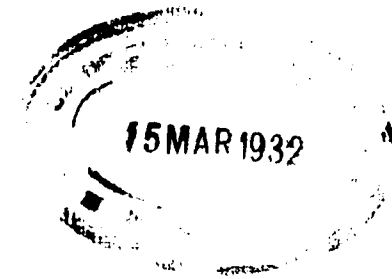


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JANUARY, 1932.

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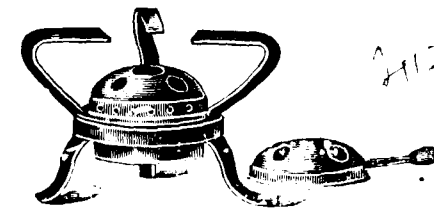
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The Madras Medical College Magazine

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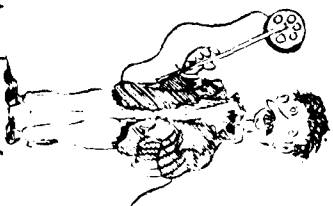
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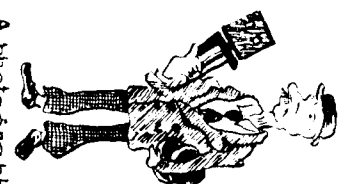
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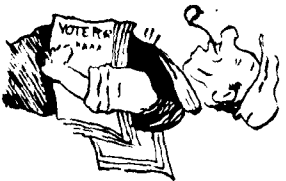
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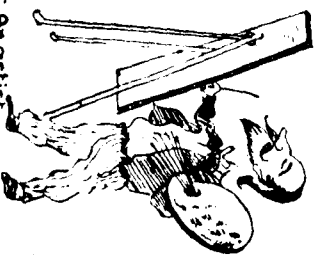
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THE MADRAS
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VOL. XI JANUARY 1932 No. 3

Present Treatment of Leprosy

By CAPT. S. THAMBIAN, M.C. B.A., M.R.C.P., D.T.M. & H. (LONDON.)
Fellow of Dermatological Society (London.)

In spite of incessant research, the treatment of this much dreaded mutilating and disfiguring disease is still far from satisfactory; though clinical and bacteriological freedom can be established by modern treatment, a specific as such is not yet available. Chaulmoogra oil, its congeners—Hydnocarpus wightiana and H. Anthelmintica, and their derivatives are the only drugs in extensive use in different leprosy centres. A few of the tried preparations will be considered in detail along with statistical assessment of their efficacy where such is available. Special stress will be laid on methods useful in mass treatment. Notes of special interest and methods adopted in the out-patient department of the General Hospital will also be dealt with.

Oral Administration.—1. Chaulmoogra oil, administered orally and by inunctions by Indian Physicians then and now, is a potent drug, and if nausea and vomiting can be avoided, one is able to attain 60 to 75 time more in the form of crude oil by mouth than it has been possible with intramuscular injections of ethyl esters. Denny, from his experiences in Carville and also from the collected reports of other leprosy treatment centres, pointed out that "crude chaulmoogra oil is held in much esteem by many of the patients, and regret is frequently expressed that they cannot tolerate larger doses." Thus Denny was induced to find means of administering that crude oil, eliminating nausea and vomiting. Specially formalised gelatine capsules, resistant to gastric digestion and liberating the oil in the intestines were used and larger doses were administered to patients, eliminating gastric intolerance.

2. Travers and Wheatly introduced the old Chinese treatment for leprosy in the Federated Malaya States. This treatment is otherwise

known as "*Tai Fong Chee*." In this form of treatment, *H. Wightiana* or *Anthelmintica* were mixed with *Cannabis Indica* seeds in the proportion of 3 : 1 ; the powder was administered orally. Adult dose was 30 grains twice a day after food, and proportionate dose for children. *Canabis Indica* in the powder was introduced to obviate gastric intolerance. Travers reported that the treatment was popular among all class of patients and computed the cost of treatment to be about 3 *d.* or 3 annas per patient per month. Thirty minutes were occupied in treating 350 patients. It is too early to form an opinion on the efficacy of the treatment ; if favourable, this form of treatment is simplicity itself. The result of Travers is tabulated below :—

	Cases	Negative	Improved.
1924	31	9	—
1926	27	14	—
(1—2 years treatment)	200	11·5	81

In cases showing febrile reaction, treatment was stopped for a time and the reaction was always followed by improvement. Nephritis complicated in 2 per cent of cases. Wheatly reported 229 cases as improved out of a total of 345 cases under treatment.

3. Sir Leonard Rogers introduced a 2-grain pill of Sodium Hydncarpate to be administered, one pill thrice a day after food till 10 to 12 pills were taken in a day. Some patients are able to take as much as 20 pills per day. He claims that this preparation is less likely to disturb digestion. I am unable to present a statistical return for this form of treatment.

4. Johansen introduced Benzocain-Chaulmoogra oil at the National Leper Home at Carville both for oral and intramuscular administration. He was able to show that Chaulmoogra oil administered orally in this form was less nauseating and did not produce gastric irritation ; when given intramuscularly it was less painful than ethyl esters.

The method of preparation of Benzocain-Chaulmoogra oil both for oral and intramuscular injection is as follows :—

Chaulmoogra oil 90 parts
Olive oil ... 10 parts

Three grains of Benzocain are dissolved in 10 c. c. of olive oil with constant stirring by means of a glass rod. This is added to 90 c. c. olive oil contained in a flask, standing in a water-bath at 70° C. The flask should be constantly agitated to dissolve the remaining crystals of benzocain, and finally filtered through ordinary filter paper. The filtrate is again heated for an hour over a water bath. The mixture is ready for use on cooling.

For oral administration, it is advantageous to start with 3 to 5 mm. and then increase the dose daily by 2 to 3 mm. till limit of tolerance is reached ; this varies with each patient.

The maximum average comfortably tolerated dose has been found to be a semi-weekly injection of 5 c. c. into the deltoid regions, alternating with 8 c. c. into the buttocks, and this dose was adopted as a routine (Johansen). Certain muscular patients were able to tolerate as much as 15 c. c. twice a week, with no discomfort other than that arising from the large quantity and consequent pressure of the oil. This preparation has two advantages, (1) causes little pain and (2) is rapidly absorbed. In assessing the therapeutic effect, the Surgeon-General of the United States Public Health Service states, in his annual report for 1928 that "160 patients were taking bi-weekly intramuscular injection of this preparation, and the majority of these patients showed satisfactory improvement."

Injections.—Ethyl Esters of fatty acids of Chaulmoogra oil have been introduced from 1919 onwards. In Culion 0·5 per cent of Iodine is added to allay pain at the site of injection and Muir in Calcutta uses a 4 per cent. of Creosote. The esters have been exhibited orally, intramuscularly and intravenously with varying results.

Three preparations of reputed merit for injections will be discussed ; of these one has been incidentally referred to under the heading of oral administration (*see above*), where the whole oil with the addition of benzocain and olive oil is used. The remaining two are (1) Alepol introduced by Sir Leonard Rogers. (2) Antileprol, a proprietary German preparation made by Bayer & Co.

(1) Alepol is a 3 per cent aqueous solution of Sodium Hydncarpate (selected fractions of the Sodium salts of the total fatty acids of Hydncarpate oil.) The initial dose is 0·5 c. c. increased by 0·5 c. c. at each

injection till 5 c.c. or more are reached. The injections are made twice a week, till no reaction takes place. Reaction is indicated by malaise, fever, local reaction, fleeting erythema, and tenderness of nodules and in severe cases neuritis. Injections should be stopped for a week or two when severe reaction occurs. One should aim to get slight reaction and then the doses should be maintained at this level for 2 or 4 injections and then the injection increased by 0.5 c.c. till a slight reaction is reached, and so on. Whenever there is slight reaction, gradual disappearance of the lesions and lepra-bacilli results. Fragmenting of lepra-bacilli sets free antigen with slow production of immunity.

Alepol, Sir Leonard claimed, has the following advantages over the ethyl esters: (a) Blocking of veins does not occur after intravenous administration, (b) the drug is absorbed with equal rapidity by intravenous and intramuscular routes, so he advises intramuscular method for routine use and intravenous for cases ceasing to react and improve under the former. (c) Injections are painless. (d) Cost of the drug is about 1/20th of that of the Ethyl-esters.

(2) Antileprol of Bayer is the first marketed preparation of ethyl ester of chualmoogra oil. The dose is $\frac{1}{2}$ to 5 grammes ($7\frac{1}{2}$ to 75 grains a day after meals). Intramuscular injections are commenced with one ampoule of 1.5 c. c. once a week and if the tolerance is good, one ampoule twice a week may be safely administered. For intravenous injection one ampoule (1.5 c.c.) twice a week for persons in good health otherwise. Rangel, who has used this preparation extensively, says "intravenous route is to be preferred, since it is free from risk, and the fear of emboli from injecting an oily substance of this nature into the veins has proved to be groundless. Also, pain and local reaction are avoided; and the amount introduced into the system can be accurately determined, whereas with intramuscular injections an uncertain proportion may remain unabsorbed". Engel-Bey and Unna have obtained encouraging results with anti-leprol since 1909.

Antileprol can be obtained in the form of capsules of $7\frac{1}{2}$ to 15 grains ($\frac{1}{2}$ to 1 gramme) a bottle containing 50 capsules for oral administration; as ampoule (24 ampoules in a carton) of 1.5 c.c. for intramuscular and intravenous administration. The solution is also available in loose packing of one ounce in a bottle.

OUT-PATIENT DEPARTMENT OF THE GENERAL HOSPITAL.

The following preparations, introduced by Lieut.-Col. J. M. Skinner, I.M.S., have been in use in the out-patient department of the General Hospital, Madras, for some time. Hydnestrol of Messrs. Smith Stainstreet and Co., Calcutta, was made up in different strengths by the addition of olive oil and creosote and known as E-1, E-2 and E-3. The last has no olive oil in it. The formulae is as follows:—

	E-1.	E-2.	E-3.
Hydnestrol	50 c.c.	75 c.c.	50 c.c.
Olium Olivae	50 c.c.	25 c.c.	Nil.
Creosote	2 drm.	2 drm.	2 drm.

Method of Administration.—The patient is started with 1 c.c. of E-1, increased at each injection by 1 c.c. till the patient works up to 10 c.c., i.e., if no reaction the patient gets 10 injections of E-1. Then he gets an injection from E-II, initial dose being 3 c.c. This is also increased by 1 c.c. at each subsequent injection, if no untoward reaction symptom set in till 10 c.c. of E-2 is reached. This dose is kept up till the patient receives 10 injection of 10 c.c. each. This will give a total of 18 injections of E-2. The patient is rested for a week or two and is permitted to start in E-3, the initial dose of this being 1 c.c.; increased by 1 c.c. till 5 c.c. is reached. The total under E-3, is 5 injections. A course will consist of

E-1	...	...	...	10 injections.
E-2	...	...	...	18 "
E-3	...	...	...	5 "
Total ...				33 injections.

Interruptions, through reaction, may occur at any time and the injection has to be stopped for a time. If so stopped, the patient gets the same dose as gave the reaction, or the next lower dose on resumption. Each case should be carefully considered as regards doses and period of rest after reaction.

It is rather difficult to draw up a concise statistical return, but that a large percentage of cases was benefited is easily made out. 105 patients attended the out-patient department in 1930. 840 patients in 1931 up to the time of writing this article. This shows not only the popularity of the treatment, but also the regularity of attendance, as some

of the patients of the current year were also under treatment last year. Illiterate patients are irregular and it is difficult to convince them of the gravity of their disease and the desirability of regular intensive treatment. Middle class type of patients have shown great interest and are willing to carry out all directions given. I can recall over a dozen patients who have received more than 80 to 120 injections (nearly 3 to 4 courses).

It is proposed, during the next year, to include the item of addresses of patients to follow up the case and study relapses, and also to introduce the *Tai Fong Chee* treatment for oral administration, and also the Benzocain Chaulmoogra oil treatment for oral and intramuscular administration in select cases for comparison with other forms of treatment as the former method will greatly facilitate treatment, saving time and reducing cost in mass treatment.

Potassium Iodide.—Treatment introduced by Muir of Calcutta cannot be adopted in mass treatment, as it requires constant medical supervision. Good results have been reported in selected cases.

Lepers showing positive serum reaction to Wasserman and Khan Test, it is now conceded, are mainly syphilitics in addition. A course of organic arsenical preparations is indicated in these cases. A greater sulphur content is a decided advantage over others, as many of these patients suffer from skin lesions as scabies, eczema and fungus infection, etc. I find that Kharsulphan arsphenamine and sulfarsenol give excellent results. Sulfarsenol is safer, easy of administration and less toxic. It is more spirochaeticidal, and confers a beneficial influence on the skin lesions above referred.

Perforating ulcers of feet, and trophic ulcers of hand.—This calls for no special treatment beyond keeping the ulcers clean and protecting them from dust and other contaminations. Pressure should be avoided, and the part rested as much as possible. Two methods were adopted in these cases. The ulcers were cleaned with antiseptic and then irrigated with sterile water, dried, and touched with a three per cent solution of silver nitrate in spiritus aetheris nitrosi on two or three occasions. Then gauze soaked in Eau d'Alibour (Zinc sulphate 6 grains and copper sulphate 4 grains to an ounce of aqua camphorae) was left in contact with the ulcer and renewed every other day. I am of opinion that a dry sterile gauze will be as effective as the above measure except that it takes a few days longer. When neuritic symptoms abate under anti-leprotic treatment, healing will be hastened. Ulcers of hand

in a large percentage of cases are produced by *beedi*, cigarettes and cigar stumps and smokers should be warned of this eventuality. Four cases occurred in women and one in a male, where the cause was picking up live-charcoal in mending fires.

Eye complications, according to American authorities, yield to gold compounds as sanocrysin, crysolgan, etc, given in the same doses as for tuberculosis. I have no experience with this form of treatment in leprotic eye complications.

General Measures.

General therapeutic measures are as essential as the above outlined treatment. General hygiene and personal hygiene should be thoroughly overhauled. Fresh air and sunlight have great ameliorating effect. Lepers should spend a good part of the day in the open under shades. Daily baths should not be neglected as also scrupulous cleanliness of personal and bed linen. The body may be smeared with chaulmoogra oil (better 1 part of chaulmoogra oil to 2 parts of coconut oil) an hour or two before each bath; soap, soapunt powder and green gram powder used in bath to get rid of the oily traces. Food should be highly nutritious, and contain a high percentage of vitamin, milk, cream and butter liberally allowed. Exercise should be short of fatigue. Removal to a temperate climate should be advised in suitable cases. The patient should be given every encouragement and this goes a long way to get the co-operation of the patient and put him on a better psychological basis.

Conclusion.

The treatment of this condition is a prolonged one, even with the modern methods. It may last from one to three years before the patient can be declared clinically and bacteriologically free. Children between 6 and 12 years show satisfactory progress, patients falling between the age period of 15 to 30 years are very refractory to treatment, and after 30 years of age, the progress and result is half as good as that of the children. It may be stated in general that 17 per cent of early and moderately advanced cases, under intensive treatment and supervision have remained free, and may be declared entirely cured, when followed up over a period of three to five years for detecting relapses. From the above survey, one is irresistably compelled to arrive at the conviction that, at no distant date, some specific remedy will be available in the sense that quinine and plasmoquin for malaria, and organic arsenic preparations, mercury and bismuth for syphilis.

Fractures of the Lower end of Humerus

BY CAPT. M. G. KINI, M.C., M.B., M.Ch., (Orth.), F.R.C.S.

This is one of the most common fractures in the out-patients of any hospital but unfortunately one of the badly treated fractures resulting in appalling deformities. Having had experience for nearly two years in the treatment of these fractures I venture to write a few of my observations.

Age Incidence.—In my series of fractures the commonest age in children is between the ages of 3 and 10, the youngest being 3 and the oldest 70.

