

The Medical Practitioner

A Monthly Medical Journal

EDITED BY

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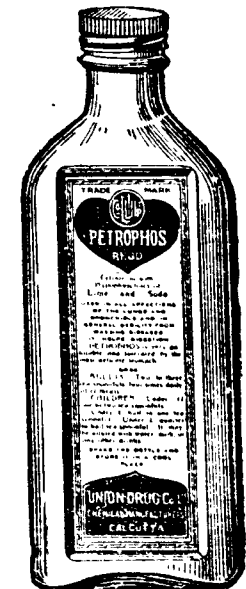
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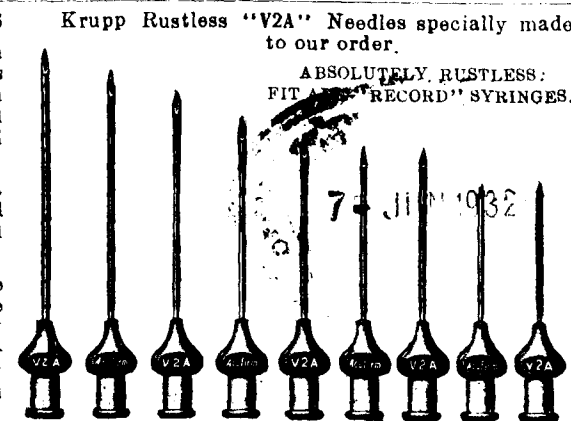
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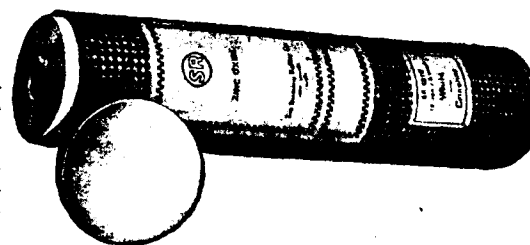
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MAY, 1932.

[No. 8.

THE MADRAS MINISTER.

Our readers are aware that we commented on the Madras Medical Budget debate elsewhere two months ago immediately after the Budget session. We depended on the newspaper reports for such comments. The official report of the speeches of the several members of the Legislative Council and the Minister's reply thereto has since been published, and on a perusal of the replies made by the Minister in detail, we feel that the medical profession should know the full significance of the Minister's replies so that they may have an idea whether any radical progressive reforms could be expected during the regime of the Hon'ble Mr. B. Muniswami Naidu as the Minister in charge of medical portfolio. Another reason for our reviewing the Budget debate of Madras is that the eminent members of the profession in the sister presidencies should know the state of affairs existing in Madras so that by comparison and contrast they might be able to bring about healthy reforms in their provinces, the aim being to bring about a uniform standard of medical relief throughout India. The three important and main issues raised by the Hon'ble Members on the floor of the Madras Legislative Council are of a general nature yet comprehensive for the purpose of discussion. There are good and bad features in the administration of medical department in each province and if the profession as a whole throughout India compares what exists in their own province with the state of affairs in Madras, it will be in a position to have a grasp of the subject of medical relief throughout India, and will certainly be in a better position to

inaugurate reforms of uniform standard in all provinces.

The first item of discussion was with regard to expenditure and revenue. It was pointed out by a member that the expenditure of medical administration which was 56 lakhs in the year 1925-26 had in 1932-33 been budgetted for 83.03 lakhs including the non-votable items. The number of medical institutions rose from 959 to 1128 i.e., about 17 per cent increase and the number of beds which were 7,748 during the same period rose upto 9,464, i.e., about 22 per cent increase. Whereas the expenditure rose up more than 50 per cent. Hospital receipts showed a substantial decrease, though it could be seen from the administration report submitted to the Government by the Surgeon-General that the number of paying wards in all hospitals especially in Madras were increased, so also the scale of fees. The Minister's reply in accounting for the increase in expenditure, by the transfer of Local Fund Hospitals to Government, by construction and repair of hospital buildings, etc., cannot be the only cause for the increase of expenditure by 50 per cent. There must be other extravagant items of expenditure such as the creation of new appointments. The Minister did not give any reply to the decrease in the amount of fees got from paying patients. This is not a "minor detail" beneath the dignity of the Minister to be taken notice of but an important one, touching not only the revenue which is all important in these days of retrenchment, the morality of officers and administration of the institution. If he was not in possession of facts about the matter, he should have at least made a note of them

and promised an enquiry. The decrease could not be due to the lowering of the rate of fees, as the rate had been materially increased. Omission to collect the fees or misappropriation might be the causes for the decrease, in the revenue.

The second item discussed on the floor of the Legislative Council was about the incorrectness of the principle followed and the slow progress made in the extension of the system of honorary doctors in State hospitals. Though the system has been in operation for about ten years, still only a solitary appointment of an honorary in place of a paid officer has been made till now, and the Member who talked about this subject complained that the system might be brought into discredit with the result that it would be abandoned in course of time as being unfit for Indian conditions. Being a general question, and not a "minor detail" unfit for consideration by the Minister, as the last one was said to be by him, the Minister enunciated the principle and object of the system and said that it was introduced more in the interests of the practitioners to gain knowledge than in the interests of Government for the purpose of curtailing expenditure, by replacing paid officers by honoraries. This is indeed a bold statement to be made even by a Minister and the boldness would have been better appreciated if it was the outcome of knowledge and not of ignorance and we are forced to say that in this instance it belongs to the latter class. Sometime ago Lt. Col. Fraser, the Superintendent of the Government Hospital, Coimbatore, in requesting H. E. the Governor to open a new building said that he foresaw "in this a happy augury for the future when most state hospitals will be largely staffed by voluntary physicians and surgeons. Such an arrangement is of mutual benefit to the State and to the doctors in building up practice." H. E. The Governor observed on that occasion that he "looks forward to the day when hospitals will be largely staffed by honorary medical workers." Such are the views of an expert, a medical officer, under the Government and of the Head of the Administration of the Province under whom the Minister is serving, and both of

them are acquainted with the honorary system as under that system almost all the hospitals are worked in their country. To justify his action in not extending the honorary system in the mofussal the Minister quoted the following sentences from a book on hospital management by Stone:

"The honorary staff, although not paid for their services, obtain a valuable return in the form of medical and surgical experience, and the enhanced reputation which accrues to a member of the visiting staff of a great hospital. This applies chiefly, if not only, to hospitals in large centres where positions on the staff are indeed valuable to a certain number of the holders. The advantages, repute and profit said to attach to these appointments are, however, much exaggerated; the value is potential and depends almost entirely on the personality of the holder. The appointment is indeed his opportunity."

The quotation was wrongly applied, the author merely justified honorary system of medical relief by mentioning that doctors are also benefitted by such a system. There is no implication direct or indirect in the above sentences that the honorary system is unworkable in rural districts. We are afraid that with this Minister in charge of the medical portfolio and with the views set forth by him, the day when most of the staff of a large number of state hospitals are honorary doctors will never come and it is not improbable that before his ministership comes to an end, the honorary system will cease to exist. He attaches great importance to the executive administration of hospitals (not connected with profession) and thinks, without paid doctors the administration cannot be properly carried out. For the executive administration of hospitals, it is not necessary that medical men should be appointed. Laymen are quite sufficient. We have the authority of His Excellency the Governor of Bombay who expressed in one of his recent speeches that the experiment of a Lay Secretary to administer state hospitals had resulted in a large amount of savings. However, there can be no harm in appointing medical men, as Resident Medical Officers and they may be vested with the entire management—not connected with the treatment of patients—of the hospitals and also made to attend emergent cases that may be brought

to the hospitals during the absence of honorary doctors. They may also attend to medico-legal work.

The third point discussed was with reference to private practice by government paid officers and opening of nursing homes by them. The first is governed by the Civil Medical Code and the second by the Fundamental Rules framed by Government. These rules, particularly the latter, are framed by Government for the guidance of government servants and not for comments by them. We have said very often in these columns and elsewhere that the privileges of private practice are now being misused by state-paid officers. Primarily they were allowed private practice to popularise allopathic system of medicine and not as a means to earn money for themselves, for, at the time the allopathic medical institutions were started in this country, there were no private practitioners of this system to afford scientific medical relief to the public. In fact, medical schools were first started to train assistants to the European doctors and gradually the Medical Colleges came into existence and the schools continued to train such assistants, whose curricula were materially increased later to equip the students with necessary knowledge to practise as independent practitioners. The Government Medical Officers were allowed private practice to the extent of their visiting their patients and treating them in their own (patient's) houses. If operations had to be done they were done either in the patients' houses or in the public hospitals. As time went on, more private practitioners passed out of schools and colleges which came into existence, and as irony would have it, the state-paid doctors misused their privileges of private practice in direct proportion to the increase in the number of private practitioners, and some of them owned chemists' shops, or were recognised consultants engaged by Chemists and Druggists in their premises to attract customers. A few went a step further, started laboratories and ran nursing homes and had assistants in such homes from amongst the state-paid Assistant Surgeons, who helped them in the state hospitals. Such a state of affairs exists in every Presidency though not so glaringly as in Madras. Calcutta may perhaps stand second and Bombay third.

In Madras these abuses assumed the form of rights and privileges after the Medical Department became the transferred subject under the popular Minister. For the last four years attempts are being made by the people's representatives in the Legislative Council to bring to the notice of the Government of such abuses by means of correspondence, interpellations and speeches on the floor of the House with little or no effect. During the last Ministry the Government issued orders through the Surgeon-General that the state-paid doctors would be severely dealt with for any breach of existing rules but no mention was made about nursing homes in that order. The result of such an order was that those who had chemists' shops either closed them or had them run by their relations or friends and the chemists who had the state-paid medical men as their consultants furnished them with consulting rooms close to their premises and a nursing home was specially built by one of the Surgeon of the General Hospital, the staff of this home being the Surgeon and his assistants from the General Hospital and those that were run by other two Surgeons of General Hospital continued their activities as usual in hired buildings. As was mentioned by us sometime ago, the Minister in charge of Medical portfolio in reply to an interpellation on 27-2-1931 stated that the government medical officers were debarred from opening and maintaining nursing homes and that if a particular instance was brought to his notice, he would make enquiry and take disciplinary action. However, when the case of the 2nd Surgeon (now the 1st Surgeon) General Hospital, who had opened a nursing home in a building specially constructed for the purpose, was brought to the notice of the Minister, he said that he was permitted to do so by the Surgeon-General and that the sanction was asked for orally by the 2nd Surgeon, and permission was given also orally by the Surgeon-General. This is, to say the least, most extraordinary and unknown in any official administration. The Surgeon-General, who is incompetent to grant any permission of the kind, is said to have given oral sanction, on an oral application. The Minister in justification of the procedure quotes at length the opinion of the Surgeon-General Hutchinson, who is already dead, and the opinion was:

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"I may mention for the information of Government that many practitioners in every country have in connexion with their ordinary consulting rooms a dispensary for dispensing medicines of their own patients. There is no objection to this: objection arises when patients of other practitioners on their own account can get their medicines in this dispensary: it then becomes a public shop. Any doctor can, if he so chooses keep a house in which he can accommodate his own patients; he can only succeed in his enterprise if his own patients demand such accommodation. If, as in the case of the dispensary, other medical men are permitted to send their patients and treat them, then the private home becomes a *public* nursing home like the Lady Willington Nursing Home in Mount Road, an entirely different matter."

