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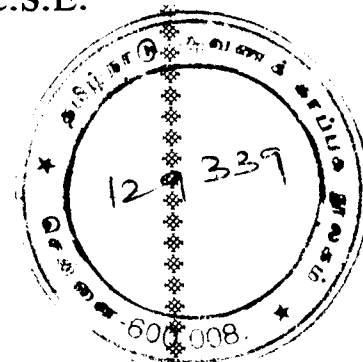
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## The Madras Medical College Magazine

GENERAL EDITOR

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Vol. XII, No. 1.

AUGUST, 1932.

# The Madras Medical College Magazine

Published under the auspices of  
The Madras Medical College Association

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## THE OATH OF HIPPOCRATES.

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

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

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

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

THE MADRAS

## Medical College Magazine

VOL. XII

AUGUST 1932

No. 1.

### A Short Outline of the Aetiology and Treatment of Psoriasis.

By DR. S. THAMBIAH, M.C., M.R.C.P., D.T. M. & H. (LOND.),  
FELLOW, DERMATOLOGICAL SOCIETY (LOND.)

With the recognition of the Skin as an organ of fundamental importance in the general physiology of the body through its heat regulating mechanism, its excretory and secretory functions and the now made known biophysical and biochemical activities, classification of diseases of skin on a morphological basis, with an awkward and cumbersome nomenclature, is slowly giving place to a new scientific orientation. This new concept is to regard the skin and its appendages as a complex organ which reflects systematic disease processes in a vast variety of what might be termed 'reactions,' or in other words, the skin is a mirror of the systemic diseases. This will leave behind only a few diseases in the form of local infections, bacterial and mycotic, and a few benign and malignant tumours and these will constitute the so-called essential skin diseases. Yet, three skin diseases, Lichen planus, Pityriasis rosea and Psoriasis, of an inflammatory character stand by themselves and continue to be classed under the heading of "unknown or doubtful aetiology". One of these, Psoriasis, concerns us here.

Psoriasis is a chronic scaly disease, subject to remissions and relapses. It starts as a tiny itching, scaling papule having a predilection for the knees and elbows, and confined to the extensor aspect. Extension takes place peripherally by a faint erythric margin, which shows a thin scale all round, when generalised lesions appear all over the body. I have not often seen these eruptions invading the face. When there is involvement of the scalp, the distribution is in patches and the scales are thickly set being held in position by the hairs. In severe cases, palms and soles are also affected. The integument becomes unduly thickened and itching is intolerable; when the soles are involved, progression on rough ground is impossible unless sandals or shoes are worn. Palmar affection interferes with handling of instruments in the case of workmen. When nails are the seat of disease, pittings and distortions are commonly observed.

On carefully scraping the scales with a sharp spoon, say a Volkman spoon, the subsquamous membrane of Bulkley becomes evident and shining through it reddish spots of attenuated papillary heads can be easily made out.

#### Aetiology.

The disease is frequently met with between the ages of 20 and 40. It rarely makes its first appearance after the 50th year; males predominate, particularly in South India. Text-books describe the disease to be rare in the tropics. Nevins Hyde of New York said "there will be less of psoriasis, if one wears less of clothing", commenting on the beneficial influence of sun-light in this affection. In the short period of six months in the Out-patient Skin Department of the General Hospital, I have seen 13 cases of psoriasis. The following is a brief tabulation:—

#### Short outline of Aetiology and Treatment of Psoriasis 3

| Name.                 | age. | Race or caste.      | Duration of illness in years. | Number of relapses. | What treatment outside showed benefit. |
|-----------------------|------|---------------------|-------------------------------|---------------------|----------------------------------------|
| Mr. B.                | 30   | Telugu              | 8                             | 8                   | As.                                    |
| Mr. A. K.             | 55   | Pathan              | 6                             | Many.               | ...                                    |
| Mr. A. L.             | 72   | I/C                 | 10                            | 5                   | Varied.                                |
| Mr. O. K.             | 48   | Telugu              | 2                             | Many.               | ...                                    |
| Mr. M.                | 27   | Moplah              | 6                             | 2                   | ...                                    |
| Police Head Constable | 40   | Malayalee           | ...                           | Many.               | Natural Remissions.                    |
| Mr. S. C.             | 45   | Nattukottai Chetty. | 8                             | 4                   | Sulphur, As. Hg.                       |
| Mr. O. P.             | 13   | Brahmin             | 4                             | ...                 | ...                                    |
| Mr. S.                | 57   | I/C                 | 10                            | ...                 | ...                                    |
| Navas                 | 50   | Telugu, ryot        | 15                            | 5                   | ...                                    |
| Mr. P.                | 35   | Tamil, ryot         | ...                           | ...                 | ...                                    |
| Miss A. D's           | 45   | A/I                 | 14                            | 4                   | Never treated.                         |
| Mrs. M. C.            | 50   | Chetty              | 11                            | ...                 | Do.                                    |

All my patients were allowed their pleasure in the matter of diet except that tea, coffee and alcohol were entirely cut out, as definite cutaneous vaso-dilation took place and itching was made intolerable in acute cases. Sleeplessness was a prominent symptom in eight cases; six of these were emphatic that the condition was not due to itching. The question of ventilation of bed room did not arise as the better class patients slept under fans and others in the open yards and verandahs. When the scaling was less and the patches were receding from the periphery, the patient always volunteered the information that he was sleeping more hours. I am not in the habit of using any hypnotic for combating this state, for second or third dose of non-specific protein therapy induced by typhoid vaccine (*vide infra*) always produced this happy result.

Question of heredity was not shown in the history of any of my cases. Two cases had brothers and sisters suffering from a severe type of seborrhœiac dermatitis. All my cases had scalp involvement with the exception of case 2, and every one of these maintained that the starting point of the disease was always the scalp. Relapses also recommenced on the hairy scalp.

It will bid for clarity in a discussion of the aetiology to pass in review some of the clinical findings and experimental evidences. Lang of Vienna tried to demonstrate a fungus as the causative organism as early as 1881. Intense itching during active state of the disease, spread of the psoriatic lesions peripherally with a clear cut margin, and a certain amount of success with anti-parasitic remedies were strong points in favour of a fungus infection. This fungus, he termed *Lepocolla repens*, which was later proved to be an artifact.

Destot injected an emulsion of the Psoriatic scales and reproduced the disease on himself. I have not been able to trace similar instances in literature. Ketron was unable to communicate the disease to experimental animals through intravenous injection of serum from psoriatic patients and intradermal injection of emulsion of fresh psoriatic scales. While the common experience of dermatologists go to show the non-communicability of the disease, Unna reported at the International Medical Congress at Copenhagen in 1884, an authentic case of a nurse infecting three children of a family. Nielson and McCall Anderson have also recorded similar instances of communicability. These are really beyond the pale of common experience.

Psoriasis is a systemic disease due to auto-infection from putrefactive fermentation of the food stuffs in the alimentary canal. The protein split product of a toxic character is formed in the alimentary canal and, in the process of elimination, is passed on to structures other than the kidneys, the skin among them.

Schamberg, Kolmer, Rungier and others were able to establish that Psoriatics showed a remarkable retention of nitrogen.

On a well calculated protein diet, psoriatics eliminated less nitrogen than normal individuals on a corresponding

diet. The urinary nitrogen in some of the psoriatics reached a level lower than has been recorded. The nitrogen is retained to a greater degree than has been observed in connection with any other condition, and is, furthermore, retained "with great ease on a diet low in nitrogen and insufficient in caloric value and one on which a normal individual will fail to maintain equilibrium".

Further experiments for kidney efficiency showed water excretion, urea concentration and dye elimination were not impaired in the psoriatics. So, nitrogen retention cannot be attributed to any disturbance in the eliminatory capacity of the kidneys.

Scales of psoriasis are made up of pure protein derived from bloodstream and lymph. The subsquamous membrane, demonstrated by Duncan Bulkley and so known as Bulkley's membrane, acts as a dialyser separating from lymph and blood stream, toxic protein split products and excreting them in the form of a serous fluid. In this way a certain amount of nitrogen may be lost in the form of protein of the scales, but not so considerable as to account for the large amount of nitrogen retained in the disease.

From the above finding it was considered that an entirely vegetarian diet or a much restricted protein diet will be of great assistance in the treatment of psoriasis; by withdrawing protein from the dietary, the proliferative activity of the skin is retarded by diminishing the supply of building material, namely protein. Conversely, a high protein diet may stimulate the proliferative activity of the cells by supplying an abundance of the protein necessary.

Several cases of psoriasis were reported to be benefited by restricting protein from the daily menu. On the other hand, a high protein diet exhibited an unfavourable influence, commonly causing an extension of the eruption and inducing fresh spots. Whether a high protein diet

can precipitate a fresh out-break of psoriasis in a subject of psoriasis, has not been determined.

Climatic variations have been reported. I have only seen one case where change to a cooler climate made the eruptions retrogress.

Worry and mental stress aggravate the disease, but may not originate it. Even after the Great War, the number of psoriasis cases have not shown any increase.

In Western countries, the percentage of psoriasis is greater than in the tropics. For Glasgow, McCall Anderson puts it down as 7.25 of all skin diseases; for Edinburgh, 8.4 per cent as noted by Allan Jamison. Radcliffe Crocker gives the estimate as 7.0 for England. The return for 1931-32 for the Madras General Hospital shows 33 cases out of a total of 3,360 cases giving 1 per cent of the total cases. I may venture to say that the figure is too low having seen over 20 cases outside the General Hospital in 5 months. An experienced physician, on enquiry, said that he sees at least 2 cases per month.

"Thus do interpretations throng and clash and very nearly equal the number of commentators. Each of these riddlings, together with a host of others is conceivable and wisdom lies in not taking them seriously," (Jurgen)

#### *Cases treated as Out-patients.*

1. Mr. B.....Telugu District: Village headman, strict vegetarian. Suffered from psoriasis for over eight years. He was never free from the disease. When first reported for treatment many of the lesions were active, as shown by angry red margins and infiltration. A course of 5 injections of protein shock with T. A. B. vaccine was administered and this was followed up by 7 injections of milk (boiled). Scales were removed by soap-spirit and frequent baths. Tar acetone was painted on patches after removal of scales. 2nd injection of T. A. B. showed marked improvement. Red margins paled

and the tendency to scaling reduced; infiltration less marked. The progress was steady and the patient was discharged after ten weeks, cured. He has remained free for the last 6 months. The photographs show the lesions and progress under T. A. B. and milk injections. (*Vide* photographs 1, 2 & 3.)

2. Mr. A. K.....Pathan, Trader from Peshawar. Habituated to rich and high-protein diet. Nearly 54 years of age. Remarkably robust and well-built. Questioned as regards onset of disease, said "ever since his chin became razorable"; had more than 9 relapses. Complained also of pain in the big joints. Milk injections improved his condition; he had to leave urgently to his native place. Showed marked improvement with milk injections. Tar-acetone was used as external application.
3. Mr. S. S. C.....Chetty caste, accountant and businessman, age 42, duration 12 years, relapses 4, Improved by staying at Kuttalam falls, during season (July, August and September), all his history of relapses appeared only as remissions; he was never free from disease. This patient showed almost all varieties of psoriatic lesions, numerous guttate and punctate lesions all over the trunk and extremities giving the appearance of a starry sky.

Extensive lesions on scalps, legs, small of the back and all round the umbilicus. Finger nails and toe nails were all pitted; ridging and unevenness of surface, and slight staining clearly marked. Fore and middle finger-nails as also the corresponding toe nails were normal. There were 11 punctate spots on penis excluding 2 guttate spots on the inner side of prepuce, and 14 spots of varying sizes on the scrotum. Old standing lesions were infiltrated and indurated; on scraping, the scales resembled asbestos; recent spots had the characteristic silvery scales; Bulkley's membrane clearly visible.

The patient suffered from an obstinate constipation, and the general appearance of the skin was of a muddy colour. He was overweight for his age and height. He was inclined to be fond of the pleasures of the table, though he could easily, for a time, live on a vegetarian regime.

T. A. B. five injections and six injections of milk showed marked improvement. A 2 per cent Cignolin ointment in vaselin was used to control indurated lesions, alternating with tar acetone (1 in 8) paint. Compresses of 3 per cent salic acid in 80 per cent alcohol controlled some of the obstinate patches.

4. Mr. S.....aged 13, school boy, Brahmin. A few guttate spots on trunk and extremities. Had 3 relapses. Seen in his 4th attack. Scalp was irregularly affected. Tar-acetone paint to the lesions and 4 injections of milk cleared up his condition in 4 weeks. This was the only patient who was slim in the series.

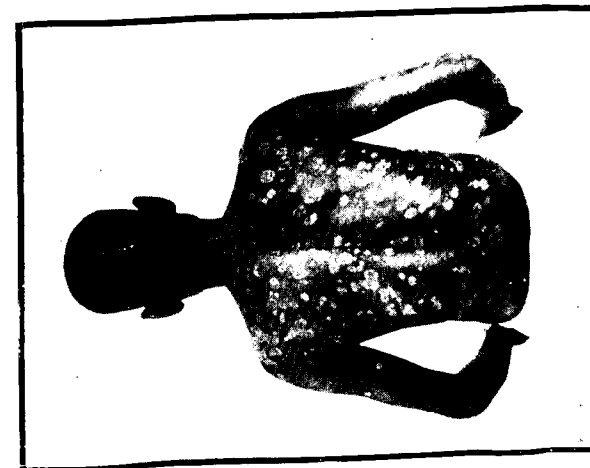
*Cases treated as In-patients.*

1. Mr. Perumal, aged 35, prisoner from Penitentiary, for distribution of eruptions (see plate 4), sleepless, and mentally depressed on admission. He was given frequent scrubbing with soap spirit for removal of scales, cignolin ointment was applied after a bath to remove soap-spirit, 7 injections of milk given (plate 5 shows his condition at the end of this period). This man had the most extensive lesion as compared with all the rest. He thwarted all attempts to get his lesions cured, as this meant a return to prison life. Milk injections (intramuscular) were not attended by a rise of temperature but he was always seen to be somewhat seedy on the evenings of the days of injection. (see photographs 4 & 5.)

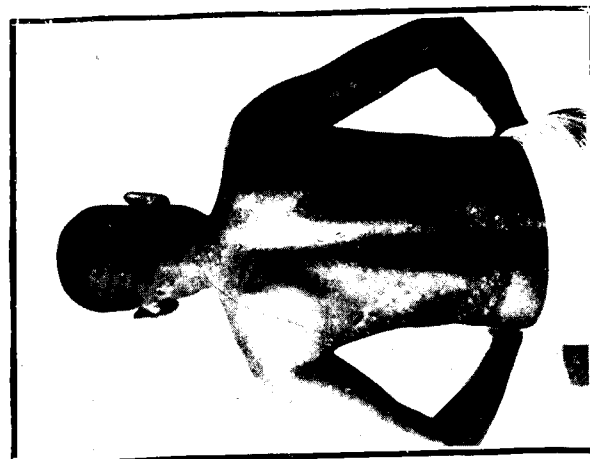
- Case 2. Mr.....age 39, Telugu, ryot, lives on mixed diet. Duration of illness 15 years, relapses four; was in hospital four times before this. He was given non-specific protein shock with milk, 5 injections. For external application, he was put on chrysarobin. He has improved. He was on salt free diet very often. This regime has not done him any good.