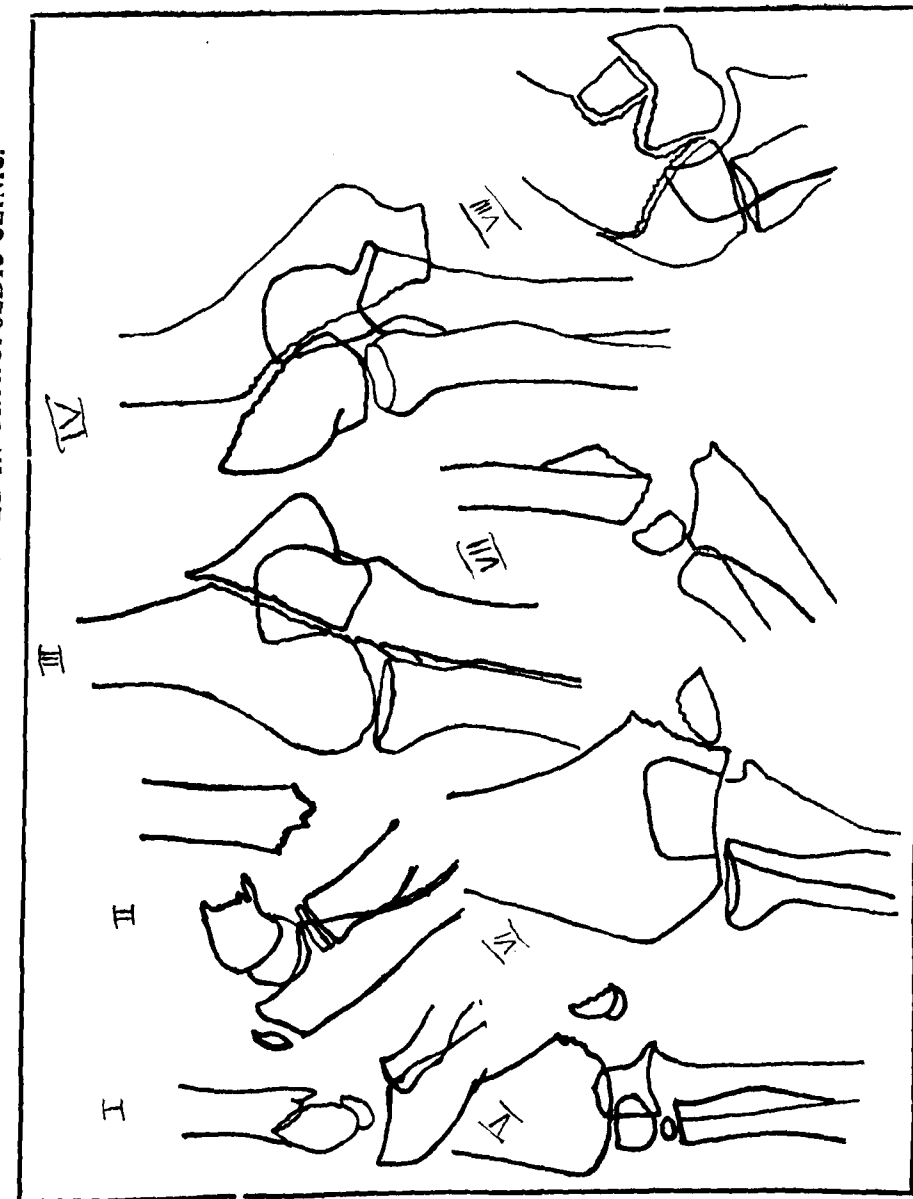
Classification of Fractures—Fractures of the lower end of the humerus apart from the broad classification of simple and compound are classified according to the line of fracture and also according to the anatomical portions involved in the fracture. These are as follows:—

1. Supra-condylar, which may be oblique, transverse and which may again be complete or incomplete.
2. Fractures of the internal condyle.
3. Fractures of the external condyle.
4. Separation of epiphysis.
5. Fractures of the epicondyle.
6. Comminuted fractures.

The tracings of X-Rays herewith shown will illustrate the lines of fracture. It is always a good rule to understand the anatomy of the lower end of the humerus, because it helps us to understand the various types of fractures in this situation.

1. The situation of the olecranon fossa is the weak point in the bone.
2. The internal epicondyle is very prominent.
3. The lateral ligaments are the strongest ligaments.

TRACINGS FROM X-RAYS OF CASES TREATED IN ORTHOPOEDIC CLINIC.



- | | | | |
|--------|--|------|---|
| I & II | Supracondylar fracture Incomplete and Complete Type. | VI | Fracture of Medial Epicondyle. |
| III | Fracture of Medial condyle. | VII | Separation of Capitellar Epiphysis. |
| IV | Do. Lateral do. | VIII | Comminuted Fracture lower end of Humerus involving joint. |
| V | Fracture of Medial Epicondyle and separation of Epiphysis. | | |

My thanks are due to Capt. J. W. Barnard for allowing me to make use of the X-Rays.

4. The anterior part of the capsule is very weak and is strengthened by the Brachialis anticus.

5. Posterior part of the capsule is weak and strengthened by the Triceps.

6. The Trochlear surface articulates entirely with the olecranon.

7. The capitellum with the head of the radius.

8. The line of epiphysis is marked by the line joining the epicondyle.

9. The ossification of the lower end appears at different times and an accurate knowledge of this is quite necessary to understand the displacements that are likely to occur as a result of the injury to epiphysis.

The bony nucleus for the capitellum appears between 6 months to one year. Trochlear ossification at 2 years. Epitrochlear at 6 years. The whole fuses into one mass between 12 and 14 years and the epiphysis fuses with the shaft between 18 and 19 years.

The mechanism of fractures.—A true history as to the actual mechanism of these fractures is difficult to obtain and the usual history that is forthcoming is that the child fell on the hand from a pial and with this sort of indefinite history, one has to visualise the true mechanism from a knowledge of the anatomy of the bone and experiments on the cadaver. Supra-condylar fractures usually occur as a result of indirect violence, such as a fall on the out-stretched hand, so that the olecranon is well engaged in the olecranon fossa and the force continuing to act breaks through the weak spot. It may also occur as a result of direct violence, such as a blow from behind, the fracture occurring at the site of the impact. Fractures of the one or the other condyle may also occur as a result of strong muscular action, as in one case of mine an Engineering Student, who was throwing a cricket ball, suddenly felt something giving way and when X-rayed, it was found that the medial condyle with the entire Trochlear surface was fractured off from the shaft of the bone. In fractures of one or other condyle, direct violence plays a more important part.

Signs and symptoms.—1. Usually there is a history of a fall, which may give a hint as to the nature of injury especially in children, in whom the supra-condylar fractures are most frequently found.

2. The swelling varies in individual cases but may be of an alarming nature.
3. Pain and tenderness at the site of the fracture.
4. Crepitus can be elicited if it is a complete fracture and a soft crepitus, if it is separation of the epiphysis.
5. Loss of function with limb held flexed and pronated.

Deformity.—The deformity usually in supra-condylars, as a result of indirect violence, is due to the displacement of the fragments, and the lower fragment in cases of indirect violence is usually displaced backwards. The relation of bony points between the condyles and olecranon is not changed if they can be felt.

The length of the humerus from acromion to the lateral condyle is diminished in length when compared with the normal.

In oblique fractures, not only is there a backward displacement but also a tilting, either to one side or the other causing deformity; if to the lateral, cubitus valgus and if medially cubitus varus. In fractures of the external condyle or in fractures involving the trochlear surface, the joint is always involved, which point can be elicited by loss of movements of the elbow, which are limited in all directions.

In fractures of the medial epicondyle, it may sometimes happen that the epicondyle may slide in the joint cavity and appear as a loose body in the X-rays. In separation of the epiphysis, the symptoms are the same but it may so happen in children that only portions of the epiphysis may get displaced commonly the capitellum being the frequent situation.

Complication.—Ischaemia is one of the complications to be thought of and this may be the result of bad treatment or of the enormous effusion.

2. Nerve complications. These may be primary or secondary. The most common nerves involved in my series primarily were radial but median and ulnar may also be involved. In one of my cases when there was a fracture of the medial condyle, there was a contusion of the ulnar nerve, which recovered after 3 months.

Myositis ossificans is considered as one of the common complications but in my series, only in two was there an excess of callus, which cannot be called a Myositis ossificans.

Malunion and no union may occur in supra-condylars. No union is the exception bad malunion is frequently due to bad treatment or no treatment.

Treatment.—It is a very good rule, in all supra-condylar fractures, to note down the various points before treatment.

1. Can the radial pulse be felt?
2. Are the nerves involved or not?
3. Is there any sign of commencing ischaemia? and
- (4) Always in every case of injury round the elbow joint, have an X-ray taken if it is possible.

I should impress that if a thorough clinical examination can be made, one can visualise the displacement of the fragments by the feel and the deformity that one sees. After having confirmed the diagnosis by X-rays and having known the displacement of the fragments, the main success of the treatment depends upon proper reduction of the fracture; so it is necessary to give the patient an anaesthetic and in my out-patients I always give short anaesthetics, either Nitrous oxide or Ethyl chloride and sometimes when the displacement is very bad, a long anaesthetic is supplemented. The manœuvre for reducing these fragments is as follows: The patient having been anaesthetised, the arm is abducted at the shoulder and extended at the elbow; extension and counter extension being applied below and above the point of fracture. This relaxes the spasm of the triceps and the biceps and the Brachialis muscles and thus helps the second manœuvre, viz., the reduction of the fragments. With one hand the epicondyles are firmly grasped from behind and pulled downwards and the proximal end of the fragment is pushed up and backwards from front; at the same time flexing the elbow. If this manœuvre is done properly one notes and feels the click, which indicates that the fragments are locked properly and after this, the limb is kept in acute flexion taking care to see that no undue force is used in maintaining the flexed position. After reduction it is my usual practice to feel for the radial pulse and also to feel for the tips of the

fingers, whether they are warm or cold and then, I put them in plaster, taking care to see that there is no constriction at the bend of the elbow. Forearm is kept completely supinated in flexion. In cases of incomplete fractures, I always complete them and in fractures of one or the other condyles, if the usual methods of reduction are not successful, it is better to fix them by operative means.

The degree of flexion after reduction is always determined by the ease with which the limb can be flexed without interfering with the radial pulse. It is the usual routine when the swelling subsides, to cut the plaster again and then increase the flexion and re-apply the plaster. A re-X-ray is always to be taken after reduction to note the position of the fragments.

In comminuted fractures, which always involve the joint, it is a difficult question as to the actual method of treatment that has to be adopted. If it is a simple "T" shaped fracture, then it is quite a good practice to do an open operation and fix the ends together, by bone pegs or suturing them up with Kangaroo tendon. When there are too many fragments, it is a difficult question to decide how much of the bone has to be sacrificed and how much to be retained. In one case of mine where I was confronted with a problem like this, I sutured the big fragments together and the smaller fragments from the distal end were removed and an attempt at Arthroplasty was done, which has resulted in a very satisfactory functional result.

After treatment.—Pain in supra-condylar fractures is so severe that the child has sleepless nights and it has been my observation that after proper reduction and application of plaster, the child has a good night's repose, which is an indication that the setting of the fracture is satisfactory. The swelling begins to subside and the plaster gets loose. If at the first application of plaster, an acute flexion has not been obtained, the plaster is slit, the degree of flexion is increased and the plaster is re-applied. The limb remains in plaster for 2 weeks. When the plaster is slit and a clinical examination as to the union of fragments is made. If the fragments are clinically firm and united, which is indicated by the absense of pain at the site of fracture and disappearance of the swelling, it is put in flexion in a Jones's cuff and collar instructing the guardians to alternately flex and extend the limb actively to the degree with which the child can do without any pain.

I always insist that active movements are the only movements to be resorted to and under no circumstances could passive movements be done in this condition; the intervals of keeping the limb extended are increased gradually and by this process, the child begins to get full extension and the average period when the complete extension is obtained in my series is about a month. Gentle massage of the Effleurage type is recommended and demonstrated to the parents to be done twice a day both morning and evening. After having satisfied that the fragments have been properly reduced and that there are no complications, the child is seen at regular intervals of a week till he is discharged from the clinic.

Infections in the region of the hand.

By Dr. K. M. SAMBANTHAM.

It is indeed of common though not a daily occurrence in out-patient work to meet with infections of the hand, not to speak of the foot, and for want of space I will at present confine myself with the hand. I have on more than one occasion seen students doing minor operations, handling these infections of the hand like any other simple abscess, obviously for want of a proper knowledge of the surgical anatomy of the region and I therefore wish to remind them of the same, indicating also the surgical importance, and few points in operative technique. I do not propose to go through the signs and symptoms as they are mentioned in ordinary text books.

Now, taking into consideration the distal phalanx, it must be realised that it is a closed space extending from the tip anteriorly to the crease posteriorly where the skin is directly in contact with the theca and covered over by skin of the palmar surface ventrally and limited by the bone dorsally. This space is occupied by subcutaneous tissue and radiating from the periosteum of the bone dorsally to the palmar skin surface ventrally are septae, between which is fatty tissue.

The blood supply of this part of the phalanx is from digital arteries on the antero lateral aspect. It is to be noted that this artery just before it enters the distal phalanx, gives a special branch to the epiphysis of distal phalanx.

Surgical Importance.

Any inflammatory exudate in this area being in a closed space will naturally accumulate in it unless relieved by incision, and cause pressure on the vessels, thrombosis, loss of blood supply and necrosis of the diaphysis of phalanx. Hence the necessity for early interference to avoid the catastrophe. The epiphysis however escapes because of the special branch it receives.

Again, as we trace up the subcutaneous tissue on the palmar aspect from the distal phalanx, we notice that opposite the creases it is absent so that the theca is directly in contact with the deep surface of the skin.

Surgical Importance.

Punctured wounds in the inter-phalangeal joint areas end in primary thecal whitlow and it is also important to avoid any incision at this site when sepsis exists.

Tracing the subcutaneous tissue upwards towards the palm we notice that it is continuous with that on the dorsum and the cellular tissue of the web surrounding the lumbrical muscles (the lumbrical tunnel) about which mention will be made later.

Surgical importance of this fact lies in that the abscess always points either at sides of base of finger or passes along the lumbrical tunnel to cellular tissue spaces of the palm, being the line of least resistance and of continuity.

The Theca of Tendon Sheaths.

Opposite the phalanges the fibrous sheaths from the flexor tendons are thick and the fibres are transverse, while in front of the joint the fibres are oblique, thinner to allow flexion and also pierced by vessels.

Hence in front of the joints the synovial membrane can easily herniate through and be in contact with the skin and be readily punctured by any perforating wounds.

It needs no special mention here except to remind that the synovial sheaths of the little finger and thumb are continuous with radial and ulnar bursae while that of middle three extend only up to the neck of metacarpal bones.

Spaces in the Palm and Wrist.

There are spaces in the palm which are worth while being mentioned in view of the fact that they are frequent sites of stagnant pus with its sequae.

These spaces may be infected either directly by punctured wounds or by extension from one of the digits or from one space to the other or by haematogenous infection.

They are:—

- (i) Thenar Space.
- (ii) Middle Palmar Space.
- (iii) Parona's Space.

Thenar Space. (Boundaries)*Volar Aspect.*

1. Thumb Muscles
2. Flexor tendon of Index Finger
3. 1st and 2nd Lumbricals
4. Thenar part of Palmar Fascia

Dorsal Aspect.

1. Adductor (oblique and transverse)
2. Dorsal Interossei

Medially,

1. Fibrous Septum from the fascia posterior to flexor tendons to the origin of adductor transversus muscle from 3rd metacarpal bone.

Laterally.

1. Radial Bursa.

Middle Palmar Space.*Volar Aspect.*

1. Flexor tendons in ulnar bursa.

Dorsal Aspect.

1. Interossei and Metacarpal bones

Radial side.

1. Septum from Flexor fascia to adductor transversus.

Ulnar side.

1. Hypothenar muscles.

Parona's Space.*Volar Aspect.*

1. Flexors
2. Radial Bursa
3. Ulnar Bursa

Dorsal Aspect.

1. Pronator quadratus
2. Interosseus membrane

Infections in the region of the hand

This space extends well to radial and ulnar sides of fore-arm and can be approached by either route for drainage.

Distally it may be sometimes continuous with middle palmar space (if this space extends to fore-arm).

Proximally it becomes more superficial by passing anteriorly between flexor profundus and longus pollicis muscles to be under cover of superficial flexors.

Having mentioned these spaces I would like to describe briefly the so called lumbrical tunnel through which infection may travel from the fingers to the spaces in the palm.