The honourable Mr. Muniswami Naidu, a shrewd advocate as he is, certainly betrayed his power of judgment in interpreting the late Surgeon-General's opinion in favour of an abuse, which he was perhaps not able to check. It is quite clear from what appears as the opinion of the Surgeon-General that neither the Surgeon-General nor the Government were as serious as the occasion demanded. The question was very simple and that was to the effect whether doctors in service could run private dispensaries and nursing homes. The opinion of the Surgeon-General was quite beside the question. He discussed the ethical aspect of the question whether private practitioners could serve in their private dispensaries and nursing homes, patients who were not under their treatment. Even if for the purpose of argument, this opinion could be accepted, the nursing homes now run by the Surgeons in the General Hospital could not be considered as private nursing-homes at all. Almost all the patients that go to a Surgeon are from general practitioners and the moment they are admitted in the nursing homes they cannot cease to be as such unless for the purpose of sustaining the name as a private nursing home, the Surgeon tells the practitioners that as soon as the Surgeon is consulted, the patient should be considered as his. It is only possible for the Government and nobody else as they are the judges in such cases, to interpret the meaning of words to suit their purpose irrespective of the realities. If Surgeon-General Hutchinson's opinion is accepted then the Fundamental Rules in this respect should have been altered, and as long as the rules are in force, any violation of them should not be left

unpunished. About the matter of private practice by government-paid men, though according to the Medical Code, certain class of officers are debarred from resorting to private practice, they do so without any fear inasmuch as graver offences as the opening of nursing homes which are against the Fundamental Rules framed by Government, are being violated with impunity.

When it was pointed out to the Minister that on account of the unfair competition with the government-paid officers in the matter of private practice, some medical men are starving, the Minister, the representative of the people, exultingly replied that if they could not get any practice, they should leave the practice altogether and illustrated his remarks by treating the audience with the story of an old gentleman which ran thus:

"Sir, I know a case of an old gentleman in my younger days who was allowed for the time being to practise—he was evidently not a licensed legal practitioner. He was old and practically unable to practise further; but yet with all that, he was jealous that other people should come and interfere with his practice; and he was petitioning to the Collector that the Magistrate was abusing his power in allowing other people to practise in preference to himself. The fact was, Sir, even assuming all the others were kept out, he could not get any practice. He was past his age. My hon. friend's complaint is just like the above complaint. I consider that it would be unfair to insist upon people to consult an inefficient doctor simply because even after having left his college so long ago he is not able to earn anything. As I said, it is a fairly long period in which any man of substance could make himself felt."

We are forced to say at once that the story does not in the least complement the Minister in his sense of humour, or his sentiment of humanity. The principles of restricting government-paid officers from private practice has been in existence ever since the Government passed the communal G. O., and all those who were entertained into service after the passing of that G. O. cannot complain if private practice was restricted or even prohibited. Even otherwise, the term "private practice" cannot be applied to abuses now prevalent and referred to above.

The Minister's reply, besides being unsympathetic, betrays want of knowledge and is full of inconsistencies. About the nursing

homes he relies more on the opinion of experts like the Surgeon-General and Dr. Natesa Mudaliar, than on the Fundamental Rules, and he does not attach any value to the opinion of laymen like Mr. Arasu, the Hon. Member who raised all the above issues during the debate. However, when he comes to the question of honoraries he quotes though wrongly in support of his opinion the views of Mr. Stone, who is a layman, in the face of the opinion of an expert like Lt. Col. Fraser. In conclusion the Minister said that complaints about the administration should not be brought forward in a cut motion during the Budget session. We wish to know whether complaints brought during cut motion are not to be taken notice of and enquiries not to be made merely for the sin of their being brought during the cut motions. Out of courtesy to the members from whose rank and as whose representative he was given the ministership, he should have at least assured the Hon'ble Members that enquiries would be made and action taken on the complaints made by them instead of being offended against them for having brought forward the complaints.

Original Articles

ENDOCRINOLOGY

BY

M. S. KRISHNAMURTHI AYYAR,
M. B., C. M.

XXIV

(Taken from *Berman gland regulating personality.*)

THE TYPES OF PERSONALITY.

If a single gland can dominate the life history of an individual, it becomes possible to speak of Endocrine types, the result of the endocrine analysis of the individual. By studying the endocrine traits of physique, life reactions, disease tendencies, hereditary history and blood chemistry, one may gain an insight into the composition or construction of an individual. The endocrine type of an individual is a summary of these, his behaviour in the past and is also a prediction of his reactions in the future, much as a chemical formula outlines what we believe to be skeleton of a compound substance as

deducible from its properties under varying conditions. The endocrine type is an example of that highest task of the mind—synthesis. It is the highest synthesis of the studies of the internal secretions that certain combinations of them, permutations and blendings of them, are responsible for these unique wonders of the universe-personalities. The medical scholiasts divided men into the sanguine, the bilious, the lymphatic and the nervous. It was a pretty crude classification of different constructions. The endocrine criteria, more exact and concrete, divide them into the adrenal centered, the thyroid centered, the thymus centered, the pituitary centered, the gonad centered and their combinations.

THE ADRENAL PERSONALITIES.

An adrenal personality is one dominated by the ups and downs of his adrenal gland. The skin is one of the chief clues to the adrenal personality. The relation between the adrenal and the skin dates very back in the evolutionary scale; for adrenalin has been isolated from pigment deposits in the epidermis of the frogs. Skin pigment bears a direct relation to the reactions of the organism to light especially the ultra-violet rays, to the radiation of heat and hence to the fundamental productions and consumptions of energy by the cells. In an adrenal personality the epidermis is always slightly or deeply pigmented with the diffuse general pigmentation or darkening. There are often black spots, the pigmented birthmarks, or the lighter ones of freckles. The latter signify some permanent or transitory adrenal inadequacy in the past, antenatal or postnatal, of the individual and presage the same in his future. These spots are seen frequently to appear after diphtheria or influenza. There seems to be more tuberculosis among those who have them than among those who do not. It is therefore said that diphtheria, influenza, and tuberculosis stand out as the adrenal attacking diseases, which have a greater power to kill, cripple or hurt those with defective adrenal constitutions than others. The hair of the adrenal type is ubiquitous, thick, coarse and dry. It is prominent over the chest, abdomen and back, and has a tendency to kink. It has been stated that most red haired persons are adrenal types. Such

persons have well marked canine teeth, which is another adrenal trait. They also have a low hairline. When the adrenal type has a properly co-operating pituitary, and thyroid he possesses a striking vigour, energy and persistence. With a fortunate combination he develops into a progressive winning fighter arriving at the top in the long run every time. Brain work is well lubricated in the well compensated adrenal type. Brain fag is clearly associated with, if not dependent upon, adrenal fag, particularly of the cortex. Brain tissue and adrenal cortex tissue are near relatives and a normal human brain never develops without a normal adrenal cortex. The adrenal type with a higher adrenal cortex is always efficient. Among women the adrenal type is always masculoid. If physically feminine, she will at least show the qualities of a psychic virilism. If there be some weakness in the chain of hormones, instead of the successful women, we have the spinsters, the maiden aunts, the prudes and cranks who never satisfactorily adapt themselves to society.

But suppose adrenal type becomes uncompensated, or perhaps inadequate to the demands of life to start with, then the story becomes different. The perfect, efficient superman of business or profession begins to lag. Though he is himself in the morning he begins to lag in the afternoon. In the evening he is all in. Mere sleep, recreational trips, and vacations, slip into the rank of necessities whereas previously they had been laughed at as luxuries. Mere minute or large moles emerge in the skin especially if the individual is of a fair type. The adrenal insufficient is important because he is to be seen everywhere. It may be said he is one variety of neurasthenic perhaps the most frequent variety. Cold hands and feet plague him and obsessive in-decision is one of his most chief complaints. The skin often presents an instability of the blood vessels, so that they now react to striking with a blanched instead of a reddened effect. Irritability or a liability to go off the handle at the slightest provocation, and a consequent complete exhaustion that, after an outburst, sends him to bed.

THE PITUITARY PERSONALITIES.

The existence of two antagonists elements in one gland complicates any

attempt at even the most abstract analysis of a personality dominated by that gland. The pituitary supplies two types, the masculine pituitary type and the feminine pituitary type. The first is determined by the rule of the anterior pituitary representing superlative brain, tone and action, good all round growth and harmonious general function, the ideal masculine organism. The feminine pituitary type has an excess of postpituitary, with susceptibility to the tender emotions, sentimentalism, and emotionalism, the feminine structural lines. Prepituitary, dominance in a male reinforces the general masculinity while the postpituitary depresses it. The post pituitary in a woman augments her natural trend, prepituitary tending to counteract. In other words, post pituitary and ovary are conjunctive, prepituitary and ovary are dis-junctive, postpituitary and testes are opponents and pre-pituitary and testes are allies. One mechanical circumstance involved in the pituitary personalities may be the determinant of the entire life history. That is the fact that the pituitary is en-cased in a small bony box at the base of the skull. The size of this box and its capacity to yield to the various pressures of a pituitary enlarging to meet the demands of the organism will often spell happiness or misery, success or failure, genius or idiocy for man or woman. The bony box may be definitely too small to start with. That means a small and so potentially inadequate pituitary, both anterior and posterior potentially inadequate in that it will become impossible to grow and produce extra secretion upon demand. Handicapped thus, the unfortunate so born is doomed to inferiority and very little can be done for him. He will not develop satisfactorily. He possesses small genital organs which will not evolve properly in adolescence or if they do not, tend to revert to the opposite sex type. Then he tends to be dwarfed fatiguable, adipose. Among these types are included subjects of obsessions, and compulsions who are dull and apathetic, cannot learn, or maintain inhibitions, and so, without initiative evolve into moral and intellectual degenerates, liable to epilepsy and the most remarkable sex aberrations. All because a cranny of the skull, about the size of a thimble, is not large enough for their

dominating gland. If the bone of the cavity is softer and yielding so that some enlargement of the gland is possible, especially of the anterior, there appear rapid growth with a tendency to high blood pressure, great mental activity associated with frequent and severe headaches often of the migraine type, a combination initiative and irritability and a marked sexuality. In the distinctive masculine and feminine types, the sellatursica—the bony cavity—is large and roomy. Sometimes the bone in front of the pituitary will yield, while the one in the rear will not, and sometimes the conditions are reversed thus there may be prepituitary sufficiency with post pituitary insufficiency or prepituitary insufficiency with post pituitary sufficiency, complexes which contribute to create the grosser functional hermaphrodite types of mixed sex. In the average feminine pituitary type of personality, post pituitary dominates.

