rudimentary state; the present service is only of an advisory or consultant nature; and nothing is done to organise treatment of defects and diseases in school children, except leaving them to the tender mercies of parents and guardians. For instance, a boy of twelve with progressive myopia in a Madras school was advised three years ago, to go to the eye infirmary for treatment. The guardian was so callous that he would neither take him to an eye-specialist nor allow me to take him for examination. I have inspected the boy thrice, and I am sure that when I go to the same school next time he would have discontinued studies owing to total blindness. Wearing glasses for errors of refraction is not often tolerated by many parents. Such criminal negligence is possible only in India, and the hands of law should not spare such people. As the Americans

* A paper read by Dr. V. S. Mahadevan L. M. & S., B. S. Sc., at the 23rd Madras Provincial Educational Conference, held at Palghat, on 22-5-1931, and specially contributed to "The Medical Practitioner".

would say "we want to sell health to all people, and make them realise their worth, but we tinker with disease." It is too well known that the causes which undermine the physique and health of the school child, are manifold. Chief among them are, ignorance and negligence of knowledge of physical culture and hygiene, the wrong system of education, over burdened curricula, the faulty system of examination, and the apathy of parents and teachers to the health of the school child. All these have combined to undermine the health and physique of our scholars. I shall endeavour in this lecture to deal shortly with the administration of school health in various countries; and then give in detail the common defects of the school child; the remedial measures to be adopted by the teacher and the School Medical Officer. You cannot expect from me much information about physical training and physical exercises, which are quite essential to correct many of the defects, as I had no physical training either in theory or in practice.

School Health is a world problem and it is high time that the Health Section of the League of Nations gave early attention to it, to safeguard the health of the present generation of humanity. Apart from this, there were in British India, in 1927, 11,157,496 scholars in attendance in 246,265 institutions of seven different types. Again, nearer home, in Madras Presidency there were in 1930, 2,879,787 scholars in 58,777 institutions comprising Arts and Professional Colleges down to primary schools; and from a careful study of the Report prepared by the Surgeon-General with the Government of Madras on Medical Inspection for 1927-28, out of 1,41,613 pupils in 472 secondary schools throughout the Presidency, I venture to say that about 30 per cent or 47,204 scholars in Madras and about 3 million scholars in British India suffer from some defect or other requiring some prompt attention which if neglected would permanently impair their health in after years. About 20 per cent of scholars in attendance in England suffer from diseases of the nervous system and are mentally dull and backward according to tests by Binet-Simon system. The money spent on these children for education goes to waste. More so in India where scholars,

in addition, go back to illiteracy. In the same report, it is found that the following diseases show very high incidence among 1,150 boys in the most crowded part of the Madras City. We find in the figures great variations between schools, in mixed urban and rural areas and in the most crowded part of the Madras City.

Malnutrition is as high as 11 per cent. owing to the keen struggle for existence which is the same both in Madras City and in the Moffusal. Dental disease is as high as 31 per cent. in Madras City; and in Municipal and rural areas 11 per cent. The difference of 20 per cent. is perhaps due to quite a different standard of living in Madras City—eating delicacies like sweetmeats sold by street vendors, largely consumed by the city boys. Eye diseases is 18 per cent. in Madras City, and as low as 5 per cent. in urban and rural town, a difference of 13 per cent. The reason is that there is plenty of dust owing to heavy traffic, and overcrowding and congestion and slum conditions in most of the areas of the City produce these constant irritation of the external eye and render the scholars more susceptible to eye diseases.

Again, comparing the following with England and Wales and with that of Madras Presidency, there are wide variations in the incidence of the following diseases, thus giving us an idea, as to how a highly organised school Medical Service in England and Wales has done so much to improve the health of the English school child.

WHY IS SCHOOL HEALTH IMPORTANT?

In Madras there is a consensus of opinion among the school staff and the parents, that the school medical service is a waste of money and energy. But if the service is properly organised such an impression is bound to disappear.

Regarding the importance of school health:—

Firstly we get an idea of the general health, growth and physique of the scholars. Predisposition to many diseases can be detected, which will not take root in the body if early vigorous remedial measures are instituted. As Sir George Newman says "Major and minor defects which if left uncorrected would inevitably produce inability on the part of the child to benefit fully from school

" Boldine A. F. D. cures hepatitis, tropical liver disease, jaundice and dissolves Gallstones."

instruction, and incapacity due to serious incurable conditions in later years to become fit and efficient members of the community. Thus the aim is partially attained in the decrease of sickness, and incapacity among children and in the ultimate decrease of inefficiency and poverty in after life arising from physical disabilities." Secondly, we get an idea of different defects and diseases prevalent in the scholars according to the social and economic status of the parents, and diseases due to heredity. Thirdly, we get an insight into certain diseases due to environmental factors, such as situation and hygienic condition of school buildings, nature and kind of dwellings of scholars, different kinds of occupation of parents. Fourthly, medical inspection of school children prevents the spread of epidemic diseases. As an instance: School health work was first introduced in U.S.A. in 1894, by the city of Boston in the form of Medical inspection of school children. It was undertaken initially as a police measure in an effort to seek out cases of infectious diseases. The first Boston School Medical inspection was a direct outgrowth of a severe epidemic of infectious diseases the previous year. The primary objective of that and other early school medical examination was not so much to serve the individual child, who might be ill or defective, as to identify and to exclude unhealthy children who might become a menace to the health of other children in the school. Fifthly, we get valuable information of the standard of school hygiene like boys' dress, cleanliness of boys, ventilation, water supply, lighting, etc.

The conclusion about the importance of school health, according to Sir George Newman's Annual Report for 1929, on the health of the school-child is: "As a matter of fact the whole system is preventive in origin and in operation, though in effect the prevention is imperfect and partial. As you have seen, much of the disease revealed in school children does not arise, and is not preventable at school. It derives from afar—from the child's home, ancestry and upbringing, before it reaches the school. Notwithstanding this fact, an organised system of medical inspection, and treatment if rightly conducted has an educational effect of the greatest preventive value for the child. He is thus for the

first time initiated into the importance of health and the ways in which it may be lost or found. Medical inspection is not without instruction for him, and early treatment at the beginning of disease prevents its harvest. The open air school, the school meal, the physical exercise, the daily lesson in hygienic habit, the isolation of infectious cases, the necessity of cleanliness—all this is not without a direct though perhaps unrecognised influence."

I shall briefly give you the administration of school health in England and Wales, U.S.A., and in Madras.

ENGLAND AND WALES: In 1907 with the passing of the Education Act the school medical service was first established by an Act of the Parliament. The Act made it an obligation on every local educational authority to provide for the medical inspection of scholars, attending public elementary school in that particular area. The Act in addition, gave power to local educational authorities, to provide, subject to the sanction of the Board of Education, treatment for the elementary school children of the area. In the following years an increasing number of local educational authorities instituted and developed treatment schemes; and by passing of the Education Act in 1918, it became an obligation on all local educational authorities to provide treatment for their elementary school children.

To ensure complete co-operation between the existing Public Health Service, and the new School Medical Service, the Board of Education in 1907, in its Circular 576, defined the position and advised that as a general rule the medical officer of Health of the County, County Borough, Borough, should also be appointed school Medical Officer of the area. Subsequent circulars issued by the Board and the Ministry of Health defined the need and the nature of co-operation and also the duties of the school Medical Officer.

In 1908, a model scheme of inspection was issued by the Board. The children are examined as a routine under the age groups as "entrants" (5 years) "Inter-mediate" (8 years) and "Leavers" (11 years). Apart from "routines," two other groups of children are examined as "specials" and "re-examinations," various sections under the children Act of 1908 made it liable on the parent to submit their children to medical inspection and undertake

remedial measures at home for uncleanness, vermin, etc. After noting the defects in the medical examinations, the steps to ensure necessary treatment come under the title "following-up" which falls under the heads (a) correspondence, (b) the work of school nurse, (c) work of Care Committees. Other agencies who assist in the "following-up" are school attendance department and voluntary agencies like (1) The National Society for the Prevention of Cruelty to Children. (2) The Invalid Children's Aid Association. (3) The Central Committee for the care of cripples. (4) The Fresh-air Fund, etc.

As regards the treatment of defects found at medical examinations, they fall under four main heads: (1) By General Practitioners. Here comes the family doctor. (2) At school clinics. The clinic acts as a treatment centre for minor ailments like dental, eye and skin diseases and also as a consultation centre or "clearing house" from which ailing children can be referred to other branches of school medical service as open-air school, or Tuberculosis dispensary. (3) Treatment at hospitals. These are supplementary to school clinics and subsidised by local educational authority to undertake operation treatment like tonsils and adenoids, which is not practicable at a school clinic. (4) Treatment of special schools includes school for blind, deaf, mentally deficient and epileptic children.

In 1929,—2,737,327 children were medically examined, besides 1,808,469 re-inspections.

The following is the staff of the school medical service of England and Wales for 1929, besides the enormous daily unbroken contribution made by the school teachers to the Service: (a) School medical officers. The total number is 1319, of whom 276, are whole time officers for school medical service; 640 are whole time officers for public health and school work; and 403 part-time officers. This works up to one full-time officer to every 7,500 scholars. 311 of the total number are women. Among these, specialist work was undertaken by 469 officers.

(b) Specialist Medical Officers—973, of these are employed on ophthalmic aural anaesthetic, X-ray, and orthopaedic work.

(c) School Dentist—there are 704 employed by the local educational authorities; of which 481 are whole time dentists or 1 to about 10,200 scholars.

(d) School Nurses—total number in the service of educational authorities is 5,272; and of this 1,365 give their whole time to school medical service and the rest devote part of their time to public health and school service. From the above figures you could see the rapid strides which England has made regarding school medical service, in the past quarter century. In this connection, it will be some encouragement to know what the Surgeon-General with the Government of Madras, in his report on Medical Inspection of schools during 1927-28, said "It is necessary to consider in some detail how medical inspection should be conducted, and the nature of a remedial organisation for the care of children. In doing so, the experience of England would be of value, although it is clear that Madras cannot afford at present to attain the high degree of organisation existing in that country. Madras can however, make a beginning on the right lines and determine to develop the organisation as public opinion awakens."

IN U. S. A.: The organisation of school medical service is only of recent origin in U. S. A. As I stated before, it was a police measure in 1894 to combat epidemic diseases. In 1902 the nurse entered the school health picture when New York assigned nurses to assist school physicians and report suspected cases of infectious disease. In 1910, the school doctor and the school nurse had become well established in 400 cities. Since then, in progressive urban areas, the school health service and its aims have been developed and extended, until they have become a potent influence in the life, health and habits of the American child; and through these children, in the life, health and habits of the entire population of the American cities. But school medical service in rural America is of very recent origin.

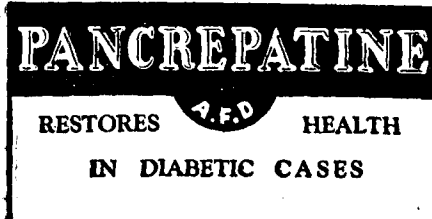
In 1924, an act to amend the education law, in relation to the establishment of school hygiene districts, was passed (Chapter 194 of the New York State law.). The provisions are:—the Board of supervisor of any county with the approval of

"Homovir is an Organotherapeutic preparation of special interest, containing extracts of testicles, extract of Thyroid gland, Pancreas, Pituitary gland, etc., for the treatment of Sexual Insufficiency of men."

the Commissioner of education shall have power to establish in such county, a school hygiene district. The Board of supervisors shall constitute district committee on school hygiene and shall also appoint a district director of school hygiene who must be a registered physician under the state law. He should work under the director of the district committee of school hygiene and his duties are to advise, assist and exercise general supervision over medical inspectors, dentists, and school nurses in public schools in such school hygiene districts; to keep informed as to their work and require such reports from them as he may deem necessary, to see that suitable recommendations based on the findings of medical inspectors in their examination of pupils are brought to the attention of their teachers, parents and guardians of such pupils to aid, and keep informed as to the work of the oral hygienists, nutrition workers, and other school employees engaged in health work in such schools; to inspect and report to the proper authorities on the sanitary conditions of school buildings, and in other ways to promote the physical welfare and health education of pupils. The Board of supervisors shall appropriate funds for the salary and necessary expenses of a district director of school hygiene.

The first committee to take advantage of this permissive legislation is the rural county round New York, (Cattaraugus County) which organised in 1923, the States first supervisory hygiene district. This first county-wide school health programme is organised to secure as a demonstration in rural Public Health administration and its working is watched with interest by many American states.

(to be continued)



Abstracts

THE MYSORE MEDICAL ASSOCIATION

Third Annual Conference

WELCOME ADDRESS

BY

DR. S. SUBBA RAO, B.A., M.B.C.M.,
M.R.C.P., L.R.C.P., ETC.

PRESIDENT, MYSORE MEDICAL ASSOCN.

AND

SENIOR SURGEON TO THE GOVT. OF
MYSORE

Dr. S. Subba Rao, President of the Mysore Medical Association in welcoming the delegates and requesting Mr. P. G. D'Souza to open the Conference, said in the course of his speech:—As President of the Medical Association, it is my privilege to extend a hearty welcome to you again to this Conference. It is a matter for regret that it was not possible for Government, on account of financial stress, to extend the same facilities to you, as in the past, in the matter of providing you with travelling allowances for attending this Conference. I am very happy to note that so many of you have been able to attend the Conference at great personal inconvenience and expense. This is an eloquent testimony to the abiding interest that you all evince in the Association and its work.

Within recent years there has been a great awakening on the part of the public with regard to the greater utility and safety of modern methods of scientific diagnosis and treatment. The steady increase in the number of private practitioners, and ever increasing number of patients treated in our public medical institutions afford ample proof of this great awakening.

MEDICAL PROCESS IN THE STATE

The number of medical institutions has increased nearly three times and the number of patients treated has increased to fifteen times what it was 40 years ago. Some of the credit for this great expansion of medical relief is also undoubtedly due to the increased efficiency of medical men, and the greater confidence that has

thereby been created in the minds of the general public. Incidentally, I may remark that our Medical School has amply justified its existence; for, without it this expansion of medical aid, especially in rural areas, would not have been possible. During the last decade the school has supplied the department with about 200 Sub-Assistant Surgeons, the large majority of whom were, I am proud to say, my students in the Medical School. I have had the unique opportunity, for the past two years, of watching the great pioneer work that these old pupils of mine are doing in the remote corners of the State, suffering untold inconveniences and miseries, but undaunted by the dangerous nature of the flora and fauna that surround them in the picturesque wilds and forests of the Malnad inaccessible to convenient, comfortable and civilised methods of travelling and where the pestilential mosquito, the deadly snake and the ferocious tiger create such havoc and cause such terror.

THE MEDICAL DEPARTMENT

But our Medical College, in the creation of which I took some part, has been a matter of great concern to me, for, we have not been able to find suitable avenues of employment to the graduates that are annually turned out of its portals. In 1921, there were 63 Graduates and 201 Licentiates in service, and to-day, exclusive of five appointments of Medical Probationers sanctioned for the Medical College as well as the six additional appointments to the ladies cadre, the strength has increased by just two graduates while the number of Licentiates has risen from 201 to 305. It is apparent therefore, that the expansion of the Medical Department afforded little or no share to the Medical graduates as compared with their humbler brethren. There are only two solutions to the problem: firstly, the number of Assistant Surgeons may be increased at the cost of as many Sub-Assistant Surgeons' posts, thereby providing some of the larger towns with men possessing higher qualifications. Secondly, the Medical School may be closed altogether the L.M.Ps. being gradually replaced by Medical graduates as the posts fall vacant, better pay and prospects of course, being offered to them. It is undesirable to have

two castes, one superior and the other inferior, amongst medical men. In British India proposals have been put forward to raise the period of training for the L.M.P. diploma from 4 to 5 years. In my opinion this scheme will serve no great purpose as it would still perpetuate this arrangement of having two castes which is not consistent with democratic ideas prevailing at present. The sooner this caste-system is abolished the better for the profession and the public. I am speaking however, as President of this Association and not as the administrative head of the department. The first alternative is not so very costly after all; and I believe, I shall not be guilty of divulging official secrets, if I inform you that when the scheme was submitted to Government it was not found to be practicable on account of financial difficulties. The second alternative, though more radical, is certainly more desirable. But I am afraid our present financial position does not permit of its being adopted, as it would be much more expensive. Anyway let us hope that, when our finances improve, the matter will receive due consideration and this ugly caste system will be abolished.