There are three such tunnels between the four digital processes. These spaces are occupied by fat and each of them contain :--

1. Digital Artery
2. Digital Nerve
3. Lumbrical Muscle.

Boundary.

1. Volar Aspect (skin and transverse fasciculus of palmar fascia,
2. Dorsal Aspect (Transverse Metacarpal Ligament)
3. On either sides (Digital processes of palmar fascia)

Pre-Operative Treatment.

Every patient before being operated should have, not only the particular finger involved, but the whole hand cleaned with turpentine (if it is very dirty) then with ether soap and finally painted with alcoholic picric or Tr. Iodine. The object of cleaning the whole hand instead of the finger alone, is to avoid infection from the adjoining fingers getting into the wound and thus ensure healing by first intention which is the ideal to gain. I mention this particularly because I have on more than one occasion noticed students confining themselves only to the cleaning of the affected finger and that too only by painting it with Tr. Iodine alone without taking care to clean the finger and thus remove any dirt therein previously.

Operative Treatment.

Various incisions used :

Distal Phalanx.

1. Subcuticular (Distal phalanx nail bed)

- (a) If seen early, light packing of boric lint thread under nail fold is enough.
- (b) In advanced cases lateral incision opposite the base of nail bed is put, base of the nail is cut off to the extent required, gauze pack applied and fomentations given.
- (c) If whole nail bed is involved bilateral incision is put, flap raised and about one-third of proximal parts of the nail may be removed.

2. Subcutaneous.

Antero lateral incisions are put, sinus forceps passed through and through rubber tissue or gauze wick is drawn through and through and drainage effected through both lateral incisions.

Middle and proximal phalanx.

Anterolateral incisions.

3. Thecal.

Anterolateral incision into theca but no gauze drain is used for fear of adhesions.

Subperiosteal

- (a) Terminal phalanx.....Horse shoe shaped incision which raises the pulp of finger as a flap.
- (b) Middle and proximal phalanx.....Antrolateral incisions.

Radial Bursa.

The incision passes over the inner part of thenar eminence in the line of Flexor Longus Pollicis tendon and should stop short of distal border of anterior annular ligament by $\frac{1}{4}$ to avoid cutting the branch of median nerve.

Middle palmer space.

Longitudinal incision between middle and ring or ring and little finger or both the incisions may be put at the same time as the case may require.

Thenar space.

Incision is put parallel to web between thumb and index finger on the dorsal aspect of web and sinus forceps is passed between oblique and transverse head of adductors.

Ulnar bursa.

First put anterolateral incision for the proximal phalanx of little finger and evacuate pus if present. Now milk the ulnar bursa downwards and if pus comes out infection of ulnar bursa is inferred. Then pass a director up the sheath from little finger into ulnar bursa and extend the incision along it as far as anterior annular ligament avoiding the deep division of ulnar nerve.

Post Operative Treatment.

General.

1. Rest in bed
2. Light nourishing diet.
3. Excretion of toxin from
 - (a) bowel (purgative)
 - (b) kidney (diuretics)
 - (c) skin (diaphoretics)
4. Antisera and vaccines
5. Quinine internally
6. Saline (subcutaneous or intravenous or through rectum) if the case be very bad.

Local Treatment.

1. Always make sufficiently long incisions to effect good drainage.
2. If large incision is impossible, gauze ribbon soaked in hypertonic saline is lightly packed.
3. If there is oozing use rubber glove drainage.
4. If pain is severe, give.

Rx. Aspirin	gr. x	} to relieve pain
Pyramidou	gr. x	
Heroin	$\frac{1}{8}$	

5. First dressing is given only after 24 hours when the hand should be immersed in hypertonic saline for some time and then dressed as usual. If necessary passive hyperæmia may be obtained by allowing the hand to hang down

for some time, then dry it and dry gauze applied with bandage over it.

N. B.—If necessary continuous saline bath may be used.

6. Always give a sling to the patient.

7. **Movement.**—With few exceptions movements should be commenced on the third day (full range of passive movements once every day is enough).

8. **Splints.**—If infection is on palmar surface, and the finger in semi-flexed position do not bother as it is the ideal to maintain since even if adhesions form they can be broken down by extension.

If infection is on the dorsum of the hand, extension by splint is the ideal treatment.

Complications.

1. Adhesions.

If adhesions are found systematic manipulation is done under ether anæsthesia to break them and then malleable splint is applied and the limb kept in a position previously unobtainable. Massage and movements should be continued later.

2. Painful Scars.

(a) Perineural injection of the nerves leading to the part is the treatment

or

(b) Diathermy.

or

(c) Ultraviolet rays if ulceration be super-added.

3. Amputation in intractable cases (rarely done).

Disease and Man.

BY S. R. RAJARAM.

It has been remarked by the philosopher that there is no other disease than ignorance; and it would certainly need the erudition of a philosopher's pen to prove such an exclusive statement. The matter of fact scientist can accept this much, that all disease is due to ignorance of the cause of disease, or to the wanton violation of Nature's laws. We cannot with impudence break Nature's laws—Nature who is 'red in tooth and claw.' Wisely has it been observed that of all monarchs Nature is most just in enacting laws, and the most rigorous in punishing the violation thereof.

The primitive man wallowing in ignorance, attributed a supernatural element to disease. Thus it was thought that small pox was the visitation of the wrath of a goddess and malaria was a 'mainsa' which emanated from marshy swamps. The horizon cleared up with the dawn of intelligence, when man began to link up cause and effect. The uninhabitable tracts around the Carribean sea became health resorts when the cause of yellow fever was known. When the Anopheles Mosquito, the carrier of malaria was discovered, cities on the banks of the Panama were conjured up as if by a stroke of witch craft. Even in actual wars disease proved more devastating than the armaments of the foe, as was the case in the South African war or the Spanish American war, due to typhoid. Disease is no more such a menacing scourage of man. The truism that 'disease and not battle digs the soldier's grave' was only true till the middle of the nineteenth century.

The history of our science goes back into the dim mist of bygone ages, two score centuries before the Saviour of man. Then the light arose amidst the ignorance extending unto eternity, in the far off land of the Pharaohs, where priest-craft, witch craft and the art of healing were the avowed calling of hereditary sages. Too well they knew to cure themselves of their common ailments. From them perhaps the world has received the first glimmerings regarding the role of arsenic and lead and a primitive insight into the ultimate nature of disease.

We pass on then to the glorious Aryan ascendancy when the lamp of knowledge shone bright and true, to the halcyon days of hallowed Ind, when the immortal Sushruta, Charaka, Danwantari and a host of others who ascertained and utilised the pharmacological action of no less than one thousand five hundred drugs; to the eternal law given Manu who enjoined strict injunctions on sanitation and public health; to the books which lay down standards of cleanliness; to the fragments of which glorious heritage, His Highness the Thakore Saheb of Gondal (who is an M.D. of London and F.R.C.P. and also a D.C.L.) has so excellently embodied in his eminent book, *History of Aryan Medical Science* (Macmillan, pages 62, etc.)

Here indeed one would fain quote in extenso the speech by Lord Amthill, then Governor of Madras, when opening the King Institute at Guindy in February 1905. He remarked "We are beginning to find out that the Hindu Shashtras contain a sanitary code correct in principle Manu was one of the greatest sanitary reformers the world has even seen Col. King gives clear proof . . . that the Hindus used inoculation by small-pox virus . . . and certain it is that long before Jenner's great discovery or to be more correct *re-discovery of vaccination* this art of inoculation . . . emanated as I have already shown you from India . . . and was first exported from India to Arabia and thence to Europe. . . ."

Medicine then flourished among the Arabs and the Chinese. The dissemination of Arabic erudition when the Moors over-ran Europe laid the real foundations of modern western medical science. Thus we come on to fourth century B. C. to the times of Aristotle, physician, philosopher and the genius of his age, and to the days of Hippocrates, the father of medicine.

The long millennium that is unhappily termed the "Dark Ages" leaves a gap in the history of man of science. At its close arose Paracelsus the father of Iatro-chemistry who applied the growing child of chemistry as the handmaid of medicine. Inorganic medicaments found their way into every day use. During this renaissance and revival of learning monasteries and Universities sprang thick and fast over the land which served to build up hospitals and homes for the invalid. While the temple of our science has been built by many a marble, each

bearing the scribe of the architect, yet the names of the triumverate Jenner, Pasteur and Lister stand in marked relief. Jenner opened up a new vista of thought by his "re-discovery of vaccination" a potent charm against small-pox which was the night-mare of Europe till the end of the 18th century. An infallible remedy was found in the protective inoculation of Pasteur a man who had not studied medicine—for the much dreaded rabies, anthrax and diphtheria. Basing on Pasteur's investigations Lister was inspired to introduce the system of antiseptic surgery, and with anaesthesia as its hand-maid, surgery has taken giant strides in its progress. We cannot forget in this connection John Hunter the great anatomist and surgeon who raised surgery from the art of the barber surgeon to the dignity of a science".

The laurels won by our profession outshine the honours bestowed on any other walk of life. At a banquet of the Royal Society, the American Ambassador addressing Lord Lister said "It is not a profession, it is not a nation, it is humanity itself with uncovered head salutes you." Jenner it appears was the favourite of Emperor Napoleon, and on a certain occasion when Jenner had applied for the return of two of his friends to England, the Emperor rejected the petition, subsequently when he was reminded by Josephine that it was from the discoverer of vaccination, Napoleon remarked "Ah, Jenner we can refuse nothing to that man" Pasteur's name is not any the less known to fame. Even to this day when the French are asked to point out their greatest country man, they put Pasteur first, Napoleon only second and Victor Hugo third.

While physical sciences can claim but a Giordano Bruno who died for the love of truth, or a Copernicus who disputed Ptolemy's geocentric theory of heavens, and preferred persecution to compromise with ignorance, we have our array of martyrs in Dr. Lazear who volunteered to die to prove the mosquito theory of yellow fever, and Dr. Hidio Noguchi and many more. Immortality and eternal gratitude from wailing humanity has been the rich legacy of these apostles of truth for as Bruno said when on the rack 'to die in one century is to live for all centuries to come' such is the selfless sacrifice of the doctor for the cause of God's plan for man which is Evolution, that the maxim is no longer 'the survival of the fittest' but the fitting in of as many as possible to survive.

After all is writ, it must be confessed that ever so much one may try to expound the nobility and divine aspect of our science, yet half has not been said of those. We all can recollect the story of Abu Ben Adam, where the Angel returned the next night and showed Ben Adam's name lead all the rest, not because he was the richest, man of his time, not because he was the premier of his country, not because he was the greatest inventor and not because he was the poet or painter of his day, but because he was 'one that loved his fellow-man.' Need it be said that it was this self same love of mankind that has lured the galaxy of our martyrs to the conquest of disease and emancipation of man from the thralldom of suffering!

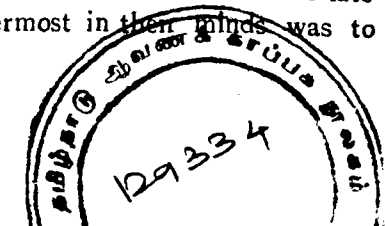
The Home of Syphilis

BY MANJERI V. SARMA.

To begin our story with the beginning of the story and yet not the true beginning, we have to go back to history and survey things a four-hundred and thirty-eight years ago somewhere in 1493 we see an angry sea (Atlantic), the breakers rising and rolling in terrific tumult, rocking an old worm eaten wooden craft as if it were a feather. The tempest howls through the rigging and sails and every moment appears as a millennium to the wretched sailors. Such is the setting in which we see Columbus and his hardy sailors on their way home after the discovery of America.

Hardy and Godless though they are, at the hour of peril every heart turns god-ward! Prayers are offered, offerings and pilgrimages to the Holy shrines are promised and above all the utter helplessness of man in the terrific grips of Mother Nature is brought home in all its savage vividness. Columbus himself, undaunted as he always is, falls down on his knees and vows with all fervour and devotion to make a pilgrimage to the first Christian church, barefooted and clad in his shirt. But all this was of no avail. The storm continued to rage.

But this is only one aspect of their emotions. One and all of them cursed the hour they set sail from the American shores. Poor creatures! how can they help it? How can they forget, especially situated now as they are, all the balmy hours they spent on that Island Paradise of Haiti? It is indeed a torture when they recollect their life amidst its lovely sheltered bays and wooded heights, the indescribable splendour and abundance of its rich vegetation. Besides all these what about those lovely velvet skirted Caribbean girls? Crude they are but nothing inferior to the girls at home. How graciously they received the strangers and how generously they bestowed their favours on them! To the overworked weatherbeaten sailors it was indeed a paradise! a delicious draught to one tortured with thirst. The devotion of these beautiful women to the seamen was wonderful and the very thought of it now made them mad, what wonder it is that these broken men yearned once more to get back and spend the life long day dreaming in the arms of some lovely Caribbee woman? But it was too late to repent and the next wish that rose uppermost in their minds was to get back home alive.



The storm continued unabated for days together but at last it subsided as if in reply to their prayers. After all these perils and hardships the brave sailors reach home and they are accorded a most hearty welcome by the Spanish court. It was indeed a galaday in Barcelona. The whole town was out to see the heroes and there was nothing but merriment and joy on all sides. But whenever the sky is too rich a blue it is generally a sign that sunshine is soon to be replaced by a black cloud, and so it was with Barcelona. The excitement and festivities of the discovery are over. The riches brought home from the new world have been distributed. The comrades of Columbus have gone back to their homes and made themselves comfortable amidst their wives and children. When everything has quietened and a few weeks have gone by there happens an unpleasant event! A new disease has made its appearance and "venereal disease" it is soon called, for it is soon recognised that sex love is responsible for its spread and as is to be expected it finds most of its victims where Venus is worshipped most indiscriminately.

Side by side with the discovery of America mediaeval Europe writhes in agonising convulsions and the pangs which shake her tortured body announce the birth of a new age—the Modern Era. The then king of France Charles VIII takes it into his head to assert by force of arms his hereditary claim to the kingdom of Naples which had come to him from the House of Anjou. Accordingly in the spring of 1494 a mercenary force of 30,000 men was made ready. The men were drawn from the north and south of France, Netherland and Switzerland.

Getting scent of this the king of Naples too was getting ready with his men, who were mostly Spaniards. Charles after spending many idle months in Lyons in dallying with the fair ladies at last breaks camp and moves towards the "Eternal City." The king—scarcely 24 years then—and his nobles and soldiers are received everywhere with open arms by the fair women of Italy and there is no undue taste anywhere. With the pealing of Christmas bells Charles enters the Imperial gateway of Rome and stays in the city for four weeks and in the end it was not with a pang that the love-hungry king left the "city of cities." But towards the end of 1495 Charles tears himself away from the arms of the Roman priestesses of Venus. Thinking it futile to resist king Ferdinand of Naples flees from the city after leaving a thousand of his men in the castles of Dell'ovo and Nuovo. Among these are 300 Spaniards who have come from Barcelona.

Charles enters the gates of Naples unmolested and the ever-mutable women are ready to give him a fitting reception. Riding along the streets his eyes saw nothing but silks and velvets, brocades and laces, jewels and pearls. The windows were crowded with many a lovely face returning smile for smile and glance for glance. Somehow the Neapolitan women had an idea that the men from the North were shy and awkward but under the influence of the fiery, blood whipping wine freely served by the lovely ones they never lacked the mettle to storm the fair fortresses. Charles' men were wading in wine, and then—as it is usual when sufficient sacrifice has been made to Bacchus—there comes the turn of Venus.

Charles never repented the day he embarked on the campaign. As for that who can?—with wine, women and spring fragrance—to-day, to-morrow and every day. Nobody worried about the enemy shut up in the two castles. As usual hunger, being the badliest enemy of all beleaguered hosts, makes its effects. Immediately all useless and superfluous consumers of food are cast out and among these were castle servants, maids and soldiers' mistresses. Among these are a pack of women belonging to the three hundred Spaniards in the castle. Some time later the beleaguered garrison is offered rewards if they surrendered and they accept it and eventually take service under Charles. With this mixing together the cast out women also returned and freely mixed with the whole army.