In a woman, and to a lesser degree in a man the general build is slight or rather delicate, the skin is soft, moist, and hairless, the face is the doll or Dresden China sort, with a roseate or creamy complexion, flushing easily, eyes large and prominent. The mouth shows a high arched palate and crowded teeth rather long. The voice is high pitched. When unstable, the post pituitary type is restless and hyperactive, craves excitement and continual change of interest and scene, a new pleasure every moment. A period of post pituitary excess as an effect of disease, pregnancy, or the rapid life, may be followed by post pituitary deficiency as a result of excess stress of the glands. The girl or woman then becomes fat, and suffers from headache (the fair, fat and forty type), yet retains a certain capacity for enjoyment which enables her to continue gay, happy and gentle, kind and interested. The masculine pituitary personality, the man with a dominant anterior pituitary gland in a roomy Sella Turcica with a plenty of space to grow in, is the ideal virile type. They are generally tall with a well developed strong frame, large, firm muscles, and proportionately sized hands and feet. The head is of the marked dolico-cephalic type, flattened at the sides, face is oval more or less, with thick eyebrows, eyes rather prominent,

nose broadish and long, lower jaw prominent and firm, prominent bony points like the cheek bones, the elbows, and the knees, the knuckle joints of the hands and feet. The teeth are large especially the upper middle incisors and they are usually spaced. The arms and legs are hairy. High grade brains, the ability to learn, and the ability to control, self mastery in the sense of domination of the lower instincts and the automatic reactions of the vegetative nervous system and the rule by the individual of himself and his environment are at their maximum in him. Men of brains, practical and theoretical, philosophers, thinkers, creators of new thoughts and new goods, belong to this group. The distinction between men of theoretical genius, whose minds can embrace a universe and yet fail to manage successfully their own personal every day lives, and the men of practical genius, who can achieve, and execute, the great engineers and industrial men lies in the balance between the prepituitary and the adrenal cortex primarily.

The feminine pituitary personality, in whom there is preponderance of the post-pituitary over the prepituitary occurs in men. The type is short, rounded and stout. They have heads that seem too large for their bodies, the general hair distribution on the trunk and extremities is poor, although that of the scalp and face is plentiful and they acquire an abdominal paunch early. They exhibit the feminine tendency to periodicity of function, their moods, activities, efficiency, are cyclic, reminding one of the menstrual variations of the female. This rhythmicity saturates personalities, so that poetry and music almost morbidly appeal to them.

A number of the great poets and musicians are to be classed as of the feminine pituitary species. They are hen-pecked lovers and husbands. Sex difficulties are frequent in their history. The traits of pituitary dominance and sufficiency are:— (1) large, spare, bony frame, (2) eyes wide apart, (3) broad face, (4) teeth broad, large and unspaced, (5) square protruding chin and jaws, (6) large feet and hands (7) early hair grown on body (8) thick skin, (9) large sex organs, (10) aggressive, precocious, calculating, and self contained. The characteristic traits of pituitary inferior

are: (1) small and sometimes delicate skeleton (2) rather adipose and weak muscles (3) upper jaw prognathous (4) dry, flabby skin (5) small hands and feet (6) abnormal desire for sweets (7) sub-normal temperature, blood pressure and pulse, (8) poor control of lower vegetative functions (9) mentally sluggish, dull, apathetic and backward (10) loses self control quickly, cries easily, discouraged promptly, psychic stamina insufficient.

The pituitary personality in childhood produced by the limitation of the size of the gland on account of its bony box completely or partially closed, presents typical traits. He supplies the second and third offenders in the juvenile courts, the delinquents and pathological liars of childhood, the incorrigibles, the precocious hoboos, mental and moral deficientes and defectives, the prey of the sentimental complexes of elderly virgins, and helpful futility all round.

* HEADACHE AND ITS CAUSATIVE SIGNIFICANCE.

BY

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I have selected this subject because of the fact that Headache is the most commonly complained of symptom for which the ailing individuals come to us daily and whom generally we dispose off without much efforts on our part to arrive at correct diagnosis for varied reasons. Though it is not possible to theorize and arrive at a diagnosis regarding headache, it is so distressing at times that temporary relief has to be given to the patient immediately. None would presume that a diagnosis should be made on a headache alone, no matter how carefully we may attempt to differentiate its characteristics and this is true of any and every subjective symptom which need to be considered along with the objective signs to arrive at a proper diagnosis. As a matter of course every patient whether his chief complaint

be a headache or any other subjective ailment should be subjected to a searching examination. Practically however as Doctor Edward Jackson has rightly said, "Routine defeats case study. A good diagnostician catches the scent like a hound and follows it refusing to be drawn away by cross-tails."

From this point of view such a common symptom as headache must surely be regarded of considerable importance whose character and incidence suggest a line of investigation and whose causation and significance, therefore merit discussion for guidance.

AGE INCIDENCE

Headache is a symptom common more in the adult than in the child. Due to some un-explained reason children are less liable to exhibit this symptom although the age incidence can be accounted for to some extent to in-complete ossification and the consequent elasticity of the cranium. Freedom of the young persons from circulatory disturbances and their relative safety from continued mental strain which is invariably the cause of nervous headaches in the adult may thus be explained. So also the absence of headache in children suffering from meningitis, intercranial tumours, hydrocephalus and congenital syphilis.

OCULAR HEADACHE

By far the commonest single cause of headache lies in the eyes and these may be subdivided in two classes: functional and pathological. Of these the former class is by far the most common. A great majority of people have some kind and degree of refraction or muscular error in the visual apparatus and these uncorrected defects are exhibited by troublesome headache. The severity of headache does not depend upon the magnitude of the defect but more or less on the usually unconscious effort of the patient to correct his error. There is seen an attempt in the text books about the localisation of such pain. Hypermetropia is commonly associated with frontal or brow headache; astigmatism with a temporal or occipital headache and muscular error with pain in the eyes. In character it is a persistent headache

prolonged over a period of more than a few days and without any obvious cause. The time of occurrence depends upon the use of eyes. These headaches are seen in their worst after the school or office hours viz. after-noon; thus contrasting to some extent with headaches of toxic origin which come on usually in the morning. They are relieved by stopping completely the use of eyes. Over work in itself may some times be the cause of headaches quite apart from visual error. Nothing short of a thorough test by an eye-specialist succeeds in eliciting the diagnosis completely.

Then we come to headaches due to ocular diseases. Apart from acute conjunctivitis and keratitis, the two chief eye-diseases which are responsible for this class of headaches are iritis and glaucoma. Such headaches are generally unilateral being felt on the side of affected eye. The headache of iritis is intense, deep seated, radiating to the neighbouring parts and supraorbital region and worse at night and in the dark (circular ciliary muscle being relaxed in the dark is pulled back causing increased irritation and intraocular tension) and accompanied by the usual signs and symptoms of the disease (redness, lachrymation and photophobia and cloudiness of media and loss of lustre in the iris). The headache of glaucoma is generally identical with the above but its character though variable is of a pressure type seeming as if to burst the eye and head and is defined by the sudden blurring of the vision the patient complaining of seeing flashes and yellow green circles around the lights. A skilful examination can establish definite diagnosis.

NASAL AND SINUS HEADACHES

Next in frequency are the headaches due to nasal and paranasal defects. The nose and sinuses are particularly to be suspected in case of long continued and troublesome headaches without any apparent exhibition of internal systemic disorder which could account for it. The nasal headaches, wherein there is evidence of deflected septum, an enlarged and congested middle turbinated bone are characterised by a feeling of tightness in the nose and a brow headache prone to occur when the head is lowered or the nasal mucosa is irritated by some cause such as dust etc. As the sensory nerves to the

accessory sinuses are supplied by branches of the trigeminal nerve, their irritation results some times in agonising pain of neuralgic character; but the pain does not often correspond to the regions of affected sinus. Thus the headache of maxillary sinusitis is usually occipital, of the ethmoidal is supra-orbital or temporal or referred to mastoid, and of frontal over the sinus. But such localizations do not always hold good.

These headaches are generally intermittent. They are present in the early morning hours when the nose is stuffy due to the accumulated congestion during lying down posture and usually diminishing with the activity of the day. As a diagnostic test they can be promptly relieved by the application of cocaine or adrenaline to the nose and turbinates, by causing temporary shrinking.

TOXIC HEADACHES

In the broad sense of the term all headaches are toxic as they are a sensory indication of the poisoning of the tissues in one or other form. But under this heading we consider those head-aches which are the direct result of saturation of body with toxins which are produced by bacterial infection or perverted metabolism. They vary in degree, from dull heaviness of a mild chronic infection like tonsillitis, or pyorrhoea alveolaris to the intense stupifying headache of an acute infection like smallpox or typhoid fever. They are generalized over the wholehead and are steady, continuous and oppressive. They can be recognised by one typical feature, that they blunt and dull the faculties and produce mental stupor. Under this heading we may enumerate large number of conditions which may be responsible for such headaches. For example, all infectious fevers, tonsillitis, pyelitis, appendicitis, focal infections etc., but we will consider here under headaches due to digestive disturbances and rheumatism separately.

1. Headaches due to digestive disturbances:—The commonest amongst the group are those arising from the stomach. They are chiefly an indication of hyper acidity or hyper alkalinity. They are frontal, quite severe and come on abruptly corresponding of course to the presence of acid or alkaline contents in the stomach and then disappear also as promptly, and are accompanied by the other usual signs of

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gastric disturbance. The digestive disturbance may be dietetic or the digestive powers may be at fault or these may be secondary to infection of upper respiratory tract. Intestinal stasis, both temporary and chronic is usually attended by headache. It is probably a toxic phenomenon due to absorption of toxic products from the bowels.

2. Gouty or Rheumatoid headache :—

It is in fact a muscular and articular condition of the scalp and neck similar to the myositis and arthritis which occur in other parts of body, due to depositis, with its usual indications. Quite resembling to these excepting the presence of nodules which may be felt in gouty cases, are the headaches due to fatigue whose phenomenon is difficult to explain, which are temporary and relieved by rest. A large majority of the recurrent billious attacks accompanied by headache fall into the group of aceto-hæmic vomiting.

NEUROLOGICAL HEADACHE

They are of two classes: (a) Due to external cranial causes, (b) due to internal cranial causes.

External cranial causes: These are necessarily painful disturbances of the upper branch of 5th nerve. They may be either neuralgias or neuritis and are distributed over the areas supplied by the part of nerve affected. Neuralgias are generally due to focal infections such as decayed teeth, middle ear disease, nasal and sinus affections and tumours along the nerve. They are accompanied by tingling and numbness and are intermittent in nature without any particular reference to time. The neuritis is the result of some form of toxicity such as syphilis or rheumatism and their pain being in the course of nerve is accompanied by the usual signs of inflammation: redness, tenderness etc.

Intercranial causes: They are of the gravest and severest form and can be subdivided in two classes; one due to irritation, the other due to pressure. The irritative are the more violent, terrible and agonising and are the result of some form of inflammation of the meninges. Pressure headaches are caused by increased intercranial pressure from any cause such as tumour, abscess, gumma, tubercle. The intercranial headaches are constantly

severe, intense and intractable to alleviating measures and they are always accompanied by important eye symptoms (dilatation or contraction of one or both pupils, optic neuritis etc.) and are attended by other symptoms such as nausea, vomiting and inco-ordination.

Spinal puncture is usually followed by a headache whose cause is difficult to explain. There is the headache of neuresthenics which is a dull ache and commonly complained of at the back of head. This is without any definite character like the other symptoms of such patients and is also unexplainable.

VASCULAR HEADACHE

It is really doubtful if an elevated blood pressure is sufficient to cause headache, but it is true that some cases of hypertension, temporary or chronic, do suffer from headache. In the chronic cases of high blood pressure result of nephritis, arteriosclerosis etc. the headache when present is of a toxæmic character.

The only type of headache to be considered hereunder is the one due to cerebral anæmia, which may be the result of impoverished or perverted condition of the blood or some defect in the distributing mechanism. The anæmic headache is more or less continuous, intense and constrictive in character, often one sided and attended by throbbing and beating. The blood examination reveals the true picture.