MEDICAL COUNCIL FOR MYSORE

You may remember that in the concluding part of my address last year, I pointed out the necessity for establishing a General Medical Council for Mysore and I am glad to inform you that the Medical Registration Act has passed though the Select Committee stage and will be passed into law at the next meeting of the Legislative Council. I am prepared to admit that the Bill is capable of improvement. We may go a step further and prevent unqualified and unregistered persons from practising the system of allopathic treatment. But I think the time is inopportune to introduce such drastic measures in the initial stages. Let us work up the present measure of legislation and if in a few years, we make out a case for amending the Act in this direction, I am sure the legislature will only be too ready to consider fresh suggestions.

A Medical Code was compiled during the year, embodying the rules and regulations of the department and sanction of Government for publishing the same has

"Homovir A. F. D. increases both mental and physical energy. Neurasthenic symptoms disappear with the restoration of all natural functions."

been obtained. I hope it will serve as a useful guide to all medical men in service who are in charge of institutions, both large and small.

PUBLIC HEALTH

The Department of Public Health has recently been reorganised, but I am afraid it requires much greater expansion before any tangible results can be achieved. It is not an uncommon thing to see in our villages and towns and even in some parts of our cities, unhealthy and insanitary dwellings situated on soil, that is continuously contaminated by soakage of the sewage of ages, on account of the absence of drains or the presence of drains that lead to nowhere in particular. Everything possible should be done to develop and foster a sanitary conscience amongst the general public. Compulsory education, the teaching of the principles of hygiene in all schools by medical men, the organisation of medical inspection of schools and of school clinics, the adoption of suitable measures for maternity and child-welfare and the strict enforcement of sanitary laws are some of the things that are quite essential for the creation of a sanitary conscience. I learn that the rural health unit at Mandya is doing very good work; and I hope that within the next few years there will be one such unit in each and every taluk. Medical relief concerns itself with individuals whereas sanitation confers immense benefits on whole communities and we are all agreed that prevention is better than cure; but I am afraid the Sanitary Department has not been keeping pace with the expansion of the Medical Department. I hope that in the years to come Dr. Sweet's programme will be followed until the sanitary regeneration of all urban as well as rural areas within the domains of His Highness the Maharaja of Mysore becomes an accomplished fact.

PRESIDENTIAL ADDRESS

BY

MR. P. G. D'SOUZA, B.A., B.L.,
THIRD MEMBER OF THE COUNCIL,
MYSORE GOVERNMENT.

MR. P. G. D'SOUZA, Third Member of the Council, Mysore, said, in the course of his address :—

Our medical problems are : To multiply medical facilities throughout the State so

that for all ordinary diseases, people even in the rural parts, can find treatment close to their homes; to equip our large hospitals, so as to be capable of rendering the best professional aid in grave diseases and provide them with full facilities for research; to take measures for the prevention of the more common diseases in the State and to raise the general conditions of health so as to reduce mortality; examination of special diseases prevailing in special localities and improvement of unhealthy parts of the State; organisation of efficient sanitary measures; devolution of greater responsibility on local bodies in regard to local institutions and sanitary improvements; influencing public opinion and enlisting public co-operation for measures for promoting public health; extensive investigation into the curative properties of indigenous drugs and local manufacture and supply of medicines; increase of private practitioners; training of women doctors, nurses and midwives; coordination of research; and provision of funds on an increasing and adequate scale to meet the requirements of medical relief and public health.

A categorical enumeration of the problems to be solved shows that they continue more or less the same at all times and paradoxical as it may appear, the supply will feed the demand illustrating on the one side the impossibility of providing a permanent solution and on the other, the need for systematic and continuous work in order to show better and better results.

You should not therefore consider your duties to be restricted merely to the treatment of diseases but that you are called upon to take a principal part in the building up of national healthy life.

NEED FOR CLOSER CONTACT WITH ANCIENT SYSTEMS

Modern Indian Medical Science has unfortunately, no hereditary connection with the ancient Indian systems, with the result that it naturally looks upon the latter as archaic and useless survivals while they in turn avoid all intercourse with what they regard, in spite of the halo and prestige that surround it as a foreign and pernicious innovation. No one can deny that though the ancient systems knew nothing of modern scientific methods and at best contain a mass of more or less empirical knowledge, they

can still reveal many drugs and methods unknown to modern medical science and that the bulk of the people in spite of their dependence upon western system are still their devoted adherents. It is, therefore, necessary in the future to bring about a closer touch between the two systems and carry into the domain of Ayurveda and Unani, the application of scientific principles that have revolutionised all branches of knowledge in modern times. I read with very great interest the efforts made by some of our scientific students recently in Bangalore, to carry out research into Indian drugs, and I have no doubt that other young men under the influence of their scientific training and a spirit of nationalism will penetrate other departments of knowledge and discover new secrets and methods beneficial to humanity. In no department of human knowledge has the truth of the aphorism that the heresies of yesterday become the orthodox doctrines of to-day, been so powerfully demonstrated as in Medical Science and such startling changes take place in theory and practice that a medical man like a true scientist should not bar light and illumination from other sources.

INCREASE OF MEDICAL INSTITUTIONS

If one looks merely at the development of hospitals even in our State for the past 30 years, though we all feel that what has been done is still far from the goal of what the needs of the State require, the expansion has been most marvellous. In addition to the large hospitals in Bangalore and Mysore and some of the District Headquarters, medical relief has now been extended to the remotest parts of the State. Yet the cry for more hospitals and dispensaries is becoming daily greater. There is also a demand for special institutions such as Maternity, Hospitals for nervous and mental diseases, treatment of tuberculosis and infectious diseases, new methods of diagnosis and treatment such as X-ray, Ultra-Violet rays, etc. Local bodies and private philanthropy have shown themselves most generous in meeting the medical wants of the people but yet, if we compare ourselves with the facilities that exist in more advanced parts of the world, there is still nothing but hopeless inadequacy.

SANITARY IMPROVEMENTS NECESSARY

If we carefully study vital statistics, we have to admit that in spite of increase in facilities for medical treatment, improvement in sanitation and effective measures for dealing with epidemics, the rate of mortality had not been apparently checked. We are all inclined to be elated at the fact that there has been a general increase of population but we have to confess that these results are very little due to more efficient medical relief.

Malaria still takes its toll by the millions. There are other grave diseases due to over-crowdings, unhygienic habits of life in towns and absence of sufficient and proper food. The problem of sanitation is so great that it is impossible even to touch its fringe. To make our villages clean, to prevent stagnant pools, to provide uncontaminated water, to avoid contagion, may appear very simple, but one who has practical experience of any of these things even on a small scale, alone knows the complexities and difficulties of the problem.

INADEQUATE EXPENDITURE ON SANITATION

There are very many people who believe that there is no need for a separate Sanitary Department. So long as the grants given for sanitary improvement are inadequate and it is difficult to convince local bodies that sanitary measures on a large scale involve great cost, much organisation and research, there may be some foundation for such a belief. But the prevention of disease is really far more important than curing diseases; for however effective and thorough the cure, the disease leaves a severe mark behind it like an injury to any important part in a machine. In future, it will become more and more necessary to provide funds on a much greater scale for sanitary improvement and this will naturally reduce the expenditure for medical relief through Government agency as such. If you make a calculation as to the cost of expenditure on medical relief and sanitation in any Western country, you will find that the cost of the latter is really far greater than that of the former; for the recognised principle there, is that it is the primary

"Benzo Bismuth is a Soluble Bismuthic Organic Salt of distinctive value in curing Syphilis, with the least number of injections, which are quite free from pain and free from untoward accidents."

duty of the State to attend to measures concerning public health as a whole and treatment of individual cases, except in the case of the poor, should be, like other service, obtainable on payment. It will be necessary to recognise this principle more and more in future and readjust our medical expenditure on this basis.

The existence of organisations, like the Rockefeller Institute, who have so generously provided contributions for medical and sanitary work in the State, is a great advantage to us, for it brings us into contact with an agency having in its service the best medical and sanitary experts and also initiates us into methods followed throughout the world for dealing with large problems by up-to-date scientific methods. We owe every gratitude to this institution for having chosen the State as one of its centres of operation and I have no doubt that association with their officers and familiarity with their methods and definite programmes of work will be of great benefit to us.

MEDICAL PRACTITIONERS' ACT

The proposition, whether in a country like India, the medical profession should be confined only to qualified practitioners, certified to be such by some recognised authority, is not free from difficulty. In the first place, it would be impossible to bring under the operation of such a system Ayurvedic and Unani practitioners as a rule, as it would shut out other important sources of treatment, however defective they might be. The State has now in contemplation, the introduction of a Medical Practitioners' Act. While it has been welcomed by Medical Practitioners properly qualified, there is also a feeling that it is likely to impose special disabilities on persons whom it would affect, while it would leave free and uninterfered with persons obviously requiring the greatest control. There is no doubt that any law that we might introduce will be subject to this defect but the profession as such, will gain in prestige and its position greatly strengthened by this measure. As the number of qualified medical practitioners increases, this will lead naturally to a diminution of quackery and pave the way to the introduction of a more all-embracing measure. We are fortunately free in the State from the intricate problems that arise by the need to maintain a large number of medical men of high profes-

sional training for military purposes and its effect on the public service. If however, we are to expect any signal contributions either by way of research or discoveries, it is very necessary to have a number of special posts giving the incumbents sufficient leisure for scientific work. The medical profession in the State had the advantage of a succession of distinguished European doctors at their head who built up a high tradition and laid the foundation of our Medical Department for nearly quarter of a century; but now it has been administered entirely by Indian officers. We were the first to show that even in a purely technical department, our officers possessed the knowledge and ability required to maintain the highest standards and the reputation our institutions deservedly enjoys is due to the initiative, knowledge combined with deep sympathy that have characterised the many distinguished doctors who have been at the head of the department and the patriotism and enthusiasm that have prevailed throughout its ranks. There is not a single person in the State who either in his own person or in that of some one dear to him has not received from you service for which you have earned lifelong gratitude. We look upon you all therefore with feelings of particular affection and respect. Let the spirit of service and helpfulness that has always animated you ever grow and fill the State with its beneficent results.

"I wish your conference every success."

SULFARSENOL AND ERYSIPELAS

BY

DR. CH. BOIDE

SOCIETY OF MEDICINE AND SURGERY OF BORDEAUX, MEETING OF 13-3-30.

In my papers of June and July, 1928, and May, 1929, I have endeavoured to show the efficacious action of Sulfarsenol in the treatment of erysipelas. I present two new cases which, especially the first, appear particularly convincing.

Mrs. G..., a young woman having no erysipelas in her history, noticed, on January 18, redness upon the prominent part of the nose, which had extended below the left eye on January 19. Diagnosis was made at this time. On January

20, the red area had extended to both left eyelids, the left cheek as far as the ear, the left side of the forehead to the hair and slightly to the right cheek. The accompanying axillary temperature was 38.3°C. An injection of 12 centigrams Sulfarsenol was made, the substance being dissolved in a glucose solvent (dissolvorsan, arseno-solvent, etc.). The erysipelas did not appear grave and it was hoped that one or two injections would control it.

On January 21, all inflamed regions of the left side of the face had resumed a nearly normal appearance, but the redness on the right was increasing and extending. A second injection was given on January 22, the temperature gradually declining nearly to normal in four days, while all traces of erysipelas rapidly disappeared. Erysipelas of two days' duration thus seemed to yield to one injection of Sulfarsenol in four days.

It was an error to believe the affection arrested and to discontinue the treatment. On January 26, the morning temperature of 36.6°C. rose in the evening to 38.6°C. At the same time redness recurred on the left side of the face, which was also swollen and burning. The disease had not been fully arrested and had returned.

Injections were resumed. On the following day, the morning temperature of 35.8°C. declined to 38.1°C. in the evening and reached 36.6°C. on the next day. The erythema again disappeared, at the same time. On January 28, the temperature rose again and headache and nasal symptoms occurred, together with mucosanguinolent discharge from the nose. It was considered that the rhinitis might be streptococcic. It should readily yield, however, to Sulfarsenol, of which 12 centigrams were injected on January 28. Two days later, the temperature was about normal (37°C. in the morning and 37.6°C. in the evening).

After a fifth injection, given on January 30, the temperature fell, two days later, below 37°C. However, a sixth injection was given and cure was expected for the second time. The status remained unchanged for three days, the temperature remaining normal and the patient leaving bed and feeling well. However, without fresh rise of temperature, save a rise to 37.3°C. on one evening, a distinctly erysipelalous redness recurred on the left

side of the face. Following a seventh injection of Sulfarsenol, it disappeared in twenty-four hours.

On February 7, an eighth injection was given, as a precautionary measure and a surprising fact occurred. Ten minutes after this injection, red areas, accompanied by burning and separated by intervals of healthy skin, developed rapidly on the left side of the face, where the erysipelas thus recurred three times. The red areas persisted for two hours, fading gradually by evening. They appeared to demonstrate the action of Sulfarsenol upon regions of the skin infiltrated by streptococci. The test was renewed by giving a ninth injection, on February 9. This last injection was also followed in ten minutes by a very small area of erythema, also upon the left cheek, and very transitory. No similar course of erysipelas appears to have been published, whether in the presence or the absence of treatment of any kind. It appears unquestionable that Sulfarsenol caused the erythema to disappear and the temperature to decline three times in this case. Desquamation was nearly absent.

This case shows not only the action of Sulfarsenol, but the necessity for not interrupting treatment too early. In one of my earlier cases, an initial injection caused the fever rapidly to fall and the cutaneous redness to disappear, relapse then occurring which yielded in turn to the treatment. In another case, very benign erysipelas yielded to a single injection, recurred during the following month, and yielded again to another single injection. It recurred still again during the next month, recurrence being finally abolished by a series of injections.

Sulfarsenol is very well tolerated in the presence of erysipelas, even by aged patients. I present a second case, occurring in a woman of 71, affected with cardiac and anginal symptoms.

On December 8, violent and prolonged chill occurred, followed by vomiting, headache and general aching. On the 9th, characteristic redness was noted on the lower part of a leg, the axillary temperature being 39°C. Injection of Sulfarsenol was postponed to the next day, in order to be sure of diagnosis. On the next morning, the temperature was 38.7°C., and the redness had increased in degree and extent.

"Benzo Bismuth is all absorbed, and leaves no deposits in the muscles."

An injection of 12 centigrams Sulfarsenol was accordingly given. Defervescence occurred by evening, with temperature of 36.4° C. During three days, the redness diminished and the temperature remained below 37° C. On the fourth day, a temperature of 37.5° C., coinciding with slight ungual suppuration following a wound with a splinter of wood, was considered of no special importance. On the sixth day, the temperature rose and remained elevated for two days, while the erythema became more marked and extended. The infection appeared to be increasing, and Sulfarsenol was again injected. Again the temperature immediately declined, not to rise again. The erythema was so intense and extensive at this time and so well delimited below that the patient appeared to be wearing an elastic bandage. For this reason, Sulfarsenol was continued on the tenth and eleventh days of the treatment.

Toward the 25th, desquamation began, large scales were shed and desquamation continued longer than the erythema, being still present toward the end of the following month. The patient began to leave bed sixteen days after the onset of the erysipelas, in which a grave course was indicated by the early symptoms. In spite of the patient's age and accompanying vascular lesions, the four injections of Sulfarsenol, of 12 centigrams each, were well borne.

What conclusion should be drawn from 15 cases of erysipelas treated with Sulfarsenol and duly published? The conclusion appears to be that subcutaneous injections of Sulfarsenol are harmless in such cases, whatever the age and previous health of the patient, and that Sulfarsenol modifies the progress of erysipelas very rapidly.