**Treatment.**

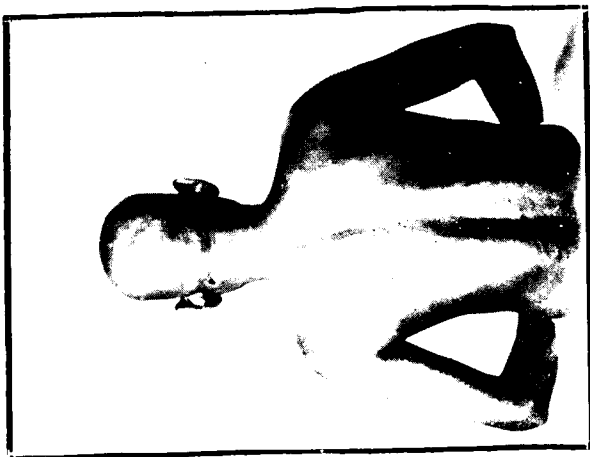
Only a brief outline will be attempted here. From the foregoing, limitations of protein may be adopted with advantage. In India cutting down the protein is not often called for, as the ordinary man's diet is greatly protein poor. The next obvious point is the removal of scales from the



No. 1.



No. 2.

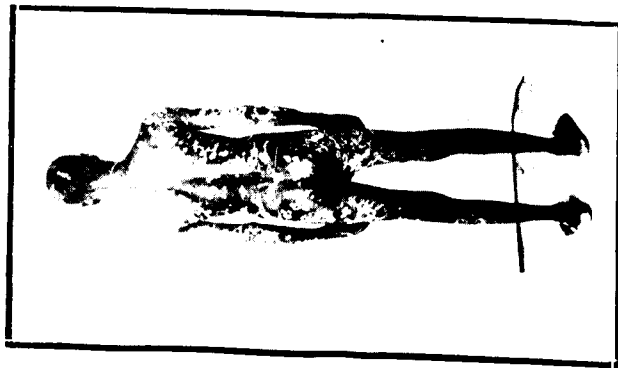


No. 3.

No. 1 shows the condition of the patient on admission as an out-patient. Note the extensive distribution on the back: lesions are of various shape. Scalp lesions, particularly on the back of head, are not brought out.

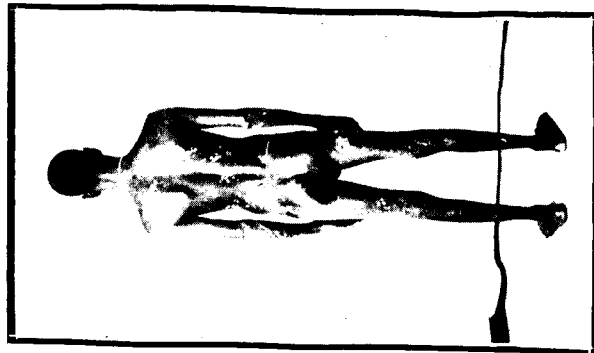
No. 2. The same patient after five T. A. B. injections intravenously and six milk injections intramuscularly. Tar-acetone (1—8) was used as an external paint once a day after thorough removal of scales by scrubbing with Soap-spirit. He received a mixture containing Sodii Salicylas for two weeks, when the margins of some of the lesions were erythric.

No. 3. The patient when he was free from all spots at the end of 7th week of treatment. He is still under observation; no relapse after 6 months.



No. 4.

No. 4. No. 1 case treated as an in-patient. This patient showed the most extensive and varied lesions throughout the whole body, nails were not affected. Scalp lesions are faintly seen.



No. 5.

No. 5. The same patient after 6 weeks. T. A. B. was administered. He was treated by increasing doses of milk injections for comparison with T. A. B. Externally, after removal of scales, 3% 'Cignolin' (dioxanthranol) in vaseline was rubbed into the patches thrice a day. Cignolin is more penetrating and beneficial than tar-acetone which is easier to handle. Cignolin has none of the draw-backs of chrysarobin, of which it is a derivative by the loss of a methyl ( $\text{CH}_3$ ) radical, so, chrysarobin is a methyl cignolin.

#### Short outline of Aetiology and Treatment of Psoriasis 9

patches just as the removal of scabs assist in the penetration of medicaments. If the disease is a systemic one arising from alimentary toxæmia, measures to combat or remedy this, or to mobilize the defensive mechanisms of the body by non-specific protein-shock therapy to dispose off the toxic protein-split products, are indicated. Protein shock produces an "omnicellular plasma activation resulting either in the production of specific anti-bacterial agents or in a speeding up of the process of detoxication by enzymatic lysis or synthesis of the toxic protein-split products present in the body" (Weichardt). "The early permeability of cellular membrane allows a diffusion of the plasma containing enzymes and anti-bodies into the lymph spaces, and is later followed by diminished permeability resulting in an increased tolerance to intoxication" (Peterson).

Arsenic, mercury, sodium salicylas and quinine have been extensively used in the treatment of this disease; the action of these drugs cannot be satisfactorily explained; perhaps, a tonic or antiseptic effect is all that can be procured.

If psoriasis is a toxic state, thyroid will facilitate the metabolic processes in the body, but large doses will certainly leave behind waste products in blood establishing a vicious circle.

# Bacterial Variation.

BY DR. A. N. GOYLE, M.B., PH. D.

## 1. Introduction.

Looking back on the road which bacteriologists have travelled one cannot fail to notice the curious cycle of changes in our views regarding bacterial variation. Naegeli was the exponent of the theory of extreme plurimorphism. He believed that each species could produce lactic acid, putrefaction and various forms of disease. This view, however, received a setback when Koch showed by his plating method that organisms could be isolated in a pure state and when so obtained they maintained the fixity and the unalterable character of their species. Now the pendulum of opinion regarding the fixity of species has swung to the other extreme, *i.e.*, extreme monophormism, and the influence of Koch's authority was so great that even so striking an example of bacterial variation as that afforded by *B. coli mutabile* (Neisser and Massini, 1906) did not attract the attention of bacteriologists. These workers obtained lactose-fermenting colonies from this non-lactose-fermenting organism on lactose-fuchsin-agar plates. But gradually the belief in the fixity of species began to lose ground so much so that at the present moment there is hardly a bacteriologist who has faith in the absolute fixity of the species. Amongst those who have directed bacteriological thought into new channels, I wish to mention particularly Weil, Felix and Arkwright. The researches of these investigators have contributed enormously to the elucidation of a difficult and complex problem in bacteriology. We shall now consider their work in some detail.

### *The Researches of Weil and Felix.*

Before proceeding further, it is necessary to be clear about the term 'variation'. Variation which means departure from

## Bacterial Variation

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the normal may be of two kinds:—(a) Temporary changes or modifications and (b) Hereditary variations which involve the persistence of the new character. This paper is chiefly concerned with the latter.

In their agglutination experiments with *B. Proteus* X19 and the serum of typhus patients, Weil and Felix (1917—1920) made the remarkable observation that the serum of rabbits immunised against X19 agglutinated other strains obtained from different sources in contrast to the typhus patient's serum which only agglutinated X19. It was further observed that whereas typhus serum agglutinated the organism X19 into fine granular masses, the immunised rabbit serum produced larger, coarse flocculi. Pursuing this line of investigation further, these workers found that in old cultures of X19 there were some colonies which did not show the normal tendency of proteus organisms to grow with a spreading film on the surface of agar. This variant which formed isolated colonies was designated *ohne hauch* as distinguished from the normal spreading growth, *hauch*. *Hauch* in German means film and *ohne* without. These forms were henceforth called 'O' and 'H' for the sake of brevity, and were further distinguished by their behaviour with an agglutinating serum. An emulsion of 'O' form agglutinated in small clumps and was not altered in its agglutinability by being heated to 100°C for one hour. The 'H' form agglutinated in large loose flocculi which were dispersed readily by shaking, though some granular clumps were usually left behind. On heating an emulsion of 'H' form to 100°C, it was found that the agglutination in large loose flocculi could no longer be obtained, but some granular clumps formed with serum as in an emulsion of the 'O' form.

The normal form was, therefore, described as containing two receptors or antigens, *viz.*, the 'H' which was heat labile, and 'O' which was heat-stable, and the 'O' form was considered to have only one antigen.

These conclusions were confirmed by absorption experiments and by making special sera with both heated and unheated emulsions of the two forms separately. Corresponding forms were found with the same relation between the two antigens in the case of *B. typhosus*, *B. paratyphosus*, *B. enteritidis* (Gaertner), but Weil and Felix state that *B. dysenteriae* possesses only 'O' receptors and that the 'H' receptors are absent.

*The Researches of Arkwright.*

An interesting study of bacterial variation is that of Arkwright (1921). By plating old broth cultures of laboratory strains of the Coli-typhoid-dysentery group, he observed two different types of colonies. One of these was round, regular smooth and glistening; whilst the other was irregular with broken or indented contour, rough, granular or wrinkled, usually larger and occasionally tenacious to the medium. The former was designated 'S' (smooth) and the latter 'R' (rough) from the appearance of the colonies. Other characteristics which distinguished these two forms were found to be:—Broth cultures of the 'R' forms are granular and a deposit soon forms, leaving a clear supernatant fluid whereas in the case of 'S' forms the growth is uniformly turbid. This is due to the fact that 'R' forms are relatively unstable in normal saline. To overcome this difficulty, the bacterial emulsions are made in distilled water and the serum is diluted with 0.42 per cent. NaCl so that the agglutination test is carried out in 0.21 per cent NaCl. The two forms also differed in their agglutinating, absorbing and antigenic properties.

These observations were not only confirmed but later extended to many other species of bacteria.

Two sets of observations, then have been made on the intestinal bacteria which show that strains can be split up into two forms. In the one case, agglutination by salt has been taken as the criterion and the 'S' and 'R' forms have been defined. In the other case the resistance to heat (100°C) or the

reverse has been used as the distinguishing feature of the two antigens. The normal has been called the 'H' form but contains both antigens 'H' and 'O' and the variant which has been isolated contains only the 'O' antigen which is heat-resistant.

Anticipating somewhat the matter of the following pages, I would say that normal is the same as 'H' of Weil and Felix or 'S' of Arkwright, and that 'O' and 'R' are distinct forms.

## 2. Isolation of Variants.

The strains from which variants are to be obtained are plated on three successive days and a single colony selected for further use. This is done to ensure that the starting culture is a homeogenous one. Some workers have even used the single cell method. Rough variants are obtained from old broth cultures by plating on agar and selecting colonies. At first most of these may revert to the normal type, but later platings of the same broth cultures after further ageing may yield permanent 'R' forms.

Although in the case of many bacterial species one merely needs to be on the watch for dissociation to make its appearance in old cultures on solid medium, or in old broth tubes, there can be no doubt that variation in cultures can be stimulated by means of certain agents. For example, temperature, starvation, volume of the medium, antiseptic substances, reaction of the medium, serum (normal or immune), exert a marked influence on the appearance of the variants. The present writer secured the 'O' form by growing the normal cultures on 0.1 per cent carbolic agar for several generations, but persistent 'O' variants which did not relapse to the normal were not obtained. The influence of a strong homologous serum in continued application to incite variation in bacterial cultures and thus to modify the normal cultures in the direction of the 'R' form is well established.

Whilst it is comparatively an easy matter to detect the 'O' colonies of *B. proteus* those of other species are not so readily distinguished. The 'O' colonies are stated to be more compact and opaque than the normal ones. The best procedure to obtain the 'O' form, in my opinion is to plate old cultures and to select about a dozen colonies. These are tested against an agglutinating serum and a colony giving only the fine granular agglutination is selected for further investigation. This may be further purified by plating.

3. **The Agglutinating Reactions of 'H' and 'O' Forms.**—These have already been described.

4. **The Agglutinating Reactions 'S' and 'R' Forms.**

Arkwright's original paper was chiefly concerned with *B. dysenteriae* Shiga and Flexner. I later (1926, 1927) extended these observations to *B. typhosus* and *B. enteritidis* and laid down the lines of antigenic analysis for further investigations. I propose to discuss the serological properties of these variants with reference to *B. typhosus*. The results of agglutination and absorption are shown below:—

TABLE I.

(Compiled from data in Goyle's table p. 332 given in 1927 paper).

| Antigen culture. | 'S' Antiserum.               | 'R' Antiserum.     |
|------------------|------------------------------|--------------------|
| 'H'              | Before absorption.           | Before absorption. |
| 'S'              | 6,400 (fl. g.)               | 6,400 (fl).        |
| 'R'              | 6,400 (fl. g.)               | 6,400 (fl).        |
|                  | Antiserums absorbed with 'S' |                    |
| 'S'              | O                            | O                  |
| 'R'              | O                            | 6,400 (m).         |
|                  | Antiserums absorbed with 'R' |                    |
| 'S'              | 3,200 (g)                    | O                  |
| 'R'              | 100                          | O                  |

Notes for table I and succeeding tables.

The highest dilution which gave definite agglutination is alone recorded for the sake of brevity.

fl—flocculent type of agglutination; g—granular or sandy type of agglutination; fl.g.—mixed flocculent and sandy types of agglutination; m—muddy type of agglutination.

O—no agglutination in 1 in 50 dilution.

A study of the table shows that 'S' and 'R' forms are agglutinated by both the sera; in other words they cross-agglutinate. But when the 'S' serum is absorbed by 'R' culture it still retains agglutinins for itself. Similarly 'R' serum after absorption with 'S' agglutinates 'R' to a high titre.

The results indicate that there is one antigen common to both forms which is responsible for the cross-agglutination, and that each form also possesses a specific antigen in addition, which is unable to absorb the agglutinins of a heterologous serum. The nature of these antigens will be discussed in a subsequent paper.

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# Observations on Intravenous Quinine Therapy.

BY OSWALD VAZ, M.B.B.S.

The routine method of administration was to give intravenously between 8 to 10 grs. of Quinine Bihydrochloride dissolved in 8—10 cc. of distilled water daily for six days *irrespective of the type of malarial infection*. As expected, the temperature came down to normal easily.

The effect of the drug on the patient during the administration was watched carefully. It is interesting to note that the patient gets a little salivation and feels the bitter taste of the drug even as one is giving the injection. This shows how little quinine need be administered into the system if it should be so quickly excreted into the saliva. The patient gets sometimes a little vertigo soon after the injection.

The heart is usually accelerated after a temporary slowing down. The blood pressure and pulse rate taken before and after the injection did not always show a constant result even in the same case. Usually there is a fall in the systolic and a rise in the diastolic pressure. In one case this rise went up to 18 m.m. It must however be stated that even in the same case, on some days there was a rise in the systolic and a fall in the diastolic pressure. The pulse rate usually rises. The usual rise in the diastolic pressure appears to be an encouraging feature of the intravenous treatment.

Of the cases observed, only three showed signs of temporary intolerance to this mode of administration. In one case the patient used to vomit 5 minutes after every injection. In another, the patient vomited only once after

the first injection. The third case—an old man—had a severe attack of diarrhoea after the third injection, the blood pressure falling to 90 m.m. Presuming this to be a case of Hypoadrenalism due to malaria and possibly also to Quinine, the patient was given 10 m. of adrenalin hypodermically twice a day. This brought the diarrhoea under control and the quinine injections were continued on the following three days. In all the above three cases there was not much difference in the pulse rate and blood pressure before and after the injection.