In the midst of these jollities there comes the news one day that the King of Spain had sent the Vanquished Ferdinand a magnificent army to fight the French. As the old saying goes misfortunes never come singly. A repulsive disease has broken out among the French soldiery—the same loathsome plague which developed in Barcelona on the landing of Columbus after the discovery of America. Obviously the pestilence has been carried into the French Camp by the pack of women cast out of the two besieged castles. At this juncture the young monarch is forced to leave the city and retrace his steps. All along the way rigorous revelry is kept up, the soldiers following the sample of their Lord.

By degrees the new disease spread with furious rapidity among the French soldiery, in whose train, as was then the custom a great company of prostitutes, serving wenches and soldiers' wives followed. By this time the French were hard-pressed and the disorderly rabble on

their homeward march carried the disease to Switzerland, Germany and finally to France. In this way the loathsome disease has been carried all the way from America and spread broadcast in Europe.

Though the above is one of the possible ways by which syphilis spread, there is another side to the question also. According to some old chronicles syphilis existed in Europe even before the discovery of America. Even at very remote times, it is said, there were ordinances in regard to brothels, etc. The busts of Socrates preserved in the Vatican in Rome clearly show the "saddle nose". In very early text belonging to Rome, Babylon, India, etc., it is said, there are references to a particular disease which most probably is syphilis. In Malabar there is a belief that syphilis was introduced into that place by Vasco da-gama's sailors and considering the time of his arrival (1498) to Malabar there is every possibility for the popular belief to be the truth. Because of this the disease is called Parankipunnu in Malayalam. But considering the history of the treatment of syphilis it is definitely stated that from times very remote Indians knew the value of mercury and that mercurial preparations were used in the treatment. If this observation is correct then it discredits the above view. In the face of all these conflicting views it is difficult to decide one way or other. But after all even if one is able to prove beyond all doubt the exact origin it is not going to matter much either in its prevention or its treatment. It is always human nature to blame others for the ills that one suffers from and that weakness has crept in here also. Hence the French called it the Spanish disease, and the Germans the French disease and so on. But the practice does not stop there. All those who are acquainted with the O. P. clinic will be aware that men call it "the women's disease", and the women call it "the men's disease". But after all the disease is there whatever might be its source and man is heir to it.

Wherever the disease started it is certain that somebody ought to have had it at the beginning. But I don't venture to say that Adam was the first man to suffer from it. It is not quite possible for it to have dropped from somewhere one fine morning and attacked man after man like a mad-dog. The most probable and rational view is probably that of the American syphilologists who think that the *spirochæta pallida* is the product of evolution of certain non-pathogenic *spirochætæ* that inhabit the genital tract of the female.

(Facts collected from Gerhard Venzmer's "A dying disease".)

Case Reports.

A CASE OF POSTERIOR SACCULATION AND RUPTURE UTERUS

BY V. GOVINDAN.

Mrs. A, Adi-dravida, 7th para was admitted into Government Maternity Hospital on 16-11-31 at 9-50 p.m. She was in labour since 6 a.m. the previous day. She was examined outside by a barber midwife.

On admission.—General condition of the patient fair, not anaemic, no oedema of legs, heart and lungs nil abnormal, tongue coated. Temperature 99, Pulse 120, Respiration 24; B.P. 90.

Height of uterus 28 weeks. Uterus acting feebly, foetal parts not well made out. Position of foetus? Foetal heart?

History of previous labours—all natural.

P.V. on admission by Medical Officer on duty.

Vulva swollen, marks of injury on vaginal walls, head felt low down but position of cervix and dilatation could not be made out.

Temperature 99.4; Pulse 120; Foetal heart.?

10-30 p.m. Resident medical officer informed.

Hot vaginal douche, chloral and bromide draught, and Glucose and Brandy (2nd hourly) ordered. Instruction carried out. The douche nozzle could not be introduced, hence only lysol wash given.

17-11-31. 2 a.m. Glucose and brandy.

6 a.m. a cup of milk. Glucose and brandy. Hot lysol wash. Pulse 108; Temperature 99; Foetal heart not heard.

8 a.m. Temperature 99. Pulse 104. Foetal heart not heard. Patient having offensive brown discharge. Patient seen by Assistant Superintendent, enema to be given, urine to be drawn and patient to be sent to G. Theatre for examination. Results of enema poor.

12-30 a.m. Notes under Chloroform ran as follows:—

"Cervix pulled down and dilated with the fingers. Forceps applied, a macerated child extracted, highly foul smelling fluid flowed out of uterus, a rupture in the Right Lateral wall was found, uterus plugged with a roll of gauze "a case of posterior sacculation of the uterus."

Rapid feeble pulse 117. Temperature 99.

Treatment ordered.

- (a) Patient to have sub-mammary saline (2 pints) st.
- (b) Stimulants (Brandy and chicken essence) 2nd hourly.
- (c) Patient to be kept warm and quiet.
- (d) Pulse to be recorded every 15 minutes.
- (e) To be watched for bleeding.

Night report.—Patient very quiet all night, slept on and off, feeds taken well, complains of pain in the abdomen. 2 oz. of Mist Soda sulph at 5 a.m.

18-11-31. Patient's condition not very satisfactory. Temperature 101; Pulse 124; pain and slight distension of lower abdomen—uterine plug removed, a light plug put in. A. S. serum 20 c.c. injected.

Patient to be put in Fowler's position, 2nd hourly stimulants, 3rd hourly Turpentine stupes to the lower abdomen, 4th hourly saline douche and Mist Soda sulph oz. 1, t. d. s. ordered.

Night report.—Instructions carried out, slept well, motions and urine passed in bed per vaginum condition weak.

19-11-31. Put on table, light plug taken out. R. V. F. To continue same treatment. 20 c.c. A. S. serum given.

Night report.—Bowels moved several times complains of pain in the abdomen. Pulse 112. Temperature 101.

20-11-31. Condition the same—Mist Soda sulph. cut off. patient to have Mist. Bismuth oz. 1, t. d. s.
Mist. E and Q oz. 1, t. d. s.
3rd hourly iodine douche.
20 c.c. of A. S. serum.
 $\frac{1}{2}$ c.c. of neutral iodine.

24-11-31. Patient is having a temperature B. coli Vaccine 10 millions given. Lochia offensive.

27-11-31. Lochia offensive—a piece of offensive sloughy membrane passed. Temperature 101.

28-11-31. Slough removed. There is an extensive opening leading to the rectum—milk injections ordered.

5-12-31. 20 millions of B. coli Vaccine. Temperature normal. Patient's condition fair.

30-12-31. Temperature normal, pulse good. Patient feels better and will be fit for discharge in a few days, advised to come after some months for the treatment of R. V. F.

In this connection a few words may be said about the treatment adopted in this Hospital in cases of 'Rupture uterus.' Every year about half a dozen cases are admitted. These come to the Hospital for obstructed labour with a history of membranes having ruptured hours ago and examined outside by barber-midwife. Signs and symptoms of the condition are obvious in some, in others the rupture is detected during the attempt to stop bleeding or during the manual removal of the retained placenta. In the majority of cases no signs of a live foetus can be made out. These cases come at a very late stage when the patient's condition precludes the possibility of performing Caesarian Hysterectomy. Foetus is delivered through the Vaginal route (by forcep traction on the leg, craniotomy or embryotomy) and after manual removal of the placenta which is generally found lying separated in part or whole in the peritoneal cavity, the uterus and vagina are plugged with a long strip of sterile roll of gauze. The patient is treated for collapse. The gauze is removed after 24 hours, a smaller piece being introduced. The stimulant line of treatment is continued with the patient in Fowler's position. Frequent hot antiseptic douches and turpentine stupes are ordered with a view to limit and localise the extent of peritoneal mischief. By suitable serum and vaccine therapy and use of stuffs like neutral iodine, Callosal iodine, milk injections, etc., the defensive power is raised.

In 1926, there were 4 cases. Caesarian hysterectomy was done in none of these cases. All cases proved fatal, all the children were still born. In 1927, the number of cases in which rupture of uterus was

diagnosed was seven, of which five died, one was discharged cured and another discharged against medical advice. During the last three months of 1931, 5 cases were admitted. Two cases ended fatally, two were discharged and one was taken away in a very bad condition by the anxious relatives. The following is a short account of the cases recorded :—

1927.

Mode of delivery.	No. of cases.	Condition of Mother and Child.	
Breech born up to neck outside—traction.	1	Died.	Still born.
Forceps.	3	One died, another discharged cured, another against advice.	2 Still born and one macerated.
Forceps and perforation.	2	Both fatal.	Still born.
Decapitation.	1	Fatal.	Still born.

1931.

Mode of delivery.	No. of cases.	Condition of Mother and Child.	
Version.	1	Discharged against advice.	Macerated.
Forceps.	1	Alive.	Still born.
Forceps and perforation.	2	One alive.	Still born.
Forceps and perforation (escape of fluid)—pulled out with crochets.	1	Died.	Still born.

My thanks are due to Mr. N. K. Pillay for furnishing me with the case reports.

From a close study of the above cases one is led to surmise that the condition of the patient, as judged by shock and collapse, is the one principal guiding factor in the conservative line of treatment. Delivery of foetus *via* natural passages is the treatment best suited to meet this end. As to bleeding they seem to pin their faith in the efficient contraction and retraction of the uterine musculature, of course supplemented by drugs like Pituitarin, ergotin etc. In all these cases a certain 'amount' of sepsis—not to speak of complications like extensive pelvic peritonitis, pelvic cellulitis, septic thrombophlebitis, secondary haemorrhage, toxæmia and septicæmia—is sure to supervene and an honest attempt is made to localise it and treat accordingly. Plugging is done not to control haemorrhage but to act as an efficient means of drainage and to prevent the prolapse of intestines, if any. Fairly good results are obtained by this line of treatment especially in uncomplicated cases.

In complicated cases, in the opinion of certain authorities, this line of treatment rarely succeeds and even if the patient survives she is left an invalid. The uterine musculature may not be able to control bleeding. In cases where there is profuse hæmorrhage especially if it be intra-peritoneal the only course open is to do a laparotomy and suture up the rent in uterus or remove it in toto as is deemed fit. Manipulation or attempts at delivery by the vaginal route in all those cases where the foetus has escaped into peritoneal cavity will add to the shock from which the patient is already suffering. And what about an increase in the size of the tear? Here again in the opinion of authorities, abdominal section is the method of choice. Rupture occurring in patients who have been exposed to infection or in whom already there is pre-existing infection of the uterine cavity is the most serious. Under such circumstances abdomen should be opened up, complete hysterectomy done and the peritoneal cavity drained.

No hard and fast rule can be laid down in treatment knowing the unreliability of statistics it is unfair to condemn or praise any line of treatment. Every case has to be treated on its own merit. "The tendency of modern opinion in all these cases, seems to be in favour of operative measures as it is the only means of ascertaining the extent of laceration and protecting the patient from the subsequent danger of hæmorrhage and sepsis. We should state however, that some well

known authorities still regard plugging of the rent as the treatment of choice."

Before concluding, I would like to express my deep sense of gratitude and thanks to Dr. Lakshmanasamy Mudaliar for his valuable advice and kindly allowing me to take extracts from the annual reports of the Hospital.

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Items of Medical Interest.

The Nobel Prize for Medicine.

Cancer, Biological Physics and the Respiratory Function of Blood are the three chief subjects of research by Prof. Otto Warburg of the Kaiser Wilhelm Institute of Biology, Berlin, who has just been awarded the Nobel Prize in Medicine for 1931. Prof. Warburg has made very important contributions in all the three of these fields.

Most attention has probably been attracted by his work on Cancer.

He showed that Cancer cells have quite a different metabolism from ordinary tissue cells. They can get all the energy they need to live and grow and reproduce from the breaking down of sugar. Unlike other cells, they do not need oxygen but can live without it, much as some disease germs do. This does not mean that cancer is caused by germs however. It is the suffocation of normal cells by the lack of oxygen that gives the cancer cells a considerable advantage in the competition of growth according to Prof. Warburg's view on the subject.—

"Times of India".

(It is a matter of great gratification to all Indians and especially to us of this Presidency that the Nobel Prize for Physics has been awarded to Sir C. V. Raman.

It will be of interest in this connection to recall a few of the words he uttered during his broadcast speech at Madras on "Raman Effect." In the course of the discourse Sir Raman said "India contains one-fifth of the total population of the world. There are five Nobel Prizes offered every year for the most outstanding contribution in the various branches of Science and Literature. Is it too much to hope that India will gain at least one of them every year?"

How Physicians Die.

During 1930, a total of 2,943 physicians died in the United States. The average age at the time of death was 63.7 years, a decrease of about a year from the average age for 1929 which was 64.9. The oldest was 97 and the youngest 23.

Sixty-six doctors died in automobile accidents, 24 from falls, 8 from gunshot wounds, 5 from over dose of Medicine, 3 from airplane accidents. One was kicked by a cow and one swallowed a dental plate. Sixty-six committed suicide.

Physicians as do the rest of the public die in large majority of cases from heart diseases, high blood pressure, brain haemorrhages, pneumonia, diseases of the kidneys and cancer.

Physicians are often asked why their mortality rates are higher than those of the rest of the public and why in general they die at an earlier age. The answer should be obvious. They are constantly exposed to all types of weather, they work long hours, and they are in intimate contact with infection.

S. A.

Vitamins in Apple.

By peeling the apples before eating, one deprives oneself of the most healthful part of the fruit according to the results of the recent studies reported by the British Food Investigation Board. It has been found that the vitamin content of the peel is six times that which exists in the core.

S. A.

New Speed X-Ray Tube.

X-ray snapshots with exposure of only one-thousandth of a second are made possible by a remarkable X-ray tube. The high-speed device permits the early diagnosis of diseases hitherto unrecognisable except in their later stages and is considered a boon to Physicians. Designed by Westinghouse engineers, it contains three electrodes instead of the usual two. The device is compact and easy to manipulate

P. S.

Most Powerful Microscope.

Most powerful in the world is a microscope designed and built by a chauffeur of San Diego, California. Its magnification of 17,000 diameters would be sufficient to make the head of a pin appear more than five feet wide. With its aid Dr. Arthur I. Kendall, noted North-Western University Bacteriologist, has observed forms of typhoid germs hitherto invisible. The microscope has six quartz lenses packed in glycerin,

uses polarized light, and dispenses with the usual need of staining specimens for observation. R. R. Rife, the inventor, has for years indulged in his hobby of microscope-building and germ-raising.

P. S. M.

A Simple Improved test for Albumin in the Urine.

A new test for albumin in the urine is described by Bose (Indian Medical Gazette) the reagent used is a saturated solution of saccharine in water. It is prepared by boiling saccharine in distilled water until no more saccharine can dissolve. The solution is cooled and preserved in a stoppered phial.

The test may be done in the same way as Heller's picric acid test. A long narrow test-tube is used. About one-sixth of the tube is filled with clear urine. The tube is held in a slanting position and the saccharine reagent run along its test side by means of a pipette until it settles at the bottom. If there is even a trace of albumin, a sharply defined white ring forms at the junction of the reagent and the urine. It does not disappear on heating.

This test gives essentially the same results as the picric acid and nitric acid tests for urine. But the saccharine reagent has certain advantages over the acids. It has no colour, no smell, no caustication on the skin, and is non-toxic; also it can be easily carried for use at the bed-side. It also has other advantages in that it does not precipitate mucin, urea or the urates, unless the latter are present in the urine in considerable excess.

Prof. William Dobinson Halliburton.

The 21st of May 1931, removed from medical world, the venerable figure of Prof. W. D. Halliburton in the ripe old age of seventy-one.

His eminence as a physiologist is too well known. At the early age of 29, he was appointed to the chair of Physiology at the King's College, London, which office he held till eight years ago.

Among his works, his two important researches on "The Chemistry of muscle-plasma" and on "Blood coagulation" will always be associated with his name.

His reputation as an author was world-wide. His book "Chemical Physiology and Pathology" was first published in 1891 and his "Hand

book of Physiology " went through nineteen editions during his lifetime. The Journal "Physiological Abstracts" was founded by him.

He took an interest in all aspects of Physiology to within a short time of his death. His death is a great loss to physiologists.

Lenin's Brain.