With the two preceding cases I may group the case of a man of 50 presenting, on February 7, not erysipelas, but generalized erythema of unusual intensity, resembling the scarlatinal eruption by its scarlet hue, fine stippling of darker tint being also present on it. Without prodromal signs, the patient had suddenly become red. He presented fever, but not the angina and redness of scarlet fever. In view of the possibility of streptococcal infection, rather than scarlet fever, 12 centigrams Sulfarsenol were injected. The fever yielded to this initial injection and the eruption nearly disappeared in two

days. After a second injection, all traces of the exanthem disappeared rapidly, and probable desquamation was predicted.

On the 20th, thirteen days after the onset and ten days after apparent cure, chill occurred, the temperature rose and redness recurred. On the 21st, the relapse was combated with an injection of Sulfarsenol. The relapse appeared less violent than the first attack, the red background bearing no scarlatinal stippling. Fever yielded by the next day and the redness had disappeared almost completely. A fresh injection was given on the 23rd. On the 25th, desquamation was present, large flakes being shed from the hands, fine desquamation occurring elsewhere as after scarlet fever. Several large phlyctenules, containing clear serum, were punctured. They had formed on the hands during the relapse and were an evidence of the violence of the second exacerbation of the local dermatitis. Sulfarsenol was again injected. Examination of the urine after the first attack, and on February 25, showed absence of albumin. On the 28th, the phlyctenules were declining and the skin was perfectly healthy, save where desquamation still persisted.

This case shows a dermatitis, seemingly streptococcal, which rapidly yielded to two injections of Sulfarsenol, recurring a few days later with the same symptoms and yielding to three fresh injections. It was not accompanied by albuminuria or any other complication and was followed only by desquamation and a few transitory and non-purulent phlyctenules. Is it possible to see in this case any lack of effective action by the Sulfarsenol, and does it not show the necessity for not arresting the injections of this substance too early in streptococcal infections, under penalty of witnessing early recurrence of the affection?

*Write
R. F. Fennell Comp. A.E.D.
37 C. d.
And let them know the BEST!
It has been collected here with help of Hemoglobin.*

SPECIAL CONTRIBUTION TO THE MEDICAL PROFESSION.

The Salicylic Treatment of Rheumatism and allied affections.

Reipar Ampoules enable the physician to apply effective salicylic medication exactly where required. The minute doses of natural salicylic acid (dissolved in betula lenta water) given by subcutaneous injection obviate gastric disturbances, are superior in effect to the oral administration of the Salicylates, and much more rapid in action—acute rheumatic pains disappearing in from 6 to 8 hours. It is indicated in acute rheumatism and sciatica, diverse rheumatic pains, chronic rheumatism, gout, etc. Up to 10 c. c. daily may be given as required; in general, no single injection should exceed 1 c. c. but several injections may be made at the same time in different localities. Supplied in boxes of 10 ampoules of 2 c. c.

Treatment of Anaemia conditions

In recent times the market is so much flooded with a variety of preparations for anaemia that the doctor in a busy practice finds it really very hard to make a correct choice. Some of these preparations are only ephemeral, making appearance only to disappear in a short time. There are very few such products which have secured a permanent place in the doctor's armamentarium and one of such products is Hemo-Cyto-Serum (A. F. D.). This product is available for the profession for the last so many years and has kept up its reputation up to the present day for the remarkable efficacy with which it acts in cases of anaemia.

Hemo-Cyto-Serum contains alkaline anhydrous cacodylates (30 Gms), Strychnine Sulphate (1 mgm), Isotonic serum (5 c. c.) together with Colloidal Iron (1 gm) per ampoule. Hemo-Cyto-Serum supplies a rich source of readily assimilable iron. Its administration will be found highly beneficial where symptoms of anaemia and lowered vitality are present or when the food does not furnish an adequate amount of iron. The ingredients in Hemo-Cyto-Serum are supplied in such a form that are readily and completely assimilated and the combination is such that the product exerts the maximum therapeutic effect. The cacodylates

in it are stable, more assimilable and their action is rapid and energetic. At the beginning of this treatment there is increase in appetite and a sensation of well being. There are hardly any symptoms of gastro-intestinal irritation on account of the prolonged use of arsenic in it and besides the cacodylates in it are generally well tolerated by delicate patients who prefer this preparation to any other of the same kind. Strychnine in Hemo Cyto-Serum increases the utilisation of phosphorus by the nerve-cells, helping to provide the system with this vital element. Wherever there is want of tone, weakness, asthenia or cachexia, Strychnine in small doses is very helpful. There is increase of appetite and digestion due to its stomachic properties and its action on the central nervous system must not be forgotten. As Iron forms an important constituent of Hemoglobin, its value is indeed very great. The inclusion of iron in Hemo-Cyto-Serum can then be well appreciated. It is on account of this that Hemo Cyto-Serum has become very useful in anaemias. At present there is a wide-spread belief that modern diet does not give a sufficient supply of iron to the body and its reserve supply is exhausted even before the actual symptoms of anaemia become evident. Hemo Cyto Serum supplies a rich source of readily assimilable colloidal iron which will be found very beneficial in anaemias, convalescence, lowered vitality etc.

Lately as the liver treatment has come in vogue for anaemias of all types, it has no doubt pushed the Hemo-Cyto-Serum in the background. Nevertheless there is hardly any doubt of its being a good adjunct to liver treatment. Besides anaemias, ampoules of Hemo Cyto-Serum can be injected in Lymphatism, convalescence, etc.

The following are some of the cases which I had the good fortune to treat successfully and which will be of interest to the Practitioners.

1. The patient, a man aged 43, was suffering from secondary anaemia due to continual attacks of malaria. He was in a very exhausted condition and his blood showed a red-cell count of 1,176,000 c. m. m. His condition was considered rather grave. His liver was distinctly palpable and the spleen was much enlarged. He was under the treatment of other doctors and he had

not made any satisfactory progress, but on the contrary grew from bad to worse. When he came under my care, I commenced with an injection of 1 ampoule of Hemo-Cyto-Serum intramuscularly in the gluteal region. In addition to this he was having Liver Extract. I gave him the injections every alternate day. On the 10th day of the treatment he began feeling much better. After about a fortnight when I had injected seven ampoules his condition showed a decidedly satisfactory progress. His liver improved well, the spleen was no longer palpable, the tongue had become very clean and he got very good appetite. After about 20 days his red-cell count had risen to 32,00,000 per c. c.m. His subsequent improvement was very rapid and he was able to move about and even go out of doors.

2. A lady, Mrs. C. N., aged about 42 was apparently in good health about a year back. Then she noticed that she was gradually losing her strength and becoming very weak. She got tired on the slightest exertion and she complained of breathlessness when she ascended the stairs. Subsequently she began to suffer from palpitation. Her complexion became paler and paler day by day until she developed a typical lemon yellow tinge. She began to lose her appetite, although there was no perceptible fall in her weight. When the blood was examined, the films showed a typical picture of Pernicious anaemia. The red-cells numbered 19,00,000 the white 5,000. Colour index was 1.3. She was at once put on Hemo-Cyto-Serum treatment together with Liver Extract. She was also given internally Acid Hydro-Chloric dil. with some stomachics. After this treatment for about a week and a half there was striking increase in the number of red-cells. The amount of Hemoglobin also showed an increase. The number of Leucocytes increased. The increase in the Reticulocytes was really surprising. All the subjective symptoms disappeared. She began to get good appetite and the complexion and the strength rapidly improved. After six weeks of this treatment consisting of a dozen injections of Hemo-Cyto-Serum and Liver Extract she was almost cured. It may be noted here that Liver Extract was a substitutional treatment in this case. It is the liver that is out of order in pernicious anaemia and it is to arrest this functional disorder that the Liver Extract is

exhibited, while Hemo-Cyto-Serum increased both the quality and the quantity of the blood and brought about the cure.

3. This was a typical case of a woman of about 35, who had her lymphatic glands of the neck enlarged. She had no Tubercular diathesis. There was nothing wrong with her except the fact that the swellings in the neck disfigured her, so she came more for cosmetic treatment than anything else. I put her on a course of Hemo-Cyto-Serum and in all gave her twelve injections. Locally I advised her applications of Iodex. After about two weeks there was appreciable reduction in the swellings in her neck and after the full course the swellings in the neck were hardly perceptible. She continued the local application of Iodex for a long time and now she is quite satisfied with the results.

Gall-bladder and Hepatic disturbances.

Affections of the liver and gall-bladder are very commonly met with in general practice. Measures which alleviate these suffering without much trouble are really in great demand. Many physicians have spoken highly of Boldine on account of the success they have achieved by its employment in hepatitis, jaundice, enlargement of the liver, cholecystitis, hepatic colic, gall-stones and tropical liver diseases. Boldine has an advantage over other cholagogues in that it is rapid in action, tasteless and can be easily taken. It undoubtedly produces a relative and absolute increase in bile.

It stimulates the liver, increases the flow of bile and softens the concretions formed by Cholesterin. Experiments with Boldine fully indicate that in cases of hepatitis, gall-bladder diseases, etc., Boldine has yielded satisfactory results and headache, bilious vomiting and constipation which are generally concomitant of these diseases rapidly disappear. Serious liver diseases, such as Cirrhosis, are treated successfully with Boldine. With control of diet and the use of Boldine with Ammonium Chloride, striking results were obtained. From the report of several physicians it has been found that Boldine, besides clearing the hepatic tissue improves markedly the general health and strength of the patient.

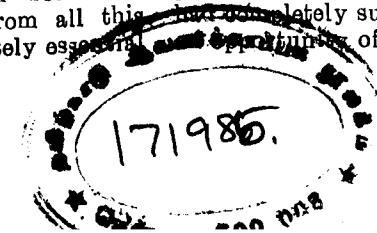
Abdominal collateral channels usually present in hepatic diseases disappear almost entirely and the patients pass from a condition of serious illness to one closely approaching normal.

It is well-known that chronic Cholecystitis favours the formation of gall stones and the consequent necessity for a surgical operation is naturally dreaded by the majority of patients. Remedies which lessen this possibility are therefore gladly availed of by the patients. Boldine has a remarkable property of overcoming bile stasis and thus preventing the formation of gall-stones. Boldine can therefore be advantageously exhibited in Cholecystitis, which is not only effectively cured but the possibility of the consequent complications is very remote. In many cases of gall-stones also the continuous treatment for a long time has rendered surgical operation quite unnecessary. It is in these cases that the proper value of Boldine can be gauged, for it acts by promoting a free flow of bile and facilitating the removal of concretions. As gall-stones are met with more in women than in men and as they generally follow pregnancy, it is advisable to start Boldine treatment when the physician finds any indication of bile stasis, history of bilious vomiting etc., in that condition. The immediate commencement of this treatment would prevent more serious complications. How important it is to begin this Boldine treatment very early would be realised, when we consider the pathology of gall-bladder disease. If the medical treatment is not given in the early stage, the acute condition goes on to the chronic one, functions such as power of absorption and excretion, concentration of bile or the contractile power of the gall-bladder get completely out of order. The extension of these pathological conditions means the engorgement of the pancreas and consequent disease of that organ. The chronically infected gall bladder involves also the Liver with its intra and extra hepatic ducts, the heart and the kidneys, as a result of which these organs are seriously damaged. As a result of chronic Cholecystitis there is a tendency for the gall stones to form, which migrate and lodge in the common duct. The disastrous consequences in such cases can better be imagined than described. From all this we can infer that it is absolutely essential

to commence the treatment of Boldine on the slightest manifestation of gall-bladder troubles, specially in women. Boldine therefore, according to the experience of many physicians, accomplishes what is known as the "Medical drainage of the Biliary tract". This means that the evacuation of the gall-bladder and the bile duct can be satisfactorily obtained by Boldine. It comes in very handy therefore in cases of hepatic congestion, torpidity, too viscous or insufficient bile-flow. Boldine will effectively stimulate and evacuate the normal flow of bile and at the same time regulate intestinal evacuation also. On account of the fact that Boldine produces results most effectively with ease and without any secondary disturbances, it is one of the best vegetable cholagogues that we possess.

The following cases treated successfully with Boldine will substantiate what has been said above regarding it.

1. This was a case of a young lad of 16, who had come under the writer's care for an attack of Jaundice. Previous to this he suffered from attack of malarial fever with mild gastro-intestinal symptoms of vomiting, diarrhoea and pain in the epigastrium. It appeared from his story that he had been taking quinine for these symptoms. When he came to the writer he had symptoms of typical jaundice. The conjunctiva showed yellowish tinge, the urine was of deep yellow colour and he passed clay coloured motions. In the beginning he was given calomel and other Cholagogue purgatives, but the symptoms instead of lessening became still worse. His conjunctiva now were deep yellow and the skin of the whole body was stained yellow. The urine and the stools were the same as before. In addition to this he complained of severe itching of the whole body. The patient on the whole was very restless. It was at this time that the idea of exhibiting Boldine was thought of. He was at once kept on it and he was given 2 pills about 15 minutes before he took any nourishment 4 times a day. The result was nothing short of marvellous. The symptoms began to improve within 24 hours and on the fourth day of the commencement of the treatment, the urine had become of normal colour and he began to pass greenish brown faeces. The itching was completely subsided. The writer had



similar cases, in all of which equally good results were obtained by Boldine.

2. A married woman of about 28 came to the writer for treatment for severe pain in the right hepatic region. She had recurrent attacks of this sort of pain, which used to disappear on taking purgatives. On examination, the liver was found to be about four fingers below the costal margin. There was pain and discomfort, which increased on a little exertion. Headache, bilious vomiting and constipation troubled her very much. She was running temperature also. The area behind the ninth costal cartilage was tender on pressure, which showed that the gall-bladder was inflamed. On further eliciting her history, it was found that she had been getting the paroxysms of such pains for months together. It was a case of Cholel-systitis and as she gave past history of getting hepatic colic now and then, it was quite possible that she had gall-stones as well. Treatment was commenced with Boldine at once, together with saline purgatives. From the fourth day she began to feel a little better. The hepatic region was distinctly less tender than before. The vomiting and headache stopped entirely on the seventh day, and she began to get appetite. The temperature was reduced to normal. After about a fortnight the liver was only slightly felt below the costal margin and the paroxysmal pain had entirely gone. Simultaneously she began to take light food, which she was able to digest without any difficulty. As a result she began to feel a little stronger and eventually got entirely all right. Except for the salines she was having, nothing but Boldine was administered to her. She was taking 10 pills per day and her diet was strictly regulated.

The writer has found Boldine very useful in common bilious attacks, hepatic congestions, torpidity of the liver, indigestions etc. He has treated a number of such cases in all of which he has obtained uniformly good results.

Sarcoptol—a Sovereign Remedy for Skin Diseases.

From time immemorial, Sulphur has been the remedy par excellence for the external application in the majority of skin diseases. Through all the ages Sulphur in its original crude form, commonly known as Sulphur Precipitatum or Sublimatum, was used for its healing virtues in most

of the skin troubles. In this era of elaborate Pharmaceutical preparations this same Sulphur is highly refined and it is now possible to get really good Sulphur preparation for external use free from its grilliness, irritant action, objectionable odour etc. Such a product is Sarcoptol prepared by the Anglo-French Drug Co. This preparation is unexcelled in its energetic antiparasitical and antiseptic action and in the depth of its absorption. In many skin diseases itching is more or less present and here the soothing action of Sarcoptol goes a long way in ameliorating this symptom. It is therefore very useful as an anti-pruritic and that is the reason why it can be of great use in various skin diseases. Sarcoptol is a liquid colloidal preparation of Sulphur. It has got a nice pleasing odour and is well borne by the most sensitive skins. Sarcoptol is the only elaborate preparation, which can be applied in parasitic, idiopathic and infectious diseases of the skin with good results. On account of Sulphur being in a colloidal state, Sarcoptol has not only energy in its action but its rapidity in absorption is simply remarkable. It is very prompt in allaying pruritus and it is preferred to any other Sulphur preparation on account of its freedom from objectionable odour. Thanks to its harmless nature, its softness, its agreeable smell and freedom from irritation it can be even used as a toilet cream. It gives to the skin a healthy appearance. A remarkable virtue possessed by Sarcoptol is that it prevents desquamation. It does not stain the skin or the linen and even if the application is continued for a long period and absorption takes place, it does not produce toxic symptoms. In short, Sarcoptol is a most elegant preparation, clean and pure and can be considered almost a boon to the dermatologist.