The following two cases selected at random will illustrate the effect of the injections on the blood pressure and pulse rate.

|                  |             | Systolic. |          | Diastolic. |         | Pulse rate. |        |
|------------------|-------------|-----------|----------|------------|---------|-------------|--------|
|                  |             | Before.   | After.   | Before.    | After.  | Before.     | After. |
| 1. Palaniappan   | age 26 yrs. |           |          |            |         |             |        |
|                  | 10 grs.     | 104 m.m.  | 110 m.m. | 64 m.m.    | 70 m.m. | 58          | 70     |
|                  | 10 grs.     | 110 "     | 108 "    | 60 "       | 70 "    | 50          | 64     |
|                  | 10 grs.     | 117 "     | 112 "    | 68 "       | 78 "    | 60          | 62     |
| B. T. Rings      | 10 grs.     | 117 "     | 106 "    | 68 "       | 72 "    | 60          | 62     |
| found.           | 10 grs.     | 118 "     | 121 "    | 68 "       | 60 "    | 56          | 60     |
|                  | 10 grs.     | 118 "     | 116 "    | 66 "       | 68 "    | 58          | 60     |
| 2. Madhavan Nair | age 18 yrs. |           |          |            |         |             |        |
|                  | 8 grs.      | 93 m.m.   | 96 m.m.  | 60 m.m.    | 64 m.m. | 74          | 80     |
|                  | 8 grs.      | 108 "     | 104 "    | 56 "       | 62 "    | 70          | 82     |
|                  | 10 grs.     | 102 "     | 106 "    | 54 "       | 70 "    | 70          | 80     |
| M. T. Rings      | 10 grs.     | 116 "     | 108 "    | 56 "       | 60 "    | 68          | 78     |
| found.           | 10 grs.     | 120 "     | 122 "    | 78 "       | 78 "    | 92          | 92     |
|                  | 10 grs.     | 120 "     | 120 "    | 76 "       | 80 "    | 86          | 90     |

From a study of these cases it would appear that the possible dangers of the intravenous method of administer-

ing quinine have been exaggerated. We may also conclude that Quinine could be safely given by this method with perhaps fewer recurrences.

My thanks are due to Lt.-Col. Leslie, I.M.S., for kindly allowing me to report these cases treated in the Government Head-quarters Hospital, Ootacamund.

## Routine Treatment of Gonorrhœa.

BY M. RATHNAVELU, L.M.S.,

Hon. Asst. Surgeon, Special Dept., General Hospital.

### In males.

First ascertain by two glass tests whether it is anterior Urethritis or Posterior Urethritis.

*In Acute G.*—Give only warm irrigation with 1 in 10,000 Pot. Permanganate lotion and Mist. Bellad. Alkaline or Mist. Hexamine. Gonococcal vaccines are contra-indicated in acute cases.

*In Sub-acute and Chr. G.*—Give irrigation, Mist. and Gonococcal vaccines starting from 5, 10, 20, 50, 75, 100, 150 and 200 m. Gonococcal vaccine every 4th day. When urine has cleared in 1st glass, start Prostatic massage twice a week and pass bougie once a week.

In case of Anterior Urethritis, straight bougie has to be passed and in Post. Urethritis, curved Bougie either Clutton or Lister is to be passed. As a routine every case of Gonorrhœa has to be treated with Prostatic massage and bougie once a week when urine has cleared. Urethral smear has to be taken once a week to note whether there is any improvement in the course of treatment. Quantity and quality of the discharge has to be noted whether it is Purulent (P.); Muco-purulent (M.P.); Slight muco-purulent (S.M.P.) or Slight Mucoid (S.M.) or Nil.

*In case of Hæmaturia with G.*—Stop irrigation. Give lot of barley water to drink and put him on bland diet and Mist. Bellad. Alkaline. Daily examine urine in 2 glasses to note any improvement. Morphia  $\frac{1}{4}$  grain and Atropine  $\frac{1}{75}$  gr. suppository to be inserted per anus till Hæmaturia stops completely.

*In case of Epididymitis complicating G.*—Give low anterior irrigation or not at all; Fig. Bellad. to scrotum or Ichthyol and Glycerine 25% to the scrotum (most effective) and give 3 c.c. Calcium Chloride 10%; 5 c.c., 7 c.c. and 10 c.c. Calcium Chloride *intravenously* every third day till the swelling and pain subside. Morphia  $\frac{1}{4}$  gr. and Atropine  $\frac{1}{75}$  gr. suppository to be inserted daily per anus till the stranguary and pain are relieved.

*In persistent G.*—Which does not yield to ordinary treatment, instil daily 1 in 500 Trypaflavin into urethra after emptying bladder, for 10 days. Within 3 or 4 days urine will clear up and discharge will become less. Then start Prostatic massage and bougie once a week to eradicate completely the pent up discharges which may lurk either in the prostate, seminal vesicles or Littre's Follicles.

In still more resistant cases, inject 2% Trypaflavin (5 c.c.) every alternate day till discharge stops and urine clears.

*In Posterior Urethritis.*—Which is persistent to all routine treatment instil 1 c.c. of 1% Ag. NO<sub>3</sub> into Post. Urethra through Ultzman's syringe and nozzle once a week and do Prostatic massage (Pr.M.) next day and pass curved bougie once a week and massage over the sound.

#### Clinical tests for cure.

1. Cessation of discharge 2 weeks after stopping treatment.
2. Give 300 m. Gonococcal Vaccine (provocative dose) and look for discharge two days after and do Prostatic massage if there is no discharge.
3. Pass bougie to express the discharge if any from the follicles.
4. Examine under urethroscope to note the condition of the mucous membrane of the urethra and its follicles.

*For Gon. Arthritis.*—Scott's strapping to the painful joint locally and give 10 c.c. of 20% Sodium Iodide intravenously every alternate day till the swelling and pain subside completely. Sodium Iodide injection has got miraculous effect in Gon. Arthritis.

#### ROUTINE TREATMENT OF SYPHILIS.

Take Dark Ground illumination (D. G.) from the sore, moist papules, and condyloma and look for Spirochæta Pallida. Differentiate Spirochæta Pallida from other Spirochæta as Refringens, Gracillis, and Pertenuæ. Spirochæta Pallida are dead white in colour, regular and rigid closely set spirals. Movements slowest of all Spirachætes. Keeps its twist under all conditions.

When D. G. is positive, start Anti-syphilitic treatment though W. R. is negative. Usually W. R. will be negative in early primary chancres. In case of rash, condyloma, moist papules, gumma, periostitis or mucous patches, start anti-syphilitic treatment without waiting for blood result.

*First course.*—3 gms of Neosalvarsan (N. S.) and 10 c.c. Bismuth (Hypoloid Bismuth). 'Bisantol' gives least pain. Bismuth is always given intramuscularly. Once a week 1 c.c. Bis. and 0.3 N. S. are given. 1 month rest after each course. Take blood for W. R. after rest and start 2nd course even though the blood is negative. During resting period, give Mist. Specific or Mist. Pot. Iodide.

*2nd course.*—2 gms of N. S. and 10 c. c. Bis.

*3rd course.*—10 c. c. Bismuth.

*4th course.*—1.8 gm of N. S. and 10 c. c Bis.

*5th course.*—10 c. c. Bismuth.

*6th course.*—1.8 gms of N. S. and 10 c. c. Bismuth.

7th course.—10 c.c. Bismuth.

8th course.—10 c. c. Bismuth.

Before giving N. S. and Bismuth examine every time urine for albumin and sugar. If it contains albumin or sugar, treat it for nephritis or diabetes as the case may be and give small doses of 0.15 gm Myosalvarsan intramuscularly once a week.

Whole course consists of 8 courses spreading over 2 years.

*Neuro-Syphilis.*—Start 1st with 10 c. c. of 20% Sod. Iodide (NaI.) and 1 c. c Bismuth. Then gradually give 0.15 gm. Myosalvarsan and Bis. In the end of the course both N. S. and Bismuth can be given. Total for first course is 3 gms. of N. S. and Myosalvarsan and 10 c. c. Bismuth. Before starting treatment, do lumbar puncture and examine C. S. F. for (1) cell count and its nature (2) Alb. and Globulin contents (3) W. R. (4) Lang's colloidal Gold test.

Before starting each course in Nervous Syphilis, do lumbar puncture.

*In Tabes.*—Give 3 gms. of Tryparsamide and 1 c. c. Bis. once a week. Total for 1 course is 24 gms. of Tryparsamide and 10 c. c. Bis. Before giving Tryparsamide, examine Fundus for Optic Neuritis or Atrophy. Tryparsamide is contra-indicated in case of optic neuritis or atrophy. 3 gms of Tryparsamide are dissolved in 10 c. c. distilled water and given intravenously once a week.

Prolonged treatment for 2 years extending over 8 courses is required. Weight is to be recorded each time before giving N. S. or Myosalvarsan or Tryparsamide.

Malarial therapy is tried by injecting 3 c. c. of B. T. blood into the patient and noting whether he gets reaction.

### *Routine Treatment of Syphilis*

*Poisoning of arsenic and Bismuth.*—In case of Arsenical dermatitis or Salivation or blue lining of gums during treatment, stop N. S. or Bis. ; give Pot. Chloras gargle for the mouth and inject daily 10 c.c. of Sodium Thiosulphate (1 gm. in 10 c. c) intravenously till the symptoms disappear completely. Confectio Sulphuris oz. 1 b. d. to be given daily.

*Treatment for Bubo.*—Hot boric fomentation to bubo locally and inject 10 c. c. sterile milk intramuscularly every third day in the buttocks. There will be severe reaction as high fever and pain after injection. With 2 or 3 injections of milk, bubo subsides. Continue milk injection till bubo aborts. Aspirate bubo if it fluctuates and points. Avoid as far as possible incision, as bubo will take a long time, say 2 months to heal, when incised.

## Case Reports.

### A Case of Subacute Bacterial Endocarditis. FROM M-3 WARD.

Miss A. MATHEW, III YEAR.

Name—Swaminathan—20 years. Admitted—25-6-32.  
Race—Hindu. Expired—22-7-32.  
Residence—Sowcarpet. Diagnosis—Subacute Bacterial  
Occupation—Betel merchant. Endocarditis.  
Complaint—Head-ache and fever.  
Duration—Head-ache 1 month. Fever 3 days.  
Family History—Nil.

*Previous History.*—Three or four years ago patient suffered from fever and painful swelling of joints and abdomen, the fever lasting for a month. He had frequent attacks of fever with rigor. A month ago patient had an attack of fever which lasted for about a week.

*History of present illness.*—Severe head-ache lasting for a month and fever since three days.

*Physical signs and condition on admission.*—An ill-nourished man of 20 years. Not anæmic, teeth dirty, P. A. present, tongue coated with a brown fur. Temp. 100° F.; Respirations 26 per minute; pulse 90 per minute.

*Circulatory System.*—Apex beat not visible, palpable in the 5th intercostal space, just outside the left mid clavicular line. A thrill, pre-systolic in time, palpable at the position of the apex beat.

*Percussion:* Right border: right lateral sternal line, Left border,  $\frac{3}{4}$  inch external to the left mid-clavicular line. Upper border; second left intercostal space.

*Auscultation.*—First sound loud. Second sound accentuated in pulmonary area. A systolic murmur, heard best at mitral area, and conducted outwards as far back as the posterior fold of the axilla.

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*Respiratory System.*—Movements and Respiratory sounds equal on both sides. Occasional rales on right side on auscultation.

*Alimentary System.*—Appetite poor, constipated; Liver not enlarged; Spleen enlarged, extends an inch below the costal margin; no tenderness.

### Investigations:—

Motion. No ova.

25-6-32. Urine—acid: Sp: gr: 1010; albumin, sugar, Diabetic } Nil.  
acid deposits.

19-7-32. Urine catheter specimen—sp: gr: 1020; albumin, } Nil.  
sugar, Diabetic acid deposits  
Culture sterile.

*Blood picture.*—No parasite; night blood, no microfilaria, slight polymorpho nuclear leucocytosis.

|                                               |                                                   |
|-----------------------------------------------|---------------------------------------------------|
| Culture and Widal negative for enteric group. | W.B.C. count, 10,625—on 9-7-'32.                  |
| Blood urea—66 m. grams.                       | " " 11,875—on 16-7-32.                            |
| Non-protein nitrogen—47.04 m grams %.         | Differential count—Relative polymorpho nucleosis. |
| Blood culture—Sterile.                        | Polymorphs—87%.                                   |
| Blood-pressure— $\frac{110}{75}$ .            | Eosinophiles—1%.                                  |
|                                               | Large Lymphocytes—3%.                             |
|                                               | Small Lymphocytes—5%.                             |
|                                               | Large mono nuclear—3%.                            |
|                                               | Mast cell—0.25%.                                  |

C. S. F.—40 c.c. of clear C. S. F. drawn by Lumbar puncture: Albumin 59.78 m. gms. per cent, globulin 42.01 m. grms. per cent.

X-ray—Slight enlargement of left auricular and left ventricular areas.

Electrocardiogram—Normal.

*Progress of case and treatment.*—Throughout the course of the illness, the temperature was of a remittent type ranging from 100—104° F. and pulse beats 86—120.

On 30-6-32. Since patient complained of severe headache, a lumbar puncture was done, 20 c.c. of clear fluid was drawn and 5 c.c. of 25 per cent. mag. sulph. solution injected intrathecally.

- 2-7-32. Patient passed no urine; as bladder centre was anaesthetised, no sensation of fullness was felt, 36 ozs. of urine was drawn by catheterisation.
- 3-7-32. Urine had to be catheterised, and 30 ozs. of fluid was drawn.
- 4-7-32. Lumbar puncture was done again and 40 c.c. of clear C.S.F. was collected. Since patient complained of pain all over the body, symptomatic treatment was given.
- 7-7-32. Soda Salicylas grs. 30, Mist. hexamina 3 oz, 1 oz, *t. d. s.*
- 8-7-32. Head ache better, but temperature still rising.
- 9-7-32. As patient showed symptoms of septicaemia, and blood culture was negative, neutral iodine injections were ordered. 1 c.c. of neutral iodine given intravenously once in two days.
- 11-7-32. Complaints of dimness of vision, headache better, patient feels very weak.
- 14-7-32. Ophthalmoscopic examination was done after dilating the pupils, which showed optic neuritis and Retinal haemorrhage in Rt. Eye. L. Eye, no haemorrhage; Both discs red. Streptococcus faecalis and strepto. salivialis were isolated from the faeces and saliva respectively.
- 15-7-32. Patient weak and drowsy.
- 16-7-32. Auto-vaccine injections biweekly, 1 c.c. of strepto salivialis (20 million) and 1 c.c. of strepto. faecalis (20 million) given.
- 17-7-32. Temp. 104, pulse 120, headache still present, patient is weak and drowsy, feeds with difficulty.
- 18-7-32. Slight fall in temp. Patient had fits confined to the right side during the early hours of the day. Ever since, he is unable to talk, lips have been bitten and comatose. 20 c.c. of Anti-Streptococcic serum was given subcutaneously.
- 19-7-32. Had fits at 4-30 p.m. confined only to the right side; had no aura. Tongue not bitten, supported by tongue depressor, passed urine in bed after the fits. Signs of paralysis of lower half of the face on right side (upper motor neuron type). Right naso-labial fold smoothened out, paresis of

- right upper and lower extremities almost amounting to paralysis. Hemiplegia probably due to embolism of middle cerebral artery, the embolus being detached from the mitral valve. A lumbar puncture was done, and 40 c.c. of clear C. S. F. under great pressure was drawn.
- 20-7-32. Patient comatose, 20 c.c. of 10 per cent. glucose was given intravenously and 6 oz. of mag. sulph. in 2 oz. of water was given per rectum both morning and evening, to lower the intracranial pressure.
- 21-7-32. Patient still comatose, Incontinence of urine and faeces; breathing laboured, tendon jerks all absent on right side slightly present on the left side, murmurs of heart not marked; only tachycardia. Strophanthin 1/300 gr. 3 tablets in 1 c.c. given intravenously.
- 22-7-32. Adventitious sounds heard all over, pulse cannot be counted.
- 1 p.m. Pulse less
- 2-30 p.m. Expired.
- The diagnosis is based upon :—
- (1) The previous Rheumatic History.
  - (2) Condition of heart.
- Dilated left ventricle, Apex beat external to left mid-clavicular line. Systolic murmur conducted into the axilla.
- (3) Fever, and (4) enlarged spleen.
  - (5) Blood—Polymorpho-nuclear leucocytosis.
  - (6) Emboli in retina and middle cerebral artery—Hemiplegia.
  - (7) The rapid decline and worsening of the patient.
- Unfortunately an autopsy could not be done, which would have thrown more light into the subject.
- My thanks are due to Dr. P. Krishnaswamy for his valuable advice and for his kindness in permitting me to report this case.