Few people in Russia know that Lenin's brain was secretly taken to Berlin and is being examined by experts at the Berlin Research department of the Kaiser Wilhelm Institute. The greatest secrecy is being maintained for fear that the Soviets will protest at the publicity that the brain of the Bolshevik dead leader is being cut into 34,000 pieces for examination.

Dr. C. Vogt, the noted German specialist, has already discovered cells in Lenin's brain many times larger than those of the average male brain.

These cells have been located in the third layer, which is the seat of intelligence and they prove that Lenin was a remarkably quick thinker and was able to grasp a situation quickly. But the development of cells in the other layers is subnormal, showing that his intelligence was decidedly one sided.

The brain has been sliced into infinitely thin pieces by the microtome enabling the study of the complete structure by the use of the magnifying glass instead of the microscope.

The work of examining the brain will take some years.

GEORGE FLETCHER,
Student Editor.

Editorial.

We regret very much to record the death of Dr. G. M. Thambidurai in the prime of his life. The sad event took place on Christmas Eve—23rd December 1931.

We offer our heartfelt sympathies to Mrs. Thambidurai, Dr. Gnanamuthu, his relatives and numerous friends. Dr. Thambidurai was associated with us as a Student Editor and subsequently as Secretary. He took a keen interest in the Journal and the Association.

* * * *

We welcome back in our midst our Patron, General-Sprawson, C. I. E., V. H. S., from his leave. We hope that he has enjoyed his holiday and recovered his health and vigour for the strenuous work that is awaiting him.

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Lt.-Col. R. G. G. Crely, our Acting Surgeon-General, has proceeded on leave, a well deserved holiday after strenuous work for couple of years.

* * * *

We welcome Lt.-Col. F. J. Anderson, our new Professor of Operative Surgery and Second Surgeon, General Hospital, and hope that he would take a keen interest in the Journal and Association.

* * * *

We welcome in our midst Dr. P. Krishnaswami, M. B., C. M., M. R. C. P., as Fourth Physician and additional Professor of Medicine. Soon after joining duty here, he fell ill, but we are glad to note that he has completely recovered his health and rejoined duty.

Major Hesterlow our popular Professor of Hygeine, has proceeded on leave, for advanced studies in Public Health in foreign countries. We wish him "Bon Voyage" and success in his endeavours.

We welcome in our midst Dr. Adeseshan our new Professor of Hygeine:

* * * *

We congratulate our Alma Mater on the success of her students in the Madras Olympic Sports. Our heartiest congratulations to D'Costa who has maintained his reputation as the Champion Athlete of the College.

We are glad to note from the local dailies that he is one of the four nominated for the Indian Olympic Team for Los Angeles.

* * * *

We regret that we are late in publishing this issue of the Journal. In this connection we would earnestly request the teaching Staff of the College especially the younger Gentlemen to take a keener interest in the Journal and help us by contributing articles that would be instructive and informative to the students.

* * * *

Our Annual Sports will be held in the first week of March and we hope that the students will earnestly co-operate to make it a grand success.

—

Our Men and Things.

BY ARVY.

Pardon me for bluffing about my identity which I am constrained to conceal for quasy-political reasons. Anyone who instigated by impertinent curiosity which kills the cat, tries to look behind the veil, and vainly imagines himself as the living proto-type of Conan Doyle's fictitious creation, Mr. Holmes, will only run the risk of being considered as poking his nose into things in which he has no concern. But I request those to whom, by unfortunate force of circumstances, I stand revealed to keep their mouth shut and not to wag either their tongues or their rudimentary tails.

The following is the first of a series of sketches which I have the presumption to place before you, not for your edification but for your amusement which you might derive either from them or at their expense. They are expected to please, not to pain. I trust that the distinguished people who figure in these sketches will be sporty enough to submit themselves to my crude dissection of their mental and physical anatomy with a tolerant smile.

President Wilson insisted on his fourteen points at the inception of the League of Nations. But Col. Hingston being circumscribed by the four walls of his world famous institution and being concerned only with a limited portion of the human anatomy and that too of one sex only, is satisfied with only five points. He does not want anything more but nothing less. Unfortunately questions are not machine-made to be uniformly raising the same number of points and they refuse to be wedded always to the same notation, five. Questions demand variety in their answers and variety is the spice of life as the chronic bachelor thinks. But our Colonel like the proverbial King Canute is adamant. He wants his five whatever the question may be. The student necessarily bluffs as our friend wrote in the last issue. Lack of points is made up by dexterous repetition concealed under the garb of new words, thanks to the inexhaustible resources of the English Dictionary. Excess of points is compressed and cramped into the necessary five and shown as subsections of the principal points. More often than not, he

won't be driven to the painful necessity of compressions, combinations, and permutations of these unwelcome excesses, since his memory will render him a timely aid by playing him false for he would find that he remembers only five points and nothing more. The jolly old Colonel goes supremely satisfied and sings with Robert Browning "God is in the Heaven and all is right with the world." The student is satisfied too with the exhilarating consciousness of successfully bluffing an important examiner.

This insistence on five points is merely one of the common exhibitions of his intense joviality which is expressed by every inch of his pleasing personality. Short of build, but well proportioned in every respect, a rotund face which a tragedian will dread to have since it is incapable of serious glum expression, his thin lips curving up into an infectious smile which will make even the master comedians of the stage as Sir Harry Lauder to burn with envy, his nose perpetually sniffing which might make our E. N. T. specialists commit themselves to a gunshot diagnosis of chronic rhinitis of unknown aetiology, his eyes brimming with good humour winking synchronously with the movements of the *alce nasi* in the act of sniffing, he possesses on the whole a cheery personality which is incapable of doing any conscious harm.

In the Lecture Hall he is awaited with as much interest as an appreciative audience in a theatre would await the appearance of their favourite star. His classes are always considered to be as the students dub 'interesting.' He has got the inimitable knack of keeping the class in good humour, so much so that only the dull headed few who are incapable of appreciating a humorous personality will ever sleep in his class. He will invariably invoke the aid of a fat bodied and fat headed turban-wallah who is dubbed as the *Vakil* of the class. The *Vakil* once he receives the nomenclature, is like 'Sir Boss,' the Yankee and needs no fear of man or beast or even monster, in the form of his examiners, provided he is able to wag his tongue and be as incongruous as Squire Thornhill.

But he is as intensely practical and instructive as he is jovial. He possesses an extraordinary fund of common sense which is the prime essential in the teaching and practice of midwifery. It is because he hates nervousness and hesitation that he gauges the mastery of the

student over his nerves by counting the number of seconds he takes to answer a question, entirely disregarding the quality of the answer. Applying this test in season and out of season over a long period of years he has come to the conclusion that the West Coast Man immediately answers, the Tamilian takes half-a-minute, the Metropolitan one minute, and the Andhra over two minutes. I am sure he has collected statistics which are open for verification by the disbelieving Jews. He wants people to talk and talk and he admires eloquence so much that he has collected around him a coterie of colleagues and assistants in whom the Broca's convolution is abnormally developed. The chief amongst them is his arch-favourite who is a past-master in the art of persuasive eloquence and departmental diplomacy.

His dexterity in operations is unquestionable. His abilities in diagnosis is unimpeachable. His love for his colleagues and assistants is understandable. His love for adiposity especially when it infects the fair sex is pardonable.

A jolly good Colonel he is, with a devil may care outlook on life always looking at the sunny side of things with a supreme indifference to the darker shadows and pitfalls in the amphitheatre of life occasionally bordering on callousness. We may not always agree with him in his judgments especially when they are modified by sentiments and kinship considerations; we may not revere him nor does he expect us to do so, since he himself hates to be a 'reverend'; but we all love him for his infectious joviality and his intense practicality.

The Autobiography of a Modern Shylock.

"THE TAXIMETER"*

(By "X")

I do not know why I have been nicknamed Shylock. In the first place, I have not been born a Jew. Secondly I am not at all rich. My father, who was only a poor coffee planter died at the early age of seventy-two, leaving two sons of whom I was the elder. According to his will each of us had a paltry sum of Three lakhs of rupees and some landed property. This sum, which is really extremely insignificant, was striking many of my friends and neighbours in the face. Many of them (some of whom had marriageable daughters) congratulated me not on my father's death—but on his will and my luck.

Many of these silly people (God help them, poor devils) knew very little of the world and of me. For, how many of them knew that Sir Thomas Lipton left over ten million pounds in his will? How many knew that only the other day, a baker got the first prize of four lakhs of rupees in the Irish Sweepstake? How many knew that the Kolar Gold Fields were turning out 8 lakhs worth of gold every month? In the face of such figures, to call me rich, is but the height of ignorance and folly.

Thirdly, I have never lent money to anybody, as the proverbial Shylock in Shakespeare did. Neither have I asked for a pound of flesh as I have been a strict vegetarian even where I had not to pay for the dinner. It is true that I was approached on many occasions for loans ranging from eight annas to a hundred rupees, but every time I used to show my invariably empty money purse, which, on no occasion contained more than six annas in nickel and copper, except on my pay day. I have never believed in lending money; it never pays. (Borrowing money is of course a different affair, the other man's point of view has to be considered).

* The first of a Series of Stories about a Modern Shylock.

Whatever I could save (I could not save more than three-fourths of my salary, which is very little, having to live in a costly city like Madras) I used to put in half a dozen banks in different places, (to guard against bank crashes and moratoria) In the face of these facts I could not understand why I was nicknamed Shylock. I could only attribute it to ignorance and shortsightedness, for, other people could not realise the value of my money.

The Medical profession some how fascinated me. I used to always look with very ambitious and jealous eyes at Dr.—who was the leading practitioner in T—. This doctor used to go about in a car at a speed of 40 miles an hour, commanding respect, admiration and fear from all pedestrians, especially those who had survived previous accidents.

A neat suit, a pair of glasses, nice curly hair, a rubber stethoscope in one hand and a hand bag in the other—oh, how I longed to be one like him!

I secured admission at the Medical School R—and one afternoon, I was seated in a train bound for Madras. How my heart leapt when the train finally arrived at the Central Station!

A friend of mine at Madras, had come to meet me. He was a medical student, who was completing his studies. "Hullo Krishnan! How do you do! The train is a bit late to-day, I say, where are your samans?"

"These are all my samans—This trunk, bedding, campcot and easy chair. How far is your place from here? What about a conveyance? Hey, porter, bring these samans, quick".

"Yes, Sir,"

The samans were handed over to the porter; the three walked out of the platform to the compound of the station and hailed a taxi.

After having seated themselves in the taxi and the luggage being put in, Krishnan took out one anna from his purse and handed it over to the porter. The porter was an elderly man of about 45 years (one of the usual sort, who blurt out every time "Sir, I am a poor man—got eight children"). He was dressed in a coarse brownish white cloth and a blue

shirt. The clothes had not come anywhere near sunlight soap since the "Deepavali" festival in the previous year. He had a pair of cunning eyes and an unshaven beard, which reminded one of the split horse-hair sofas usually seen in auction rooms. There were three broad lines on his forehead, two white on the sides, and one red in between, reminding one of the automatic traffic controllers, and his teeth were like the "Before use" ones seen in advertisements for tooth pastes.

The latter looked at the coin, then at Krishnan, next at Govindan; he then turned to the taxidriver and looked at the taximeter, which had already begun to work—tick-tick-tick—"What Sir" he roared like an old buffalo crying for breakfast before milking time. "You have given me only *one anna*; *one anna* sir; only twelve pies".

"Porter, it is quite enough for carrying these four samans. Go away".

"No Sir; The railway company's rates are one anna for each article. You must pay me four annas".

"What!" thundered Krishnan. "You are going to teach me, eh! All these samans are very small and light. Why, at T—I paid only nine pies and the porter there went away smiling".

"That might be, Sir. But this is Madras. Rice sells at only 2 measures for a rupee and I have eight children Sir". (Later inquiries revealed that he had only four. The number rose to the occasion.)

"What! you want me to feed your children? I say, porter" said Krishnan, becoming a bit cool "here, take six pies more."

No Sir, I shall not accept anything less than four annas". "Look here, I shall be going back to T—for the Michaelmas holidays. I shall call only you and none else to carry my luggage. Take this, I tell you. Don't be greedy. You can't become rich in a day".

By this time, when the higgling was going on for the sake of about two annas, the taximeter was making headway. It had already registered twelve annas. So, when the porter grudgingly left, Krishnan looked at the taximeter and then at Govindan and exclaimed "My! how time flies!"

"Yes and money too, I say, taxidriver, take us to Egmore".

"Yes Sir"

In fifteen minutes the taxi had arrived at the destination. Govindan was living in a students' Lodge. The taxi had, by now registered two rupees and four annas.

"Say, Govindan, how much should I pay for the taxi?"

"Govindan looked at the taximeter, scratched his head and said slowly "Two—rupees, and f-o-u-r a-n-n-a-s."

"What? I thought that was a clock". Krishnan was perspiring profusely. The shirt and collar had already become wet and he stood still, staring at Govindan. His temperature was not taken at the time but I am sure it would have been in the neighbourhood of ninety-five. Meanwhile, the taximeter was making head-way-Tick-Tick-Tick-Tick...

"But I say, it is unreasonable. We have not travelled more than 2 miles. Why, for the four hundred miles that I travelled yesterday I paid only eight rupees. This seems to be extravagant".

"No, Krishnan, but it is the standard rate. Eight annas per mile, eight annas initial charges and half an anna per minute detention charges. Your higgling with the porter has cost you six annas". Meanwhile the taximeter had registered two rupees eight annas and it was still continuing its non-stop flight.

After great hesitation, Krishnan took out two rupees from his purse and handed them over to the taxidriver.

"What about the balance Sir" thundered the driver. He jumped down from his seat like a performing Kangaroo in Prof. Gul. Mahomed's International Circus one was reminded of the recent volcanic eruption at Etna. The Madras Observatory announced in the evening papers that day that a few shocks were recorded at their Observatory. It was about this time that a German seaplane crashed near Vizag.

"I say, driver. Listen I shall be going back to T—for Michaelmas. I shall call only you and none else for my trip. Now, be a good man, go. Don't waste time. Time is precious, don't you know?"

"Yes, it is, at the rate of half an anna per minute" said Govindan, looking at the taximeter which had now registered two rupees and ten annas. The Taxi driver jumped down from the seat and shouted out "What sir, you seem to be a villager. This is Madras Sir, not T—Out with the remaining ten annas Sir".

"What? You said two rupees and four annas some time ago".

"Yes Sir, but time is precious" Looking at the taximeter "Two rupees and twelve annas Sir".

The rest of the episode is not fully known. Krishnan had fainted, partly owing to the fatigue of the journey and partly to the heat and environments at Madras—at least, so he said, when he regained consciousness and found that a sum of two rupees and fourteen annas was missing from his purse.

The moral of this story is—*Don't higggle with porters and Taxi-drivers, or, as an alternative, don't carry more than a rupee in your pocket.*

Association Notes.

THE LATE DR. G. M. THAMBIIDURAI.

A fatal motor accident has plucked away one of the finest flowers of our college. It has brought to a premature end the life of one who would have been an ornament and a glorious asset to the medical profession in India, particularly in this Presidency. Few there are, in whose life the march of events has been so fast as was with our popular and energetic Secretary of last year. Completing his course successfully in June 1931, and entering a happy married life in September, he was appointed Medical officer in charge of an estate in October. Everyone thought that a prospective future lay before him, till we heard of his sudden demise on the eve of Christmas, under very tragic circumstances.

In his death, the Association has lost one of its most ardent devotees. He has served the association in the capacity of a Student Editor and last year he was elected the General Secretary by an overwhelming majority. Both the interests he represented, he served only too well. The works he has accomplished in the name of the Association are too many to be recounted. For generations to come, the spacious MacGrath Cafe alone would be an eloquent monument to the ardent enthusiasm, and the inherent sincerity, he displayed towards the affairs of our Association. His undying love for the Association made him continue his membership even after he left the college. "*I feel like a drop out of the ocean when I am detached from the Association, a drop that quickly shrivels and dries up, when it is separated from the mother ocean.*" With these pathetically memorable words, he responded to the invitation of the Association, for the old boys to become its members.

We are sure that had his life been spared, he would have been a shining star in the profession. But inscrutable are His ways. The Angel of death has visited him too soon. May his soul rest in peace!

* * * *

The Association held a condolence meeting on the 6th January with Lt.-Col. C. Newcomb, the President, in the chair.