Clinical experience indicates that Sarcoptol can be successfully used in a variety of skin troubles. Acne, Seborrhea, Scabies and Ringworm yield to Sarcoptol treatment wonderfully. The routine treatment of all these skin affections by Sulphur has given place to Sarcoptol. Seborrhea eczema, Seborrhea of the face and the scalp are rapidly cured by Sarcoptol. The old method of treating this ailment was notoriously long and tedious and hence it was not quite possible to follow cases thoroughly, as the patients used to get tired of that treatment. Now that

the course of treatment has been shortened and made easy, the practitioner can follow the various stages of the diseases. Sarcoptol relieves the irritation of the Seborrhea of the scalp in a short time and lessens dandruff. In severe cases the hair should be parted and Sarcoptol rubbed vigorously, so that the scalp can absorb it thoroughly. In this way most of the skin diseases of the scalp can be cured in no time. Quite a number of instances have been recorded in which Sarcoptol has acted with wonderful efficacy in acne and seborrhea of the face. After other forms of treatments have been tried without avail for a long time, the application of aqueous solution of Sarcoptol several times a day has proved quite efficacious. Sarcoptol has been tried with very good results in Scabies. The time-worn treatment of this affection by Sulphur ointment has been found in the majority of cases irritating. If Sarcoptol is rubbed on the affected parts after washing them well with soap and warm water and the friction continued till it is nicely absorbed, it would cure Scabies in a day's treatment. In Ringworm also Sarcoptol may be employed with advantage. If it is applied twice or thrice a day, it disappears within a short time, the only precaution to be observed is to scrupulously wash the parts well before each application.

The clinical reports of various medical men create a very favourable impression as regards efficacy of Sarcoptol in the different skin diseases, which have been just indicated. As a matter of fact there is hardly any elaborate preparation in the market, which rapidly heals skin lesions, suppresses itching and restores the original condition of the skin to compare with Sarcoptol.

Treatment of Female sex disorders by Opocrin Ovary.

Most of the Ovarial Extracts available to the Profession are inactive due to their being prepared by Programmatic methods and this has been proved by various experimental tests and also by the fact that chemical analysis revealed the absence of any hormone. It is therefore quite essential for medical men to resort to Biological tests in order to find out the activity and the usefulness of a glandular product. Besides the method of prepara-

tion of the product, it must be seen that there is proper selection of animals that are slaughtered and it must also be found out whether fresh glands are used. These Biological Products, specially the ovary, if they are not fresh, get putrid and then lose their activity. Opocrin Ovary (A. F. D.) is so prepared that it satisfies all the tests mentioned above and hence can be used with sure success in those diseases where this gland is indicated. Opocrin Ovary is prepared from the whole fresh gland obtained from healthy slaughtered animals. It therefore contains the whole ovarian substance rather than merely Corpus Luteum which appears to have action only in the early months of pregnancy and of stimulating the mammary gland. Opocrin Ovary on the contrary has full ovarian action and not only that of Corpus Luteum.

The indications in which Opocrin Ovary can be given are numerous. It is employed in menstrual disorders such as Amenorrhea, Dysmenorrhea, irregular menses and Menopause. In Primary Amenorrhea the defect consists in the ovaries being at fault, so that their primary function *viz.*, regular ovulation is absent. In such cases Opocrin Ovary should be exhibited and the results would be quite satisfactory because Opocrin Ovary contains full ovarian substance, which stimulates the ovaries and improves their action. The disorders at the Menopause are also improved by Opocrin ovary treatment, as it compensates for the ovarian insufficiency present at the time. Its use is said to ameliorate the deficiency symptoms after castration and climacterium. Clinical evidence is in favour of treating Chlorosis and Anaemia, which are due to ovarian dysfunction, by means of Opocrin Ovary. Mental conditions following Ovariectomy are said to be benefitted when the patient takes Opocrin Ovary. Symptoms accompanying growth and puberty in young girls are cured by taking this treatment. It is reported to be very efficacious in Hyperemesis Gravidarum. Obesity due to defective function of the ovary has been treated with success by means of this single gland treatment. Opocrin Ovary can be used with remarkable success in cases of Gout, Rheumatism and Fibrositis. When skin diseases have any relation with ovarian dysfunction, Opocrin Ovary can be given with advantage. This relation can be easily recognised if in addition to the skin diseases

there is amenorrhea, infantilism of the genitals, under development of the mammary glands or other sexual defects. One can claim a cure of Psoriasis in females, if that is due to the disturbance of the function of the Genital Glands.

The following cases will fully illustrate the truth of the above remarks.

A woman aged 26 came under my treatment for Amenorrhea. This was due to Chlorosis. She was not having regular menses for the last four months. Whenever she had it, it was very scanty and at the same time muddy. She was anaemic, mentally unstable and quite unhappy. She got fatigued very easily and she used to complain of periodical headaches. On examination I found that there was no uterine displacement. The disorder was mostly functional and the chlorosis probably was the result of Ovarian Dysfunction. She was kept on Opocrin Ovary treatment and within a short time good effects were clearly visible. She began to get regular monthly periods and her chlorosis was much improved. She rarely had headaches and within two months she became quite a picture of health.

Another was a case of serious Periarthritis. She was an elderly woman of about 40 years and had swollen and painful knee and shoulder joints. She complained also of not having regular menstruation for the last three months. Remarkable decrease of swelling and disappearance of pain followed the Opocrin Ovary treatment. She took six tablets per day and after about six days she was able to move her legs and arms. The menstrual periods also became more regular. The only defect that remained in her condition was that at the time of her periods she was having some joint-pains, which slowly disappeared as soon as her menstruation was over. She was taking Opocrin Ovary regularly with a few breaks and after about six months she was freed from the trouble altogether. G. M. P.

After Delivery

In the debility following child-birth, if a very energetic restorative is required, most satisfactory results can be obtained by injections of Hemoplase.

An ampoule of 5 c.c. every other day is sufficient, and three such injection can be relied on to give a satisfactory recovery.

Equal to natural lymphatic
of diseases of the veins

PROVEINASE
Regulator of venous circulation

MIDY

Varicose
Varicose
Phlebitis
Troubles of the
Menstruation
and puberty

Internal
treatment
for
Haemorrhoids

TOPICAL TREATMENT
FOR PILES

ointment MIDY
Adreno-Styptic

LABORATOIRES MIDY
4, rue du Colonel Moit, Paris

SUPPOSITOIRES MIDY
Adreno-Styptic

Notes on Treatment of Diseases

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

Dengue: Morphine and Antipyrine, Acetanilide and Sod. Salicylate. Cryogenine does the work of all the aforesaid drugs and not being a depressant is not harmful.

(2) Injection of Adrenalin, 10 min. of 1 in 1000 sol. (Sajous.)

(3) Aspirin with morphia (Tinct. opii, min. 1/4 to 1/2 for every year of age.) (Armytage).

(4) Aspirin, Pyramidin and Caffein. (M.A.)

(5) Adrenalin and Cal. Chloride. (M.A.)

(6) For abortive treatment, hypodermic injection, 3 c. c. of Acetylarsan and Trepasol orally in 1.0 gm. doses for 3 days; or intra-muscular injections of 6 ctgr. of Sulfarsenol for 3 days produce amelioration of the pain and fever. (Rogers).

(7) Iodaseptine or Pharnasol Iodine intravenously aborts an attack.

Defective children: Pineal gland is indicated, and to be given as follows:

	Male.	Female.
Antipituitary	1/5th of a grain.	1/5th of a grain.
Thyroid ...	1/8th ..	1/8th ..
Suprarenal ...	1 ..	1 ..
Orchis extract	1 1/2 ..	
Ovary ...		1 1/2 ..
Pineal ...	1/30th ..	1/30th ..

three times a day. (E.S.)

Deafness and buzzing in the ear: Otosclerol is good (J.M.J.)

Dental caries: Parathyroid, Adrenal extract, Anterior Pituitary and thyroid with calcium lactate. (Harrower).

Dermatosis: As eczema, Psoriasis, etc., may be caused by hyper-glycemia, without glycosuria and in these cases, Insulin is useful. (E.S.).

Dermato Mycosis: After cleaning and brushing the part with warm water and green soap, apply alcohol 95 per cent.

and then Deek's ointment which contains: Menthol, 7 parts, Bismuth Sub. Nit., 10 parts, Oil of Eucalyptus, Oil of Cloves and Oil of Thyme, each 10 parts, Alcohol, 5 parts and Lanoline, ad 100 parts; apply every night.

Diabetes Insipidus: Hypo-physis sicca grain 1/10th and ergotine 1 gr. 3 times a day. Anterior Lobe has no effect. Hypodermic injection of Posterior Pituitary with Ergot and Strychnine. (Sajous).

(2) Nasal administration of pituitrine is good. The disease is said to be caused by the dysfunction of the pituitary gland as tumours, etc. In other cases, syphilitic meningitis is the cause. Wassermann test must be applied. (I.M.G.).

(3) Neo-Cesol is good. (Merck).

(4) Testicular Extract, (Testifortan) injection is good. (Merck.)

(5) Novosuro: Intra-muscular injection at intervals of two or three days. (C.E.)

(6) Valerian, full dose. (Hare.)

(7) Bromo-Valerianate "Elixir":—an Elixir of Valerian without the disagreeable odour in combination with Strontium Bromide has a very beneficial effect.

Notes on Therapeutics, Diagnosis and other Medical Subjects.

Boric Medication.

Boric Medication was first introduced in 1881 in certain nervous affections. Agitation, insomnia, delirium, hysteria, epilepsy, neurosis, gastric spasm, difficult and vicious children, urine incontinence etc, by English and American neurologists: Gowers, Folsom, Hill, Manson, Herwart, Russell and Taylor. These workers used sodium borate and had encouraging results which were confirmed in France by Fere, Dijoud, Mayret. The method, abandoned because of toxic symptoms, was taken up again by Pierre Marie, Crouzon and Bouttier, who substituted sodium borate by potassium borotartarate, which proved to be less harmful. The results published by these workers (Press Medicale, October 1920) showed that the medicament was of great interest, capable of advantageously replacing the bromides. There are however a variety of borotartarates, with different chemical constitutions, and therefore of

variable therapeutic action. Further, although potassium borotartarate is definitely less harmful than sodium borate, it has however a not negligible toxicity in large doses. For these reasons August Lumiere of France undertook research to obtain a boric compound of definite composition and free from the inconveniences associated with the potassium salts. In a communication sent to the Societe de Therapeutique de Paris (8th June, 1921) he gave his reasons for choosing sodium borotartarate. It has, weight for weight, a larger proportion or born in its composition than the potassium salt and is much less toxic (the guineapig supports 10 gms. of the sodium salt and only 5 gms. of the potassium salt per kilo. body weight) and is therefore more effective. This aqueous prepared was named by Lumiere as Borosodine and is now known as Borosodine Lumiere, and contains one gramme of chemically pure Sodium borotartarate per one. c. c.

THERAPEUTIC ACTION OF BOROSODINE LUMIERE:—The therapeutic action of Borosodine has been studied in comparison with the bromides and potassium borotartarate by DR GARDERE in the nerve clinic at the Perron Hospital, Lyon, and also on school children. The results of his experimentation given to the Societe Medicale des Hopitaux de Lyon (6th June, 1921) confirmed the statement of Pierre MARIE. CROUZON AND BOUTTIER concerning the value of the boric preparations in certain nervous conditions. Like the potassium salt, Borosodine Lumiere was shown to be quite equal to and sometimes even better than the bromides. It has the immense advantage of never causing deep nervous depression, gastric disturbance, skin rashes, sensory disturbances, etc., which in many patients follow prolonged bromide medication.

Sodium borate treatment, as is well known, was frequently followed by eczematous and psoriatic eruptions and choleriform diarrhoea. Neither the potassium nor sodium borotartarates give any such ill effects. As far as the distinction between the potassium and sodium salts is concerned clinical experience confirms the chemical facts. The sodium borotartarate having a higher boron content than the potassium salt, is more active in smaller doses, a considerable advantage for treatment which is necessarily of long duration.

Borosodine Lumiere is also better tolerated both by the digestive organs and the nervous system itself. It is therefore the therapeutic agent of choice in boric treatment of nervous affections of a spasmodic nature.

Principal Indications:—Borosodine has a rapid sedative action which is to a certain extent elective in neuropathic conditions. Under its influence, the accompanying fits become less severe and less frequent. Instead of fits, the patients merely suffer from giddiness; and this itself may be rare or even disappear. Whatever the amelioration, as stressed by Dr. Gardere, the improvement is never accompanied by deep nervous depression. On the contrary, there is a decided improvement in the general state of the patient in his intellectual state and even in his facial appearance, points which can be observed by associates and contrast very strongly with the state of torpor, sleepiness etc., accompanying bromide treatment.

Borosodine has been equally successfully used in various nervous diseases: hysteria, neurosis, convulsions, delirium, neurasthenias, insomnia etc.

In particular, very encouraging results have been secured in children suffering from chorea, night incontinence of urine and abnormal unstable or agitated conditions.

DIRECTION FOR USE AND DOSAGE:

(a) For Adults.

Borosodine Lumiere is generally given in progressive dosage, varying from 2 to 10 grammes daily. Because it is practically non-toxic and very harmless, the latter dose may be exceeded if necessary, in certain cases.

Borosodine Lumiere is an aqueous solution containing exactly one gramme of the pure sodium borotartarate per c. c. (One half teaspoonful contains 2½ grammes of the salt; one teaspoonful equals 5 grammes and a dessert-spoonful equals 10 grammes.

The daily dosage is generally divided into two equal doses, each dose being taken in water after the two principal meals.

Borosodine Lumiere has no disagreeable taste and is readily taken by the most fastidious patients.

(b) For Children.

Mix one teaspoonful Borosodine with four teaspoonfuls of simple Syrup, and out of the mixture, give in the following doses.

Age	Dose
1 to 2 years	½ to 1 teaspoonfull daily.
3 to 4 "	1 to 2 " "
5 to 7 "	2 to 4 " "
8 to 14 "	4 to 6 " "

Pulmo Calcium.

That mineral substances are absolutely essential to the growth of the organism is proved by the fact that animals when fed on meat combined with starch, carbohydrates and fats, but deprived of mineral salts could not live for more than a fortnight. Calcium is the most important element of these mineral substances, as it constitutes the essential foundation of the skeleton and cartilages and together with magnesium, it controls the formation of Lecithins and Albumins. Calcium also plays a prominent part in the course of development of man and his growth, specially in the first twenty years of his life. The daily requirement of calcium for the formation of the skeleton is about 0.150 gm. and the loss in the urine and the excrement is 0.750 gm. The total output therefore is 0.900 gm. and as the daily alimentation only supplies an average adult man with about 0.765 gm. of calcium, it is found that there is always a lack of this element, which, if conditions are favourable, manifests itself through various morbid processes.

There are various causes on account of which decalcification takes place in the human body, the principal of which are:—

1. Inadequate intake
2. Excessive elimination
3. Improper utilization in the body.

1. Decalcification may be due to the fact that the quality of the food-stuffs may be bad or there may be lack of proper nourishing food. Overfeeding is generally the cause of decalcification. Care should be taken to avoid acid foods, as the acidulated blood dissolves the salts of calcium and thus prevents recalcification. Foods that give rise to acid fermentations, such as fats, should also be excluded from the diet.

2. In normal growth, teething, lactation and pregnancy etc., large quantities of

calcium are utilized. If this elimination of calcium is not compensated for, signs of general debility, nervous symptoms and dental caries manifest themselves.