### A Case of Amyotrophic Lateral Sclerosis.

By A. RAMACHANDRAN, FINAL YEAR.

Name.—S.

Age.—45.

Occupation.—Clerk.

Residence.—Kurnool District.

Complaint.—(a) Inability to use the limbs, both upper and lower (duration 1½ years).

(b) Difficulty in speaking (duration 3 months).

*History of present illness.*—A year and a half back, the patient felt heaviness and weakness in the left leg, which gradually spread to the right leg and loins. After a few months, he felt weakness, and a certain amount of uselessness of the right hand, and this spread to the left side as well. For the past 3 months, he finds difficulty in speech and in deglutition. He noticed loss of power of the muscles of the hand and thinning of the palms. Later on, the fingers become "claw-like". He feels the lower limbs heavy and cold.

*Previous history.*—Nil abnormal. Denies any history of V. D.

*Family history.*—No hereditary or familial history of any nervous disease.

*Physical signs and condition on admission.*—An emaciated individual of about 45 years of age—not anaemic, teeth dirty, P. A. present. Tongue coated and fine tremors of the tongue are present.

*Central Nervous System.* I. *Head and Neck.*—Cranial nerves all normal. No nystagmus. Corneal reflex present. Brisk jaw jerk. Sensations normal. Muscular power normal. No wasting of the muscles. Occasional twitching of the Sternomastoid muscles. Speech is slurring and slow. Pupils react to light and to accommodation.

II. *Upper Extremity.* (a) *Right limb.*—Muscular power poor. Reflexes exaggerated. Wasting of the following muscles—the muscles of abduction, adduction and opposition of the thumb, intrinsic muscles of the hand (interossei and lumbricals), flexors of the fore-arm, extensors of the fore-arm, deltoid, biceps and triceps. Sensation of all kinds (epicritic and protopathic) normal. Co-ordination normal. Evidence of main-en-griffe.

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(b) *Left Limb.*—The condition is just like that of the right limb but to a lesser degree.

III. *Trunk and Shoulder Girdle.*—There is a certain amount of winging of the scapula of the right side due to the wasting of the Serratus Magnus. Prominent supra-clavicular fossae. Wasting of the lower half of the Trapezius and the clavicular portion of the Pectoral muscles. Fibrillary twitchings of the above muscles present. Abdominal reflex lost. Sensations normal.

IV. *Lower Extremities.*—There is no wasting of the muscles. Muscular power is poor and fibrillary twitchings are present in the adductors of both the thighs. The knee-jerks are exaggerated. Ankle jerks are present, but not exaggerated. Ankle clonus present. Babinski present (extensor reflex). No Rombergism. Co-ordination normal. Sensation of all kinds normal.

V. *Organic Reflexes.*—Nil abnormal.

*Other Systems.*—Normal.

*Investigations:*

*Urine.*—Specific Gravity—1025.

Reaction—Slightly alkaline.

Sugar and albumin—nil.

*Motion.*—No ova.

*W. R. of blood.*—Negative.

*Cerebro-spinal fluid.*—Albumin—34 mgrm %

Globulin—nil.

Cells—No cells.

W. R.—Negative.

Colloidal Gold Test.—Negative.

*Reaction of Degeneration.*—There is no R. D. in any of the muscles of the whole body.

X. Ray.—No evidence of cervical rib.

*The positive findings in this case are:—*

1. Slow slurring speech with fine tremors of the tongue.

2. Poor muscular power in the Upper Extremities.
3. Muscular wasting in the following muscles.—Muscles of the palm, forearm, and arm, Deltoid, Trapezius, and the Pectorals.
4. Positive jaw jerk, exaggeration of the tendon reflexes of both the upper and lower limbs.
5. Absence of abdominal reflex.
6. Fibrillary twitching of the muscles.
7. Babinski positive.
8. Sensations unimpaired.
9. Sphincters unaffected.

This case presents all the features of an Upper Motor Neuron lesion with signs of super-added Progressive Muscular Atrophy. Paraplegia developed first and later on the wasting of the muscles noted. The wasting of the muscles in the upper limbs together with fibrillary twitchings is suggestive of Progressive Muscular Atrophy. A combination of all the above physical signs is found only in *Amyotrophic Lateral Sclerosis* (which is a combination of degeneration of the cells of the anterior horn of the spinal cord and their analogues in the medulla and the cerebrum) with consequent degeneration of pyramidal fibres. The difficulty in speaking and in swallowing is indicative of early Labio-Glosso-Laryngeal paralysis due to the involvement of the Bulbar Nuclei

The diagnosis of Amyotrophic lateral sclerosis involves the differentiation of the following types of lesions :—

- (1) Upper Motor Neuron.
- (2) Lower Motor Neuron.
- (3) Neuropathies and Myopathies.

In this case we have to eliminate the following diseases :—

1. *Disseminated Sclerosis*.—The chief features in this disease are :—
  - (a) Intention Tremor.
  - (b) Spastic Paraplegia.
  - (c) Scanning speech.
  - (d) Temporal pallor of the optic discs.

- (e) Nystagmus.
- (f) Age incidence (between 16 and 30).
- (g) Visceral Reflexes (either the bladder or the rectum) are involved.

In Amyotrophic Lat. Sclerosis, there is no intention tremor, no temporal pallor, no nystagmus and no involvement of the visceral reflexes, and the age incidence is at a later period.

## 2. Myelitis.—

- (a) Sensory symptoms,
- (b) Involvement of the visceral reflexes.
- (c) W. R. of blood and C. S. fluid.

## 3. Tumours.—(Extra-dural in the Cervical region)

Points in favour of these cases are :—

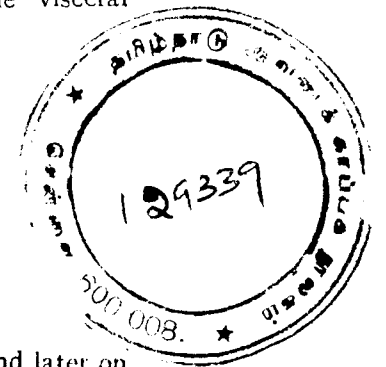
- (a) Pressure symptoms (unilateral in the beginning, and later on bilateral)
- (b) Sensory symptoms—Anaesthesia on the opposite side.
- (c) Motor Paralysis on the side of the lesion.
- (d) Sphincters affected.
- (e) X-ray.
- (f) Manometry by combined Cistern and Lumbar Puncture shows Spinal Block.

(g) Changes in the C. S. fluid in spinal block—such as Xanthochromia and other manifestations of Froin's Syndrome.

## 4. Syringo-myelia.—

The three characteristic groups of symptoms are :—

- (a) Dissociated Anaesthesia—loss of sensation of heat, cold and pain with retention of light touch.
- (b) Trophic changes—in skin, joints, (sudden painless swelling of joints), whitlows.
- (c) Motor Symptoms—Atrophic paralysis of the Lower Motor Neuron type in the upper limbs and Upper Motor Neuron type in the lower limbs if the cavity is present in the cervical region.



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The first two symptoms are absent in Amyotrophic Lateral Sclerosis.

5. *Cervical Pachymeningitis Hypertrophica*.—

- (a) Syphilitic history.
- (b) Sensory symptoms—shooting pains in the upper limbs and Anaesthesia.
- (c) Cerebro-Spinal Fluid changes.

6. *Cervical Rib*.—

- (a) X-ray
- (b) Pressure on the 8th Cervical and first Thoracic nerves.
- (c) Sensory symptoms—Anaesthesia, etc.
- (d) Generally Unilateral though occasionally may be Bilateral.

The Spastic paraplegia, the Bulbar symptoms and the absence of sensory symptoms differentiate the condition from Cervical rib.

7. *Myopathies*.—

(i) *Erb's Type*

- (a) Onset—at an early age.
- (b) Involvement of Proximal muscles of the upper limb.
- (c) No fibrillary tremors
- (d) No reaction of degeneration.

(ii) *Facio-Scapulo-Humeral type*

- (a) Heredity
- (b) Age incidence (in infancy)
- (c) Muscles of face, shoulder girdle, and upper arm affected.
- (d) No spasticity of muscles or exaggerated jerks.

8. *Myotonia Atrophica*.—

- (a) A Heredo-familial disease.
- (b) Muscular Dystrophy with Myotonia, e.g., Difficulty of relaxing muscles after a shake.
- (c) Loss of hair, and early baldness.
- (d) Atrophy of sex glands and impotency.
- (e) Cataract.

Case Reports

9. *Neuropathies*.—

- (a) Age—No Special incidence.
  - (b) Slow muscular atrophy of the muscles supplied by the particular nerve degenerated.
  - (c) Sensory changes marked.
  - (d) Reflexes absent.
  - (e) Sphincters unaffected.
10. *Chronic Anterior Poliomyelitis*.—
- (a) No spastic changes.
  - (b) Atrophy of the muscles corresponding to the affected parts of the Sp. Cord.
  - (c) Reaction of degeneration present.
  - (d) Reflexes absent.

*Course*.—Usually fatal in two to four years, especially from deepening of Bulbar Paralysis, Lung affections and Intercurrent Diseases.

I report this case because of its rarity.

I am grateful to Rao Bahadur Capt. P. Krishnaswami, Third Physician, General Hospital, Madras, for allowing me to report this case and for the valuable help he has given in getting up this report.

## “Ancient Egyptian Medicine”

*“Evolution is the Law of Nature.”*

In ancient days, perhaps as early as B. C. 2500 the nations most cultured in medicine were chiefly, the Egyptians, Indians, Greeks and the Romans. In that mythical era, medicine and religion were always incorporated, because it was their ardent belief that disease was thrown upon mankind by the Gods when they were offended, and as such, cure should be attempted only by the religious authorities.

The extreme antiquity of Egyptian civilisation is evidenced from the fact that some of their extant medical works were composed as early as B. C. 1700. The highest class of priests whose privilege and duty, it was to study the first thirty-six “Hermetic books” officiated as physicians. No one had the right to deviate from the rules laid down in these books, which after all, served for a long time only as a mask for the vagaries of magic and the extravagances and frauds of the alchemists. In consequence of the strict division of castes, the adoption of the medical profession was permitted to the sons of physicians only, and was associated with birth and hereditary succession.

The knowledge of the Egyptians in the various branches of medicine can be summarised as follows. Ordinary hygienic measures were, daily baths, friction and inunction of the body, abstinence from certain kinds of food, e.g. cow's flesh and pork, etc. (though the flesh of oxen could be eaten). They took a purgative and an emetic, regularly three times a month on the principle that all diseases arise from food.

In surgery, especially operative surgery, the physicians of the Pharaohs accomplished considerable. They bandaged suppurating ulcers, practiced venesection and cupped by means of horns. They performed circumcision in accordance with the precepts of their religion using knives of flint; they also practiced castration by crushing or pounding the testicles. They performed lithotomy and even amputations, as testified by certain old paintings. They were skilful in the construction and invention of instruments. Artificial teeth have been found in mummies showing that they knew something of dentistry as well.

## “Ancient Egyptian Medicine”

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Their pathology comprised a knowledge of fever and diseases of the eyes such as pterygium, arcus senilis, inflammation, fatty degeneration and granulations.

An example of Egyptian symptamatology, gathered from an old book, for a disease perhaps “gastric cancer” runs as follows:—

“His belly is heavy, the mouth of his stomach is diseased, his heart burns, his clothes hang down loose, even abundant clothing cannot warm him. In the night thirst torments him; his taste is perverted like that of a man who has eaten the figs of the sycomore. His flesh is wasted away like that of a man who is ill. If he goes to stool, his bowels refuse to act. In his belly there is inflammation; the savor of his heart is ill: when he rises, he is like a man who is restrained” (Haeser.)

An example of old Egyptian diagnosis and therapeutics is worth illustration.

“When thou findest anyone with a hardness in his pit of the stomach, and when after eating, he feels a pressure in his intestines, his stomach is swollen and he feels bad in walking like one who suffers from heat in his back, then observe him when he lies stretched out; and if thou findest his intestines hot, and a hardness in his pit of the stomach, say to thyself this is a disease of the liver. Then prepare for thyself a remedy, according to the secrets of the botanical science from the plant (pa-che-test?) and dates, mix them, and give in water etc.”

The knowledge of the Egyptians in midwifery and gynaecology was rather scanty. They had certain prescriptions for the promotion of conception and certain methods for diagnosing pregnancy. If, Eg. a woman takes a drink prepared from a kind of herb, and the milk of another woman who has borne a boy and vomits, she is pregnant; if however, she simply eructates, she is not. In difficult cases of labour, physicians were called in who offered prayers to the Almighty to terminate labour soon.

In physiology, they held that until the age of fifty years the heart gains annually about two drams in weight; and afterwards it loses the same amount each year, and death finally results by this continued loss. They assumed that four demons ruled over the body. Hunger and thirst

were regarded as quasi-poisonous substances which forced themselves into the body and required to be neutralised by eating and drinking. A similar superstition prevailed regarding the dead and these too required food.

The Egyptians did not shrink from human dissection. They theoretically assumed the existence of two kinds of vessels and nerves, of which there were 24 to 32 in the body. One of these extended from the little finger to the heart, and hence the custom of dipping this finger into their libations. They were also acquainted with the heart, lymphatic glands and the crystalline lens of the eye.

Their pharmacology contained a considerable number of drugs together with various disgusting excrements of man and animals. The urine of a woman faithful to her spouse (for which a king had to search for ten years among the Egyptian women) was used as a remedy in eye diseases. This is no wonder, since such disgusting materials like roasted placenta, juice of fresh cow dung, human urine mixed with brandy etc., are employed by quacks even in our own days.

Some Egyptian prescriptions for disease of the intestines may be illustrated here.---

|     |                       |                          |
|-----|-----------------------|--------------------------|
| (1) | Caraway seed.         | 1/64 dram.               |
|     | Goose grease.         | 1/8 dram.                |
|     | Milk.                 | 1 tenat (about 2/5 pint) |
| (2) | Pomegranate seed      | 1/8 dram.                |
|     | Sycomore fruit        | 1/8 dram.                |
|     | Beer                  | 1 tenat.                 |
|     | Boil, Stir, eat, etc. |                          |

Prayers were offered before prescribing and before taking medicines.

Mental diseases were laid to the charge of demons and amulets were in common use.

In later years B. C. 570, when the Greeks were received with open arms into Egypt, the old Egyptian medicine began to decline more and more, until, at last, it entirely vanished before the Greek system, to survive henceforth only as a wretched abortion of magic and alchemy.

K. V. N.

#### REFERENCES :—

*History of Medicine—Lau.*  
*Encyclopaedia Britannica.*

## Venostat.

This instrument, recently introduced into the General Hospital, is found to be of great value in giving relief to orthopnoea of heart failure. It consists of four blood pressure cuffs arranged in series with Tycos manometer and inflation bulb.

*Method of application.*—The bands are wound round the four extremities as in taking blood pressure. It is important to place them as high up as possible. Each cuff is inflated up to a pressure equal to diastolic pressure (or slightly higher). That the arterial flow is not impeded is ascertained by the pulse at the wrist and ankle. Since the veins are pressed, venous blood is dammed back into the venous and capillary reservoirs of the extremities producing venostasis. The arteries are patent. Blood flowing into the limbs is pooled causing marked engorgement of superficial veins. Thus a substantial portion of the total blood is shunted off from active circulation. This pressure is maintained for 10—12 minutes. If the patient complains of tingling or numbness in the limbs it is lessened by gentle stroking of the skin towards the heart. After 10 to 12 minutes the pressure is very gradually reduced in each cuff and the blood locked up in the reservoirs return to the active circulation. It is important to remember the following points when using the instrument :—

1. The cuffs are placed as high up as possible.
2. The pulse should not be obliterated.
3. The pressure should be reduced only very slowly.