HEADACHES OF WOMEN

Women might suffer from any type of headache as the men. There is a certain type called the Menstrual headache to which the females are peculiarly liable to suffer at the menstrual periods and probably habitually. This is a sort of ovarian toxæmia. There is a type of headache which is peculiar during pregnancy and is obstinate. This is probably due to enlargement and hyper-activity of the pituitary gland.

SYPHILITIC HEADACHES

Syphilis gives rise to variety of headaches, usually persistent, periodical and nocturnal in nature which can only be detected by a searching examination to detect syphilis.

MALARIAL HEADACHES

Although malaria is a cause which has been dealt with under toxic headaches, yet there is a special variety of headache of a paroxysmal nature which make their presence periodically as is the case in malarial fever.

HEADACHES OF UNKNOWN ORIGIN

The causes of headaches in many cases cannot be detected by all possible methods of diagnosis. Many of these might be due to endocrine disturbances, but are usually classed as Idiopathic. A family history is sometimes available in such cases but a large majority of them may remain undiagnosed and unrelieved.

Abstracts

The Treatment of Rheumatoid Arthritis with Gold Salts Injections.

By JACQUES FORESTIER, M.D. PARIS,
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REINE-HORTENSE, AIX-LES-BAINS.

The treatment of rheumatoid arthritis is without doubt one of the most difficult problems in modern medicine, and in spite of the improvement in recent years the number of invalids due to this disease in most countries remains very high, and causes considerable expense to the States. The treatment of arthritis by physiotherapy undoubtedly remains one of the best methods, but the recent introduction of shock therapy has been an advance, and this has been followed by the extensive use of vaccines. The treatment is based on the fact that rheumatoid arthritis is in most cases due to an infective organism. Although some physicians differentiate between true rheumatoid arthritis—a disease affecting mostly women during the child-bearing period, and accompanied by intense vasomotor disturbances—and infective arthritis, occurring in old people causing little vasomotor disturbances, there does not seem to be any distinct difference between those forms.

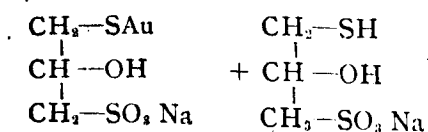
Stock vaccines have been tried on a small scale in France, mostly streptococcal, but autogenous vaccines in England have not met with much enthusiasm. This treatment, which was once favourably

accepted in England and the United States, seems to have led to disappointment. Most of these vaccines are collected from infective foci, which is not really a scientific method and does not produce the "pathogenic organisms" which cause the disease.

Recently treatment with chemical compounds has been tried; iodine intravenously, ammonium orthoxybenzoate in the United States, and iodalcoylates in France. This method gave some favourable results, but the need to repeat daily injections during months has robbed it of its practical value.

Chemotherapy has always appeared to me likely to be of great help in treating rheumatoid arthritis, since it is efficient in infective diseases, such as syphilis or tuberculosis. A certain amount of similarity between the latter disease and rheumatoid arthritis—i.e., impairment of the general condition, anæmia, leucocytosis, and temperature—led me to believe that some forms of treatment which had proved valuable for tuberculosis could help in the treatment of rheumatoid arthritis. This is why in 1928 I began to treat such patients with gold salts, the method introduced in treating pulmonary tuberculosis by Mollgaard in 1914. Only after I had commenced my work did I hear of the experiments of Feldt in Germany, who showed the curative action of injections with gold salts for experimental streptococcal infections in rabbits.

The gold compound which we have used is not the thiosulphate of sodium and gold used by Mollgaard and known in medicine under the name of sanocrysin, which can be used only intravenously. We have injected sodium aurothiopropanol sulfonate which has been produced by A. Lumiere, and is known under the name of Allochrysine; its chemical formula is:



There is a direct connexion between the gold and the sulphur which does not exist in thiosulphate. Allochrysine is slightly toxic, the lethal dose being 10 cg. per kg. in the case of a guinea pig.

The gold salts treatment has proved of great value in all forms of infective and rheumatoid arthritis. We have especially

directed our attention to the severe forms of the disease when numerous joints were affected, very often symmetrically. Out of 48 cases the result of which we shall report, only 40% were cases of less than two years' duration, 30% were of two to five years' duration, and 30 per cent were of over five years' duration. In the first class of cases, where the disease is still in its infancy, there are synovial changes only, while cartilages and bones are still unaffected. When therefore the progress of the arthritis is stopped, recovery is complete, while in the older cases, when changes in the cartilages, displacements, and subluxations have taken place, there always remains a certain amount of functional impairment, even when the disease has been arrested.

LABORATORY TESTS.

Clinically we have found a moderate increase of temperature in 35 out of 48 patients; in only 10 per cent of them was it possible to detect a definite focus which could be regarded as the cause of the disease. We have done a considerable amount of bacteriological research in the natural cavities of our patients and have made blood cultures; no great results were observed in spite of the fact that we frequently found streptococci, mostly of the viridans type, in the cavities; blood cultures were constantly negative.

We have observed in most of our cases a moderate anaemia and a definite leucocytosis, sometimes more than 20,000 per c. mm., a finding which confirms the investigations of Kahlmeter in Sweden. (Table I). But the most striking feature of the changes in the blood of our patients was that of the resorcin flocculation test of Vernes, and of the sedimentation rate of the red corpuscles.

TABLE I.—Hæmatological Examination before and after Treatment (18 cases.)

...	Red Corpuscles in Millions per c. mm.			Leucocytes in thousands per c. mm.		
	3 to 4	4 to 5	Above 5	5 to 10	10 to 15	Above 15
Corpuscles.						
Before	5	14	0	1	6	12
Cases						
After	4	15	0	6	11	2

The resorcin flocculation test, which in a normal subject is below 30 with the Vernes method, has been over 40 in 80 per cent of our cases, and sometimes up to 80 and 120. The sedimentation rate of the red corpuscles tested with the Westergren method is in normal subjects 3 to 6 mm. in one hour; it shows normal figures in osteo-arthritis, neuritis, and fibrositis. In rheumatoid arthritis, during the progress of the disease, 20 per cent of the patients show figures between 20 and 30 mm. 30 per cent between 30 and 50, 26 per cent between 50 and 80, 5 per cent being above this figure, sometimes up to 120 mm. Only 16 per cent are between 20 mm. and 10 mm. which is already abnormally high, the average figure being 42 mm.

These two tests, which are not specific and are generally positive in infectious diseases and in tuberculosis, are most useful, not only from the diagnostic point of view but from the point of view of prognosis, and we test the blood of our patients at regular intervals to follow the effects of the treatment.

Other tests on the blood of these patients are generally negative; there is a slight exception with the complement-fixation test for gonococcus, which we have performed in a certain number of cases and which may be slightly or strongly positive in about 10 per cent of the cases, sometimes quite unexpectedly. Our experience in this respect is still too limited, and we cannot draw definite conclusions, as Leri has done lately, but as far as the Wassermann test and the other serological tests for syphilis are concerned, they have been constantly negative, and our personal experience has been confirmed by our findings at the Cochin Hospital in Paris with Coste and Lacapere.

Syphilis does not seem to have any importance in the aetiology of rheumatoid arthritis; it would be very desirable to make a serological test for tuberculosis, but unfortunately none of the available methods can be considered specific. The resorcin test has been proposed by Vernes for the diagnosis of tuberculosis. The increase in the sedimentation rate has been observed in the same disease, but no definite conclusion can be drawn from it. Notwithstanding this, we are convinced that

tuberculosis has more influence on the onset of rheumatoid arthritis than syphilis.

The result of chemical researches on the blood has been equally negative: in 24 cases we have had the following results:—

Urea—Minimum 0.28; maximum, 0.54; average 0.41 per 1000 c. cm. Uric acid—Minimum, 0.032; maximum, 0.072; average 0.043 per 1000 c. cm. Cholesterol—Minimum, 1.57; maximum, 2.40; average 1.86 per 1000 c. cm.

These figures prove our statement that there is no gross metabolic change. In 15 cases where the basal metabolism was tested we did not find figures outside the normal limits.

METHODS OF TREATMENT.

Patients intended for treatment with gold salts, after having undergone a careful clinical examination, were submitted to the various tests which we have described, and the best results seem to have followed when there was a slight increase in temperature, moderate leucocytosis, and an increased sedimentation rate. Where some definite focal infection was detected, it was attended to before starting the treatment with gold salts; teeth were extracted, and infected nasal sinuses cleaned up; in two instances tonsils were removed.

The injection of allochrysin was given intramuscularly, generally into the gluteal muscles, and did not cause any pain or local reaction. The first series consists of three injections of 5 cg. at an interval of five days; if these injections do not cause any reaction, the series is continued by weekly injections of 10 cg. up to a total of 1.50 g. or 2 g. depending on the tolerance. Such a series lasts about three months. No more than 2 g. are given, and the daily dose should not exceed 2 cg., to prevent any toxic effect for example, 5 cg. every fifth day would mean a daily dose of 1 cg.; 10 cg. every fifth day would mean a daily dose of 2 cg. When this first series is completed it is essential to give the patient a rest from any injections for six or eight weeks; after this period a second series similar to the first is given, with the same rest interval at the end. When a result has been obtained it is essential to continue the treatment by subsequent series of 10 to 20 weekly injections of 10 or 5 cg. for a year or two.

The effect of the treatment is controlled by careful clinical examination and a study of the changes in the temperature curve, when there is a moderate temperature, but the best control is undoubtedly the blood examination. The decrease in the white blood corpuscles is a good prognostic sign, but even better is the decrease of the sedimentation rate of the blood corpuscles. This is the most reliable and sensitive test for the control of the treatment; whenever the sedimentation rate remains decidedly high, above 20 mm. for the first hour, it is certain that the progress of the disease has not stopped.

On the other hand, we consider that a patient affected with rheumatoid arthritis in whom the sedimentation rate has come back to normal figures (under 10 mm. during the first hour) may be considered cured if these normal figures have been constant for over a year after the completion of the treatment. We advise testing the sedimentation rate of the patients during the treatment at least once a month and, later on, once every second month.

STATISTICAL TABLES.

We have treated up to the present over 100 patients by this method, but we shall take into consideration only 48 cases which we have been able to observe and treat over a sufficient length of time. In such a chronic disease as rheumatoid arthritis one cannot claim any success for a treatment unless two years have elapsed during which time results are thoroughly checked.

CLINICAL RESULTS.

The action of the gold salt treatment does not appear very quickly to clinical examination; at least two or three months elapse before definite changes in the condition of the patient are observed.

The effect on the general condition is generally very remarkable; a high percentage of our rheumatic patients were pale, with a sallow café au lait colour. After three months' treatment their colour became normal and they looked much stronger and less depressed.

The action on the joints is different in cases of short and long standing; in the first, when there was only a synovial swelling, this disappeared progressively in

two or three months in favourable cases and the joints became completely normal again. In the older cases, where subluxations and stiffness accompanied chronic inflammation of the joints the latter changes disappeared but the former were only slightly modified.