3. Modern research has proved that proper utilization of calcium does not take place in the body in those cases in which there is glandular insufficiency. Some of the glands such as Supra-renal, Parathyroid etc., have great influence on growth and calcium metabolism.

Pulmo Calcium is so prepared that it compensates for all the deficiencies stated above. It is assimilated more completely and rapidly than any other salt of Calcium. It is taken generally with meals and if administered in this way, most beneficial results are observed in a remarkably short time. Tubercular lesions, either pulmonary or bony, are rapidly calcified by this treatment. Pulmo Calcium increases appetite and by thus improving the nutrition, restores the original strength of the patient. It also ensures increased supply of calcium in Pregnancy and Lactation, where it is needed most on account of rapid elimination. Similarly, in Rickets, Lymphatism, Anaemia and in delayed healing of fractured bones it is of great help, as it compensates for undue excretion of calcium and makes good for all troubles due to mal-nutrition.

PULMONARY TUBERCULOSIS: In this disease, Pulmo Calcium is of great value, as is evidenced by the experience of several clinicians. It exerts a beneficial influence in healing of lung lesions. It alkalinises the blood which contains abnormal quantities of acids usually present in Tubercular conditions. It increases the weight and improves the appetite—two things which are quite essential in such cases for the progress towards recovery. Besides this cicatrized tissue is rapidly formed in the lungs, which prevents further progress of the disease. This new tissue is very resistant to further inroads of any other bacilli, Pulmo Calcium can be exhibited for a long time without any injurious secondary effects. For night-sweats of Phthisis it can be given with very good results. Cases are on record where the sweats ceased after the second night.

Besides Pulmonary Tuberculosis, this preparation is of great value in bone and joint Tuberculosis, as there is clear indication that Calcium is essential in such conditions.

RICKETS: Pulmo Calcium is of great use in this affection also, as modern investigations question the administration of Cod Liver Oil alone in such cases. Together with this oil Calcium is strongly advocated, as experiments on animals have proved that these kept on Cod Liver Oil and Calcium thrived far better than those kept on Cod Liver Oil alone. Pulmo Calcium therefore is indicated in this disease, as it is in a very good assimilable form and it can be taken for a very long time with impunity.

PREGNANCY: That there is a greater demand for Calcium in Pregnancy is the opinion of all Physiologists.

To satisfy this demand, Pulmo-Calcium is the proper product, after taking which there is the least chance of the impairment of health of either the mother or the child. The course of Pregnancy is quite normal, when the subject is a Pulmo-Calcium treatment, and such ailments as anaemia, acidosis, vomiting etc., are seldom seen. Besides, the loss of blood at the time of child-birth is comparatively much less, when the mother is taking Pulmo-Calcium during Pregnancy. It is needless to say that the teeth and the skeletal system of the mother are much benefitted by this treatment and there is less likelihood of her giving birth to rachitic infants.

LACTATION: Here too Pulmo-Calcium is indicated, as there is a perceptible elimination of calcium through milk. Recalcification treatment is therefore evidently called for and Pulmo-Calcium is the remedy of choice, which can be prescribed throughout the period. The only rule that should be observed during the treatment is that all pickles and acid foods should be deleted from the diet.

BONE-CONDITIONS: In delayed union of fractures, callus formation is greatly helped by Pulmo-Calcium treatment.

Treatment of Malaria with a Colloidal Quinine.

Pharmasol Quinine is to be preferred to ordinary Quinine on account of the many advantages it offers. Where Quinine has failed, the Pharmasol has come out very efficacious, specially in refractory

cases of Malaria. There is no question of idiosyncrasy when the treatment with Pharmasol Quinine is instituted. It is tolerated by even those most sensitive to ordinary Quinine. Even if the idiosyncrasy is acquired or congenital, taking this preparation for a prolonged period causes absolutely no harm. Quinine by itself when administered for a long time, produces a group of symptoms, which is known as Quinism. It gives rise to visual symptoms, tinnitus aurium, nausea, giddiness, unpleasant taste etc. Pharmasol Quinine never gives rise to any of these secondary effects, as was proved by the experiences of various physicians. Furthermore, it hardly induces contractions of the Uterus, a decided advantage over Quinine in treating Malaria in a pregnant woman. When a physician is confronted with the difficult problem of treating Malaria in a pregnant woman, he is naturally alarmed at the prospect of administering Quinine. Pharmasol Quinine however, can be prescribed without any hesitation, as it is the safest product containing small doses of Quinine, which are least likely to produce any contractions. Oral Pharmasol Quinine can be taken easily even by small children on account of the absence of unpleasant taste. Pharmasol Quinine can also be injected intra-muscularly without any pain and abscess formation and other dangerous symptoms, which are sometimes caused by other salts of Quinine in spite of the most faultless technique.

From the experience of the medical profession, it has been found that Pharmasol Quinine has proved the safest weapon in their hands against Malaria, the most prevalent and debilitating disease. It has come to their knowledge that under Quinine treatment, relapses were far more frequent, while with Pharmasol Quinine, the rate of relapses was much reduced.

Now in dealing with the various indications, we notice how more effectively they can be combated by Pharmasol Quinine than with Quinine. In Tertian and Quartan Malaria, it can be injected once or if the symptoms are more severe, twice weekly. The temperature in these attacks is generally cut short and even if further attacks take place, the symptoms are much milder than the previous ones. Headache, nausea and vomiting, the peculiar symptoms of Bombay Malaria, promptly disappear under this treatment and the

enlarged spleen of chronic Malaria tends to reduce in size rapidly. There is also striking improvement in the composition of the blood, which means that Pharmasol Quinine acts as a good tonic. Now it takes roughly two days for the complete disappearance of the parasites from the blood. This period however, varies—it might be less or a little more—according to the virulence of the parasites or the resistance and the vitality of the patients. If the patient is undergoing a systematic course of Pharmasol Quinine treatment, he will have less relapses than when he is taking simple Quinine, specially in Quartan type of Malaria, which is most resistant to ordinary Quinine salts.

Pharmasol Quinine is also very effective in Sub-tertian Malaria, as is found from the blood pictures examined after its administration. It has been found very difficult even after prolonged treatment by Quinine salts to eradicate Sub-tertian parasites from the blood permanently. Pharmasol Quinine was the most appropriate preparation of Quinine to remove the sexual forms of the Sub-tertian parasites from the circulation.

As a prophylactic, Pharmasol Quinine has proved extremely valuable in places infected with Malaria. Owing to the smaller doses it contains, the continuous treatment with it is most suitable, specially for mass treatment in tropical countries.

Pharmasol Quinine therefore, is quite a unique remedy for overcoming Malaria of whatever type effectively and if it is consistently given to people inhabiting Malarial Districts, it is quite capable of rendering them very healthy. In brief, Pharmasol Quinine is effective in Tertian, Quartan and Sub-Tertian Malaria. It causes the gametocytes of the Sub-tertian Malaria to rapidly disappear from the system preventing their reformation. It can be given to women in pregnancy and the oral preparation is easily taken by children. It is well tolerated by sensitive stomachs as also by people who have Quinine idiosyncrasy. Secondary effects are seldom met with under its administration. Relapses in patients taking Pharmasol Quinine are very rare compared to treatment by Quinine Salts.

Hypertension.

Notes and Extracts from Standard Literature.

VILLARET, M. AND JUSTIN-BESANCON, L: THE THERAPEUTIC APPLICATION OF ACETYLCHOLINE, LANCET, 1: 493, MARCH 9, 1929.

In arterial hypertension, giddiness, buzzing in the ears, cramps in the calves, dead fingers, defective vision, etc., seem to depend largely on arterial or arteriolar spasms and their treatment by acetylcholine is worth while. On the arterial pressure figures themselves prolonged acetylcholine treatment can produce a reduction, especially of the maximum pressure. This, however, is very uncertain and in any case, one cannot compare the effect of subcutaneous injections in man with the reduction obtained in animals by intravenous injections. Nevertheless, we have a certain number of observations in which the arterial pressure has been favourably influenced. On the other hand, the effect of acetylcholine on functional trouble is very considerable. Functional disturbances disappear very quickly in most cases. In old people with atheromatous arteries, there is danger in injecting too large a dose of acetylcholine; the risk of hemorrhage in the nerve centres cannot be disregarded.

VILLARET, M. AND JUSTIN-BESANCON, L: EXPERIMENTAL AND CLINICAL STUDIES ON ACETYLCHOLINE, BULL. ACAD. DE MED., 99: 439, APRIL 17, 1928.

Contrary to what one would expect, the majority of cases of hypertension did not respond to this form of medication by fall in the manometric figures. Marked improvement is reported, however, in certain functional symptoms of hypertension, such as muscae volitantes, sleeping fingers, cramps, certain types of vertigo and ringing in the ears.

DOUTHWAITE, A.H.: THE TREATMENT OF HYPERPIESIA, BRIT. M. L. 2: 844, NOVEMBER 9, 1929.

Acetylcholine, an acetyl ester of choline, stimulates the parasympathetic system and antagonizes epinephrin. Its effect in lowering arterial tension is produced by dilatation of the arterioles, the capillaries being unaffected.

The actual preparation used is "Accoline", which consists of acetylcholine, hydrochloride stabilized with glucose

The resulting powder must be dissolved immediately before use and the solution injected intramuscularly. Oral administration is useless; intravenous injection is extremely dangerous. As a precautionary measure, therefore, the piston of the syringe should be withdrawn before injection to ensure against an actual delivery of the drug into the blood-stream. The initial dose should be 0.05 gm. raised subsequently to 0.1 gm. daily. The effect of the former dose is to produce a steady fall of systolic pressure, commencing within half an hour of administration reaching its lowest level in three to four hours and passing off gradually with a return to the former height in seven to nine hours after the injection.

As examples may be cited, the following results on the same patient, a female of 59 years, with hyperpiesis, normal urine, and moderate arteriosclerosis. At 11 a.m., 0.05 gm. Acecoline injected, the blood pressure being 180 mm. systolic. At 12.30 p.m. the blood pressure had fallen to 160; at 2.30 to 115. At 10 p.m., it was 165; and at 10.30 the following morning, 175.

It is clear that acetylcholine has a much more prolonged action than that of other drugs such as the nitrites and veratrum viride, and it has the advantage of not producing sudden falls of pressure, which have caused the objectionable symptoms following the use of veratrine. Whether a course of injections will produce a lasting effect on the hyperpiesis is not yet determined. There are already indications that it will do so, and some authors advise doses of 0.1 or even 0.2 gm. night and morning for fifteen consecutive days each month, for three months. Reduction of the blood pressure is justified in view of the fact that by so doing the heart and blood vessels are relieved of excessive stresses, at any rate for several hours of the day. The summation of such respites, taken over a year, must represent an enormous saving to the heart muscle.

DOUTHWAITE, A. H. DISCUSSION ON HIGH PRESSURE BEFORE THE HARVEIAN SOCIETY ON APRIL 10, 1930, REPORTED IN LANCET, APRIL 16, 1930, p. 861.

Dr. Douthwaite said that reassurance is not sufficient treatment for a patient during an exacerbation, and the symptoms must be relieved by reduction of pressure during the attack. He has found iodides,

nitrites and bromides valueless. Thyroid and dieting are useful in menopausal cases. In other cases he has found that venesection every two or three months works well and relieves symptoms. At Guy's Hospital, London, intramuscular injections of acetylcholine in doses of 0.1 gm., are given. A course of this treatment effects a reduction of pressure with relief of symptoms lasting for a period up to six weeks.

Obliterative Arteritis

Notes and Extracts from Standard Literature.

VILLARET, M. AND JUSTIN-BESANCON L.: THE THERAPEUTIC APPLICATION OF ACETYLCHOLINE, LANCET, 1: 493, MARCH 9, 1929.

When this is pre-senile, senile, or diabetic with gangrene, the effect of acetylcholine is often remarkable. There is a large number of failures whenever there is complete stenosis acetylcholine naturally will not open out an obliterated artery.

The dosage is 0.1 gm. morning and evening, increased after the first day to 0.2 gm. morning and evening. The duration of the treatment varies according to the extent of the anatomical lesions. If the case is mild, fifteen injections per month are sufficient; if it is more severe, the injections must be continued until there is improvement.

Even with arterial obliteration, the following results have been obtained:

1. Disappearance of the intermittent claudication, generally after five or six injections.

2. Ease from pain, the effect in some cases being much superior to that of morphine.

3. Disappearance of trophic changes, provided of course that they are superficial and that the secondary infection is not advanced.

4. Increase of oscillometric index; but this is very uncertain, is seen only in the most favourable cases, and predicts improvement.

5. Pre-operative and post-operative treatment. Before every operation it is useful to give the patient a series of injections of acetylcholine, as this often limits the extent of the operation; so that for example, section below the knee may suffice instead of amputation at the thigh. Many examples of this have been noted in

the Paris hospitals and other cases have been reported outside of France.

6. In diabetic arteritis, acetylcholine plus insulin treatment is superior to insulin treatment alone.

7. In a patient suffering from pre-senile arteritis, after failure of sympathectomy, acetylcholine caused disappearance of the pain from the first injection and very rapid cicatrization of the trophic lesions.

VILLARET, M.: THE CLINICAL AND THERAPEUTIC USE OF ACETYLCHOLINE, MONDE MED. PARIS, 36: 449, APRIL, 1-15, 1929.

A man, aged 42 years, suffered intolerable pain from endarteritis obliteration and amputation was being considered. The Pachon instrument showed complete abolition of oscillations. Injections of 0.2 gm. of Acetylcholine were given intramuscularly morning and evening and were well tolerated. On the third day the skin began to lose its violet colour and the pain gradually subsided. The same dosage was continued for a month, when treatment was interrupted. In six weeks the open lesions were healed. Good results were also obtained in a third case in which the oscillometric index had disappeared. The author writes: "These cases speak so forcibly of the diagnostic and therapeutic value of Acetylcholine that no further statement is necessary to emphasize its value".

The Use of Gold Salts in the Treatment of the Pulmonary Forms of Tuberculosis—Their Advantages and inconveniences

To Professor MOELLGAARD, of Copenhagen, is due the merit of having shown by laboratory experiments that a gold thiosulphate (double thiosulphate of gold and sodium, $\text{Au}(\text{S}_2\text{O}_3)_2\text{Na}_2$) had a specific action on the Koch bacilli and on tuberculous tissue.

A great number of clinicians of many countries, including England, Denmark, Germany, France, U.S.A., have tried and reported on the effects of this salt—known as SANOCRYLIN. The Medical Research Council have issued two reports. The general consensus of opinion is that its specific action on tubercular tissue must be accepted. While the brilliant results at first hoped for may not have been fully

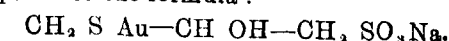
realized, without doubt a great number of favourable results have been obtained. Unfortunately, these good effects are balanced by the danger of the treatment. The intravenous injection of gold salts is, in fact, frequently followed by more or less serious symptoms; some are immediate, associated perhaps with the method of administration itself, and appearing to be of the nature of an anaphylactic shock, others are delayed. Amongst the latter may be mentioned: rise of temperature, exanthemata, loss of weight, intestinal disturbances, albuminuria. There may be sudden or progressive exaggeration of the more serious symptoms of the tubercular infection or there may be intoxication of the kidneys and livers. Nevertheless, on the whole, with care in selection and treatment of cases, these symptoms have not been so frequent or so serious as to warrant abandoning a method which has therewith appeared capable of rendering very appreciable benefit to certain patients. They have simply induced most investigators to adopt towards this method a friendly wait-and-see attitude, in the hope that a gold product would be discovered which, whilst possessing at least equal therapeutic activity, would be free from the disabilities attached to the double thiosulphate of gold and sodium.

ALLOCHRYSINE OR AUROTHYSIN LUMIERE.

These considerations induced AUGUSTE LUMIERE to undertake research in his laboratories of experimental physiology and pharmacodynamics, which has resulted in the preparation of a new compound which responds in every way to the necessary condition.