The relief afforded to patients by the application of this method is very impressive. Patients who spend sleepless nights sitting up or leaning against a heart-rest, lie down and soon go to sleep. Continued application of this instrument once or twice a day (and three or four times a day in extreme cases) regularly for a number of weeks is said to do much good. We could not verify the effect of continued application in the wards.

Dr. Danzer of Brooklyn, the sponsor of this instrument, claims many more instances of useful application of venostasis. In cardiac asthma, the symptoms vanish and rales previously heard may lessen or disappear. Venostasis is valuable in controlling paroxysms of angina pectoris. The instrument may be used as a tourniquet for controlling hæmorrhage from stomach or lungs. Paræsthesias and muscle cramps of arteriosclerotic origin are helped by this procedure.

P. V. KURIAN.

## Editorial.

We heartily welcome to our midst our new President, Lieut.-Col. C. Newcomb, I.M.S., who has been appointed as the Principal on the retirement of Lieut.-Col. C. A. F. Hingston, I.M.S.

We heartily congratulate all the new Graduates of our College and wish them a prosperous future. We specially congratulate Drs. Miss Shantasundari and Miss Masilamani on their having topped the list of successful candidates and carried off all the Medals and Prizes.

We are not very surprised that the lady-students have done better than the gentleman-students. We hope that there will be a keener competition from the latter in future.

When God made 'Eve,' He must have taken not only a delicate bone, sic. the rib, but also the best part of the brain from 'Adam.' Though Adam has tried to suppress Eve, still her intelligence has prevailed.

We heartily congratulate Dr. P. K. Koshy, our Professor of Anatomy, on the distinction of being elected as a Fellow of the Royal College of Physicians of Edinburgh. This is the first time that an 'Old Boy' of our College has been elected to the Fellowship. Our pleasure is greater in that he is also one of our Professors. We hope that others will also try to attain this coveted distinction.

We draw the attention of our readers to a letter addressed to us by Dr. P. Krishnaswami, additional Professor of Medicine, regarding the setting up of the apparatus for Electro-cardiography in the General Hospital. We regret

## Editorial

we did not know the names of all those that helped him in his work.

Other Colleges have an "Old Boys" Association we suggest a branch be organised from the Madras Medical College Association of "Old Boys." In this connection we would request all "Old Boys" to take a more active interest in their "Alma Mater."

The following officers have either rejoined or have been posted newly to the College staff: Major Verdon, Professor of Ophthalmology; Lieut.-Col. Paton, Professor of Midwifery; Lieut.-Col. Anderson, Professor of Operative Surgery.

Mr. Veeraraghavan and Dr. Prabhu have joined the College staff in the vacancies caused by transfer of Mr. Narayana Iyer, lecturer in Physics and Dr. Kuriappan, Assistant to the Professor of Midwifery to Vizagapatam and Tanjore respectively.

Lieut.-Col. Wright has proceeded on leave pending retirement. His retirement will remove from our midst an Ophthalmic Surgeon of eminence who kept up the traditions of his predecessors particularly Col. Eliot the ambidextrous surgeon. He was also an all round surgeon and Pathologist. The students in particular will miss an instructive and attractive lecturer and the Indian Medical Service will miss a very capable research worker.

Dr. S. Thambiah has been elected to the Academic Council in the place of Dr. Sreenivasulu Naidu.

The graduates reception was an unqualified success. Dr. Miss H. M. Lazarus, B.A., F.R.C.S. (Edin.), D.G.O. (Eng.), W.M.S.L., Superintendent, Government Goshu Hospital, an

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## Editorial

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old student of this College, addressed the graduates of the year and Dr. Miss Santhasundari very suitably responded. Lieut.-Col. Newcomb the president even remarked that Miss Santhasundari was a brilliant speaker considering that it was her maiden speech. The different items were all interesting and the farce was immensely appreciated. The tone of discord that ran through the whole programme was too much humming and hooting going on in the back benches preventing the audience from following the interesting programme. Everything in their place and setting is greatly appreciated but this sort of humming and hooting was much out of place and time.

\* \* \* \*

We regret very much to record the untimely death of two of our students Mr. S. O. Maher and Mr. C. David.

## Letters to the Editor.

To

THE GENERAL EDITOR,

*The Madras Medical College Magazine.*

DEAR SIR,

With reference to your Editorial in the April issue regarding the Electro-cardiograph I wish to state that the bringing into use of this instrument was the result of the combined work of Captain Barnard, Mr. Krishnasami (Electrical Supervisor), and myself. Certain essential parts of the apparatus had to be replaced by new parts obtained from England, and all the connections had to be re-wired. Fortunately, the possession of workshop plans enabled us to do this in the Department, and now we are able to take Electro-cardiograms daily.

Please insert this in the next issue.

I remain, your sincerely,

MADRAS, }  
31st May 1932. }

P. KRISHNASWAMY.

## Reflections of the Student Editor.

**Welcome.**—A hearty welcome to all our Readers!

We take this opportunity to welcome Lieut.-Col. Newcomb, the new President of the Association. His close connection with the college over a long period has made his figure quite familiar to us all, and as such we welcome him all the more heartily.

The Magazine staff has not suffered much change and therefore requires no introduction.

A New year and with it new faces and new features.

The "freshers" present the most interesting item of the year. They with their earnest faces that reflect of great expectations, enter the college with high hopes and we wish them well. But we are not inclined to belittle the pitfalls that beset their way. One will soon get used to it. Best of luck to you.

**The New O. P. Dept.**—A notable feature of the year is the new out-patients' department. The corner stone for the same was laid by the late Governor Lord Goschen in 1929 and this year it has been opened for general use. In appearance and the dignity it stands in contrast to the dingy old buildings of the old O. P. department—now nearing demolition. If we complained of want of space in the old O.P., we have perhaps got too much of it now. We hope this new department will serve more people and a greater purpose.

**New Buildings.**—We see two more imposing structures rising up—one in front of the College and the other behind the existing Hospital buildings. They are the Pathology blocks and the Surgical blocks respectively. We hope when these buildings are completed they will meet the great demand for more room both in the College and in the Hospital.

**The Examinations.**—The April examinations have come and gone, the results of which is published elsewhere. We congratulate the successful candidates and wish them a useful career. To those who were less fortunate, we wish them better luck next time.

## LEST WE FORGET.



In the early hours of the morning of April 27th, 1932, Sydney Oswald Maher, aged 21, a Military Medical Student of the second year, met his death by drowning at the Triplicane Beach, whilst bathing, despite the gallant efforts of two of his comrades to rescue him. This is perhaps one of the saddest chapters in the annals of our College. Death, in itself, of all sorrows, is most difficult to bear but when coupled with this sorrow, there are tragic circumstances—a young life with everything before it, with all its hopes and wild, youthful dreams: loved and cherished by a Mother and Father who planned so carefully its future,—ruthlessly snatched away while on the very threshold of career and then, above all, the sad nature of its termination—all wordly expressions of grief can never convey the heartaches of all those who were dear to him.

Hailing from St. George's College, Mussoorie, which he left on securing the qualifications necessary for a Medical candidate, he joined this College in July 1930. As a student he was a hard worker and his quiet, unassuming nature won him many friends, to say nothing of the quaint mannerisms that always characterized him and fascinated others.

At 7 A.M. on the 29th April 1932 all that remained of "Sam", as he was more intimately known, was borne from the General Hospital Mortuary and interred at the Kilpauk Cemetery. Our heartfelt sympathy goes out to his bereaved parents who are now residing at Bangalore. We ask God to have mercy on the soul of this young man who, in obedience to His unexpected summons, has left this life of original sin with all its afflictions to reckon with his Master who, we pray, has found him prepared like the wise and faithful servant. This is the most we can do, for, as Maher himself would have said:

"What can be avoided

"Whose end is purpos'd by the mighty Gods?"

D. ST. LOUIS LITTLE.

We congratulate Dr. Miss Shantasundari on the distinction of securing the first place in the examinations and thus carrying away the Johnstone Gold Medal—the Blue Ribbon of the College. We wish her a successful and bright future.

**Dr. P. K. Koshy, F.R.C.P. (Edin).**—We have learned with pride that the Faculty of Medicine, Edinburgh, has elected Dr. P. K. Koshy to the Fellowship of the Royal College of Physicians. This is a rare honour and Dr. Koshy is the first South Indian to earn this distinction. His special subject for the fellowship—we understand—was Anatomy. This in itself speaks volumes and any comment is unnecessary. His love for the subject and for the students is proverbial. A visit to the Anatomy Museum will give one a glimpse of what he has done in the short time of his taking charge. The revolving glass jars for keeping specimens were designed by him and were executed specially for him by Zeiss Ikon Co., Germany. He fully deserves the honour and we heartily congratulate him on it.

**Ourselves.**—We invite the students to make greater use of the pages of the Magazine. All items of general interest are welcome. Original articles, humour, caricatures, pen-pictures, reports of college activities, college life and other matters of interest will be welcomed.

Also in such a big institution as the General Hospital, there are always some rare and interesting cases which if they can be reported will be of interest and use to others.

We also request the U. T. C., the Sports Secretary and the Captains of the various teams to send in reports of their activities.

**Apology.**—A word of explanation for the late appearance of this issue of the Magazine. There is nobody particularly to be blamed. Unavoidable circumstances held up going to the press till now. But we hope to make good for this by promptness hereafter.

We have this year opened a new column for "Letters to the Editor." We hope these pages will serve a useful purpose.

GEORGE FLETCHER.

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## Roll of Honour.

### MEDALS.

|                                                                               |                                |
|-------------------------------------------------------------------------------|--------------------------------|
| The Johnstone Gold Medal (Best outgoing student)                              | .... Miss D. Shanthasundari.   |
| The Chipperfield Gold Medal (Clinical Surgery)                                | .... T. Bhaskara Menon.        |
| The Bharathi Lakshmi Gold Medal (Midwifery)                                   | .... Miss H. A. P. Masilamani. |
| The Rajah Sir Ramaswami Mudaliar Gold Medal (Midwifery)                       | .... Miss H. A. P. Masilamani  |
| The Savalai Sethuram Gold Medal (Diseases of Children)                        | .... T. Bhaskara Menon.        |
| The Lady Grant Duff Gold Medal (Most successful outgoing Hindu Woman student) | .... Miss D. Shanthasundari.   |
| The Bannerman Gold Medal (Bacteriology)                                       | .... A. V. S. Sarma.           |
| Dr. S. Rama Rao Gold Medal (Anatomy)                                          | .... A. Narayana Prabhu.       |

### PRIZES.

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| The Seetha Bai Prize (Countess of Dufferin Fund Scholars) | .... Miss T. E. A. Chinnayya.  |
| The Maitland Memorial Prize (Clinical Medicine)           | .... P. K. Velayudhan.         |
| The Maitland Memorial Prize (Clinical Medicine)           | .... T. Bhaskara Menon.        |
| The Brantfoot Memorial Prize (Midwifery)                  | .... Miss H. A. P. Masilamani. |

### Roll of Honour

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|                                                                   |                            |
|-------------------------------------------------------------------|----------------------------|
| The First Sibthorpe Prize (Surgery).                              | K. Narayanan Nair.         |
| The Second Sibthorpe Prize (Surgery)                              | S. Balasubramania Pillai.  |
| The Chandrasekhar's Comrade Prize (Surgery)                       | .... K. Narayanan Nair.    |
| The George Smith Prize (Pathology).                               | K. V. Narayana Iyer.       |
| The McNally Memorial Prize (Hygiene)                              | .... Miss A. Kolandavelu.  |
| Dr. G. V. James First Prize (Principles and Practice of Surgery)  | .... Miss J. Subadra Devi. |
| Dr. G. V. James Second Prize (Principles and Practice of Surgery) | .... A. Vaidyanathan.      |
| The C. Raitt Dunhill Prize (Physiology)                           | .... S. Valiswaran.        |
| The Thompson Memorial Prize (Anatomy)                             | .... M. K. Raman Nair.     |
| The Van Geyzel Prize (Chemistry)                                  | .... P. S. Janardhanan.    |

### List of Certificates of Honour 1931-32.

#### Biology.

|                 |                               |
|-----------------|-------------------------------|
| A. L. D. Cunha  | .... I Certificate of Honour. |
| Syed Mhd. Ghose | .... II „                     |

#### Physics.

|                  |                               |
|------------------|-------------------------------|
| N. Ramanathan    | .... I Certificate of Honour. |
| P. R. Duraiswamy | .... II „                     |

#### Inorganic Chemistry.

|                        |                               |
|------------------------|-------------------------------|
| Miss L. Ramakrishnamma | .... I Certificate of Honour. |
| N. Ramanathan          | .... II „                     |

**Organic Chemistry.**

|                         |                               |
|-------------------------|-------------------------------|
| K. Govindan Nair        | .... I Certificate of Honour. |
| P. N. Ramachandra Setti | .... II                   "   |

**Anatomy.**

|                        |                               |
|------------------------|-------------------------------|
| Miss G. S. Dwaraka Bai | .... I Certificate of Honour. |
|------------------------|-------------------------------|

**Physiology.**

|                    |                               |
|--------------------|-------------------------------|
| Miss B. Muktha Bai | .... I Certificate of Honour. |
|--------------------|-------------------------------|

**Bio-Chemistry.**

|                      |                               |
|----------------------|-------------------------------|
| M. Balakrishna Menon | .... I Certificate of Honour. |
|----------------------|-------------------------------|

**Hygiene.**

|                    |                               |
|--------------------|-------------------------------|
| S. George Fletcher | .... I Certificate of Honour. |
| M. Kumara Menon    | .... II                   "   |

**Surgery.**

|                   |                               |
|-------------------|-------------------------------|
| K. Narayanan Nair | .... I Certificate of Honour. |
|-------------------|-------------------------------|

**Medical Jurisprudence.**

|                   |                               |
|-------------------|-------------------------------|
| P. K. Velayudhan  | .... I Certificate of Honour. |
| N. C. Subramanian | .... II                   "   |

**On our Men and Things**

(BY ARVY)

The cool atmosphere of the Blue Mountain Heights is conducive to sedate and sober thoughts as well as dispassionate commentary on personalities, so much so that I wish to choose as the next victim for my crude dissection with my rusty anti-diluvian scalpels, one whose senses and sensibilities are more than ordinarily developed and who may not view with indifference and disinterestedness such comments as may unconsciously, perhaps most innocently cross the borderland. But I must at once say to those of you who unnecessarily and unjustifiably read between the lines, that I do not for a moment suggest that our venerable Guru is incapable of exhibiting that sportsmanlike spirit which directs one to view things in the light of universal tolerance. Those of us who had the privilege of listening to his exhilarating clinics in the wards and those who were fortunate in having been his House-men and his assistants, know how freely he exhibits his disarming smile perhaps not unadulterated with a tinge of cynicism which may perhaps be born of conscious superiority of intellect. I can therefore with justification expect him to overlook my errors of commission, omission as well as judgment, with the same spirit of toleration and patience and with the same spirit of apparent unconcern as he is wont to exhibit towards irritating ebullitions of even his bitterest enemies.

I am afraid I might deplorably err if I attempt at analysing his psychology, which is a bit complex. Is he a saint, supremely indifferent to pains and pleasures renouncing all worldly possessions and devoid of all desires and ambitions? Is he but an eminently practical man but extremely conscientious and yet cherishing his own desires and ambitions as any other human being would do? We, who have a real admiration for our Guru, of course, dissent from the opinion of some of his bitter enemies who perhaps out of professional jealousy are so uncharitable as to consider his saintliness as a mere cloak to cover up his delinquencies and inconsistencies and who are so mean-minded as to pass unworthy remarks even on his Friday Silence. He strikes me as one who is extremely religious and God-fearing, mindful only of his moral and intellectual development with a total disregard for the external aspects of his personality.