The main cause of invalidity among rheumatic patients is the pain on active and passive movements; this progressively diminished after one month or more, and from that time the movements of the different joints were greatly improved. Three patients who had been bedridden for four to six years were able to stand up and walk a few steps after the first series of treatment. By judging the amount of aspirin which patients take for their pains, so that they can go about their daily life, one can observe any improvement which takes place. In our experience two out of three of our patients who were taking six to eight tablets of grs. x every day could come down little by little to one or two tablets, and later on were able to discard them entirely. The body-weight showed in some cases an increase of a few pounds, but other patients lost a little weight when they were able to make a larger amount of physical exertion.

Like the treatment with mercury, bismuth and arsenic, the gold salts also may cause reactions against which one should be on guard. Sometimes an increase of temperature and temporary rashes may occur; these appear in certain sensitive patients for no reason, and could be considered as anaphylactic phenomena; they did not prevent us from continuing the treatment.

Sometimes after six to eight injections toxic changes occurred. They consisted of two kinds: those on the mouth and those on the skin. We observed in 20 per cent of cases a mild form of stomatitis with erosion of the lips and tongue, which was only severe in four cases. The skin reactions were mostly morbilliform rashes, and in five instances erythrodermia with subsequent desquamation. These various changes have been observed in 13 out of 26 cases, at the beginning of the experiment, when we were using daily doses which were three times or twice as large as

that we have described. With our usual doses they occur very seldom (3 out of 22 cases), and they are of the very benign type provided one is careful. One should always ask the patient when an injection is to be made whether the preceding one has caused any irritation in the mouth, or on the skin; if there is the least doubt about it, the next injection should not be given, and a sufficient length of time should elapse before the treatment is resumed. To prevent any affection of the mouth the patients should clean their teeth with a tooth-paste containing arsenic.

EFFECTS OF THE GOLD TREATMENT.

The following results have been obtained after an experience of three years. Altogether they may be considered as very satisfactory considering the percentage of cases which have been not only greatly improved but almost clinically cured. Table II sums up the results.

Very good results have been obtained in 17 cases: the patients were clinically free from symptoms and every sign of progress of the disease disappeared in cases of short duration. In some cases we were so fortunate as to restore the use of the limbs, and the swelling of the joints disappeared but as rheumatoid arthritis may persist for several years one does not feel justified in speaking of a cure.

TABLE II.—Results of Gold Salts Treatment (48 cases).

Results	Total dose					Total	Insufficient Treatment
	Below 1 g.	1 to 2	2 to 3	3 to 4	Above 4		
Negative	...	...	...	...	1	1	4
Moderate	3	4	1	...	3	10	...
Good	1	6	4	...	5	16	...
Very good	2	4	3	4	4	17	...
Total cases	6	14	8	4	12	44	4

The very good cases and good cases number 33, or 70 per cent, and this percentage can be considered as a definite advance in the treatment of rheumatoid

Mycol controls intestinal fermentation.

arthritis. The balance of our cases include ten partial results and five negative results. In three cases there was a temporary improvement followed by a relapse; of the disappointing results, most of the patients had not had sufficient treatment for one reason or another; in only one of them had the treatment to be discontinued on account of an intolerance to the drug which had caused an increase of the joint symptoms and erythrodermia.

The patients who have been able to stand several series of treatments have got the best results, their total dose being 3, 4 or 5 g. of allochrysine: 9 out of 12 patients who received over 4 g. of gold salts have been considerably improved. Of the cases who received less than 1 g., 50 per cent show poor results and 50 per cent good results.

Judging the question from a clinical standpoint, we can state that after two series of 1.50 g. or 2 g. doses, it is useless to continue the treatment if the patient has not already obtained some definite improvement; when this improvement has been obtained, it is well worth while to continue the treatment, not only until the patient is free from symptoms, but for several months after the different biological tests, and especially the resorcin test and the sedimentation test, have come back to normal figures.

INDICATIONS AND CONTRA-INDICATIONS.

The treatment is justified in all cases of rheumatoid arthritis or infective peri-arthritis, as long as the disease is developing; its development is shown by clinical symptoms: pains, stiffness, swellings, disability, anæmia and sometimes moderate increase of temperature, checked by blood examinations. Cases which respond best to the treatment are those accompanied by leucocytosis, high resorcin flocculation test, and accelerated sedimentation rate. Such cases of rheumatoid arthritis may be treated with great success in almost 70 per cent of cases and with practically no danger, provided the liver and kidneys are in good condition and the blood pressure is not exceedingly high.

We have treated young patients and old patients. One patient over 70 responded favourably to small doses of 5 cg. per week; it is common to find that the development of arthritis in old people is not so severe as in middle aged people.

Albuminuria—Gold salts are contra-indicated in cases where tests show that the function of the kidney is greatly impaired.

Osteo-arthritis—Whatever its localisation may be hip, knee, or phalanges—osteo-arthritis is quite a different disease from rheumatoid arthritis, and where the blood is practically normal from the point of view of leucocytosis, the resorcin flocculation test and sedimentation rate, the gold treatment is not indicated. The same may be said of neuritis and fibrositis.

We do not consider that gold salts treatment should be given without the other treatments for arthritis, especially massage with active and passive movements; all kinds of physiotherapy prove of great value as an aid to the method. Hydrotherapeutic treatment, sulphur baths, douche-massage, mud baths, have been used by 60 per cent. of our patients, and has certainly helped to bring about a rapid improvement of the functions.

The method cannot be compared with shock therapy, as it does not cause any such reaction in most of the cases; it seems to be much nearer to the metal salt therapy which has been suggested by Walbum, of Copenhagen, from animal experiments.

In all the reported cases treatment has been given in the form of allochrysine injected intramuscularly; in a limited number of other cases which are not reported here, we have used thiosulphate of sodium and gold (Sanocrysin, Crisalbine) injected intravenously; the results have been almost the same. We believe that the active element in those preparations is the metal gold, which is chemically combined with sulphur, re-inforcing its action; those two chemical compounds of gold, sanocrysin and allochrysine, improve the action of the metal just as salvarsan improves the action of arsenic. Where colloidal gold has failed, allochrysine succeeds; it may be regarded as the best chemical for the treatment of rheumatoid arthritis.

BIBLIOGRAPHY.

Forestier J.: Bull. et Mem. Soc. Med. des Hop. de Paris, 1929, xlv., 323; Ibid., 1930, xlv., 273. Coste, F., and Forestier, J.: Ibid., 1931, xlviii., 462. Forestier, J.: Presse Méd., 1931, No. 40, p. 735.

Extract from "The Lancet"
27th February, 1932.

Notes on Treatment of Diseases.

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

Erysipelas: Omnandin is good, to be given as for cellulitis. Internally Tinct. Ferri Perchloride mms 20-30 well diluted 3 or 4 times a day. (Hare)

Externally: Wash the part with castile soap and then with perchloride of mercury lotion 1:1,000. The skin is dried and a thick coating of Ichthyol and Lanoline in equal parts applied and bandaged over with cotton wool; Mag. Sulphate solution (concentrated) may be applied over the part or silver nitrate solution 80 grs. to 4 drachms of water. The application should be made twice or thrice to ensure a good coating. (Hare)

Picric Acid 0.1% solution in 12% alcohol 90% strength to be painted once a day.

The Anti-toxin treatment is good; 25 cc to be given intravenously and to be repeated in 24 hours; 3 injections will be required. (J.A.M.A.)

Colloidal Manganese in the form of Pharmosol Manganese by intramuscular route has been tried with good results. So also Strepto-Yatren and milk injections. (B.M.J.)

Collodium painted just outside the border of the inflammation for about 1 to 1½ inches width, will usually stop the spread of the disease. (Osbourne)

Exophthalmic Goitre: Anti-thyroidin is good and also Anti-thyroidin Serum.

Ergotin ½ dr. Soda Salicylas and Quinine Hydrobromate each 2½ drs. to be made into 30 capsules, 2 capsules t.d. after meals. (Harrower).

Soda Phosphate neutral is a good laxative in this condition.

Arsenic, Calcium Chloride and sometimes Pot Iodide are useful.

Postpituitary, Thymus and Anti-pituitary; Corpus Luteum and Pancreas; Adrenal and Thyroid have been used with good results.

Quinidine acts well in some cases. (J.O.T)

Ovary 1.33 grain t.d. for three months with Belladonna has had good effects so also Iodine particularly Lugol's solution m. 10 t.d. (Sajous)

Ichthyol gr. 1, Quinine Hydrobromide grs. 5, Arsenic Tri. Oxide gr. 1.40 in capsules t.d. after meals. (J.O.T)

Neutral Hydrobromide of Quinine 5 grs. Ergotin gr. 1 into a pill to be taken after each meal and the treatment continued long. If there is much tinnitus or other unpleasant symptoms Sodium Bromide grs. 20 with or without Chloral should be given. In hysterical women to whom Quinine does not agree, Phenacetin grs. 5 to 10 t.d. and Bromides during nights are good substitutes. If due to Rheumatism. Soda Salicylas grs. 10 t.d. Enteroclysis at 105 F or Hypodermoclysis every other day to increase the Osmotic pressure. (Sajous)

In the erythric stage the following Vaso-constrictor is useful: Quinine Hydrobromide (neutral) grs. 5 Ergotin gr. 1, into a pill.

Intramuscular and intravenous injection of Sodium Cacodylate once or twice a week has been tried with good results.

Intravenous injection of Sodium Iodide grs. 6 in 5 cc of distilled water is advocated. (I.M.G)

Flatulence: Due to fermentation in the stomach: Terebene in capsules or 10 to 15 drops in a lump of sugar 3 or 4 times a day. In the intestinal form 2 mms of Oleum Cajaput dissolved in spirit or in a pill with Gentian. Mag. Sulph. is contra-indicated. (Leonard Williams).

With atony of the large bowels: Asofaetida grs. 40, Ext. Nux. Vomica grs. 4, Ext. Physostigmin grs. 3, Ol. Resini mms. 10 to be made into 20 pills, one three times a day two hours after meals or Tinct. Belladonna folium 3 drams, Tinct. Physostigmin 1½ drams, Spt. Camphor to make 3 ounces: a teaspoonful thrice a day 2 hours after meals. (Hare)

Tinct. Turpentine Fort. mms 10, Ol. Caruvi mm 1, Ol. Cajaput mms, 2 to 5, 3 or 4 times a day. (M.T.T)

In infants Pyramidon 0.5 grs. Aqua. Distillata 40 cc Syrup 50 gramms, a desert spoonful 10 minutes before food. It is also useful for spastic constipation and gastro intestinal colic. (C.E)

Fatigue: Industrial: A saline drink consisting of Pot. Chloras grams 120, Sod. Chloride grams 180, Aqua 1 litre to be drunk as required. (Ed. Survey)

Notes on Therapeutics, Diagnosis and other Medical Subjects.

Treatment of Sprue.

Sprue can be defined as a disease in which there is a dangerous form of chronic inflammation either of the whole or part of the mucous membrane of the intestines. It is distributed mostly in the tropical climates, although it may develop in people residing in temperate ones.

ETIOLOGY: The disease has been attributed to the presence of a particular form of yeast fungus, known as *Monilia Psilosis*, which has certain distinct morphological and cultural characteristics. Some believe that it is due to the absence of certain Vitamins, while there are others who say that it is Calcium deficiency and disordered Calcium regulation which are the causative factors in Sprue. No satisfactory explanation has however been given as to how this Calcium deficiency occurs in the first instance. It is suggested by some that owing to the intake of highly nitrogenous foodstuffs there is habitual hyperacidity on account of which the duodenum and the pancreas are overworked and overstimulated, which in turn leads to the overbalance of other Endocrine glands, as the Parathyroid and the Salivary. The result is that a vicious circle is set up which leads to intestinal toxemia and the usual symptoms of Sprue.