Messrs. A. LUMIERE and PERRIN, in a communication to the Paris Académie de Sciences on the 31st January, 1927, made known the composition of the gold compound, to which they gave the name, "Allochrysine," or "Aurothysin," the latter being a solution preferred for tropical countries.

The composition of the compound responds to the formula:—



In this body the metal is combined directly with the sulphur, whose second valency is taken up by an organic radiole whilst in the thiosulphate salt, the sulphur is part of a mineral molecule.

AUROTHYSIN or ALLOCHRYSSINE Lumiere is an amorphous pale yellow body, very soluble in water, insoluble in organic solvents. Heated to a high temperature it decomposes without melting. It is very stable for Aurothysin contains about 35 per cent. of its weight of gold. Injected subcutaneously or intramuscularly it is readily absorbed. Its toxicity is feeble; the dose of 10 cgm. per kilo body weight must be exceeded to produce a toxic effect on guinea-pigs. These last mentioned properties are of primary interest as far as gold therapy is concerned, since in the future, clinicians can apply the method without having resort to the intravenous route and without fear of the serious symptoms associated with gold salts, even in moderate dosage.

THERAPEUTIC ACTION.

Already a good number of observers in France have experimented with this product in digestive and pulmonary tuberculosis, either in sanatoria, or in private practice. All agree in acknowledging the feeble toxicity of Aurothysin and the remarkable facility with which it is absorbed. Most of them have made favourable and encouraging reports.

In cases of febrile pulmonary tuberculosis, the temperature undergoes a progressive defervescence. The cough is lessened, the expectoration is favourably modified and sometimes dried up. The bacilli become less numerous and, in a few cases, completely disappear. Auscultation signs and radiological examinations show a corresponding amelioration. In most cases the general condition was improved and weight increased.

Messrs. LUMIERE and A. GELIBERT have given the results of a recent trial of Aurothysin on thirty-two patients. The patients were not specially chosen, being private patients, and amongst them were many in the serious progressive stages of the disease (six caseous, fourteen fibro-caseous or ulcerous and twelve fibrous forms, all more or less acute stages). Eighteen of these patients obtained good lasting results, four fairly good results, ten were temporarily benefited and in eight cases only was the final result *nil* or poor.

AUROTHYSIN LUMIERE is therefore worthy of the attention of investigators, both because of its efficacy and because of its simplicity of administration.

REACTIONS AND CONTRAINDICATIONS.

While the results so far obtained with Aurothysin have been particularly favourable, much more must be done before any judgment can be made of its value. In any case, from the fact that it has been shown to be perfectly harmless, never causing the least local, focal or general reactions, the study of the product can consequently be carried out without fear and without inconvenience. As it does not cause albuminuria, no controlling serum is necessary as with the inorganic gold salts.

ADDITIONAL TREATMENT.

Whether Aurothysin has any immediate effect on the temperature has not yet been decided, as in all the French trials, fever, when present, was controlled by small doses of cryogenine. It is notable, however, that in 75 per cent. of the pyretic cases, the fever disappeared after all anti-pyretic treatment had ceased.

A further medicament used systematically in conjunction with Aurothysin was a concentrated extract of the blood elements known as hemoplas, a product which has been used for many years to combat denutrition and hemoglobin insufficiency.

FORMS AND DIRECTIONS FOR USE.

Experience has shown that it is advantageous to use only freshly diluted solutions.

To facilitate the preparation of the injection of Aurothysin the Lumiere Laboratories now supply the product as a concentrated solution in ampoules of 2 c.c. each containing 5 to 10 cts. of Aurothysin.

With these ampoules there are also supplied 8 c.c. ampoules of Saline solution, the injection being prepared by mixing together in a 10 c.c. Syringe, one ampoule of the concentrated Aurothysin solution with one ampoule of the Saline solution.

REACTION AND CONTRAINDICATIONS.

Although, in general, Aurothysin injections do not produce either local or general reaction, further experimentation has shown that in a few rare cases, owing to some particular susceptibility, the injections are followed by a local or general erythema, with or without pruritus. In such hypersensitive cases the treatment may have to be temporarily or definitely suspended.

The injections are made slowly into the gluteal muscles at a depth of 3 to 4 cms.

They are not accompanied by pain or by any local or general reaction.

DOSAGE.

The treatment has only been so far given to adults and children over thirteen years of age.

The average dose is one to two injections per week. The duration of treatment depends naturally on the condition of the

patient and the extent of the lesions. In certain cases as many as thirty consecutive injections may be given—equivalent to 7.5 gms. of Aurothysin. Owing to its particular non-toxic nature, Aurothysin has no formal contraindications. It is, however advisable not to administer it to patients with albuminuria or persistent diarrhoea.

SENIOR CAMBRIDGE CERTIFICATE.

POSTAL TUITION.

We beg to announce to the Licensed Medical Practitioners that we could arrange to impart tuition by post, for Senior Cambridge Certificate course, by highly qualified teachers employed in well-recognised institutions. The fee will depend on the number of candidates willing to have postal tuition—the larger the number the less will be the fee. The course may be arranged for six or three months depending upon the capability of the candidates. Those who wish to have postal tuition through us should register their names by sending their application with a registration fee of Rs. 2 only, of which rupee one will be returned in case we do not get enough number of candidates. For further particulars apply with postal stamps for reply to the—

MEDICAL PRACTITIONERS'

SERVICE BUREAU,

Vepery, MADRAS.

NOTICE.

The Hon'ble the Chief Minister has been pleased to receive a Deputation of the Rural Medical Practitioners' Association.

The date when the Deputation would wait on the Hon'ble Minister and the place will be notified duly.

In the meanwhile any fresh suggestions may be sent to the undersigned.

Members are earnestly requested to remit the subscription for the current year.

Viragnur, } S. RAMASUBBU, L. M. & S.,
Salem Dt., } Secretary, The Madras
1-6-31. } Provincial Rural Medical
Practitioners' Association.

THE INDIAN MEDICAL WORLD

The Official Journal of the Indian Medical Association

Editor-in-Chief:

Sir Nilratan Sircar, Kt., M.A., M.D., etc.

with a strong All Indian Editorial Board.

An independent monthly journal devoted to the interests of the Medical Profession in India.

FEATURES:

Original Articles from eminent Medical Men
Up-to-date Indian and foreign Medical News and Notes
Abstracts of interesting papers from leading contemporaries
Medical affairs at home and abroad.

Annual Subscription Rs. 6/-

Postage free.

Free copies to Members of the Indian Medical Association.

Sample copy free on request.

An excellent medium for advertisement.

Rate table on application.

For particulars, please write to:—

The Secretary-in-Charge, 6-A, Corporation Street, CALCUTTA.

News and Comments.

The Mysore Medical Conference :

The medical problems in Mysore cannot be far different from those in this province or elsewhere in this country, but with this difference that in a progressive State like Mysore where the whole administration is run by Indians, one would naturally expect much less vested interests which are a great impediment for progress in British India. Yet, excepting the fact that the Mysore administration is efficiently run by Indian Officers "possessing the knowledge and ability required to maintain the highest standards", the policy of medical administration in Mysore cannot be said to be progressive at all.

The Welcome Address of Dr. S. Subba Rao, who is the head of the Medical Department in Mysore, and also the President of the Mysore Medical Association, and the Presidential Address of Mr. P. G. D'Souza, the Third Member of the Mysore Executive Council, who is in charge of the medical portfolio, both of whom discussed the various problems affecting the medical profession and the State Medical Department in a masterly style, were nothing more than pious hopes. Coming as they do, from one who has the strings of medical administration and the other who is the fountain-head of it, the Addresses were lacking in initiation and hence, most disappointing and both of them did not indicate how the pious hopes could be materialised. Dr. Subba Rao has a dual responsibility as the head of the Medical Administration and as the President of the Mysore Medical Association which has on its rolls a large section of independent medical practitioners. The policy enunciated by him to find employment for the medical graduates passing out of the Mysore Medical College was as disappointing as it was impracticable. Even with a better financial position of the State, the idea of absorbing all those who pass out of Colleges into service is as stupendous as it is impossible. Mr. D'Souza had nothing to say regarding this most vexed question of finding employment to the medical graduates, though it cannot be said he was wanting in the knowledge of this solution. He said in his address, that it was necessary to recognise the principle that the State should exclusively attend to measures concerning Public

Health and treatment of individuals except in the case of the poor, should be like other services obtainable on payment. It is really a strange irony that an officer who realised these ideals obtaining in other civilised countries, has not set forth ways and means to demonstrate his ideals. Mr. D'Souza, though a lay man, had shown the remedy as to how to find employment for the medical men without the State aid. We trust the members of the independent medical profession who are members of the Mysore Medical Association will at least take the hint from Mr. D'Souza and we are sure it will not be difficult for Mr. D'Souza, with the help of Dr. Subba Rao who is interested in the welfare of the members of the Association, of which he is the head, to bring about necessary reforms in the Hospital Administration by introducing the honorary system of Medical Relief which will not only afford better training to the medical men but also, though indirectly, solve the question of unemployment of medical graduates, referred to so pathetically by Dr. Subba Rao in his address. With the introduction of the honorary system, the doors of the State hospitals should be kept open only to the poor and further recruitment for paid State service should be stopped. We entirely agree with Dr. Subba Rao that increase in the course of studies in the medical schools would not put an end to the caste system now prevailing in the medical profession. The only remedy is, as suggested by him, to abolish the schools once for all.

The ideas conveyed by Dr. Subba Rao and Mr. D'Souza regarding the development of the Public Health Department are worthy of serious consideration. They are praiseworthy and progressive. The views expressed by us elsewhere in this issue and on several occasions in the past, regarding the necessity for teaching Hygiene and Physiology in schools, entrusting the teaching to medical men, who should be in charge of School Health in all its aspects, find a place in Dr. Subba Rao's address. Mr. D'Souza began his address with such and similar ideas.

Regarding the Medical Registration Act which is to be soon introduced in Mysore, we have expressed our views in these columns in the month of March and do not wish to repeat the same. Suffice it to say that this Act as is framed now

will be a dead letter as it is the case in Madras and other provinces in India. It is our considered opinion that there is no need for Medical Registration Act in this country at present, till such time as the General Ethics is of a better standard than what it is today.

Both Mr. D'Souza and Dr. Subba Rao have given expression to good ideals in their addresses and we trust they believe in the adage that example is better than precept.

Wisdom or Convenience? There are two classes of Professors in the Medical Colleges in this Province: one, the full-time Professors, as Professors of Physiology, Anatomy, Bio-Chemistry etc., and the other, part-time Professors, as Professors of Medicine, Surgery, Ophthalmology, Midwifery, etc. The latter are surgeons or physicians attached to the hospitals and in addition to their duties there, give lectures in the Medical Colleges, for which they are given some allowance. We wish to know whether any special qualifications are fixed for the professorship or lectureship of Medicine and Surgery, and if so, what they are and whether such Special qualifications are intended for a few Provincial Medical Officers only. The I.M.S. Officers either now or in the past, were immune to such conditions of special qualifications. A Surgeon could be a Physician and *vice versa*, and so on and so forth for other appointments also.

On going through the list of appointments as published in the Civil Medical List, one will be led to think that no principle is followed in making these special appointments and that service, experience and merit do not count much for these appointments. Favouritism or dislike seems to be the only justification.

Coming to a concrete instance, we shall take up the case of the acting Professor of Operative Surgery in the Vizagapatam Medical College and second Surgeon, King George Hospital. He is an M.B.C.M., in the Madras University and stood first of the competitive examination held for the selection of Assistant Surgeons, and has put in 21 years of service and is about 50 years old. He is well known to the public as a good surgeon and was popular wherever he was posted. He is now acting in the Vizagapatam Medical College for the last about 3 years, and was not

found wanting in the Hospital as well as College work. ~~He is not confirmed as a Professor in the College.~~ It is understood that he was told that he would be confirmed if he could pass the M.S., Examination or qualified himself as F.R.C.S.(E). Others with M.B.C.M., or even with M.B.B.S., qualifications have been either confirmed as professors or likely to be confirmed soon, as their appointments do not seem to be conditional as in the case under reference. It looks as if this stipulation was demanded because there are now in service, a few M.Ss. and F.R.C.S.(E)s. There is no wisdom in this proposition. Can it be said that a raw F.R.C.S., of Edinburgh, or even of England, or an M.S., of the Madras University can excel a tried surgeon of 21 years' standing, holding the qualification, M.B.C.M., which qualification is found enough by the University authorities in the matter of appointment of such persons as the Examiners for the M.S., Degree. Doctors make the Degrees and the Degrees alone cannot make a Surgeon. A reference to the history of appointments of Surgeons in the General Hospital would convince anybody that merit, experience and meritorious service counted more than the academic qualifications. The time when the condition was put down for the passing of M.S. Degree or F.R.C.S.(E), was such that the then wisdom was likely to be construed as a convenience demonstrating that blood is thicker than water.

Let us see what this M.S. is. It is an abbreviation for "Master in Surgery", and C.M. is an abbreviation for "Chirurgiae Magister" in Latin, which is an equivalent to "Master in surgery" in English. According to the explanation of the abbreviations found in the Civil Medical List, C.M. stands for "Master in Surgery". Now, what is the difference between the two? Absolutely nothing. But a C.M. is to pass an examination to have his Degree translated into English! Can anything be more absurd than this? At this rate, we do not know whether the old M.D.s who got the degree by writing a thesis, will now be required to pass the M.D. examination, now substituted for the thesis. The probationary period for any appointment is at the most, one year; if at the end of the year the holder of the appointment is found competent, he should be confirmed. The officer referred to here,

JL
LSM 211, N30MY
NB 1.2.79

is acting for the last three years. Why is he not confirmed? and if he was not found satisfactory, why was he kept for such a long time? To ask an officer who is nearing his 50th year, to appear for and pass an examination is cruel and unjust. There is a limit in the age for passing examinations, and the 50th year has already passed that limit. We hope that Government will see that this injustice is removed and that his claims are recognised and he is confirmed in the present appointment, at an early date.

Retrenchment: Time and again, we have been mentioning that retrenchment without affecting efficiency could be very safely done in the Medical Department and we trust the Committee recently appointed by the Government for the extension of Honorary Medical Scheme will, with the help of the Surgeon-General who has facts and figures, bring about a scheme effecting substantial retrenchment in the Medical Department, for which the Government and the tax-payers would be most thankful to them. In the meanwhile, we hasten to point out to the Retrenchment Officer, the venue where wasteful expenditure could be minimised, if not done away with. The teaching institutions in the Medical Department have recently been spending fabulously large amounts of money with little or no return for the money spent.

The Vizagapatam Medical College, which was brought into existence, more in the interest of politics than of medical education, should receive the careful attention of the Retrenchment Officer. The fact that the majority of the students admitted in this college are from the Tamil Districts of the province, and that a large number of Andhra boys are found in the Madras Medical College, should convince all concerned that this college does not, at present at least, serve the purpose for which it was started, i.e., to facilitate medical education for the Andhras. Since the date of the starting of this College, it has turned out 35 Medical graduates, out of whom nearly 11 are M.B.B.Ss. and the rest L.M.Ss. and for this purpose, a capital expenditure of over 8 lakhs with additional 5 lakhs for equipment, was incurred. The recurring expenditure seems to be 3 lakhs or very near this amount.

Apart from this aspect, many Asst. Surgeons who had to wait for several

years to get their chance of rising to the grade of Civil Surgeons, have been transformed as such, with the excuse that as Asst. Surgeons, they could not command the respect expected of Professors of the College. They might as well have remained as Asst. Surgeons in the administration grade and been appointed as Professors, with a teaching allowance. As it is now, in addition to the pay of Civil Surgeons, they draw a teaching allowance of Rs. 150 to 200, which works at nearly double the amount which they would otherwise receive, if the grade was retained, and an allowance was given to them for the teaching work.