The following two resolutions were passed :—

Resolved that "The Madras Medical College Association places on record, its deep sense of grief at the sad and untimely demise of its late Secretary, Dr. G. M. Thambidurai, under very tragic circumstances."

Resolved that "The above resolution be communicated to the bereaved family with the heartfelt sympathy of the Association."

OUR MAGAZINE.

Started in 1921, our magazine now enters upon the twelfth year of its existence. During this period, it has undergone a slow but steady evolution, so that now we can confidently state that it has achieved the purpose with which it was originally started. From the insipid heights of a scientific journal, with its circulation circumscribed to the students of the last three years, we are happy to note, it has now become the much desired College Magazine, in the real sense of the term, having a wider circulation embracing the whole college. Strange though it may seem, even to-day there are amidst us some few—happily confined to a minority in the final year—who still clamour for more of scientific and learned articles. It is indeed a very interesting experience to see a play from behind the scenes. But may we humbly suggest that it is not the best place for the purpose. If they only knew the difficulties experienced in getting the one or two articles of scientific interest, from our already overburdened professors and lecturers, these few friends of ours would certainly join hands with us.

On its twelfth birthday, this child of the Association pays its respectful homage and filial gratitude to all its patrons, fathers, contributors and subscribers, for their kindly care, unstinted efforts, and enthusiastic encouragements, they have always given to it, and which have made it what it is to-day.

WHAT IS IN A NAME?

So said Shakespeare when a rose by any other name was smelling equally sweet. But our materialistic 20th century has laid down that a spade must be called a spade. Laws of journalism demand that there must be a name to every article to be published. We do not question the beauty of a *nom de plume* but it cannot be made to replace the beauty of the author's name. Some of our contributors have sent in articles without their names. We can assure these modest members, that their names would not be divulged easily and that the magazine committee would not act as a publicity bureau. Their articles are kept in abeyance for the next issue, hoping that in the meantime, the individuals concerned would reveal their identity at least to the editor.

G. P. RAYEN,
Secretary.

“We are Unique.”

BY T. JANARDHANAN, SECOND YEAR.

I am ever of opinion that the honest College student who ponders over his surface knowledge of all the physical and mental phenomena of his surroundings does more service to himself and to the sum total of his knowledge than one who continued a book-worm and only talked of passing examinations. To such of those who are of my opinion, the medicoes of the Madras Medical College in general and those that joined in 1929 in particular (for I am one of them) present various profiles.

The most glaring thing that one perceives is the marked indifference to old dhoti which has given place to European trousers, ties, collars, and hats. In the midst of such changes there is still unchangeableness on the part of our *ladies* who have not yet taken to frocks and petticoats. There may be some vestigial remnant of the old type in the former, and a freak in the latter, but on the whole any casual observer may note in us a radical contrast with the rest of the world. We form a world of our own, our Goddess is the “Muse of Fashion” and a cigarette sending up curls of incense is all our offering to that inexorable Goddess. It is said of the students of Cambridge that when they walk, they walk as if they care for nobody in the world and of those of Oxford that when they walk they walk as if that everybody in the world cares for them. These two great traits of those two famous Universities are well nigh practised in the medical college of the Madras University. One may very often note here that whenever a male student walks, he walks as if he cares for nobody in this world at least to all external appearances. But whenever one comes across a ‘she’ of our college one may invariably note that she walks as if everybody in the world cares for her at least to all her internal belief.

In this article I do not profess to find fault with certain set of people or cast aspersion on any single individual. What all I can claim is mere statement of bare and naked facts as any man of the world will view.

For,

‘There is so much good in the worst of us,

And so much bad in the best of us
And it ill behoves any of us
To find fault with the rest of us'

We present all sorts of imaginable and unimaginable dualities, graduates and undergraduates, civil and military, boys and girls. If I may add men and women representing, various communities even from far away West Coast, South Malabar North Malabar, British Malabar, Non-British Malabar, South Canara, North Canara, and if I were to adopt the nomenclature of the present system of election—Muhamedans and non-Muhamedans. All of us in that year of Lord 1929 whether for good or ill gathered round to learn the sacred art of healing.

'We, we have chosen our path—
Path to a clear purposed goal,
Path of advance!'

'Cheerful with our friends we set forth' not knowing of course that it leads to 'a long, steep journey, through sunken gorges, over mountains in snow!'

Single men look forward to marriage and married men look forward to death is a saying, that is only too true with us also. For so long as we did not join the college we tried hard to enter into it, some even by the backdoor and once we got a seat in the college we tried to get out of it as soon as possible, again by any one of the two exits front door or the back door. I may be accused of comparing the study of Medicine to that great Institution of Matrimony, to such of my accusers my answer will only be to ask them to reflect for themselves whether the hopes and anxieties of a Surgeon, or a Physician do in a great measure approximate to the hopes and anxieties of one that enters that great Institution of dual (permit me to say duel) bliss or not?

It is needless to say that when we entered the college the height of our ambition was a little over five feet. The first blow to such an ambition was when we were forced to listen to the same old conservation of mass and the metric system of units. The second blow was when we were asked to bring colour pencils and drawing notebooks instead of the much dreamt of thermometer and stethoscope. The death blow came to very many when the results of the pre-Registration examination was announced.

One may with reason wonder what is unique in us while we also resemble many of the previous batch of students!

Though we are all made of the same materials, yet from difference in our proportion and combination we vary in our dispositions and therefore we are unique in our own way. We are unique in that we were chivalrous in giving room for about twenty of our lady friends for the first time—at least to such a number—in the history of the Madras Medical College though one may say that the seat occupied by very many of our lady friends is really owned by an unselected 'He' who with all his extra qualifications was refused entry simply to satisfy and encourage what after all is a fair demand of the fair sex.

So can anybody say that we have not given respect to the words of the poet 'Woman is not undeveloped man'? We are unique again in that we were the first batch of students who appeared for our preliminary examination boldly in spite of the sword of two chances hanging over us and that the placard 'The gates of mercy shall all be shut up' was hung in the notice boards. We are unique also in that about 70% of us failed in the first chance. Of course our lady mates fully conscious of their duties and responsibilities shared our pain and pleasures, majority of them remained to face the last chance along with the detained majority of boys. The rest of them slipped off along with our deserters who were found fit to occupy the 'House of the dead'.

We the detained—for I may confess that I was one of them, though of course I failed narrowly in a single subject for sheer want of luck and surely not for lack of knowledge and were determined to have this failure as a stepping stone to success. In that we were encouraged by our Professor of Chemistry who used to infuse spirit in us by saying that he 'learned things only by failures' perhaps he was a Muhammad of Ghazni in his student days! Our Physics Lecturer asserted that repeated shocks of such nature are imperatively necessary for any existence in the Physical world. His analogy of the great scientists' repeated failures in their ambition and his hope that though the cumulative effect of such shocks may lead us to tetanus and ultimately throw us off the balance still that should serve as a lesson worthy to be remembered during one's lifetime, impressed us very much. Though our Natural Philosophy Lecturer might have shunned the dictum that

'repeated shocks, again, again
Exhaust the energy of strongest souls

And numb the elastic powers
Till having used our nerves with bliss and teen,
And tired upon a thousand schemes to wit'.

yet we dare not shun his advice as coming from one that is accustomed to repeated shocks for 'It is from change to change their being rolls' Such ripe experiences may not enlighten us in our youthful impetuosity, yet his advises served to encourage us in its own way.

Nor do we like to leave our Biology Lecturer in such a short period of six months. A few amongst us of course those of us that are lately accustomed to suits were glad to take further practical demonstration of the use of trouser pockets and its significance!

Thus encouraged, we strained on with frowning foreheads and with lips sternly compressed and set up a record result in the next examination.

We climbed up to join our old friends. To their confronted looks and their anxious queries 'What happened to the rest?'. We answered.

'We bring
Only ourselves! we lost
Sight of the rest in the Storm!

Unfortunately we have to lose the company of many of our dear friends. Some of them left us, thinking that they were too delicate for the strenuous course; others of course for sheer want of luck could not dupe the guardian angels who sat to examine them as they were quiet new to such trials and their summary disposals. For them we can only wish good luck in their new path.

'When musing on companions gone
We doubly feel ourselves alone'

However

'One Gorgeous sunset in November
We are certain to remember'.

They remember us and we remember them and those happy days only through the medium of a group photo taken on our first social held in November 1929. A social perhaps the first of its kind in the annals of the Madras Medical College which eclipsed all other such functions of the college in the mode and manner of its performance by the newly

"We are Unique."

acquainted ladies and gentlemen who worked with admirable unison. The first time perhaps though I hope not to be the last time when the ladies themselves arranged a farce which sent in a wave of thrill amidst us at the potentialities of our lady class mates on the stage when they depicted dramatically the summum bonum of the pre-registration course.

We are unique also in that we allowed a lady to top the list of successful candidates in the first examination, though unfortunately she had to leave us in response to her greater call. We were the last batch to occupy the old Biology hall and the first to occupy the new Anatomy hall and perhaps will be the first also to enter the new Pathology Institute.

We are unique in that we do not lack either in best brains nor in able sportsmen. We have amidst us a fellow who got his M.A., and Dip. Econ. after entering the portals of this college and a host of us who got their B.A. afterwards. We have a band of sportsmen to whom goes the credit of reviving the lost glory of the Madras Medical College in inter-collegiate and inter-university tournaments. Can any other batch boast of such pomposity? Are we not unique? Answers echo!

We are verily unique in having grudgingly spared our old Anatomy Professor to a retired life which he so richly deserves after many years of labour. Our reverence and love to him is only increased manifold when he humbly refused to receive our humble wreath of honour which we all proposed to present him to signify our deep sense of gratitude. As true servant of God.

'He wears a truer crown
Than any wreath that man can weave him.'

Though he is no more our professor I feel sure that his perennial source of youthful vigour is being practised elsewhere outside.

'Somewhere, surely, afar,
.....
is practised, that strength
zealous, beneficant, firm.'

In our hour of need like God-in man, appeared our New Professor, reinspired us—the unique and the brave—and continued the march,

During our tenure the Professor of Physiology and the Professor of Pharmacology, secured higher honours. We have been able to secure a hotel within our compound. The old dining rooms which reminded one of a prison house with separate rooms for each community which only served to foster and strengthen the hatred with one another was demolished and a spacious hall takes its place. Perhaps the authorities were not able to cope up with the increasing number of communities in the college! Any way with the demolition of the old, caste and custom got a decent burial.

We again are unique for we love each other so much that we call each other by nick-names which, I am sure many have experienced. Nick-names are not peculiar to school and college boys. It is common even among people who are above the childish mentality; for no two persons who are very intimate call each other by the real name.

‘What is in a name? that which we call a rose,
By any other name would smell as sweet;

But the nick-names among medicoes are of a peculiar variety. It is a significant commentary on the tendency of human nature. It seeks to achieve in words what the caricaturist does in his lines. It is not everybody that can coin a nick-name and make it current. Equally it is not everybody that attains the distinction of being nick named. The essential qualifications of the authors of nick-names are, an observant eye, a vivid imagination, a critical outlook, a sense of humor, a poetic temperament for the conception of similies and a literary knack for the appropriate word from the mint of fancy. The common and the commonplace pass unheeded, unhonoured, and unnick-named. The school and college days are the best part of the life when nick-naming is the active occupation and we the unique do not lack in it either.

To be frank there is not a single member of the staff who is not honoured and distinguished by a nick-name. It will be impertinent on my part to deal with them here for it is beyond my purview and secondly because many of the names carry no explanation. It was handed down to us by hoary tradition and I know not why a particular nick-name was given to a particular member of the staff. But it mattered not. We took it as a sacred trust and freely circulated it taking it for granted that no nick-name comes into being unless it were appropriate.

I hope it will not be out of place to entertain with a few samples. We call a friend ‘Ligamentum teres’ because his small tuft of hair perched practically as it were on a fovea at the top of his head, his head saved all around presents a remarkable resemblance to ‘lig. teres’ on the head of the femur.

Another is called ‘Castor Oil’ may be on account of his slippery temperament.

Another is called ‘Fossa Ovalis’ ever since some one saw a lacerated scar on his head presenting the appearance of the fossa ovalis covered by its cribriform fascia.

Another is called ‘Nail Brush’ which of course has something to do with his moustache for it presents a projection and appearance akin to a nail brush.

Another is called ‘Ant. sup. iliac spine’ for he is so lean and emaciated that the most projecting part of his body that comes in contact with anybody’s sight is the spine of his ilium.

Another is called ‘Thoppai or pot belly’ for obvious reasons. The married comrades all go by the names of ‘mamas’ amidst their bachelor friends, again for obvious reasons.

Another is called ‘Lupus Erythematosus’ for the fashionable way of his pronouncing the disease he bears on his cheek. Those who have their moustaches cut to the very portals of their anterior nares are called ‘Philtrum’.

Another is called ‘Doctor’ for his pompocity of manners and mannerisms of an experienced doctor.

I dare say that the occupation of nick-naming was also arduously followed by our Professors and Assistant Professors when they were like us students once and I have no doubt that this occupation will continue so long as human nature is not what it is not.

With all such petty uniqueness behind us and blessed with the ever ringing hope of our Anatomy Professor’s assurances that he is feeling the allround improvement of the coming generation—a generation imbued with practical ideas as he puts it, will it be too much for us to dream that the present generation will bring into wake the hope of immortality and panacea for every disease the human frame is subjected to?

Is it a dreadful scheme of creation to make human beings no better than happy hunting ground for invisible creatures to feed upon. Does not Science say that they kill themselves who kill themselves? Are not so called accidents usually the result of our own inattention to warning circumstances?

Has any scientist really discovered any logical cause why human beings should die? Are they not apparently intended to live for an indefinite period? Will medicine be of any use unless it can kill the microbes that are eating us up inside and out? Therefore can we allow any further this business of eating to be eaten to continue?

With such truths before us, which should be the creed of any medico, we will leave out of the college in that year—barring break down in the midst—when we close a chapter in the life of our college, in celebrating a function which can be the pride and boast of another batch only hundred years hence—I mean the centenary celebration of our college.

One really wonders what will happen during the coming century, at the rapid pace progress marks its milestones at present. It is impossible for anybody to guess what marvels are in store for our exploration when we enter into a new century imbued with the creed of immortality. Some may laugh at such a unique creed, but why not we have such a creed? It is doubtless possible that the Almighty Architect of the universe may have had other objects in view, incomprehensible by us, than that of supporting animal and vegetable life. But my appeal is only to human reason. And as human reason in its highest form cannot discover these other objects, we the inhabitants of this earth—which has for immeasurable periods of time been preparing for the residence of man—must believe, under the guidance of that reason, that we are destined certainly for an intellectual race, and destined probably for a lengthened occupation. If we the unique and the rest of the medicoes make bold to study on the tombstones of the past, those miraculous process of growth and decay of destruction and renovation, by which there has been left for us so noble an inheritance we are sure to assert ourselves as those who have kept up their uniqueness from start to finish before the Parliament of Man and the Federation of the World.

In Lighter Vein.

Doctor's Tips.

The elderly man consulted a doctor about his health.

"Frankly" said the doctor "it is quite apparent to me that you drink too much. If you don't cut it out, spots will appear on your face."

The advice and the prophecy were alike unacceptable to the patient, who, with a few words of derision, departed.

In a month he returned wearing the promised spots.

"Doctor" he said, admiringly, "you were quite right after all. I say, do you know anything for the Manchester races?"

Clearance Sale.

"An insignificant little man like Percy!" exclaimed the father. "Why you said you'd never marry a man under six feet."

"Twenty per cent discount for Cash Dad."

After trying in vain to get a house, Brown set out one morning with a find-a-house-or-die look on his face. He wandered about all day without being successful, till at last his steps led him to the river.

"Ah!" he said in utter despair "how tempting it looks!" He was almost inclined to end it all.

Suddenly he heard a splash, and looking round he saw his friend Green struggling in the water. Without attempting to save him, he rushed off to the local house agent.

"Quick!" he gasped "Green has fallen in the river. Can I have his house?"

"Sorry" said the house agent. "I've already let it to the man who pushed him in."

Early use of Chloroform.

A mother down West was so kind hearted she gave her child chloroform before she whipped it.

Nothing Doing.