PATHOLOGY: The essential pathological lesion in this condition is the destruction either total or partial of the intestinal villi of the ileum due to the process of ulceration. This leads to the inability of the intestine to absorb the digested fats and hence the characteristic stools and other symptoms. In a long-standing case the bowels are very much thinned. Of the three coats the serous remains healthy, while the muscular is atrophied. The mucous coats have patches of congestion, erosion and even of ulceration. Sometimes the ulceration is evident throughout the jejunum and the ileum. The villi and the glands are eroded and at times completely destroyed.

SYMPTOMS: The patient in a fully developed case complains of three cardinal symptoms, soreness of the mouth, dyspepsia and looseness of the bowels. He feels physically weak, is unable to concentrate on anything and is rather irritable and unreasonable. In the mouth one can find a variety of lesions. The tongue has several superficial erosions and patches of congestion. Similar patches of erosion are visible on the inner side of the lips and also on the buccal mucous membrane. The patient complains of salivation due to these ulcerations and when he attempts to take any strong drinks or spicy foods, he feels pain and burning in the mouth. Occasionally, there is a feeling of burning and soreness under the sternum, which indicates that the oesophagus also is ulcerated and is in an irritated and tender condition. There are exacerbations and remissions of this condition but at all times the tongue appears polished, clean and devoid of fur. In some cases the tongue symptom is the only symptom that is evident and that persists for years before other symptoms manifest themselves. Not infrequently the patient complains of a feeling of weight and oppression in the stomach region after taking in little quantity of food. This dyspepsia is very unpleasant to the patient. The symptom however that predominates in this condition is diarrhoea. The diarrhoea in some cases consists of one or two daily discharges of copious, pale, fermenting and foul-smelling material. At times we meet with cases in which there are daily a number of watery stools, which are also pale and copious which contain a certain amount of undigested food. This diarrhoea is a great relief to patients with severe dyspeptic symptoms. Pain is conspicuous by its absence in this diarrhoea. The diarrhoea when long-continued brings about an excoriated condition of the anus. Anæmia, another chief symptom of this disease, is much pronounced and is sometimes found in the early stages, but it usually develops later on after the diarrhoea has persisted for long. Sometimes it becomes more profound and may even simulate the Pernicious type when all the other active symptoms have disappeared. Tetany and Cramps have occasionally been complained of when the disease is much

Boldine A. F. D. helps in Jaundice and dissolves Gallstones.

advanced. The disease sometimes supervenes other intestinal affections. When it follows dysentery, specially Amœbic, the motions are not like those of Dysentery but pale, frothy and diarrhoeic and there is complete absence of pain and tenesmus. The mouth however is typical of Sprue.

Occasionally we find Sprue being grafted on to those cases which commence as acute Intestinal Catarrh or Diarrhoea. The symptoms of diarrhoea such as liquid motions, nausea, vomiting pain and at times fever subside and gradually are changed into typical symptoms of Sprue. We meet with some cases of Sprue in which frequency of liquid motions is altogether absent and the main symptoms are sore mouth, dyspepsia and copious but solid stools. Sometimes it so happens that all these symptoms are entirely absent and the only symptom that is marked is wasting which is progressive. The stools are particularly copious and the patient himself is surprised at their bulk.

Lastly, we come across certain cases where the patient's alimentary canal is permanently deranged and he is unable to digest or assimilate properly. Any irregularity either in food or in habits or any change in climatic conditions or environments brings about suddenly the symptoms of dyspepsia, flatulence and diarrhoea. This goes on for years until at last the patient may succumb to some intercurrent disease or general atrophy.

DIAGNOSIS: It is easy to diagnose the disease from the condition of the tongue and characteristic nature of the stools. The area of liver dullness is usually small. This is because the liver undergoes a certain amount of wasting in this disease in common with other soft tissues of the body. Again atrophy of the lingual papillae is found in Pernicious Anæmia, Secondary Anæmia and in Ankylostomiasis and these should be differentiated from Sprue from its other symptoms.

PROGNOSIS: It is certainly more hopeful if the disease is diagnosed early and treated properly. In long-standing cases and in patients past middle age recovery is doubtful. In careless and indifferent patients and in patients who would not adhere to strict dietetic rules there is not much hope. Still however modern therapy

can do a lot to ameliorate their condition and sometimes may even effect a cure.

TREATMENT: Before adopting any treatment, which should be commenced as early as possible, the patient should be thoroughly impressed about the serious nature of his complaint. This is quite essential as without his co-operation and without his strict adherence to details, the chances of successful treatment are far remote.

TREATMENT: At the commencement a mild dose of Castor Oil should be prescribed and all food including milk should be stopped. As soon as the purgative has acted well, the patient should be confined to bed, which is necessary to maintain his strength. Either milk or buttermilk should be the diet during the first week. In the beginning at the most half to two seers of milk should be allowed. The milk should better be sipped than drunk. When this has continued for about a week and when we notice that there is improvement in the patient's condition i.e. there is no dyspepsia and his stools have a solid consistence and so on we should allow an increase in the quantity of milk. The increase should be gradual and not abrupt. If the patient gets weary of milk, substitutes such as Glaxo, Benger's food etc. should be freely given. About fruit-juices, which should be given during the intervals of milk-feeds we shall discuss later. This sort of regimen should continue for not less than eight weeks. When the motions have assumed a solid consistency and the mouth is free from irritation, small quantities of toast and butter, vegetable soups, chicken-broth etc. may be gradually permitted. It is needless to add that if there is any slightest sign of relapse, all these food-stuffs should be at once discontinued and strict milk regime should again be started.

Medical opinion is getting more and more in favour of fruit treatment, the value of which was not appreciated in former years. The lime-juice exerts a great beneficial influence owing to its lime-contents. Strawberry treatment has been considered by various practitioners to be of great value in this disease. One or two strawberries with each feed of milk should be given and there is absolutely no harm in increasing their number if they agree

with the patients. Even preserved strawberries, in the absence of fresh ones, may be allowed as they are well tolerated and as they produce beneficial results. Bael fruits, which are found in plenty in this country are also of great benefit. The ripe pulp should be eaten with sugar. Two or three fruits a day appear to exert a powerful influence on the diarrhoea of these patients.

As regards feeds and diet no hard and fast rules can be prescribed but each case should be treated on its merits. It is always better to err on the safe side in the matter of giving toast, rusks and other palatable foods as soon as we find signs of improvement. These should be begun gradually as soon as we find the faeces of solid consistency and reduced in number.

Bacte-Intesti-Phage has beneficial effects in this disease. After the evacuation of the bowels by a gentle aperient Bacte-Intesti-Phage should be administered. One ampoule should be given every morning either with Vichy water or alkaline water consisting of Soda-Bi-Carb., Pot.Bi-Carb and Sodium Chloride 3 grs. to an ounce. The alkaline water should be preferably repeated every four hours as this Phage acts better in an alkaline medium. The diarrhoea is soon checked by this means and the intestines soon regain the power of absorption and assimilation.

Pulmo-Calcium a pleasant and palatable preparation of calcium has been given with excellent results three times a day with the diet. This is useful as it alleviates flatulence, increases the alkalinity of the blood. Furthermore it compensates for the calcium deficiency which is generally present in this disease. In addition to this, Opocrin Parathyroid should be given twice a day as it effectively regulates calcium absorption. This treatment should be commenced in

the acute stage and should be continued for months together even during convalescence.

Another valuable auxiliary for combating Anæmia in Sprue is Sodium Cacodylate in combination with Ferro Manganese Cacadylate. Both these salts are elegantly combined in a preparation called Hypercycitol. This should be given by intramuscular injection 1 dose every morning for 6 doses and alternately with this, intramuscular injections of Hemoplas Lumiere may be given with great advantage. The latter is a protoplasmic extract of blood without globular stomas, antiseptics or any other foreign substances and takes the place of transfusion of blood which is largely advocated in these days in all cases of anæmias. The period for which these injections should be had recourse to depends upon the improvement of individual cases. Under this treatment the red-cell-count is increased and Hæmoglobin percentage is raised and also the colour index. Administration of Liver Extract is a useful adjunct for combating Anæmia. It is specially indicated as the liver is affected in Sprue. Opocrin Hepar being a stable and palatable preparation is best suited for this purpose.

GENERAL MANAGEMENT: The patient should strictly be enjoined to clothe himself warmly and should be asked to have a warm-flannel binder wrapped round his abdomen. He should take care not to expose himself to draughts or cold. Moreover he should never get fatigued and should be very regular in his habits. No dietetic indiscretions should ever be indulged in. In short he should do nothing that would irritate the bowels. He should also guard against chills and emotional shocks.

In conclusion it has to be said that the treatment of Sprue is certainly more hopeful than it was once considered to be.

The PERFECT POULTICE
AND DRESSING FOR
Antiphlogistine
INFLAMMATION
AND
CONGESTION.

THE DENVER CHEMICAL MFG. CO., NEW YORK.

News and Comments.

Jail Medical Service: Though legislation regulating Law and Order is the same throughout India, institutions that came into existence as a result of such legislative measures are being governed on principles as inconsistent as they are varied in different provinces. This is especially the case with regard to subordinate medical service in jails. Pay, allowance and conditions of service of Sub-Assistant Surgeons on jail duty throughout India do not seem to depend upon actual service rendered by them but on the whims and fancies of those who are responsible for the administration of jails. A few Sub-Assistant Surgeons in every province who are put on jail duty are made to suffer the most and their sufferings are being felt the keener when only a few in the cadre of subordinate medical service are being made to suffer the ordeals of jail service which others in the same cadre escape.

In Madras there are at present 26 Sub-Assistant Surgeons employed in jails and these have to be on jail duty for three years and taking 30 years as the average period of service only 260 will have to undergo this duty out of 622, the total number now in the subordinate medical service.

Sometime ago the Sub-Assistant Surgeons on jail duty memorialised to the Government through the Surgeon-General regarding (1) grant of reward allowances (2) provision for rent free quarters and (3) reduction of jail service from 3 to 2 years, as such reward allowance and rent free quarters were given to their brethren in some other provinces. The Government seem to have recognised the claims of duty allowance to be just but pleaded inability to grant the same on account of the present financial stringency which has been the cause of these unfortunate subordinates suffering doubly. For, while they lost duty allowance they are made to lose 10 per cent of their meagre pay. The Government have been magnanimous in not giving effect to cuts in the pay of subordinates in police department on account of the arduous duties they are reported to have been doing in these days of civil disobedience. May we point out to the Government that for the same reason the

Sub-Assistant Surgeons on jail duty may be excused from the retrenchment cuts as the inmates in jails have been increasing every day due to civil disobedience and the responsibilities of these medical men cannot be said to be less arduous. This concession apart, we are told that the Sub-Assistant Surgeons have memorialised to the Government once again praying for the reduction of the period of jail duty from 3 years to 2 for reasons set forth in their memorial which has been published elsewhere in these columns. Their request is just and legitimate and we trust that Surgeon-General Sprawson who has a reputation for sympathy for his subordinates will be good enough to recommend to the Government to comply the memorialists with their requests.