He is far from being indifferent. His eyes and ears are always open and receptive, supplying his wonderful brain with the "Latest News and Trenchant Views" pertaining to various departments of life from his profession down to internecine disquiets. Being a loyal servant of His Majesty, he eschews politics of the country, but he supplies the brain for domestic diplomacies which he views with apparent indifference. I just want to emphasize this point merely to show that our Guru does take a human interest in men and things and that he should not be likened to a pure and unqualified *Sanyasi* whom I consider as a selfish individual caring only for the salvation of his own soul. But our Chief is intensely alive to the things that happen around him and forms his own opinions and judgments which are most often unexpressed.

Rarely it is that the Lion in him can be roused; but on those rare occasions when he rouses himself or is roused by his intimate friends to activity and is forced to take cudgels, he fights to a finish. Who does not remember that bold and brilliant fights he put up in the University for the abolition of the L. M. & S. in spite of his being handicapped by the fact that his formidable opponent was his erstwhile master and teacher.

He has got the extraordinary knack of making his lectures interesting. Expression of facts is interspersed with witticisms pleasant to everyone except perhaps to the butts who may feel the sting, provided they are sensitive enough.

But the exhibition of exceptional brilliance which marks him out as one of the best clinical teachers we have ever had, can be witnessed only during his bedside clinics when his extraordinary powers of argumentation, deduction and analysis are brought to bear upon the differential diagnosis of cases. But he is never absolutely matter-of-fact which would have made any teaching dry as Carlyle's Dry-As-Dust. His diagnostic abilities are only equalled by his infinite capacity to crack jokes—not nuts—as well as to pull the poor students' legs which become excessively small on those occasions, perhaps shrinking out of fear, when they have the misfortune to be chosen as our Guru's targets. Once a shrinking specimen of a student having fresh in his mind the tortures which another miserable specimen underwent for blurting out in a moment of bewildering nervousness the dosage of arsenic to be 2 grains, perhaps thinking he was answering a question in Medical Jurisprudence, wanted to be ultra-cautious in his

dosages and dispensations and confidently cut down the adult dose of Santonin to 1/60th of a grain. Our Guru with a partly benevolent and partly cynical smile told the shivering specimen "the round worm will have a hearty laugh at your Santonin". Fancy a worm and that a common despicable worm laughing not only at his dose but also at himself for being so foolish as to administer such a small quantity! Yes, the student did deserve a laughter, not only from his boss and his mates, but also from the worm.

The frail frame which has not for years changed a bit neither in weight nor in appearance with the same scanty moustache but for a few streaks of grey (since writing this the upper lip has "suffered a change into something rich and strange" being cleared of its scanty forestry), with the same irregularly tied turban which has hidden within its concavity sometimes a pig-tail, sometimes a crop, at other times the orthodox tuft of hair, with the same steady walk neither too fast nor too slow but brought to a stand-still in its progress for half an hour or one hour by meeting on the way his unofficial surgical colleague, seems to be capable of withstanding an unusual amount of strain, because morning till night he has a never-ending series of calls, consultations and visits over and above his systematic ward-work. Will it be too much to hint that he should devote more attention to his bodily health than to the salvation of the spirit, since he is too precious a possession for our *Alma Mater* to lose?

## Reflections on the Strange Vicissitudes of the Madras Medical College.

By H. SUMITRA RAO, IV YEAR.

I think, it is some poet who said :—

“ The old order changeth yielding place to new

And God fulfils himself in many ways,

Lest one good custom should corrupt the World.”

I believe, nothing applies to this couplet with so particular a truism as to reflect upon the strange vicissitudes of the Madras Medical College. Events have marched in quick succession during the course of a few years. Those few eventful years have seen the development of buildings, construction and demolition of blocks, elevation and depression of departments, attachments and detachments of staff, not to speak of the appointments and disappointments of officers. Such kaleidoscopic changes would bring home to the Historian, the fluctuations of the Roman Empire; to the statesman the affairs of Indian politics melting in the melting pot; to a highly cultivated imaginative and reflective mind, the visions of Mirza when he ascended the Hills of Baghdad and last but not the least to the student, an agreeable pastime to ponder over, especially after the stress and strain of everyday college routine, while puffing off his mortifications of the day with the fumes coming out from a ‘Gold Flake’ Cigarette or washing his worries down his gullet with an unusually large draught of hot coffee.

The Physics Department of the Madras Medical College was once occupying an elevated and an enviable position in the present Physiology Lecture Hall, the Lecturer seated on a high dais (the chair is unusually long-legged to witness, if I lie) and haranguing to his students Physics with a facility of expression and a fecundity of thought which would have amazed the Greek Demosthenes and the Roman Hyperides. His wealth of expression, his thundering of Physics facts and figures, his fund of knowledge, his volubility of speech, his blazing rhetoric, his

## Reflections on the Strange Vicissitudes

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seasonably tinctured English quotations, made his students gape at him with wonder and set them ruminating about the erudition of the lecturer, his vastness of knowledge and last but not the least, the immense use of Physics as *related to Medicine and Surgery*. *An hour of Physics to them was a dose of physique indeed!* Such a scene would bring home to the Historian, the days when Cicero pleaded for the cause of Sicily against Verres and Tacitus thundered against the oppressor of Africa; to the student of the Milton, the sovereignty of Satan when

“ High on a Throne of Royal State

Which far outshone the wealth of Ormerz or of Ind

Satan by merit raised, sat to that Bad Eminence.”

But alas! the Gods on High Olympus were jealous! Something happened; the fuse caught fire and the whole block crashed under a disastrous fire.

Next, the authorities deemed it prudent to give the Physics Lecturer and his students a more comely and homely surrounding in the former Biology Lecture Hall—the present laundry rooms—on the outskirts of the college with the then—existing Anatomy Theatre on its lateral aspect, a cow-shed on its ‘Posterior’ aspect, and the river *Coom* on its ‘Anterior’ aspect—a step particularly calculated to make the students exhale and inhale the aromatic vapours from the Dead Bodies so as to inure them to its sight and smell, preparatory to their joining that Department at a later date. Further the location of the Department on the borders of the Medical College is a step conducive to good health. It has been enjoined from time immemorial, as early as the times of Hippocrates that systematic exercises are conducive to good health. The long walks from the college gates to the Biology Lecture Hall, everyday early mornings, is an agreeable exercise for the students by way of keeping fit. Congratulations to the authorities on the subtle plan in as much as they have not overlooked this point especially when the college working hours extend from 8 A.M. to 5 P.M.

But alas! once again the Gods on High Olympus were jealous! Nero was not allowed to carry on his grim reign even here unmolested! The authorities drove the ‘Do-the-boys’ Hallmaster Squeers, Nicholas Nickleby and Smikes to the verandahs of the Medical College (which

unique position it is still occupying—so as to make the students warp and drench to the alternate sun-shine and rain so as to make them weather-beaten and hard to all the rigors of the course and the strange vicissitudes of the Madras Medical College.

The elevation of the Anatomy Department from an insignificant pit to a giddy height is another event which has almost reached an epic fame. While congratulating the Retired Potentate on his valiant efforts to achieve this purpose we condole with the Lords of the Physiology and Biochemistry on their sad and grievous fall. We condole with them in the true Roman spirit:—

“Oh! what a fall was there my country men!  
When I and you and all of us fell down,  
Whilst Bloody Treason flourished over us.”

I believe, this elevation is in some measure conducive to a good study of that subject! I here take in the assistance of Doctor Johnson who remarked that higher heights expand the imagination and range of fancy of individuals by rarefaction of atmosphere, so that dullards at lower levels, on being lifted up, ‘sparkle into merriment, froth into laughter, fume with repartee and kindle with joy.’ All glory! to the retired Potentate on this unprecedented upheaval of the Anatomy Department from an insignificant low level to a giddy Olympian height!

The advent of Ramaswamy Iyer’s Coffee Hotel in the College premises is another event, in the History of the Madras Medical College, which has obtained a legendary reputation. The particular assiduity of Ramaswamy Iyer, the chattering of tongues, the clattering of plates, the tic-toc of shoes, the vociferations of boys, the hum of servants, the sweeping with broom-sticks, the cob-webs hanging, the rickety tables creaking under the weight of tiffin-carriers and cartloads of dust and dirt, the vigorous demand for Lemon-crushes and ice-creams, huge volumes of smoke puffed out from cigarettes curling round the corners, are needless to say, very familiar sight to us.

We see groups of gaily-dressed gallants invigorating their strained nerves with plates of ice-creams and crushes; we see dilettantes trimming their dresses before the huge mirrors; we see the sly attenders salaaming the gallants in the fond hope of receiving monetary remuneration.

Next again, fashions are changing! And we are ever on the wheel of fashion. Particularly the ‘Fair Sex’ is susceptible to such Magic-Lantern shows. Sarees are giving place to frocks: and frocks to sarees! I hope, the change from sarees to frocks is *not one of going back to Nature!*

The Madras General Hospital is undergoing a metamorphosis. New buildings are rising and the old ones are crashing. The New Out-Patients Block is particularly a relieving feature of the year. Thanks to the authorities for this glorious change. It is indeed a source of unconcealed relief to find, we have at last, cast off the dingy blocks of the Old Out-Patients, with its small rooms resembling Black Hole of Calcutta, its doors having pin-hole cameras, its stuffy atmosphere and its zig-zag guiding paths. The new Pathology Block is nearing completion. It is yet too premature to pass any observations.

Well! Kind reader—these are a few reflections on the Madras Medical College and it is time for its author to close reveries, in the fond anticipation that its grateful author will meet its kind readers, another time perhaps, with another article of another kind!—Meanwhile  
Cheerio!

## The Drowning men.

When Eve got the forbidden fruit her first thought was about Adam. Ah! I see, you say that it was in the good old days; yes times have changed and Eve with them. But is it really possible for you Eve to forget so easily the old old ways that brought a sweetness of its own along with it.

Oh Eve we envy thee in thy "White Ship" we who are drowning in the vast ocean of Madras city facing storms of not only anopheles and culex but also of typhoid, tuberculosis and many more still undiscovered bacilli, which might be discovered by the passengers of your ship as you have predicted, envy thee in thy smooth sailing. The S.O.S. messages have been going out of the drowning men ever since the Medical College has been started and as a result we were at least hearing the approach of a life boat in the form of a Hostel. But look at the calamity that has fallen over us now. The storm of retrenchment has broken out and it has made the approach of the boat an impossibility. But we have not lost all hope. The S.O.S. message will continue to go from us till at last one valiant hero at the receiving station musters all his resources and sallies forth to our rescue.

Ah! my young brethren you want to know where our tennis courts are. Well if you are very curious to know about it you will have to go to the College office and ransack the shelves for the old plan of the college grounds. Perhaps that may be moth-eaten. In that case request one of those serene personages of that holy of holies to tell you the place where your predecessors have spent an hour or two forgetting for the while the grooves and tubercles on the humerus and the etiology, pathology, bacteriology, symptomatology, diagnosis, prognosis and treatment of some disease which might not have attacked a human being since the days of Adam. If you are lucky to please that personage he will point out to you the new buildings with the creton labarynths. Yes brethren it was there that we had our tennis courts. I see you want to know why we don't have tennis courts now. Be patient friends; nothing is achieved in the Medical College even in the 'examination with its 'come next time' without patience. We are going to have the tennis courts arised to Olympian heights when the new building is finished. Its

## *The Drowning men*

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terrace is extensive enough. In this connections an idea strikes me. Miss Eve you wanted a roller. You can have one immediately without waiting for the postman to bring it. When our tennis courts are raised to the terrace we won't require a roller and you can have the roller with which we used to give a rub to our old tennis courts (hope that the roller is not powdered to make concrete for the new building).

We have shouted ourselves hoarse for a common hall. Surely we don't want cushioned settees and chest of drawers. We will be satisfied with hard wooden chairs and tables. Only thing is that we want a room without a board displaying the words 'Smoking Strictly Prohibited'.

Now I have a request to make to our Hygiene Professor. Will you please visit our dining rooms? It is a pity, nay a crime, to keep these dining rooms in their present filthy condition in an institution which qualifies men to go out and help people to lead a hygienic life and thus to ward off diseases. I am afraid to bring forward many grievances otherwise I would have said something about the sad condition of our closets and urinals which are really a disgrace to the Medical College and to the 'varsity'.

I can positively say that we medicos are not a grumbling sort. If these little changes could be brought about we will be satisfied and that will surely bring more sunshine into this hard tedious course of ours.

Only if we could sing heartily at present, "Old medicos never die!!"

ADAM.

## Love.

Love is divinity, and chaste  
As the sweet jasmin bud, mature  
With opening blades to allure  
All gazers patient or in haste!  
Her power is unparallel'd!  
Hast greater strength in men of might!  
She dost show sparks of lustre bright,  
In all, in manner unsurpass'd!  
She lives between all Nature's arts,  
And binds brooks low and mountains high  
As she draws loving birds of sky  
To shades with feelings deep at heart!  
The weapon of man shall be Love  
Sincere, and he wins all in ease!  
And he that cures his mate's disease  
Must add to drugs a draught of love!

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

## Tosh.

The General Secretary wants an article for the College Magazine—an awful bore as you will all agree—writing the article of course, not the General Secretary! He was polite enough to tell me that he wanted it only to fill up the pages, not for instruction or amusement. The good ones that way have been much fewer this time, and as a result this issue promises to look rather debilitated and white about the gills, like what the final year students are getting to be. "Any tosh," he said, "would do just to swell the pages a bit," and there was that in his face which told me that he was convinced I could produce nothing but tosh. It does not pay to take offence when the great ones offend, and as a loyal student I swallowed the veiled insult and consented to write—where an article could help who was I to demur? In mock gratitude the General Secretary bowed very low till I could see myself reflected in his shiny tonsure, and left me, doubtless to impress his importance on some more poor unfortunates.

O blow, the General Secretary! I am already beginning to go through all the tortures of the literary artist in search of a noble and elevated topic to write about—what shall it be? The Quantum Theory, the Financial crisis, the latest craze—the Swadeshi Emporium, or the most recent book in Tropical Pathology by our "late lamented" Pathology Specialist.

The Quantum Theory sounds learned and dignified enough but, you don't seem to like it. What is wrong with it? Does science mean nothing to you? Dear, dear, don't let us quarrel about it, I hate it too. In science I never could get beyond that funny arrangement called Boyle's Law and 'whisper it not in Gath, tell it not in the streets of Ascalon'. I strongly suspect science is a myth, and a trap set to persecute poor innocent and unsuspecting students—so why write about a subject which is beyond my ken?

The Financial crisis then—what a multitude of sins it covers! Our medical graduates are to be debarred from entering Government service for years to come. When Germany and Italy are pinning their faith on young blood as the only salvation for their country, benighted old

Madras puts its shirt on the older generation. The pity of it, that we should be kept outside the pale. If you don't believe in my protests ask the patients of the hospital whether they aren't fed up with having the same old hands prodding their ribs and thumping their chests.

In the College, things are no better. In the ladies waiting room, financial stringency won't allow the three legged rickety old chairs to be replaced or repaired, and in the short half hours snatched between lectures, we balance our weary limbs on them like the acrobatic wire dancers, resigned to topple off at any unguarded moment and fracture a bone, or contract Pott's Disease—and do you think that the sight of our pale fragile figures stretched out in plaster castings in a surgical ward (senior assistant, please note) would wring a tear of remorse from that hardened old demon FINANCIAL STRINGENCY? Never! More likely as not, a spring or two would be removed from the hospital beds and repairs forbidden.

Disgusting old Financial stringency has stepped into one's private life as well. A peach of a pink saree at the Indian Industrials which I coveted very much had to be tabooed. My gorge rises when I think of it, and were I not a modest maiden I should be tempted to swear like the proverbial trooper.