Sniff-kins was one of those men who like to get something for nothing, and when he called upon a friend and found that a nice fat chicken had just been placed on the table, he smiled. Then he sniffed appreciatively.

"I say old man" he said, "that smells good. Are you going to teat alone?"

The other knew sniff-kins.

"Oh no," he said quietly "with spinach and potatoes, and things like that."

Only a Place.

Guide (pointing to George Washington's Picture): There he is—first in statesmanship; first in oratory; first in military skill!"

Visitor: "Well he was not first in matrimony. He married a widow!"

The very thin man and the very fat one have been having an argument, and had descended to personalities.

"From the look of you" said the fat one "there might have been a famine."

"Yes" came the retort; "and one look at you would convince anyone that you had caused it."

Kiss Currency.

He was deeply in love with his wife, but very careless about money matters. He started on a long business trip, leaving her short of money and promising her to send a cheque—which he forgot to do. The rent fell due and she telegraphed: "Dead broke. Landlord insistent. Wire me money."

Her husband wired back, "Am short myself. Will send cheque in a few days. A thousand kisses."

Exasperated, his wife replied. "Never mind money. I gave land-lord one of the kisses. He was more than satisfied."

Explained.

Tommy had handed in his home work. The teacher examined it closely.

"Tommy" he said "this looks very much like your father's hand writing. What have you got to say?"

"Well, teacher" Tommy said after a long pause, "now I come to think of it. I used his fountain pen."

"The new patient in Ward B is very good looking" said the nurse.

"Yes" agreed the matron "but don't wash his face. He's had that done by four nurses this morning."

Farmer (to chemist) "Now be sure and write plain on the bottles which is for the Jersey Cow and which is for my wife. I don't want nothing to happen to that Jersey Cow."

The Jury brought the verdict "Not guilty." The Judge said admonishingly "Hereafter keep away from bad Company."

"Yes your lordship. You will not see me here again."

Nurse (to patient who is asleep).

"Wake up. You have got to have your sleeping draught."

"Well doc, why do you look so moody"

"I have my reasons for that. I've been treating a patient three years for yellow jaundice and I've just found out he is a Chinese."

Proved.

When the answer given by the student is applied to the answer the examiner has in mind, and if the various points do not coincide, the resultant is a circle, the diameter of which varies directly proportional to the whims of the examiner and inversely proportional to the sense of the answer.

"Her husband was a Judge, wasn't he?"

"Everybody thought so till he married her"

"Papa, does one apple a day keep a doctor away."

"Yes darling. Why?"

"Well then I kept six doctors away this morning."

Bitter Pill.

Jones was a commercial traveller. He had been after a large order in the North. Great was his exaltation when he saw a letter from the firm on his desk. And, better still, it was written in the hand of the senior partner.

Unfortunately, the big man was notorious for the illegibility of the handwriting and Jones was unable to make anything out of the letter. He was getting desperate when he remembered that chemists are usually able to read even the worst writing. He hurried to the nearest chemist's shop.

"I should be grateful if you'd read this for me" he said.

"With pleasure" said the chemist and retired to the back of the shop. He returned in a few minutes with a small parcel wrapped in white paper.

"Here is your medicine" he said that will be two shillings. Take it just before going to bed."

"People who are constantly singing" we are told "are rarely ill"
After all, there is a limit to what germs can stand.

Too ill for a doctor.

A woman was ill and sent for a doctor. Some how she took an instant dislike to him.

Next day when he called, the woman sent word by her maid that she could not see him. The girl came back saying that the doctor wanted to know why he could not see her.

"Tell him" said the patient "that I'm too ill."

Once a Scotsman didn't go to a banquet because he did not know what the word "gratis" in the invitation meant. The next day he was found dead before an open dictionary.

Teacher.—"What is the surest way to keep milk from souring."

Little Mary.—"Leave it in the cows."

Charlie.—"Uncle, we're going to have a baby boy to-morrow."

Uncle.—"Why Charlie, why do you say that."

Charlie.—"The other day Mummy was ill and we had our little Molly and now Daddy is ill and so we are going to have a little brother."

Class Teacher.—"Why has your son become so talkative these days?"

Father.—"The other day the doctor came to vaccinate him, but he forgot to bring his needle with him. So he took a phonograph needle from here."

He.—"If you hadn't fooled about so much we shouldn't have missed the train."

She.—"Yes, and if you hadn't made me run like mad, we shouldn't have had so long to wait for the next one."

Sufferer (to Dentist).—"What! Five shillings to take out a front tooth? I should say not! I'll pick a fight on my way home."

The whale, we are told, has the thickest hide of any creature in the animal or reptile world.

A politician, we hasten to point out is a human being.

The cheaper way.

A Chicago actress entered a lawyer's office and said "I want a divorce."

"Certainly" said the lawyer, "for a nominal fee, I will institute proceedings."

"What is a nominal fee?"

"Five hundred dollars"

"Nothing doing" retorted the actress

"I can have him shot for ten."

"Father" said Jimmy running into the drawing room, "there is a big black cat in the dining room."

"Never mind, Jimmy" said his father drowsily "black cats are lucky."

"Yes" was the reply. "This one is. He's had your dinner."

Jones was dashing out with a first-aid out-fit.

"Has there been an accident" asked Smith. "Yes" replied Jones "the old mare has kicked my mother-in-law's head"

"Is she much hurt?"

"I don't think so, but I'm not taking any risks. I'm off to bandage the man's leg."

Lucky shot.

"How fortunate" said the motorist to the man who lay under the front wheel, "that we knocked you down outside a doctor's house"

"Yes" said the man "I am the doctor."

Tit for Tat.

Son.—"Daddy I am going to marry granny"

Father.—"No! you can't do that"

Son.—"Why! if you can marry my mother why not I, yours?"

Quite Plain.

Jim.—"How did poor old Bill manage to break his collar-bone?"

Tim.—"I'll tell you. Do you see those steps over there?"

Jim.—"I do."

Tim.—"Well, poor old Bill didn't."

A Sure Sign.

An Irishman walked into a milkman's shop to buy some eggs laid by white hens. The milkman replied he could not answer for the colour of the fowls which laid his eggs. To this the Irishman retorted that he could spot white hen's eggs at a glance.

"All right, go and do it," invited the milkman pointing to a large basket will stacked with eggs.

The Irishman returned with six eggs. How do you know these were laid by white hens?" the shopman demanded.

"That is aisy enough" replied Pat, with a wink, as he made for the door "Sure all the biggest eggs are laid by white hens."

On a high sea wave.

O! moving height so broad in sea!

Thou risest tall but fallest;

And all this scene is fine to see!

But joy fades in thee most;

As fallest low from heights so big!

O! wave! feel not in way

So dark but care for that a fig!—

To rise for fall one day!

Happiness.

Sweet Happiness bows not to kings,

Nor lies in chains before the strong,

But flies to those that do no wrong,

And gives shade soothing of her wings.

As the bee stays long at portals

Of flowers pack'd with nectar tight,

She flies to those with thoughts of height,

And rescues such high-mind'd mortals!

A. V. S. SARMA,
IV Year Class.

The Swindle

Noticing a dour faced scot tugging at a stamp-machine, a post-office official inquired what was the matter. It took the Scot several seconds to recover sufficiently from his emotion to speak.

"Ah put a penny in this," he began, "an' four stamps came oot." And he started hauling once again at the machine.

"But," exclaimed the official, "What's the idea? What's all the fuss about?"

"Look ye, here, mon," said the other. "I put anither penny in, ye ken, an' nathing's come oot. The thing's a swindle!"

All the morning she had been trying to teach her pupils the mysteries of simple addition. One small boy seemed far behind the others at grasping even the simplest ideas.

"Look here, Bobby!" she said, for the fifth time. "Let's suppose your father saves a pound every week for four weeks. What will he have at the end of that time?"

Bobby had his answer ready.

"A gramophone, a new suit, a wireless set, and new furniture for the house," he replied proudly.

Different

"And now," said the woman speaker, "If there is a man here who will acknowledge that he would deceive his wife, let him stand up."

At the back of the hall a meek-looking little man rose to his feet.

"Do you mean to tell me," said the lecturer, scornfully, "you are so debased that you would deceive your wife?"

"Oh, I beg your pardon," he explained. "I thought you said 'believe.'"

Wouldn't Do

"Why are you looking so fed-up?"

"I bought a book called 'How to Make Love,' and now I don't know what to do." Why?

Well it says you take the girl's hand, look into her eyes, and say: "I love you Beatrice."

"What's wrong with that?"

"My girl's name is Lizzie."

Smith met Brown in the street and asked for a match. Brown went through six pockets and produced a bottle of aspirins from each.

"Great Scott," said Smith, "are you becoming a drug fiend?"

"No," said Brown. "I've been trying to buy a body-belt all the morning, and every time I go into a chemist's shop a girl comes forward to serve me."

A Fine Start.

Mrs. Smith.—"Has your son started at his hair-cutting job yet, Mrs. Evans?"

Mrs. Evans.—"Yus, he started yesterday, an when he'd finished the first gennelman's head the gennelman said 'Good Evans!'"

An urgent case.

Weary Wille knocked at a trim little country house. A motherly looking housekeeper answered his summons. Weary Willie began his part.

"Lidy I'm an invalid. At the last town the doctor gave me this bottle of medicine. But I aint got nuffink to take it wiv." He produced a small bottle of water.

The housekeeper smiled and nodded "I see" she said "What you want is a tumbler and a spoon and a few drops of water—."

"No, lidy' broke in Willie "you got it wrong this medicine, has to be swallered arter meals. It is a meal I want."

The Confession.

Householder.—"Will you promise to do me no physical injury if I tell you where all my money and valuables are hidden?"

Burglar.—"I promise, guv'nor."

Householder.—"Well, they're in the bank."

Agreed.

Little Tomy.—"Dad, will you please give me a penny?"

Dad.—"Don't you think you're growing too big to be asking me for pennies?"

Little Tomy.—"Yes, Dad, I never thought of that before. Will you please give me six pence?"

The Cynic.

Young Actor.—"Yes, at the last town in which I stayed my landlady shed bitter tears when I left.

Landlady.—"Well, that aint likely to happen here. I want my money in advance.

Written off.

The Secretary.—"How am I to enter this item of £1,000 which the cashier ran off with."

Director.—"Shall we call it running expenses?"

A motorist was stopped by a police man who enquired if he had a licence.

"Certainly I have the licence" said the motorist.

"Where is it" asked the constable.

"In my pocket book" was the reply.

"That is alright then" said the other genially.

"If you have got it I do not need to look at it, but if you don't have one I would have to see it."

A group of members of a certain literary club were discussing character delineation in fiction.

A very conceited young novelist who was decidedly unpopular kept thrusting himself into the conversation.

"Talking of unique characters" he said "do you fellows recollect my baroness in my last novel?"

"Oh yes" put in one of his elders crisply, "I have always been struck by your complete barrenness."

In Lighter Vein

"I punished you merely to show my love to you" said the fond father after the chastisement.

"T—T—That is all right" sobbed the small boy: "But it is good thing I am not big enough to-to-to-return your l-l, love."

"What has become of your watch?"

"Here it is."

"But it had a gold case, this is only silver."

"Circumstances alter the cases."

Ramoo.—"I received two prizes this year."

Father.—"Very good. What are they for?"

Ramoo.—"One was for my keen memory, the other I do not remember now."

Friend.—"Why don't you consult a doctor and take some medicine?"

Sickman.—"Because I want to die a natural death."

An incident in the asylum.

A lady was one day walking pedantically in the asylum and while doing so she met a patient to whom she said.

"Well my good man, and how did you get here." The lunatic replied as follows:—

"Well, young lady, you see I married a widow with a grown up daughter, and then my father married the same step daughter, and that made my wife the mother-in-law of her father-in-law, and my father became my own step son.

"Then my step-mother, the daughter of my wife, had a son, and that boy of course, was my brother, because he is my father's son, but

he was also the son of my wife's step daughter, and therefore her grand son, and that made me grandfather of my step-brother.

Then my wife had a son, so my mother-in-law the step sister of my son, is also his grand-mother, because he is her stepson's child; my father is the brother-in-law of my own child because his step-sister is his wife. I am the brother of my own son, who is also the son of my step-grandmother; I am my mother's brother-in-law; my wife is her own child's aunt; my son is my father's nephew and I am my own grandfather.

"That is why I am here Lady !!!"

First Soldier.—"Excuse me, are you not a brother of a near relative of Private Symmons?"

Second Soldier.—"No, I am Symmons himself."

First Soldier.—"Ah! that explains the resemblance."

Athletics.

Madras Presidency Olympic Games.

As expected, this year the Medicoes gave a very good account of themselves both in Provincial and All India Olympic games. No less than four new records were created by our sportsmen in the Madras Presidency Olympics. D'Costa was in very good form and he came out first in all the three events for which he entered, breaking the previous record in 100 yards dash and hop step and jump; in long jump he had created new record last year. MacInnis finished his 440 yards in 53 seconds breaking the old record by $3/5$ sec.

Our relay team consisted of D'Costa, MacInnis, Beetles and Letang, and it was indeed spectacular to watch the Medicoes win in record time to the beautiful strains of "Old Medicoes never die" from the crowd.

D'Costa.	New Record.	Previous Record.
100 yds. dash.	10 $1/5$ sec.	10 $2/5$ secs
Hop, Step, and Jump.	41 ft. $10\frac{1}{2}$ "	41 ft. $5\frac{1}{2}$ "
MacInnis.		
440 yds. dash.	53 secs.	53 $3/5$ secs.
Med. College Relay Team 4 x 110 yds.	46 $2/5$ secs.	

All-India Athletics.

In the Fifth All-India Olympics, held this year in Madras, D'Costa came out first in long jump second in hop step and jump and third in 100 yards dash. He still holds his record for long jump. Two of our athletes, D'Costa and MacInnis were responsible in a large measure to the success of the Madras Relay Team. We are glad to note that D'Costa is one of the four probables for the Olympics in Los Angeles.

Let us all hope that our College would have the unique honour of being represented in the World Olympic Games this year.

P. Z. ABRAHAM,
Sports Secretary.

IN MEMORIAM

DR. G. M. THAMBIDURAI, L.M. & S.

Dr. G. M. Thambidurai joined the Medical College in 1925 and during the 6 years he spent with us he made his mark in more than one department of college activities. He came first to the forefront as student editor in his 3rd year, following this up by becoming General Secretary of the Association. During his tenure of office, he did much for the general student population of the college. Time and personal inconvenience meant little to him and on the pursuit of a worthy object, his own leisure hours were ruthlessly sacrificed. Often did he clash with authority on vexed points but he held firm till his goal was attained. The only mentor he had was the inner voice of conscience and that alone did he obey. Alas! that he whose loving task was to write the obituary notices of his deceased college mates should have his own written for him at the dawn of his life's adventure! O the cruel hand of fate that snatched him away just when fortune had smiled on him and bestowed on him a fair young wife and an excellent post with rosy prospects for the future. It is hard to realise that the voice which was raised so mightily for us when there were any grievances to be redressed, is now for ever stilled. But such is the common lot of mankind. Did not the Bard of Avon say:—

*"Immortal Cæsar, dead and turned to clay;
Shall stop a hole to keep the wind away."*

In the midst of life we are in death and though we cannot understand His purposes we must say even as Dr. Thambidurai would have said on a like occasion "The Lord gave—and the Lord hath taken away—blessed be the name of the Lord."

G. F. MARTINUS,
Final Year.

University of Madras

MEDICAL EXAMINATIONS, DECEMBER 1931.

The following is the list of successful candidates at the Medical Examinations held in December 1931:—

Medical College, Madras.

PRE-REGISTRATION EXAMINATION.

SECOND CLASS.