Do Appointments Exist for Individuals? This is a pertinent question which has to be answered by the Madras Government in the affirmative. Or else it is not possible to reconcile the policy of the Government in connection with a few appointments in the Medical Department. It was mentioned in these columns last month that an Assistant Surgeon whose services were lent to the Public Health Department was transformed as a District Medical Officer and an Assistant Surgeon who had been a Professor of Chemistry was also made a District Surgeon, not because there were no competent Assistant Surgeons in service to do the work of two District Medical Officers, but because the Government wanted to provide appointments for these two Assistant Surgeons. This month we have to report that an Assistant Surgeon who has been acting as Professor of Pathology in the Madras Medical College is made a District Surgeon in the cadre of Civil Surgeons. To recruit an Assistant Surgeon to the cadre of a Civil Surgeon just because he has to teach in a College was bad enough; but to bring him back to the administrative appointment from the teaching cadre and to make him supersede many of his seniors who have been in the line doing professional work as a Physician and Surgeon is an act of administrative bankruptcy which apart from doing injustice to those in service, is an example of utter callousness on the part of the authorities who hold Indian lives so cheap. The Head of a District in the

Medical Department should be a Physician and Surgeon certainly above the average. He has under his control medical institutions where his expert help has to be requisitioned in all emergencies. We ask those concerned who made these appointments with all seriousness whether when they themselves fall ill, they would choose to be treated by a member belonging to the Public Health Department who is an expert in carrying out measures for prevention of illness, or by an expert chemist dealing in organic and inorganic salts or by a pathologist who deals generally with dead bodies?

Accuracy of Reports Questioned: The Hon. Secretary, All India Medical Licentiate's Association, Madras Branch, has brought to our notice that the report of a deputation which waited on Surgeon-General Sprawson, on 15-3-1932 regarding appointment of Licentiate as honoraries, as appearing in "The Medical Practitioner" in its March issue differs from the report made in the local newspapers. Two deputations regarding the same subject were led by Dr. V. Rama Kamath and the report of the first was sent by Dr. Kamath both to the lay dailies as well as to "The Medical Practitioner." The report of the second deputation was sent by the Hon. Joint-Secretary of the local Licentiate's Association on his own accord without consulting Dr. Kamath who was expected to know the facts more accurately than the Joint Hon. Secretary who was not present when the first deputation waited on Lt. Col. Croly, the then Acting Surgeon-General. If the Hon. Secretary or anybody else wishes to know which report is more authoritative and consequently accurate our advice to him is what is implied in these comments.

Licentiate Medical Students, Bengal: Adversity more than prosperity has been always responsible for many activities in India and the success always depended upon failures. So it is with the Licentiate whether it be inside the schools where they are trained or outside them after they are licensed to practise. Though there is a saying that God helps those who help themselves, it has not been possible for the Licentiate to realise the implications of this saying and their activities have been increasing proportionate to their failures.

Seeing that the activities of their elders outside the school, had not the desired effect, the Licentiate Medical Students have organised themselves into an All-Bengal Licentiate Medical Students' Association who met in conference for the second time at Calcutta in the Science Association Hall on 30-4-32. The conference was opened by Lt. Col. Stewart, I. M. S., Director, Hygiene Institute, Calcutta. Lt. Col. Stewart in the course of his address said that the medical man had to be a student all through his life, complained about lack of Post Graduate training especially in Surgery and Midwifery. The Tropical School of Medicine in Calcutta, in his opinion, afforded adequate facilities for research in Medicine. He said that too much was said and done about the curriculum of studies of medical students especially in medical schools in India and he wished that the curriculum should be consistent with originality and reasoning. The President of the Conference was Dr. K. S. Ray, M. A., M. B., Ch. B. The Licentiate students could not have a more sympathetic and well-informed leader to guide them. The fact that he was for 15 years a teacher in a Medical School in Calcutta added to the value of the choice. The Presidential address was as short as it was sweet and to the point. He first justified the need of the increase in course of studies of the Licentiate to five years and of the preliminary qualifications to that level which would enable the students to grasp the subjects taught. It was most disappointing to know from Dr. Ray who was primarily responsible to have a resolution passed at the Bengal State Medical Faculty for the increase of the course to five years that the Surgeon-General, Bengal, had not accepted that resolution. He advised the students not to be despondent but agitate more vigorously till they won. He referred to the trend of debate at the All-India Medical Conference that met in Calcutta recently, and informed the students that the medical men of all ranks were unanimous for including the Licentiate within the purview of the Indian Medical Council Bill. He inculcated the spirit of research amongst students and exhorted them to organise and agitate without which there cannot be success in life. He dwelt on the necessity of organisation, for co-ordination and co-operation

more than for opposition. Last but not of least importance was his advice regarding discipline of students in schools where they have to respect their teacher as a Guru who should have as much a sense of consideration for the pupil as the latter should have a sense of reverence. He wished the students not to jeopardise their career by misguided activities. All sound and good advice which we trust must have been received by the students as fervently as it was offered. We congratulate the Bengal students and their Captain, Sjt. Hemendra Mohan Neogi to whom is due the credit of success of the Conference.

Reopening of Beds in Bombay Hospitals: Our readers might remember as reported in these columns sometime ago that the Government of Bombay pleaded inability to provide for treatment of hospital patients and closed 142 beds in the hospitals in Bombay. The Hospital Maintenance Committee which was since appointed, had been able to provide over one lakh of rupees which has been divided equally between hospitals under Government and Municipal control in the city of Bombay and Rs. 24,000 had been handed over to Sassoon Hospital, Poona. It is quite possible that all the closed up beds would be thrown open in the near future. The Western India Turf Club, Bombay gave a cheque for over Rs. 72,000 being the net proceeds collected on the Hospital Day races. The Government gave over Rs. 49,000 collected as taxes on the Race Day and the Hospital Committee collected over Rs. 20,000. The Government have not given up the idea of a Lottery for Hospitals though the Government of India had so far refused to sanction such a Lottery. The policy of sucking money from the public by such means as Races and Lottery is robbing Peter to pay Paul. The economic distress affects the poor more than the rich. Though the Hospital Management Committee has been able to collect one lakh and over, it has made the Bombay public poorer to the same extent. The responsibility of the Government in relieving economic distress amongst the poor should be more than the opening of beds in hospitals. The Government should realise that the poor and distressed try their luck in Races and Lottery and come to ruin. The best and only method of effecting economy in hospitals is the

displacing of paid staff by the honoraries and Bombay could do so more efficiently than any other province. It is unfortunate this harmless measure does not appeal to the Government either in Bombay or elsewhere. Vested interests are reckoned more than the economic distress.

Bombay Philanthropists: The Parsi community in Bombay have added one more institution of public utility by constructing a building for Ambulance Brigade at the north east corner of the Esplanade Maidan. Dr. C. Dhanjibai Mehta was the principal donor and N. M. Wadia Charities helped the organisers to some extent in the construction, the Government of Bombay making a free gift of the land over which the building has been built. His Excellency Sir Frederick Sykes, Governor of Bombay, opened the building which has been called after Lady Willingdon. Mr. Phanthaky the Superintendent of the Parsi Division of St. John's Ambulance Brigade in Bombay is to be congratulated for his enthusiasm in not only being able to have a building for the Brigade under him, but also in his ability in organising the Parsi Brigade as the biggest Division in Bombay, which had only 7 members on its roll to begin with in 1904 and has now 110 members and 125 cadets.

Is it Unemployment in Disguise? The Tiruvannamalai Taluk Board seem to have sanctioned a rural dispensary at Kanji, a village $1\frac{1}{2}$ miles from Kadaladi and $3\frac{1}{2}$ miles from Pudupalayam, the two villages where rural medical relief scheme is in operation. We are almost sure that the Government will not pay any subsidy to the proposed rural dispensary at Kanji during these days of financial stringency, especially when the villagers at Kanji could be very well served by the practitioners in charge of adjacent rural dispensaries. The Taluk Board could as well ask the existing rural practitioner at Kadaladi to go to Kanji in the evenings and pay him the actual travelling allowance which will certainly be cheaper than the opening of a regular rural dispensary. If this suggestion does not appeal to the Taluk Board and they insist in having another dispensary at Kanji, it will be only to find employment for a practitioner more than for serving the villagers at Kanji.

SPECIAL CONTRIBUTION TO THE MEDICAL PROFESSION.

OPINIONS GATHERED FROM PRACTITIONERS.

Modern Treatment of Pyogenic Infections.

It has been found as a result of the local application of Bacte-Pyo-Phage that lesions which have previously proved obstinate and unyielding to other treatments have completely and in a short time healed up. This effective action can only be explained by the immunization it brings about in the tissues in which alone, in spite of any infection, the favourable reaction can take place. Bacte-Pyo-Phage exercises not merely non-toxic action so far as animal inoculation is concerned but an attenuating and inhibitory action on the various bacilli.

Every general practitioner is well aware of the importance of the role of pyogenic infections in his daily practice and how difficult it is to treat these affections. Since the introduction of Bacte-Pyo-Phage, however, the results obtained are so satisfactory and rapid that amongst most of the busy doctors this treatment has become the method of choice. The application of this treatment shortens the time by half and moreover it is so simple that the busy practitioner can without any elaborate preparation of sterilization etc., dress the wounds at once and practically in the majority of cases no curetting, scraping, cauterization or later on any change in the treatment is needed.

The Bacte-Pyo-Phage has proved very successful in acute as well as chronic suppurating conditions where other treatments have been of no avail. It has been tried and proved very efficacious in severe injuries. The treatment with this Phage has been efficacious in Septic Indolent Ulcers, Chronic Suppuration, Boils, Carbuncles, Erysipelas, Nasopharyngitis, Wounds, Osteomyelitis and Suppurating Sinuses. It arrests septic processes and stimulates the formation of granulation tissue as can be seen from the stoppage of the spread of the lesion and rapid healing.

The mode of application over suppurating wounds and ulcers is by gauze dressing

dipped in Bacte-Pyo-Phage. The surrounding skin and the wound is previously cleaned with water either cold or tepid. The gauze soaked in Bacte-Pyo-Phage is then applied and the whole is covered with sterile lint and bandage. It is changed every 12 or 24 hours according to the condition of the wound. If the ulcer is acute and discharging foetid pus, it is always advisable to change it every 12 hours. Septic wounds are irrigated with this Phage. In other words this Phage is instilled in the wound i.e., after the aspiration of the pus the solution is injected several times in the wound and finally withdrawn. It constitutes what is commonly known as lavage and irrigation.

Only two out of the many clinical observations are here reproduced to show the efficacy of Bacte-Pyo-Phage.

A young student of about 18 came to consult me for an ulcer on the inner side of his right leg. It was very chronic according to the history he gave me and it had received unremitting attention from various medical men. Despite all this the ulcer never did any progress towards recovery and the patient had a lot of suffering and pain, which frequently disturbed his night's rest. He was anaemic, thin and his features were drawn. The ulcer itself had an indurated edge and foetid smell. There was absolutely no trace of granulation tissue. The whole area was covered with yellow fibrinous exudate and there was thin serous discharge from it. As a result of this there was periostitis of the tibia. Bacteriological examination yielded the usual collection of organisms with Staphylococci in abundance. The ulcer and the surrounding area was first cleaned with tepid water and it was dressed with gauze moistened with Bacte-Pyo-Phage and then bandaged in the usual way. After three such dressings, which were repeated every 24 hours the patient said that the pain had completely disappeared and there was remarkable improvement in the condition of the ulcer. The floor of the ulcer appeared of healthy red colour, slight granulations were springing up, the edges were flattened down and the surrounding area of redness had faded a great deal. Though no actual healing had taken place at this time, there was a considerable diminution in the size of the

ulcer. After continuing the same treatment for four more days the ulcer had a good coat of granulations at its base and there was a distinct margin of new epithelium all round. The discharge had disappeared. Everything about the ulcer indicated that it is rapidly healing and the patient was fully satisfied with the progress. He was more comfortable and his personal appearance showed a considerable change. The ulcer completely healed after twelve days of treatment.