News is to hand that a wonderful new book on Tropical Pathology cataloguing all the ills that the human flesh is heir to, has just been published. This book I hear has been very favourably reviewed and in the advertisement columns of the highly esteemed "Sarcomatous News" it has been announced "none can hope to pass, who do not possess a copy of it." All who saw the author with his learned and abstracted air and unruly mop—no I mean hair—feared, that something was afoot, and now our worst suspicions have been confirmed. It is gratifying to note that we have cherished a genius in our midst.

Alas! Here comes the General Secretary with the self-important air of a tax collector to gather in the article. He is a conscientious man, is the General Secretary, whose only weakness is his credulity, for he fondly believes that by affecting horn rimmed spectacles he has removed all differences in appearance between himself and Harold Lloyd. I give him this article, having covered a page or two with tosh and feel that I have done my duty—Haven't I?

"JESTING PILATE",



AN AT HOME OF THE STUDENTS OF THE  
1ST M.B. B.S. CLASS.

MADRAS MEDICAL COLLEGE ASSOCIATION.  
Reception to the Graduates (1931-32).



*Sitting* :—P. T. Gopalan Nayar, D. Sundaresan, P. K. Doraiswamy, R. Reddy, N. Sreenivasan,  
(Thura Bai) 2nd Year, (Jai Singh) 1st Year, (Thura Bai) 2nd Year, (Thura Bai) 2nd Year,  
*Standing* :—Rajagopal, A. Lakshmi Narayanan, T. Kromannunni, V. S. Subramaniam, Ganapathy Sundaram,  
(Julijivar) Pre. Reg. (Madan Singh) 2nd Year, (Madan Singh) 1st Year, (Madan Singh) 1st Year, (Chit Singh) 3rd Year.

## Association Notes.

A general body meeting of the Association was held on the 12th July in the Library Hall with Lieut.-Col. C. Newcomb, the President of the Association, in the chair. There were about 60 members present.

The Annual Report and accounts for the year 1931-32, published in the April issue of the Magazine was passed.

Messrs. K. John & Co. were appointed auditors for the year 1932-33.

The following were elected Office-bearers.

*Vice-Presidents* ... Lieut.-Col. J. M. Skinner.  
Dr. A. Lakshmanaswamy Mudaliar.

*Hon. Treasurer* ... Dr. M. Narayana Pai.

### Magazine Committee.

*President* ... Dr. M. R. Guruswamy Mudaliar.

*General Editor* ... Dr. N. Mangesh Rao.

*Associate Editor* ... Dr. S. Thambiah.

*Student Editors* ... Mr. George Fletcher (Final year.)  
Mr. P. V. George (Fourth year.)

Mr. A. V. S. Sarma (IV year) was elected Assistant Secretary.  
Mr. P. V. Jaganatha Rao (IV year) was elected Sports Secretary.

The President thanked the outgoing Office-bearers especially the students, for their hard work and complimented them on a successful term of office.

The meeting came to a close with a vote of thanks to the chair proposed by the Assistant Secretary.

The following are the representatives for the year 1932-33 :—

Final year ... Mr. K. V. Narayan Iyer.  
Fourth year ... Mr. C. Khosy.

|                   |     |                      |
|-------------------|-----|----------------------|
| Third year        | ... | Mr. K. Gopala Menon. |
| Second year       | ... | Mr. M. Santhosam.    |
| First year        | ... | Mr. A. N. Alwa.      |
| Pre-Registration  | ... | Mr. G. Savarinathan. |
| Lady students     | ... | Miss Prameela Koman. |
| Military students | ... | Mr. G. F. Martinue.  |

For want of accommodation in the College the reception to the graduates of the year was held in the Museum Theatre and grounds on Friday the 5th August. Lieut.-Col. C. Newcomb presided and Dr. Miss H. M. Lazarus addressed the graduates. The Johnstone Medalist of the year Dr. Miss Shanthasundari replied on behalf of the graduates in a 'nice little speech.'

The variety entertainment opened with a short 'Five minute sketch' by the Military students. Messrs. E. Vaughan, D. C. Wilkins and G. Humphreys should be congratulated for the excellent show they put up in spite of very short notice. The lady's part was a tough piece of acting but Mr. Wilkins did not seem to have any difficulty.

The whole credit for the Tamil farce, as also for the programme of the evening goes to Mr. N. Sreenivasan an old student and ex-Secretary of the Dramatic club of the College. Our thanks are due to Mr. Sambandam and Mr. Selvam, both old students, who were helping him on the stage. The actors in the Tamil farce and those that contributed independent items deserve congratulations for their success on the stage.

The tea party and the rest of the function passed off very smoothly without any confusion. Thanks to the volunteers who mustered strong and worked sincerely. Special mention has to be made of the ladies' representative who spared no pains in receiving the guests of the evening. This would be incomplete if we do not make any mention of the work done by the Honorary Treasurer Dr. Narayana Pai, on whose guidance and support depended the success of the whole evening.

We are very grateful to Col. Newcomb and Col. Skinner for all that they did for us. We take this opportunity for thanking the Madras Dramatic Society and its Secretary Mr. Amos for sparing us the theatre for the evening and allowing us free use of their property. Our thanks

### Association Notes

are also due to Dr. Gravely for kindly letting us use the Museum grounds.

A meeting of the Association was held in the Library Hall on the 24th August at 2 p.m. with the President of the Association in the chair to express sorrow at the untimely death of two of the college students Mr. S. O. Mahar (2nd year) and Mr. C. David (Final year).

Mr. S. O. Maher met his death by drowning while bathing at the Triplicane beach on the 29th April. Special mention should be here made of the courageous effort of Mr. Braeheld, a student of this college to save his friend from the eddies.

Mr. C. David was suddenly taken ill on the 16th August and passed away on the 18th morning at his home in Amalapuram.

The following resolutions were passed at the meeting all standing:—

1. The Madras Medical College Association records its sorrow at the untimely death of Mr. S. O. Mahar a student of the college and sends its sincere condolences to the members of the bereaved family.

2. The Madras Medical College Association records its sorrow at the untimely death of Mr. C. David a student of the college and sends its sincere condolences to the members of the bereaved family.

The Secretary was authorised to send copies of these resolutions to the respective families.

The college was closed for the rest of the day as a mark of respect to the departed.

## Reception to the Graduates.

MISS P. KOMAN.

There was general excitement in the College on the 5th August the day on which the College proudly welcomed her graduates. The reception was held at the Museum Theatre at 4.45 p.m. A distinguished gathering of Doctors and students were present for the occasion.

The evening began with Tea served out on the spacious lawns of the theatre. After spending a pleasant half hour at Tea the gathering adjourned to the theatre and the real programme of the evening started under the Presidentship of Lieut. Col. Newcomb. Dr. Miss Lazarus who had kindly consented to address the Graduates was conducted to the dais by the Principal and introduced to the assembly in eulogistic terms. Dr. Lazarus then rose to address the graduates amidst loud cheers. She spoke of the noble calling of the profession and how the new graduates could make themselves useful to their motherland by carrying the mission of health to the remote parts of the country where the need of medical aid is so great. She laid particular stress on the importance of the Preventive side of medicine more than the curative. She then congratulated the graduates especially the two brilliant women students Dr. Shantasundari and Dr. P. Masilamoni who had the distinct honour of topping the list.

Dr. Shantasundari then spoke on behalf of the graduates of the year thanking the Association for the warm reception accorded to them. She commented on the spirit of equality and comradeship that existed among the students of the college and also on the arduous nature of the course. Speaking about the latter she said that it was a wonder to her that she is still alive after the terrible strain of the examinations. She also expressed her gratitude to the staff for the excellent teaching imparted to the students. Then the President in a short speech wished the graduates every success in their future career and congratulated Dr. Shantasundari on her maiden speech.

The speeches were followed by a variety entertainment given by the students of the College. The programme opened with an one-scene farce "PALS" got up by the Military students. Messrs. Wilkins,

### *Reception to the Graduates*

Vaughan and Humphreys did their parts very well and its comic end threw the audience into convulsions of laughter. Mr. Ramamurthi's beautiful rendering of two or three Indian songs were highly appreciated. The next item was a play "The Eye of Love" which wrung peals of laughter from the audience. The actors all gave a good account of themselves especially Mr. Rajagopala Reddy and Mr. Sunderesan who impersonated feminine characters. Mr. Sudakar Rao then gave a very pleasing solo on the Flute. Mr. Balakrishna Rao deserves to be commended on his songs. We admire the courage and control he showed in stepping on the stage immediately after receiving the sad news of his sister's death. Mr. M. Santosam "The Medical College Broadcast" adapted to an Indian Ragam "Tip Toe through the Tulips" much to the amusement of the audience.

The pleasant function came to a close with a vote of thanks proposed by the General Secretary.

## An At Home of the Students of the 1st M.B., B.S. Class.

It was on the morning of the 28th July that one of our professors Dr. P. K. Koshy got the happy news of having been elected a Fellow of the Royal College of Physicians, Edinburgh. The news spread in no time and the sound of joy rang through the crowd of students. Having decided to express our joy and congratulate our professor, we the students of the 1st M.B. B.S. class met on the 9th August at 5 p.m. in the college grounds and were at home to Dr. P. K. Koshy. The members of the staff of the Anatomy, Physiology, Biochemistry and Organic Chemistry departments were the guests of the evening. The tea was followed by a series of musical items, instrumental and vocal, both by the ladies and gentlemen. The Harmonium solo, Veena solo and other vocal solos were very such appreciated. Then commenced the congratulatory meeting with Dr. Mannady Nair in the chair. Many students spoke about the goodness of Dr. Koshy which with his capability and hard work, worked its way to such a rare honour as this. The president spoke a few words of how much Dr. Koshy must be in the estimation of the Edinburgh men to get elected a F.R.C.P. Then came the second item of the lady students—the reading and presentation of the address. Dr. Koshy then replied in suitable words to all the expression of joy and blessings showered on him. The meeting then came to a close with a vote of thanks.

CLASS REPRESENTATIVE,  
2nd Year M.B.B.S. Class.

---

## Smile awhile.

*Newly married Mrs. A:* Now darling what will I get if I cook you a dinner like that every day in the year.

*Mr. A:* My life insurance.

---

After a foot-ball match a disgusted enthusiast went across to the referee and asked sarcastically. "How long can a man live without brains."

"I don't know" replied the referee "how old are you?"

---

Little Janet at church for the first time was surprised when all the people knelt down.

"What are they going to do?" she whispered to her mother, who said "Hush darling, they are to say their prayers."

"What with all their clothes on" exclaimed the child.

---

The new Superintendent of a lunatic asylum was taking a round when one of the inmates accosted him and said. "Well doctor we like you better than the previous one."

"Why in heaven is the reason" asked the doctor surprised.

"We like you because you are more like one of us" was the reply.

---

We hear that a valiant private of the "A" Coy. Medical has applied for a discharge on "Medical College Grounds."

---

A doctor in some ways is queer says Bill Knott.

He tells you what you need is change.

And then takes all you've got.

---

The spendthrift was ill with small pox "Send for my creditors" he whispered "thank heaven I can give them something at last."

---

The vagabond approached a gentleman and asked for a small help. "Why don't you try a hand in some work" asked the gentleman. "Fortune is knocking at everybody's door now."

"Alas! Sir" he replied "When fortune knocked at my door I was not in, but when I returned the call I was received by his daughter Misfortune."

"What are you going to do when you are grown up" asked the doctor to his four year old nephew.

"Same as you uncle," Sonny replied "I am going to have an insulting room."

There are two things that will break a man, the want of a woman and the wants of a woman.

*Nerve Case:* "Doctor, I often feel like killing myself. What shall I do?"

*Doctor:* "Leave it to me."

A doctor's wife ate an apple a day and then sued her husband for desertation.

### Fatal.

*Mildred:* "Do you think kissing is as dangerous as doctors say it is?"

*Brenda:* "Well, it has put an end to a good many bachelors."

### Dangerous.

*He (ardent):* "I'd be willing to go to the devil for one of your smiles."

*She (bored):* "Please don't make me laugh."

### Before her time.

Enid sat down at the luncheon table with extremely dirty hands.

"My Dear Child" cried her mother "Your hands! You never saw me with hands so dirty as that."

"No mummy" replied the child "but I dare say Grandma did."

*Physician* (in the course of his bed-side clinics).—This is a case of peripheral neuritis. He is now having electrical massage and treatment for vitamin deficiency. Now we shall try to produce shock by giving him malaria and typhoid.

*Patient* (who happened to know English).—The news itself is a shock.

A portly gentleman approached the ticket window and asked for a ticket to the next station.

"Wait, please, sir," cried the busy ticket seller.

"Weight! do you mean to say that you calculate charges according to one's weight?" replied the man in distress.

He used to make knots upon his handkerchiefs to help him remember things he wanted to do.

One night he saw a knot but did not remember why he had put it there. He thought and thought until one o'clock.

"Ah! Now I know! I meant to go to bed at very early this night," he said.

### Pleasant Surprises.

*1st student:* "I like to hear that professor lecture on chemistry. He brings things home to me that I have never seen before."

*2nd student:* "That's nothing; so does the dhobie!"

According to a psychologist, people are most intelligent at the age of eighteen. Before they join the Medical College.

The mosquito, unlike a doctor, presents his bill before he works on you.

*Doctor:* "What is the most you ever weighed?"

*New patient:* "154 pounds."

*Doctor:* "And what is the least you ever weighed?"

*New patient:* "Six and a half pounds."

A great many animals laugh says a scientist. And of course, a great many people give them good cause to.

*Madam*: "Listen cook! My husband complains that the soup isn't good, the roast tastes flat, that the desert is not appetizing and so on. This can't last!"

*Cook*: "I agree madam, that this can't last. If I were you, I should advise him to consult a physician."

#### Stranger than Fiction.

*Movie star*: "Oh don't you listen to Brenda. She only tells lies about me."

*Friend*: "You ought to be glad of that. Supposing she had told the truth!"

#### Right First Time.

*She*: "Do you know why I won't marry you?"

*He*: "I can't think."

*She*: "That's right."

*Professor*: "You can't sleep in my classes."

*Student*: "I can if you will talk a little lower."

A man arrested for drunkenness was discovered with his arm around a lamp post shouting, "Let me in."

When told nobody lived there he said, "Don't lie. There is a light upstairs."

Among the ailments that are conveyed from dogs to man, we note the inclusion of insomnia. Some people get it from the dog next door.

We do not know whether the secret of longevity is hidden somewhere in the item which said a woman in Roumania died at the age of 126 years, "after she had called in a doctor for the first time in her life."