The same principle has been adopted in the case of Asst. Surgeons posted for special work. The Ear, Nose & Throat Department of the General Hospital which was directly under the charge of a Surgeon with an Asst. Surgeon attached to it, has now been put under the charge of a Civil Surgeon; and the Asst. Surgeon who, if he did not go to England, would be drawing to-day a pay of Rs. 350 or thereabout, is now getting Rs. 600, plus Rs. 150 as special pay, i.e., more than double his legitimate salary, for the service he has put in. Quite recently, an additional Civil Surgeon has been created in the Women and Children's Hospital. This Officer would have drawn only Rs. 450 if he had remained in his grade as Asst. Surgeon. He is to-day drawing Rs. 550 plus Rs. 150 as special pay. Another Asst. Surgeon of almost the same service has also been made a Civil Surgeon, as a Professor of Bacteriology drawing a salary of Rs. 625. These are only a few instances which have been cited as examples. It should be remembered that all Asst. Surgeons who were made Civil Surgeons got their special qualifications at the cost of Government. The fact that a large number of junior Asst. Surgeons have thus been raised as of Civil Surgeons, superceding many seniors, should also be borne in mind. All these Asst. Surgeons might have remained in their own grade and got only an additional allowance for the special work they do. In Mysore, a large number of medical officers of the rank of Asst. Surgeons are being sent to foreign countries for special studies and when they return, they remain as such in the same grade, and in case they are posted to the Medical College, they are styled Professors or Lec-

turers, and given a teaching allowance. Why not Madras follow this example?

The work of Anaesthetist was done till quite recently, by Medical Officers of the Asst. Surgeons grade, in the General Hospital and in the King George Hospital at Vizagapatam. For reasons known to those concerned it was thought necessary that this work should be done by Civil Surgeons. But as irony would have it, an Asst. Surgeon who had been doing this work in the General Hospital is now made a Civil Surgeon, for the purpose. We mean no disparagement to the present incumbent when we mention that this appointment would have appeared less grotesque, if the Civil Surgeon was some other person with a higher qualification.

It is worth the while of the Retrenchment Officer to explore the field of retrenchment in the Medical Department and suggest the abolition of the Vizagapatam Medical College as a practical proposition, and put a stop to the meaningless transformation of Asst. Surgeons into Civil Surgeons, which apart from emptying the Government Treasury more than it should, has been a cause for discontent in the medical services, consequent on the supercessions which have followed those transformations.

It will be also worth while for the Retrenchment Officer to find out if there is a need for the posts of so many Asst. Directors of Public Health when there are in charge of each district, Health Officers whose work can be efficiently controlled by the Director assisted by a deputy or a personal assistant as in the case of medical department where such assistants do not exist.

Appeals and Protests in Vain:

Our readers might remember our comments about the Government sanctioning a subsidised dispensary at Kaup under the Udipi Taluk Board, South Kanara, in spite of a recent order of theirs that the taluk boards, should not start subsidised dispensaries in villages where there exist qualified practitioners and in case it was found necessary to start one, the existing practitioner should be given the subsidy. The private practitioner at Kaup appealed to the Government and the South Kanara District Medical Association rightly protested against the action of the Government. We now understand that the Government had specific reasons to go behind their own order. We did anticipate

these reasons and they cannot be more than what we have said in one of our previous issues.

Greed or Corruption? We have been receiving copies of a large number of complaints addressed either to the Minister or the Surgeon-General, or both, regarding irregularities, and corruptions, etc., at some of the Government Medical Institutions. As they were either pseudonymous or anonymous, we could not take notice of them. Last month, we received such a one which is genuine, regarding a medical officer in charge of a Taluk Head Quarters Hospital. The allegations made therein would not surprise us. They might give some additional material to the authorities to ponder over seriously, about the abuse of the privileges of private practice by some of the State paid practitioners. These abuses have certainly become so generalised that those who commit them do not perhaps realise that what they do is a crime. The fact that a few of the medical officers at the top and who are in charge of teaching institutions, have been mainly responsible to encourage such abuses, is likely to be proved if those in authority treat this complaint dispassionately.

More Information for the L.M.Ps.

The Board of Medical studies of the Madras University are expected to meet by the end of the current month when they will draft definite rules about admission and course of studies, etc., regarding the regulations admitting L.M.Ps., for the M.B.B.S., Degree. It is very likely that the Board would consider the Senior Cambridge certificate and similar preliminary qualifications now approved by the General Medical Council, as equivalent to the Intermediate standard. The object of the framers of the regulation seems to be that those who qualify themselves as Graduates of the Madras University should be able to practise in any country under the British rule and they feel naturally nervous, in the interests of the candidates that if the preliminary entrance standard is lower than that demanded by the General Medical Council, those who pass out from the Madras Medical College might be handicapped later. The rules as soon as they are passed, will be published in these columns, without delay.

Postal tuition for Senior Cambridge seems to be a practical proposition *Vide*, announcement by the Medical Practitioners' Service Bureau, elsewhere.

Correspondence, Reports, etc.
ALL INDIA MEDICAL CONFERENCE, SEVENTH SESSION, POONA.

Resolutions.

1. This Conference strongly condemns the assaults by the Police on Ambulance and Medical Workers on various occasions during the Civil Disobedience movement.

2. This Conference condemns the policy of Government in not inviting any representative of the independent medical profession to the Medical Conference held in Simla in June, 1930, to consider the question of the creation of an All-India Medical Council.

3. While this Conference is in favour of the creation of the Indian Medical Council, it is emphatically of opinion: (a) that it should be, if and when started, an independent and predominantly a non-official body with an adequate representation of the independent medical practitioners, both graduates and licentiates and should have a non-official elected President from the beginning; (b) that its functions should be among others, to maintain a uniform and minimum high standard of medical education in India; and (c) that when the Bill for the establishment of the Indian Medical Council is published, the Central Council of the Indian Medical Association should submit a representation to Government in consultation with the following six members specially elected for the purpose:—Dr. E. S. Bharucha (Poona), Dr. Tendulkar (Poona), Dr. Rochiram Amesur (Karachi), Dr. Jethalal Vora (Bombay), Dr. Hyderali Khan (Patna), and Dr. M.A. Cholkar (Nagpur).

4. This Conference is of opinion that no one who is not on the Indian Medical Register, should be entertained in the Civil, Military, Naval or Air services of the country or be permitted to act as a Ship's Surgeon or in such other services.

5. This Conference is of opinion:

(a) That the preliminary qualification for admission to all medical institutions should be the Intermediate Science Certificate Examination of different Indian Universities or its equivalent;

(b) that it is urgently necessary to improve the equipment and standard of education in the medical schools so as to

approximate the same to that of the medical colleges of the University standard;

(c) that in the meanwhile the Conference strongly recommends:

(i) that the training of the Licentiates should be improved by: (i) Extending the period of instruction in the medical schools to at least five years throughout India; (ii) The better equipment of medical schools; and (iii) The appointment of better qualified teachers therein.

(ii) That the time has also come to consider whether this could not be achieved by abolishing some of the medical schools and utilising the funds thus made available in improving the remaining medical schools, due regard being given to the already existing medical schools established under definite Endowments or Trusts.

(iii) That facility should be given to the Licentiates to enable them with further supplementary training to appear at the M.C.P.S. examination of the College of Physicians and Surgeons and also at the University Examinations for medical degrees; and

(iv) that a Committee of eminent medical men be appointed by Government to go into the whole question and report at an early date.

6. This Conference strongly condemns the recent decision of the Government of Bombay to reduce the term of instruction in the Medical Schools from five to four years and regards this as a very reactionary and retrograde measure.

7. This Conference:

(i) condemns the policy of the Government of Bengal, (a) in opening several medical schools in the different district towns of the Presidency; and (b) in appointing medical men not sufficiently highly qualified in charge of these schools; and

(ii) urges that this policy be immediately abandoned in the interest of medical education in India.

8. This Conference resolves that Licentiates of Medical Schools in the States should be treated as on par with Licentiates of Medical Institutions in British India.

9. This Conference brings to the notice of the authorities of Medical Colleges and Hospitals in India the urgent necessity of starting special post-graduate classes for medical practitioners.

10. This Conference recommends that the Resident Medical appointments in Hospitals attached to teaching institutions should be reserved for recently qualified Medical graduates of those institutions, in order that they may have the opportunity of doing practical work before settling down in Private Practice or taking up Medical Service.

11. This Conference looks with great displeasure the transference of Professors in one special subject to a Chair in another subject in Medical Colleges and Schools and hopes that the Local Government as well as the Public Services Commission will consider the inadvisability of such transfers, while making or recommending appointments.

12. This Conference reiterates its protest against the reservation of appointment of I. M. S. Officers, in the Medical Research Department.

13. This Conference condemns the action of the Chairman of the Conference held in Simla in July last to consider the location of the Central Medical Research Institute and the recruitment to the Medical Research Department etc., in not allowing the consideration by the Conference of the question of the reservation of posts for I. M. S. Officers in the Medical Research Department.

14. This Conference is emphatically of opinion that the Central Medical Research Institute, on the lines advocated by the Fletcher Committee, should be established at a University Centre as soon as possible.

15. This Conference recommends to the Government to give immediate effect to the re-constitution of the Governing Body of the Indian Research Fund Association as recommended by the Conference held in Simla on 21st and 22nd, July, 1930.

16. This Conference is of opinion that the salaries paid to the Departmental Heads of Research Institutes in India are exorbitant and that a thorough revision of the salaries of the Departmental Heads of the Institutions is imperative. And this Conference is further of opinion that the present system of recruitment for the Medical Research Department is unsatisfactory and very expensive for the country.

17. This Conference urges the Governing Body of the Indian Research Fund Association to give effect to the resolution of the Simla Conference of 21st July, 1930

recommending the Institution of 20 Research Scholarships of the value of Rs. 100 per mensem, for award to the various medical institutions in India which are prepared to train young medical men with aptitude for research.

18. This Conference recommends that pending the creation of the Central Medical Research Institute, the Government of India should establish scholarships to be given to deserving Graduates of Indian Universities for proceeding abroad to get training in special subjects.

19. This Conference notes with approval the action of the Government of India in giving effect to the recommendations of the Conference of last year, by raising the salaries of Assistant Professors at the Public Health Institute, Calcutta, from Rs. 400 per month to the grade of Rs. 450-50-1,250, and thus ensuring the recruitment of suitable officers in the grade of Assistant Professors.

20. This Conference protests against the reservation of three out of six posts of Professorships for I. M. S. officers at the Public Health Institute, Calcutta, and against the raising of the salaries of these officers to Rs. 3,000 per month.

21. Whereas the Government of India are about to appoint Committees of Enquiry into the question of Indianisation of army and retrenchment of expenditure, and whereas the Medical administration in the Civil and Military Departments will form an important part of these enquiries, this Conference urges the appointment of a representative of the Indian Medical Association on each of these Committees.

22. This Conference strongly disapproves of the arrangements proposed at the Round Table Conference for recruiting European Doctors in the Civil Medical Services for the purpose of rendering medical aid to Europeans in this country.

23. This Conference condemns the action of Government in reserving certain specific posts in the Indian Medical Service Cadre for European Officers only of the Service and strongly urges that the 90 posts, contemplated to be released, under the Government of India Communiqué of 1928 by the Indian Medical Service, and to be handed over to the Provincial Medical Service whenever a temporary or permanent vacancy takes place, should be filled by Provincial Medical Service men only.

24. This Conference condemns the policy of Government in continuing to nominate Officers in the Indian Medical Service, in spite of the repeated protests of the Medical Profession as well as of the public and urges that all nominations in that service should henceforth cease; and further that the selection into the service should be by an annual competitive examination to be held in India, and open to all medical practitioners registered in India.

25. This Conference is strongly of opinion that the transfer of Officers of the Indian Medical Service to the Civil side should henceforth be stopped and that this service should remain a purely Military Medical Service; this Conference further declares that the members of the independent medical profession are prepared to offer themselves for Military Service in any war that may be waged in the defence of their country: and that they should thus serve as a reserve supply for recruitment in any defensive Military necessity.

26. This Conference recommends that for the proper training of the Military Medical Officers, it is necessary to open an Army Medical College suitable for Indian Military requirements.

27. This Conference recommends that the Army Department and the Government of India should inquire into the service conditions as also the terms of retirement of the temporary officers in the Indian Medical Service; and that these officers should be given a gratuity commensurate with the length of service they may have put in as temporary officers.

28. This Conference condemns the attitude of the Bombay Government in creating a new grade of Civil Medical Service, class I of the Bombay Medical Service, on high salaries with all the privileges of private practice, as all these posts could be filled in by Honorary Medical Officers as in all countries in Europe and America. This Conference is further of opinion that, if any time such appointments are considered necessary, the officers so recruited should be appointed on a contract basis not exceeding a period of three years.

29. This Conference is of opinion that the system of appointing Honorary Medical Officers to hospitals and dispensaries already existing in different parts of the country, should be extended on a large scale with an ultimate view of stopping recruitment in the Civil Medical Services; and requests the Central Council of

the Indian Medical Association to submit a memorandum to Government in this connection.

30. This Conference recommends the formation of a scheme to promote legislation for the Indian Ambulance Convention on the lines of the Geneva Red Cross Convention, for the purpose of the statutory recognition, by the Civil and Military authorities in India, of the neutrality of the injured, the wounded and the sick; and of the ambulances, hospitals and medical materials; of the medical and nursing staff, and the personnel of the hospitals, ambulances and allied corps during the ordinary times of peace as well as during civil commotions, riots and war.

31. This Conference is of opinion that the time has now arrived for the constitution of the Ministry of Health in every province with a view to pursuing an energetic policy of sanitation and medical relief in the country.

32. This Conference is strongly of opinion:

(a) That it is essential to enact an All-India Pure Drugs Act at an early date, to prevent the import, manufacture and sale of adulterated, deleterious, worthless, misbranded or dangerous drugs and appliances; as also the false advertisement of drugs, appliances, etc., for medical use:

(b) That the machinery for enforcing the provisions of the Act should also be provided at an early date:

(c) That a provision should be made in the Act for the training, registration and licensing of compounders, pharmacists, chemists, druggists, etc.: and

(d) That Central and Provincial laboratories for the testing of drugs, sera, therapeutic substances etc., be established in centres like Bombay and Calcutta.

33. In order to render India self-sufficient in respect of all the modern requisites for the practice of the medical profession and to promote medical industry, this Conference urges on all medical practitioners in India to encourage the use of drugs, sera, vaccines, surgical dressings, surgical instruments and other appliances of Indian manufacture. To attain this end, schools and colleges of Pharmacy and technical schools for the training in the technique of the manufacture of surgical, electrical and mechanical instruments and appliances, etc., should be established in India as early as possible by public spirited citizens to whom this Conference

makes a special appeal for their early establishment.

34. This Conference requests Government to consider the advisability of protecting the infant drug industry in this country, particularly against the dumping of drugs, chemicals, etc., at low prices and even below cost price by huge foreign combines. This Conference urges on Government the necessity of encouraging the development of drug-farming in India.

35. This Conference is of opinion that it is high time that a Committee be appointed to compile the Indian Pharmacopoeia.

36. In view of the great prevalence of Malaria in this country, this Conference strongly urges upon the Government of India the necessity of having the devolution rules, which have prevented for several years the release to provincial Governments the huge stocks of quinine lying with them, so altered as to enable the sale of quinine in the country in the interests of the health of the people.

37. This Conference recommends to the Provincial Governments, Municipalities and other local bodies, the immediate necessity of introducing medical inspection of school children within their respective jurisdiction.

38. This Conference urges on Government the necessity of giving greater facility for the training of Indian women as nurses in the State hospitals and also urges the educated Indian women to take up the profession of nursing in larger numbers.

39. This Conference is of opinion that in order to secure proper medical aid in rural areas, suitable subsidies for fixed periods not exceeding five years, be granted by the Government, and District and Local Boards, to Medical Practitioners to encourage them to settle in practice in these areas.

40. This Conference recommends Government to appoint a Committee to

investigate and formulate a scheme of National Health Insurance.

41. This Conference is of opinion that as many mineral and thermal springs exist in various parts of India, the Government of India should appoint a Committee to investigate and suggest how they can be utilised and developed to greater advantage.