Rank.	Regr. No.	Name of candidate.	Rank.	Regr. No.	Name of candidate.
1	31	Doraiswamy, P. K.	30	7	Anantan Nambiyar, M.
2	102	Ramakrishnamma, Z.	31	{ 24	Chatelier, C. O.
3	107	Ramanathan, N.		{ 51	Jaganathan, M. R.
4	15	Balakrishnan, S.	33	{ 36	Elisabeth, P. K.
5	149	Tiruvengkatachari, S. V.	34	{ 130	Subbalakshmi, K. S.
6	10	Baby, K. P.	35	{ 55	Kamath, M. V.
7	46	Hart, C. J.		{ 70	Madhavan Nayar, R.
8	38	Fonseca, P. J.	37	{ 4	Aga Muhammad Javad Shiraz.
9	81	Narayanan Nayar, M. K.			
	{ 22	Chandrasekharan Nedungadi, P.	38	{ 37	Eroman Unni, T.
10	{ 100	Ramachandran, V. S.		{ 59	Krishna Bhat K.
12	146	Syed Muhammad Ghouse.	40	{ 137	Subrahmanyam, N. R.
13	86	Pancharatnam Mary, E. P.		{ 163	Venkataswami, Pushpam.
14	75	Miran Rawther, K. M.	42	{ 35	Eapen, O. G.
15	111	Rangavadivelu, N.		{ 74	McNamara, L.
16	30	Dharmaraj, J. J.	45	{ 156	Vasunni Nayar, M.
17	72	Mallesu, G. M.	46	{ 42	Gibson, Heywood B.
18	32	Duraiswami, N. S.		{ 95	Raghava Rao, T. V.
19	121	Sivanandam, T. V.		{ 21	Chacko, A. G.
20	67	Lakshminarasimhan, K. V.		{ 27	Damodar Shenoj, G.
21	2	Abraham, M.		{ 40	Gangadharan Tampi, P.
22	96	Rajagopalan, G. N.		{ 53	Janardhanan, P. S.
	{ 57	Kerla Varma Tirupad, K.		{ 54	Kailasam, P.
23	{ 115	Sankaranunni, T.		{ 68	Lazarus, E.
25	139	Subramanyam, V. S.		{ 77	Muthukumaraswami, T. P.
26	134	Subbarayalu, P.		{ 78	Nagappa Alva, K.
	{ 29	D'Costa, D. J. W.		{ 84	Omm n, P. O.
27	{ 33	Duraiswami Ayyar, H.		{ 98	Ramachandran, G. S.
	{ 168	Vittalidoss, S.		{ 106	Raman, P.
				{ 114	Sankaranakutti Menon,
				{ 124	Sivaraman Nayar, M.
				{ 169	Vittappa Kamath, M.

The following candidates have also been declared now to have qualified for a pass in the Pre-Registration Examination:—

Daminic Sebastian, K.

Subrahmanyam, T. S.

FIRST M.B. & B.S. EXAMINATION.

PART I.

Register number and name of candidate.

170 Abdul Sathar Ismail.	209 Muttuswami, T.
172 Achyutan, T.	210 Narasimha Prabhu, G.
173 Babu Rao, A.	211 Nayanar, Kirupabai.
174 Balachandran Tampi, R.	212 Noronha, Teresa.
175 Balakrishnan Nedungadi, T. M.	213 Padmanabhan Nayar, M. G.
176 Bhaskaran, K.	214 Paidilingam, K.
177 Buchinarasimham, M.	215 Pankajam, L. M.
178 Cama, Freany A.	216 Paramasivan, S.
179 Chacko, P. T.	217 Paulose, P. P.
180 Chandrasekhara Menon, C.	218 Ramachandran, V. K.
181 Colledge, Merlyn.	219 Ramachandra Setti, P. N.
183 Dhirar, A.	221 Ramalingam, T. T.
184 Eapen, K. E.	222 Ramakutti, M.
186 Gangadharan, V.	223 Rukmani, C. S.
187 Gangamma, K.	224 Sankar, E. A.
188 Garson, R. A.	229 Sivarama Mannadiyar, E.
190 Goda Varma Raju, P. K.	230 Sivasankara Kurup, P.
191 Gopalaratnam, P.	231 Srikumara Kurup, T. N.
192 Govindan Nayar, K.	232 Subba Rao, K.
194 Jacob, C. V.	234 Sundarsevaran, D.
195 Jacob, T. M.	235 Syed Ali Ahmed.
197 Joseph, A. D.	236 Taraka Shenoi, L.
199 Kumara Menon, K.	238 Vaidyanathan, K. G.
202 Lalita, N.	241 Viraraghavan, K. D.
205 Manikya Rajayya, A. P.	243 Ward, W.
206 Mathuram Santhosham, A. W.	246 Eswara Chandra Vidyasagar, Kandula.
207 Muhammad Ismail, M.	249 Seshachalam, P.
208 Munuswami, L.	

PART II.

Rank.	Regr. No.	Name of candidate.	Rank.	Regr. No.	Name of candidate.
1	288	Narayana Prabhu, A.	22	277	Koman Pushpavalli.
2	327	Valisvaran, S.	23	343	Visvanathan, G.
3	285	Madhavi Amma, P. T.	24	256	Basi Reddi, K.
4	255	Balakrishnan, M.	24	27	Beetles, B. N.
5	310	Rangachari, P.	26	265	Desaradharama Reddi, P.
6	273	Jagardhanan Poti, A.	27	330	Vaikkey, C. E.
7	307	Raman Nayar, M. K.	28	318	Srinivasan, S.
8	259	Bindusekar Basu, T.	29	283	Lakshmi Kantam, M.
9	279	Krishnan Nayar, P.	30	286	Mudhusudanar Tampi, M.
10	293	Narasimhan, M. G.	251		Abdul Karim.
10	315	Sitarama Rao	268		Ganapatisundaram, S.
12	282	Kutti Ettan Raja, P. K.	271		Gopala Menon, K.
13	297	Narayanan, G.	281		Kurien, P. V.
14	253	Appa Nayar, C.	292		Narasimbachari, R. K.
15	270	George, K. J.	296		Narasinga Rao, B.
16	262	Cheriyar, Mary P.	306		Rajam, K.
16	290	Nagaswami, S.	324		Thomas, M. A.
18	334	Vedachalam, V. R.	341		Venkatesvara Rao, T.
19	287	Mathew, Achy.			
19	263	Chinnammu, V.			
20	276	Koman Premela.			

SECOND M.B. & B.S. EXAMINATION.

PART I.

Register number and name of candidate.

349 Chandramouli, S.	361 Krishnan Uani, T.
350 Daniel, P. H.	362 Kunhiraman, K.
352 George, P. I.	368 Ramanuja Ayyangar, N.
354 Gourisankar, T. D.	375 Varghese, T. C.
356 Jegaroyan, M.	378 Venkajagannatha Rao, P.
358 Koshi, C.	384 Venkatarama Sarma, M.
360 Krishnaswami, A. S.	

SECOND M.B. & B.S. EXAMINATION.

PART II.

SECOND CLASS.

Rank.	Regr. No.	Name of candidate.	Rank.	Regr. No.	Name of candidate.
1	391	Balasubrahmayya Pillai, S.	17	428	Natesan, M. R.
2	427	Narayanan Nayar, K.	18	415	Madhavan Nayar, C.
3	453	Subrahmanyam, V.		385	Abdul Jameel.
4	402	Gopala Menon, V.		395	Christodas Williams, J.
5	368	Balakrishna Menon, P.		396	Dakshayuni, M.
6	399	Devadason, N. P.		406	Janaki Ammal, A. R.
7	390	Balakrishna Pillai, P. R.		413	Lakshminarayana, P. R.
7	401	Gonsalves, E. G. J.		416	Madhusudanar, S.
9	384	Venkatarama Sarma, M.		4 8	Mariamamma, C. V.
10	387	Aravamudan, N.		419	Martinus, G. F.
11	452	Srikantesvaram, U. V.		421	Musillamani, H. A.
12	409	Kesava Marar, P. V.			Premavati.
13	446	Sambasivan, G.		425	Muttuswami, L. K.
14	400	Gnanavolivu, Jane M.		431	Pais, O. F.
15	422	Matthew, M. M.		442	Rangayya Gupta, P.
16	451	Sitansukumar Sarkar.		450	Shiva Rao, B.

THIRD L.M. & S. EXAMINATION.

Register number and name of candidate.

420 Martinus, W. E.

FINAL M.B. & B.S. DEGREE EXAMINATION.

PART I.

Register number and name of candidate.

460 Alexander, Chandi.	474 Krishna Rao, B.
462 Bhaskara Menon, T.	475 Kumara Pillai, S.
468 Bushram, David.	476 Kuriyan, V. T.
465 Dhanapati, Y.	479 Muttukaruppa Pillai, S.
466 Francis, A. M.	480 Narayana Menon, M.
467 Govindan, V.	481 Ponnammma, K.
468 Joseph, C.	482 Pabalarayan, G.
469 Kalyani Ammal, E. V.	483 Purushottam Pai, A.
470 Kesavarej, R. S.	484 Shanthasundari, D.
471 Kolappa Pillai, N.	485 Sivasankara Pillai, K.
472 Koshi, P. C.	486 Srinivasan, R.
473 Krishnamenon, M. K.	487 Subrahmanya Ayyar, S. V.

FINAL M.B. & B.S. DEGREE EXAMINATION—(Contd.)

PART I—(Contd.)

Register number and name of candidate.

488	Subrahmanyam, N. C.	500	Bellhart, Phyllis B.
489	Subrahmanyam, T. S.	501	David, C. S.
493	Trivikrama Pai, R.	502	Manavikramman Raja, P. K.
494	Varghese, A. D.	503	Nagayya, K.
495	Vaz O. G. C.	504	Rajagopal, K.
496	Velayuthan, P. K.	507	Sadasivan, V. R.
499	Bhagavat, T. G.	511	Verugopalachari, M.

PART II.

SECOND CLASS.

Rank.	Regr. No.	Name of candidate.	Rank.	Regr. No.	Name of candidate.
1	584	Seshagiri Rao, B.	552		Mahadevan, Bharati
	501	David, C. S.	574		Rangaswami, C. T.
	518	Balakrishna Sheno, K.	576		Robert, G. W.
	521	Chellappa, E. S.	578		Sampath Ayyangar, N. K.
	523	D'Souza, H. C.	587		Srinivasan, E. C.
	534	Gopalaraman, A. K.	596		Thomas, A.
	537	Jacob, J.	*601		Varadachari, P. S.
	541	Kantayya, G. Noble.	603		Velayudhan Nayar P.
	547	Kuriyan, G.			

*Not eligible for the M.B. & B.S. Degree.

The following candidates qualified for the L.M. & S. Degree :—

Register number and name of candidate.

529	Eapan, J.	*559	Natesan, K. S.
533	George, K.	573	Rangachari, P.
*558	Narayana Menon, K. N.	590	Sudarsanam, G. C.

*By combination of results.

FINAL L.M. & S. DEGREE EXAMINATION

PART I.

Register number and name of candidate.

*461	Balakrishna Menon, P. V.	*508	Soolapani Wariyar, N.
*492	Thomas, F.	510	Srinivasan, R.
*505	Ranga Rao, K.		

*Obtains M. B. marks.

PART II.

512	Achyuta Menon, P.	579	Samuel Reddi, N.
*513	Alagasisingari Nayudu, P.	585	Shanker Rao, A.
†551	Madbusudan, G.	†595	Syed Abdul Ghani.
562	Parmanandam, S. Edward.	*§607	Venkatasubba Rao, K.
563	Parthasarathi, N.		

* Obtains M.B. marks in Medicine.

† By combination of results.

‡ Obtains M.B. marks in Surgery.

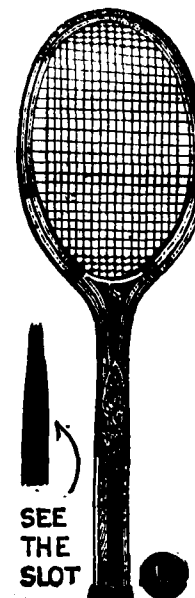
§ Obtains M.B. marks in Midwifery.

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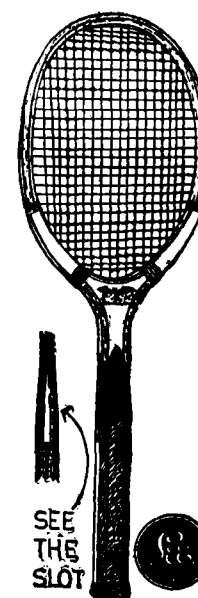
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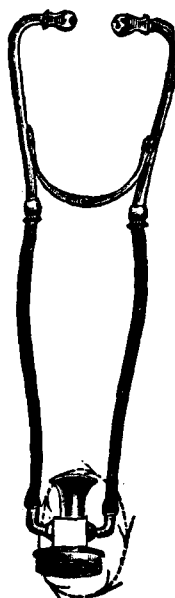
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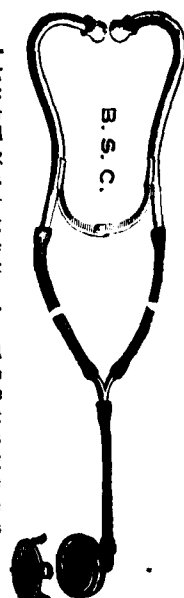
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Patent Binaural Stethoscope, with chestpiece with Phonendoscope end for general purposes, and small ebonite mount for intercostal spaces. The chestpiece is specially constructed enabling rotation as indicated by arrows in illustration. This enables the instrument to be used at various angles with the tubes, and gives an extremely sensitive uninterrupted channel, and magnifies heart sounds without distortion. By revolving the chestpiece to different angles with the tubes the volume of sound can be graduated at will and thus the instrument proves an efficient **differential** Stethoscope. No undressing of patient required. 'Surgico' surpasses all other Stethoscopes—folds compactly. A good Stethoscope at a Right price.



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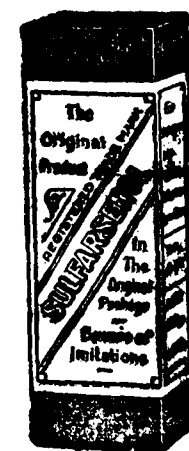
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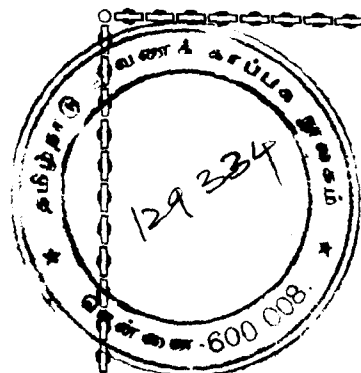
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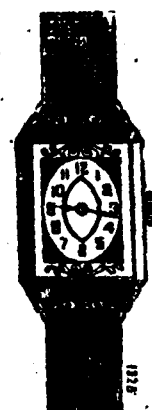
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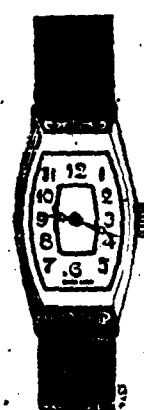
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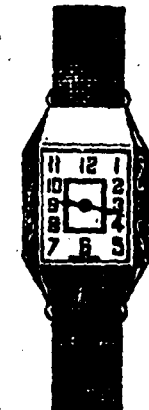
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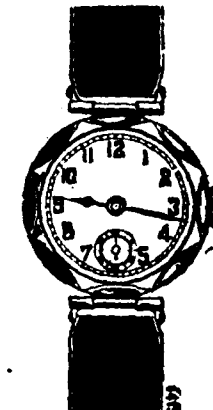


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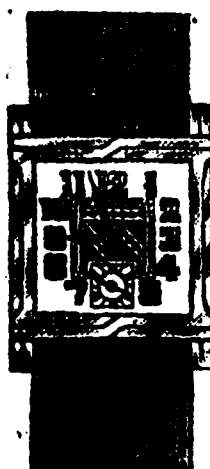
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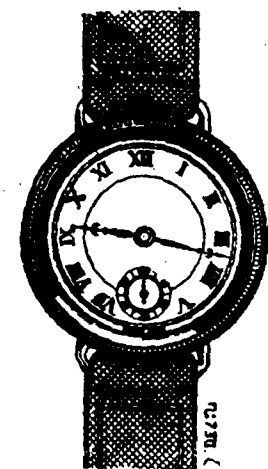
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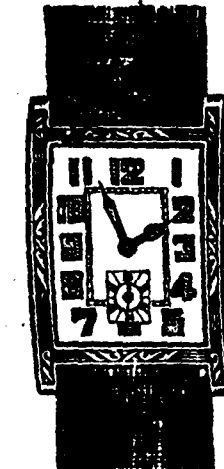
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