## University of Madras.

### MEDICAL EXAMINATIONS, APRIL 1932.

The following is the list of successful candidates at the Medical Examinations held in April 1932:—

#### Medical College, Madras.

##### PRE-REGISTRATION EXAMINATION.

##### SECOND CLASS.

| Rank. | Regr. No. | Name of candidate.     | Rank. | Regr. No. | Name of candidate.     |
|-------|-----------|------------------------|-------|-----------|------------------------|
| 1     | 71        | Srinivasa Rao, K.      | 38    |           | Madhavanunni Nayar, M. |
| 2     | 72        | Sriramachandra Rao, C. | 43    |           | Narayana Rao, K.       |
| 3     | 9         | Balakrishna Kini, M.   | 52    |           | Raghavan, K.           |
| 4     | 51        | Raghavan, C. K.        | 55    |           | Ramakrishnan, S.       |
|       | 1         | Abrabam, M.            | 58    |           | Ramalingam, S.         |
|       | 4         | Anantakrishnan, T. A.  | 62    |           | Ramunni Menon, P. R.   |
|       | 5         | Antony, C. J.          | 63    |           | Sadhanandam, T. M.     |
|       | 10        | Balakrishna Menon, K.  | 68    |           | Sivarajan, S.          |
|       | 13        | Bhaskara Menon, A.     | 69    |           | Srinivasan, P. C.      |
|       | 18        | Damodaram, P.          | 75    |           | Subbaratnam, G. L.     |
|       | 19        | Dandapani, T.          | 76    |           | Subrahmanya Ayyar, G.  |
|       | 21        | Gangadhara Kartha, N.  | 79    |           | Subrahmanyam, V.       |
|       | 22        | George, T. M.          | 80    |           | Sumitra, K.            |
|       | 23        | Gomez, Mavis.          | 81    |           | Sundararami Reddi, G.  |
|       | 24        | Govindan Nayar, M.     | 82    |           | Suryakantam, L.        |
|       | 25        | Haribaran, V.          | 86    |           | Thomas Kuruvilla, T.   |
|       | 27        | Humphreys, G. H. F.    | 87    |           | Thomas, Sarah, T.      |
|       | 31        | Krishnamurti, B. N.    | 88    |           | Towers, J. J. G.       |
|       | 33        | Krishna Pillai, V.     | 92    |           | Vasava Menon, S.       |
|       | 36        | Kuriya, A. L.          | 94    |           | Venkatachalapati, R.   |
|       | 37        | Lokanatha Rajah, V.    | 96    |           | Venkatakrishnan, M. S. |

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

##### PART I.

##### Register number and name of candidate.

|     |                             |     |                           |
|-----|-----------------------------|-----|---------------------------|
| 101 | Brown, Catherine Mary.      | 123 | Krishna Nayak, P.         |
| 102 | Burby, G. A.                | 124 | Lakshminarayana Ayyar, A. |
| 103 | Chandi, Jacob.              | 125 | Madhavan Nayar, P.        |
| 106 | Chokkalingam Pillai, S.     | 126 | Mahadevan, Sumati.        |
| 107 | Connor, Gladys nee Chester. | 127 | Marikar Abusha Bibi.      |
| 108 | Edwin, E. C. Sarah.         | 131 | Mathew, T. M.             |
| 112 | Jacob Muthalali, M. K.      | 134 | Muthulakshmi, P. S.       |
| 113 | James, F. M.                | 135 | Narasimbachari, N.        |
| 114 | Joshee, C. L.               | 136 | Natarajan, M.             |
| 115 | Kalyanarama Ayyar, P. K.    | 142 | Rajagopala Reddi, R.      |
| 116 | Kameswaramma, G.            | 143 | Rama Ayyar, V.            |
| 117 | Kasim, P. A.                | 145 | Ramachandra Sarma, S.     |
| 118 | Kesavalu, S.                | 146 | Ramachandra Sastri, P.    |
| 119 | Kesavan, C. K.              | 149 | Raman Tampi, A.           |
| 120 | Koshava Nayak, K.           | 150 | Rangachari, N. A.         |

## FIRST M.B. &amp; B.S. EXAMINATION—(Contd.).

## PART I—(Contd.).

Register number and name of candidate.

|     |                    |     |                      |
|-----|--------------------|-----|----------------------|
| 152 | Sampath, A. R.     | 167 | Titus, T.            |
| 153 | Samuel, Annamma.   | 168 | Varghese, K. L.      |
| 158 | Soundarajan, A. C. | 169 | Velayudhan, A.       |
| 159 | Srinivasan, S. K.  | 171 | Venkatakrishna, S.   |
| 161 | Sriramamurthi, K.  | 172 | Venkata Rao, K.      |
| 163 | Sudakar Rao, R.    | 176 | Vittappa Kamath, M.  |
| 165 | Thangamma, K. G.   | 177 | Wilkinson, E. St. C. |
| 166 | Thomman, K. C.     | 182 | Sivarama Ayyar, N.   |

## PART II.

## SECOND CLASS.

| Rank. | Regr. No. | Name of candidate.     | Rank.                | Regr. No.                | Name of candidate.          |
|-------|-----------|------------------------|----------------------|--------------------------|-----------------------------|
| 1     | 251       | Raghavachari, G.       | 26                   | 205                      | Gopala Pillai, P. P.        |
| 2     | 234       | Muniswami Chetty, M.   | 27                   | 214                      | Karunakaran Nayar, K.       |
| 3     | 201       | Dwaraka Bai, G. S.     |                      | 218                      | Krishnamurti, V.            |
| 4     | 194       | Chakrapani Menon, M.   |                      | 269                      | Srikumara Kuru, T. N.       |
| 5     | 190       | Beetles, E. A.         | 30                   | 238                      | Narayanankutti, A.          |
| 6     | 243       | Paranjoti, Prakash D.  | 31                   | 195                      | Chandrasekhara Ayyar, G. V. |
| 7     | 280       | Vaidyanathan, K. G.    | 32                   | 211                      | Joseph, C.                  |
| 8     | 250       | Radhakrishna Reddi, G. | 33                   | 200                      | Devadas, B.                 |
| 9     | 209       | Janardhanan, T.        | 188                  | Augustine, Altarikattam. |                             |
| 10    | 293       | Visvanathan, V. N.     | 199                  | Davis, Lizzie.           |                             |
| 11    | 192       | Chacko, P. T.          | 217                  | Kosbi, P. K.             |                             |
| 12    | {         | 237                    | Narasimha Prabhu, G. | 236                      | Narasimhan, R.              |
|       |           | 241                    | Padmavati, K. K.     | 244                      | Parthasarathi, S.           |
| 14    | {         | 233                    | Muktha Bai, B.       | 246                      | Rangabrahmananda Rao, I.    |
|       |           | 267                    | Sitaramayya, P.      | 257                      | Rangayya, P. N.             |
|       |           | 273                    | Sundarababu, B. V.   | 261                      | Sankara Ayyar, G.           |
| 15    | {         | 292                    | Viraraghavan, K. D.  | 263                      | Saraswati, M. K.            |
|       |           | 279                    | Vaidyalingam, K. V.  | 265                      | Seshachalam, P.             |
| 18    | 189       | Avudiappan, T. S.      | 274                  | Sundaram Pillai, V. O.   |                             |
| 20    | 185       | Achyuta Pannikkar, M.  | 277                  | Thomas, K. E.            |                             |
| 21    | 262       | Santanam, N.           | 281                  | Vaidyanathan, S. R.      |                             |
| 22    | 220       | Krishna Prasad, R.     | 284                  | Varkki, M. I.            |                             |
| 23    | 282       | Vangeyzel, H. G.       | 286                  | Vaughan, E. E.           |                             |
| 24    | 239       | Nayanar Kirupabas.     | 288                  | Venkatacharya, P.        |                             |
| 25    | 213       | Kantappa Hedge, K.     | 290                  | Venkatalakshamma, K.     |                             |

## SECOND M.B. &amp; B.S. EXAMINATION.

## PART I.

Register number and name of candidate.

|     |                         |     |                    |
|-----|-------------------------|-----|--------------------|
| 296 | Balakrishna, V.         | 307 | Mukunda Prabhu, S. |
| 298 | Ganapatisundaram, S.    | 310 | Narasinga Rao, B.  |
| 300 | Grant May, E.           | 313 | Rangaswami, A. R.  |
| 303 | Krishnan, K. S.         | 314 | Thomas, M. A.      |
| 304 | Kutti Ettan Raja, P. K. | 316 | Gopalakrishna, U.  |
| 306 | Manuel, A. S.           |     |                    |

## PART II.

## SECOND CLASS.

| Rank. | Regr. No. | Name of candidate.    | Rank. | Regr. No. | Name of candidate. |
|-------|-----------|-----------------------|-------|-----------|--------------------|
| 1     | 327       | Govindarajan, S.      | 3     | 320       | Balamani, M.       |
| 2     | 332       | Narayana Ayyar, K. V. | 4     | 352       | Razak, M. A.       |

## SECOND M.B. &amp; B.S. EXAMINATION.—(Contd.).

## PART II—(Contd.).

## SECOND CLASS.

| Rank. | Regr. No. | Name of candidate.       | Rank. | Regr. No. | Name of candidate.    |
|-------|-----------|--------------------------|-------|-----------|-----------------------|
| 5     | 336       | Kuruvilla, P. J.         | 329   |           | Jesudian, K. T.       |
| 6     | 344       | Parukutti Amma, K.       | 331   |           | Kolondavelu, Anne.    |
| 7     | 330       | Jubai, M.                | 335   |           | Kumara Menon, M.      |
| 8     | 326       | Govindan Kutti Menon, P. | 343   |           | Padmanabha Pillai, S. |
| 9     | 333       | Krishna Ayyangar, V.     | 345   |           | Pereira, Daisy.       |
|       | 319       | Balakrishnan, K.         | 346   |           | Philip, M. J.         |
|       | 321       | Chacko, K. C.            | 353   |           | Rukmini, C. N.        |
|       | 322       | Chathurbujdas, M.        | 359   |           | Vasudeva Rao, G.      |
|       | 323       | Damodaran, T.            | 363   |           | Vittappa Kamath, M.   |

## THIRD M.B. &amp; B.S. EXAMINATION.

(Old Regulations).

Register number and name of candidate.

357 Tharakan, P.

## THIRD L.M. &amp; S. EXAMINATION.

Register number and name of candidate.

\* 337 Madhavan, K. R.

\* Obtains M.B. marks in Pathology.

## FINAL M.B. &amp; B.S. DEGREE EXAMINATION.

## PART I.

Register number and name of candidate.

|     |                            |     |                               |
|-----|----------------------------|-----|-------------------------------|
| 364 | Aravamudan, N.             | 384 | Srikantesvaran, U. V.         |
| 365 | Balakrishna Menon, P.      | 385 | Subrahmanyam, V.              |
| 366 | Balakrishna Pillai, P. R.  | 386 | Venkatarama Sarma, M.         |
| 367 | Balasubrahmanya Pillai, S. | 388 | Abdul Jamed.                  |
| 369 | Devadason, N. P.           | 394 | Janaki Ammal, A. R.           |
| 370 | Gnanachivu Janc, M.        | 396 | Lakshminarayanan, P. R.       |
| 371 | Gonsalves, E. G. J.        | 397 | Madhusudan, S.                |
| 372 | Gopala Menon, A.           | 398 | Mariam, C. V.                 |
| 375 | Kesava Marar, P. V.        | 399 | Martinius, G. F.              |
| 376 | Kuriyan, K. T.             | 401 | Masillamani, H. A. Premavali. |
| 378 | Mathew, M. M.              | 402 | Muttuswami, L. K.             |
| 380 | Natesan, M. R.             | 406 | Rangayya Gupta, P.            |
| 382 | Sambasivan, G.             | 407 | Shiva Rao, B.                 |
| 383 | Sitansukumar Sirkar.       | 408 | Srinivasan, M.                |

The following candidates qualified for the M.B. &amp; B.S. Degree :—

## SECOND CLASS.

| Rank. | Regr. No. | Name of candidate.            | Rank. | Regr. No. | Name of candidate.  |
|-------|-----------|-------------------------------|-------|-----------|---------------------|
| 1     | 488       | Shanthasundari, D.            | 8     | 466       | Narayana Menon, M.  |
| 2     | 401       | Masillamani, H. A. Premavali. | 9     | 440       | Joseph C.           |
| 3     | 446       | Krishna Menon, M. K.          | 10    | 512       | Vargese, A. D.      |
| 4     | 471       | Purusottam Pai, A.            | 11    | 513       | Vaz, O. G. C.       |
| 5     | 419       | Bhaskara Menon, T.            | 12    | 436       | Govindan, V.        |
| 6     | 489       | Sivasankara Pillai, K.        | 13    | 397       | Madhusudan, S.      |
| 7     | 514       | Velayuthan, P. K.             | 411   |           | Alikonbi, P. M.     |
|       |           |                               | 423   |           | Chandrasekharan, N. |

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

## SECOND CLASS—(Contd.).

| Rank. | Regr. No. | Name of candidate.       | Rank. | Regr. No. | Name of candidate.        |
|-------|-----------|--------------------------|-------|-----------|---------------------------|
| 425   |           | Chinnayya, Thelma F. A.  | 473   |           | Rajagopal, K.             |
| 430   |           | Eapen, J.                | 479   |           | Ramanathan, T. R.         |
| 434   |           | George, K.               | 480   |           | Raman Pillai, K.          |
| 450   |           | Kumara Pillai, V.        | 487   |           | Saradambal, L.            |
| 457   |           | Manavikraman Raja, P. K. | 500   |           | Sundaram, T. K.           |
| 461   |           | Mubammad Abdul Hadi.     | 517   |           | Vethavanam, D. C. Ranita. |
| 472   |           | Raghava Rao, D.          |       |           |                           |

The following candidate appeared for the final M.B. & B.S. Degree Examination, but qualified for the L.M. & S. Degree :—

Register number and name of candidate.  
474 Raja Varma.

FINAL L.M. & S. DEGREE EXAMINATION.  
PART I.

Register number and name of candidate.

- \* 400 Martinus, W. E.
- \* Obtains M.B. marks.

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

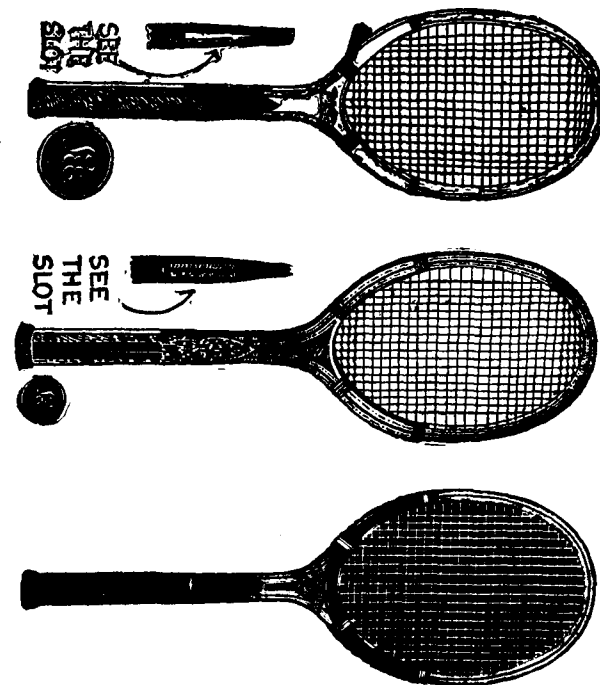
Register number and name of candidate.

- \* 414 Balakrishna Marar, P. V.
- 451 Kuppuswami, P. R.

\* Obtains M.B. marks in Medicine and Midwifery.

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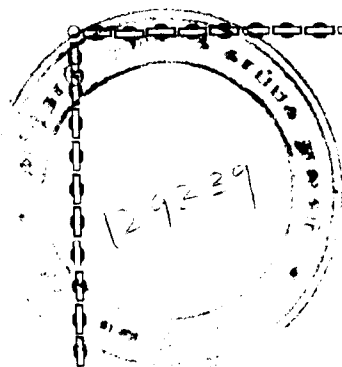


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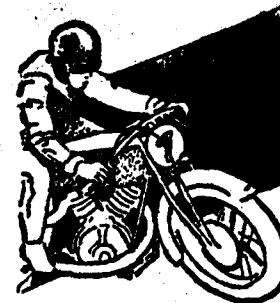
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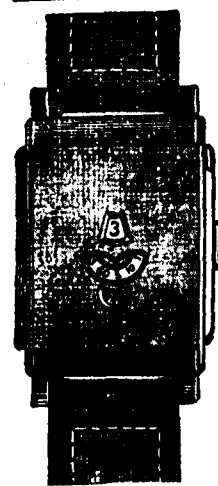
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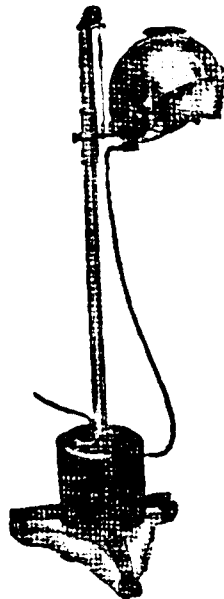
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