42. This Conference offers its heartfelt congratulations to the large number of medical men and women, to the medical students and to the Indian nurses all over the country, who have most ungrudgingly given every assistance in organising Ambulance Corps and hospitals where the wounded have been looked after with the greatest care and devotion during the last Civil Disobedience Movement.

43. This Conference places on record its gratitude for the valuable services rendered to the Association by Dr. B. C. Roy during the tenure of his office as President of the Association.

44. This Conference sincerely thanks the Trustees of the Tilak Smarak Mandir, the Principal of Sir Parshurambhau College, for lending their premises for the holding of the Conference and the Poona Seva Sadan Society for rendering every assistance in the holding of the Conference.

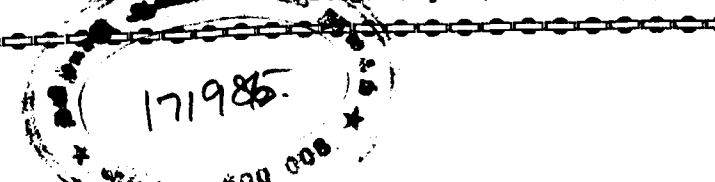
45. This Conference places on record its heartfelt thanks to the members of the Reception Committee and to the medical practitioners of Poona, including the members of the Poona Branch of the Indian Medical Association, for the satisfactory arrangements made by them for the holding of the Conference. It further places on record its appreciation of the devoted services of the men and women volunteers of the Conference.

46. This Conference authorises the Central Council to appoint a small Working Committee from amongst themselves and delegate to it such powers as may be necessary.

WORLD'S FOREMOST PHYSICIANS, CHEMISTS, DRUGGISTS, PHARMACISTS, ANALYSTS, LIBRARIES, LABORATORIES, HOSPITALS, DISPENSARIES, NURSING HOMES, SANATORIUMS, & other Professionals also, possess copies of **The Indian Materia Medica, with Ayurvedic, Unani, Siddha, Allopathic & Home Remedies with exhaustive Appendices & Indices.**

1450 Pages, Strongly bound in "Rexine" leather; Artistic Gold Titles and Designs: Rs 11-14-0 only by V. P. P.
For free descriptive literature, Apply to:-

A. K. NARAYAN & Co.,
Dongerkerry St., MANGALORE (S.K.)



Review

PHYSICAL CULTURE.—By L. B. Bhopatkar, M.A., LL.B., Vice-principal of the Law College, Poona. Available at Maharashtra Mandal, Tilak Road, Poona. Price Rs. 1-8-0.

The book is well written and profusely illustrated. As rightly observed by the author, the object of physical culture is to make the people both strong and fit and that before physical exercises are given, medical examination must be made, to see the nature and amount of exercise beneficial in each case. The time for taking exercise, as observed by the author must be so fixed as to give good results. In India, early morning is the best time and evening is the next best. We often see however, in schools where the work-

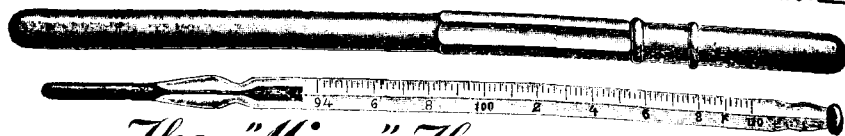
ing hours are between 10 A.M. and 4 P.M., $\frac{1}{2}$ to 1 hour is set apart, for the drill and physical exercise during this period. This is highly objectionable. It is therefore essential that authors on physical culture note this and regulate the exercises in such a way that the body is kept in a fit condition, without unnecessarily straining any system in the body, as such a strain will bring about results, quite the reverse of what was intended by the authors.

It is noteworthy that the Maharashtra Mandal, where these exercises are exhibited as a matter of routine, has in its staff, qualified medical practitioners, to look after the health of those who attend this Mandal, at different periods of the course which they undergo. We wish the Maharashtra Mandal a long life of usefulness.

Antiphlogistine

THE PERFECT POULTICE
AND DRESSING FOR
INFLAMMATION
AND
CONGESTION

THE DENVER CHEMICAL MFG. CO., NEW YORK.



The "Mira" Thermometer

with the blue Grip-Button (Regd.)

The registered innovation of the blue Grip Button affords a secure grip on the thermometer, no slipping from hand and breaking, while shaking down the mercury.

Distinctly marks the Thermometer of utmost accuracy and security. The "MIRA" Thermometer is the product of precision workmanship, made of best Jena glass, prismatic, tested by the German Governmental Office and certified exact within $\frac{1}{10}$ of a degree. Marked in two colour graduation (the black figures denoting the normal, the red ones the fever temperature), it tells the public when to summon medical help. Reasonable in cost.

Ask for the blue Grip-Button Thermometer, the "MIRA" with the certificate to get the genuine. Stocked by all leading dealers.

Manufacturers: MEYERHOF & Cie. A. G., Kassel, GERMANY.

Sole Agents: T. M. THAKORE & Company, 43, Churchgate Street, BOMBAY, 1.
Madras, P.O. Box 249; — LAHORE, P.O. Box 134; — Karachi, P.O. Box 114;
Calcutta, P.O. Box 2111; — Rangoon, P.O. Box 654.

In cases of Anaemia of Sprue, and many other conditions due to blood poverty **EXTRACT OF GASTRIC TISSUE** is now acknowledged as a specific by many medical observers.

HEPABOS

(LIVER EXTRACT.)

is a uniform preparation in powder form of maximum therapeutic value. In addition to the principle active in Pernicious Anaemia, the manufacturing process retains the vitamin value of the original liver. HEPABOS is supplied in sealed bottles containing 5 ozs. net (142 grams) and $2\frac{1}{2}$ ozs. net (71 grams) and sold by all good chemists.

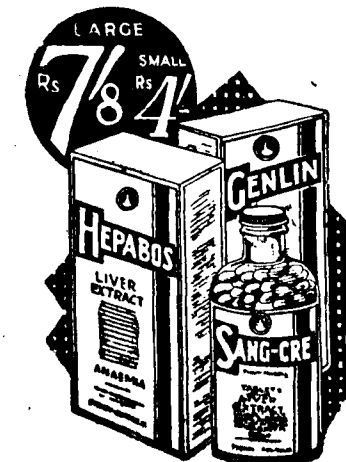
SANG-CRE

(BLOOD-CREATOR.)

SANG-CRE (Liver Extract in sugar-coated tablets) is a convenient and palatable mode of administering liver treatment.

The tablets contain a uniform preparation exhibiting in concentration the active principles of liver substance.

Supplied in sealed bottles containing 240 and 120 tablets, and sold by all good chemists.



GENLIN is Extract of Gastric Tissue in powder form, and represents the fundal membrane—the portion secreting hydrochloric acid and Gastric Juices. It is prepared from officially certified material and processed under technical supervision.

GENLIN is tasteless and odourless and may be administered as an alternative to or in conjunction with HEPABOS. It is palatable and economical and is easily administered; preferably in fruit juice.

Not affected by climatic conditions.

Usual dosage, **INITIAL**—20 grams (two well heaped teaspoonsful three times daily) **MAINTENANCE**: 10 grams (one well heaped teaspoonful three times daily.)

GENLIN is supplied in sealed bottles containing 4 ozs. net (114 grams) at Rs. 7-8 per bottle at all good chemists. Half size Rs. 4.

All our preparations before being placed at the disposal of the Medical Profession are clinically tested and proved efficacious by leading Physicians at large Public Hospitals.

GENLIN
(EXTRACT OF GASTRIC TISSUE.)

Prepared at the laboratory of:
GLANDULAR PREPARATIONS LTD.,
SYDNEY, AUSTRALIA.

Literature on request from the representative.

T. S. R. GILLET,
Head Office:—

"Stronach House," Ballard Estate, BOMBAY.

Branches at:—
Calcutta, Karachi, Madras & Rangoon.

DEPENDABLE SURGICAL REQUISITES.

Stocks at this Store have the best chance to be always up-to-date and perfect. They come and go so fast under the pressure of our big and busy trade with noted Surgeons and Progressive Hospitals throughout India. Write for our 1931 Catalogue.

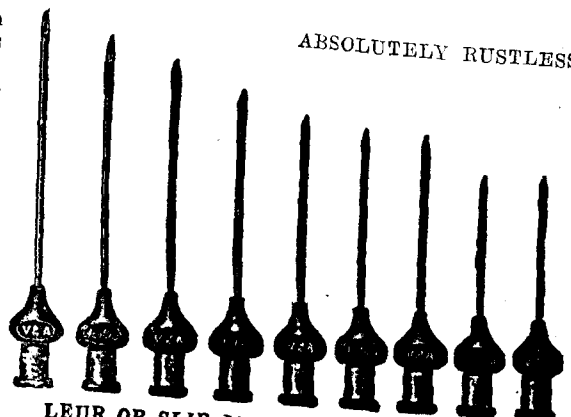
RUSTLESS SYRINGE NEEDLES.

Made of Krupp Rustless "V2A" Steel specially to our order.

These Hypodermic and Serum Needles are made from Krupp's "V2A" Steel and are guaranteed to be ever non-rusty, pliable and strong, maintaining sharp edge and tip always.

They may safely be boiled in a soda solution and are not attacked by corrosive sublime, salveol and other customary disinfectants.

Doctors and Nurses appreciate the exceptional quality of this needle of ours. Rest your confidence on the fact that these needles are most economical, for they do not rust under any circumstances. THEY WEAR LIKE PLATINUM NEEDLES. All genuine needles are put up in boxes bearing "SURGICO" Name and Trade Mark.



LEUR OR SLIP JOINT—STANDARD LENGTHS AND GAUGES.

No. 1,460 : Sizes 1, 2, 12, 14, 16, 18 and 20.
Lengths as illustrated ... Rs. 3-8 per dozen.
No. 1,405 : Sizes 8, 10 and 12. Two inches long.
For Serum, etc. ... Rs. 6-0 per dozen.

ASK FOR OUR LIST OF KRUPP'S STEEL RUSTLESS SURGICAL INSTRUMENTS—A PRODUCT OF TESTED MERIT.

"SURGICO" PRECISION



STANDARD THERMOMETERS.

Made of well-seasoned glass, with triangular, magnifying lenses and black figures which are clear, distinct and easily read. Self-registering in 1/2 minute. "Shake-down" easily. Specially selected for permanent accuracy. Have passed the most exacting and severe tests. You can depend on them for absolutely true temperature readings. In metal case. Made specially for us. Re. 0-14 each, Rs. 10-0 per dozen. A fast seller.

SERVICE: a small word embracing a lot of things we are striving to do for the HOSPITALS and THE MEDICAL PROFESSION in the Indian Empire.

Telegrams :
"SURGICO"

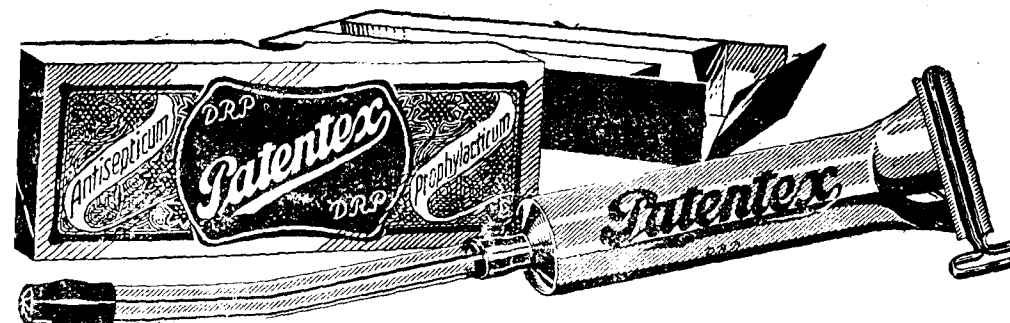
Distributors of Goodrich Hospital
Rubber Goods—Ask for Price List.

Telephone :
No. 41936.

BOMBAY SURGICAL CO.,

India's Foremost Hospital Supply House,
BOMBAY, 4.

Specialists in Surgical Instruments & Hospital Requisites.



The World's Absolute, Reliable and most Ideal
Conception Preventative.

AGENTS FOR INDIA:

MALGHAM BROS.,

26, Custom House Road, BOMBAY.

Stocks from:

Messrs. DADHA & Co., and Messrs. APPAH & Co., MADRAS.

Price per Tube Rs. 3.

Support Indigenous Industries

"IRVO"

Irradiated Vegetable Oil
Vitamin Tonic

Irvo surpasses time honoured Cod Liver Oil in many respects. It is found very useful after acute illnesses such as Smallpox and General Infectious diseases.

It definitely prevents and cures Rickets and Bone diseases generally non-amenable to medicines.

Please ask for Literature from:

Amrut Pharmacy, Nagpur.

Depots for IRVO:

Amrut Pharmacy, Nagpur

&

**Amrut Pharmacy, Princess St.,
BOMBAY.**

Dr. S. R. BHAT,

M. B. B.S., L. D. So. (Calcutta)

DENTAL SURGEON

The X-Ray & Electro-Therapeutic
Dental Surgery.

289, Esplanade, MADRAS.

The most well-equipped dental surgery with all electrical apparatuses such as X-Ray, Ultra-violet Ray, High Frequency Current, etc.

**Guaranteed Non Breakable
Dentures (Fact Demonstrated)
and Pyorrhoea Alveolaris
Treated by Means of Ultra-
Violet Radiations and High
Frequency Current a speciality**

CONSULTING HOURS:

8-30 to 12 A.M. & 2-30 to 6 P.M.

CHARGES MODERATE

Consultation Free.

When writing to advertisers please mention this Journal.

Telegrams: "INCREASE, MADRAS"

Telephone: 2610

The Certified House : :
: : : in South India

FOR

DRUGS, Patent Medicines,
Instruments, Sundries, etc.,
Imported direct from the
Well-known Manufac-
turers of Europe in
wholesale quantities.

Prices extremely
moderate



DADHA & CO.,
PHARMACEUTICAL CHEMISTS
52, Nyniappa Naick Street, P.T., MADRAS.

Contractors and
Suppliers to the
States of Cochin,
Pudukottah, Travancore,
Mysore, the leading Insti-
tutions, Government, Local
Fund, Municipal, Mission, etc.,
and the majority of the medical
Profession and Trade.

Orders and Enquiries Promptly
attended to.

When writing to advertisers please mention this Journal.

IODOBESIN



STANNOXYL TABLETS

**CREOSAL
SYRUP**



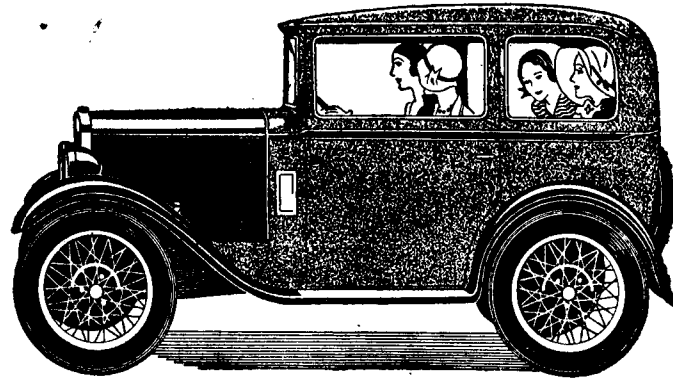
For Cough

BEST FOR BOILS



The Anglo-French Drug Co., (Eastn), Ltd.,
P. O. Box 460, **BOMBAY.**

AUSTIN



**The Car that still makes motoring
Cheaper than ever.**

Despite the enhanced duty, costlier petrol, and higher taxation, our world famous **BABY AUSTIN** still makes it possible for everybody with small means, to maintain and derive the advantages of a motor.

The increase in duty has not much affected the cost.

The increase in price of petrol matters very little.
Taxation is cheapest on Baby Austins.

BABY AUSTIN has rightly been termed a Doctor's Car as hundreds of gentlemen in the Medical Profession use it and praise it including the Editor of this Journal.

The South Indian Motor Co.,
Mount Road, Madras.