A. G., aged 27 had a traumatic wound in the upper portion of the left leg. On examination with a probe it was found that the bone was injured. There was severe pain and great difficulty in walking. The patient was running a temperature ranging from 100.2° to 102.4° . He was unable to move about and the general condition appeared below par. He gave history of several abscesses in this region being opened. The diagnosis was Osteomyelitis and Bacte-Pyo-Phage irrigations were resorted to at the commencement. The wound showed astonishing improvement within a week and from the next week onwards wet dressings of the same Phage were applied. Not only was the pain reduced but he was able to move about after ten days. The dressings were renewed every 24 hours and thus the treatment continued. In about three weeks the wound healed, the inflammation subsided and the pain disappeared and the patient certainly felt much better. He was quite cured after a week more of the treatment.

The following conclusions can safely be drawn from the above remarks.

1. This is a simple method of treatment, which gives quite successful results.
2. The method is very safe, rapid in effects and it does not require any elaborate preparation.
3. All infections, whatever may be the causal organisms, can be cut short by this Phage in a short period.
4. This treatment is particularly recommended to the general practitioner, who has hardly any time to do either microscopic work or any tedious sterilizations or aseptic dressings.

Defective Functions of the Liver and their Treatment

The liver, as is well-known, is an organ which has two principal functions, one the discharge of bile by means of its efferent ducts and the other a central organ for the metabolism of carbohydrates, proteins and fats with the help of its capillary system. Bile, which the liver secretes helps digestion and ensures proper intestinal action thus assisting emulsification and absorption of fats and thus counteracting any tendency to constipation and flatulence. Again it was the first gland which was discovered to have an internal secretion. The capacity of the liver for neutralizing toxins is its main function which greatly interests the clinicians. It is therefore the organ which prevents or corrects alimentary toxemia which is the result of accumulation of waste-products. These latter are utilized by the liver for the rebuilding of tissues or for their transformation into urea. Tyrosin, Histamin etc., the protein waste-products, are transformed by substances which can be isolated from the liver and these are very useful in insufficiency of the liver. This insufficiency may be either alone or may be associated with other functional disturbances. For these affections of hepatic insufficiency the proper radical treatment consists in the administration of Opocrin Hepar either by the mouth or hypodermically.

It may be argued by many that there is hardly any necessity to take these elaborate and costly preparations of liver when fresh liver can be taken which is cheap as well as fresh. To a certain extent the argument may be right but it is rather difficult to adjust the requisite amount of dosage in the case of culinarily prepared liver. Firstly, the quantity of liver to be taken daily varies within wide limits and secondly the daily dosage must be ascertained according to the individual needs, which latter can easily be done with the Opocrin Hepar. In the case therefore of the administration of cooked liver constant medical supervision is absolutely necessary. This is not required with Opocrin Hepar where the medical man can be consulted whenever possible so that he can regulate the dosage. Another objection and a strong one too to fresh liver is its taste which is rather nauseating and to continue taking it for

days and months together is really an ordeal. This is not the case with Opocrin Hepar which can easily be taken on account of its palatability.

Opocrin Hepar is available in two forms as tablets and ampoules. In the former 0.15 gm. of the extract of liver is found in each while in the ampoules Succus Hepar is mixed with Normal Saline in the proportion of 0.15 gm. of the former to 3 cc. of the latter. This Opocrin is a palatable uniform tablet of high therapeutic value. It does not deteriorate and it remains stable in all climatic conditions. It contains hæmatopoietic principles useful in the treatment of anæmias. The increase in the constituents of the blood in Pernicious Anæmia occurs with such regularity after the administration of these Opocrins that in cases where any doubt exists we can use this method to establish a diagnosis. After a month of this Opocrin treatment the general condition and appetite improves and the percentage of the Hæmoglobin content is raised. In consequence of much increased appetite there is rise in the body-weight. In a few more weeks there is a further rise in the blood value. The reticulocytes are increased and later on the count for Hæmoglobin and Erythrocytes is also higher. Lastly, the pathological picture of the blood soon disappears, megalocytosis, leucopenia with its relative lymphocytosis soon disappears and finally the excessive segmentation. Neutrophilic leucocytes are reduced and replaced by normal ones.

The first and the most important indication for this Opocrin is, as is so well-known now, Pernicious Anæmia of whatever form, whether of Cryptogenetic origin or that produced by Bothriocephalus latus, pregnancy or any other similar cause. The nervous symptoms such as ataxia and other reflex disturbances usually present in this affection show a remarkable improvement. Severe subjective disorders such as paraesthesia also disappear. Successful results are obtained in Secondary anæmias due to any cause whatever. It is extremely useful in anaemia of Carcinoma, particularly that of the stomach, where it has a pronounced influence not only on the anaemia but also on the loss of weight and

appetite. Favourable results follow the use of this therapy in sub-acute Endocarditis with severe anæmia. In these cases anæmia and fever disappear after a short time and a cure is soon effected. Sprue, which is frequently associated with anæmia is often amenable to this Opocrin Hepar treatment. In short this Opocrin is extremely suitable for the treatment of not only Pernicious Anæmia but Secondary and Aplastic anæmias also. Beneficial results have also been experienced with this product in the treatment of anæmic conditions in children accompanied by loss of appetite, pallor and wasting.

Other indications are Hepatic Cirrhosis, Atrophy of the Liver and Hepatic insufficiency. Here too, Opocrin Hepar brings about great improvement in the symptoms.

Another important indication for this Opocrin is Diabetes, which is due to defective functioning of the liver. This is appreciably benefitted by this treatment, as it corrects the faulty working of the liver and thus brings about the disappearance of sugar from the urine.

We have thus seen that these Opocrins are at the disposal of the Medical Profession in a convenient and palatable form for the proper administration of liver. The tablets contain a uniform preparation exhibiting the active and concentrated principles of fresh whole liver.

To sum up the advantages of this preparation:—

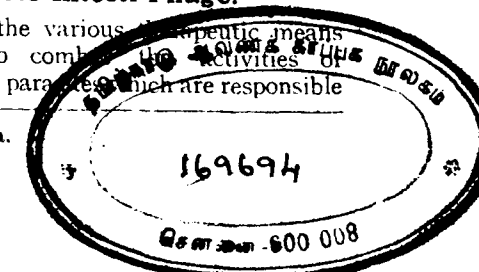
1. Its administration is easy and simple.
2. It is harmless in use and agreeable to patients.
3. Its effect is the same as the corresponding quantity of raw liver.
4. Its effect is lasting.
5. The general condition is noticeably improved under its regime.

Bacte-Intesti-Phage.

Hitherto the various therapeutic means employed to combat the activities of the protozoa and parasites which are responsible

Papyta tablets relieve dyspepsia.

Im 21.11.1932
N32



for a number of diseases of the intestines have met with moderate or very little success. The introduction of Bacte-Intesti-Phage has however fulfilled a great want in anti-parasitic therapy and because of this powerful bactericidal action has provided the means for a really systematic and effective campaign against highly pathogenic bacteria. This Bacte-Intesti-Phage, which has been prepared by d'Herelle, is, according to a host of physicians, of unquestionable value. It would not at all be too much when one asserts that its possibilities have not so far been appreciated to the extent that they really deserve. This Phage is prepared from a large number of different bacteria isolated under strictly scientific control from the intestinal tracts of patients suffering from different diseases. The experts, we are glad to say, are now-a-days coming to appreciate more and more the reliability of this Bacte-Intesti-Phage which is capable of producing excellent results.

Bacte-Intesti-Phage, judged by the splendid results obtained with it by the different clinicians, should attract wider attention that it has so far obtained. It is a well-defined mixture of various bacteria possessing great bactericidal action. It is stable and does not deteriorate for a long time even in hot climates. The therapeutic activity and low toxicity of this Phage is confirmed by several clinicians who have had occasion to use it. When administered in suitable doses it is well-tolerated. Each ampoule contains Staphylococcus-phages polyvalent, Streptococcus-phages polyvalent, Enterococcus-phages polyvalent, B. Coli-phages polyvalent, B. Proteus-phages polyvalent, B. Pyocyaneus-phages polyvalent, B. Dysenteric-phages polyvalent, Para-dysenteric-phages polyvalent, Typhi-phages, Para typhi-phages. All these are suspended in 2 cc of sterile broth. With Bacte-Intesti-Phage the destruction of bacteria takes place within a few hours. There is no deleterious effect on the organism of the patient but the bacilli are destroyed and thus the root cause of the disease is done away with. From this we can see that there is hardly any contra-indication for this phage, nor is it harmful in whatever doses employed as it has absolutely no action on the organism. It can be indicated at any age and in what-

ever condition, as it is never injurious. The earlier the application of this Phage in intestinal symptoms the better the results. Its action in short is rapid, sure and most effective, particularly so before the pathogenic bacteria have had any time to produce any lesions.

Bacte-Intesti-Phage is an important addition to therapeutics because its field of action in various diseases and affections of the intestines is unlimited. In the various forms of Gastro-Enteritis or Enteritis, due either to the influence of heat or faulty alimentation Bacte-Intesti-Phage has proved a very valuable remedy. Many intestinal and other allied troubles arising from any bacillary infection are effectively cured by this Phage. All acute diarrhoeas favourably respond to the treatment of Bacte-Intesti-Phage. Chronic gastro-intestinal conditions which are the result of acute intestinal Catarrh react promptly to this Phage. The colic, abdominal pains, tenesmus and meteorism soon disappear under the influence of this remedy. In chronic diarrhoea this treatment is very useful as it effectively destroys the pathogenic bacteria which are the causative agents.

In Colitis and Entero-renal syndrome this Bacte-Phage is both anti-toxic and antiseptic. This Phage, as can be seen from the variety of bacilli it contains, effectively cures all the affections which are due to the presence of Coli Bacilli either in the intestines or the urine. Cystitis and other similar inflammations of the urinary apparatus due to the activity of the Bacillus Coli can have notably favourable effect with Bacte-Intesti-Phage. Fever, headache, lumbar pains, dysuria etc. all disappear within a few days. The action of this Phage is not at all hampered by the presence of other bacilli as there are other Cocci in this Phage to cope with them.

In patients where considerable ill-health is experienced due to chronic infection of the bowels either by Staphylo or Streptococci this Bacte-Intesti-Phage often gives remarkable results. In those cases where the patients suffer from Asthma as a result of the streptococcal infection of the intestines this Phage is frequently indicated and is found of much benefit.

In Intestinal Stasis and putrefactive intestinal toxemias where it is desirable to destroy the various pathogenic bacteria, Bacte-Intesti-Phage can be indicated with successful results. It will help to reduce the intestinal fermentation by killing the various organisms and will help to restore the usual secretions of the bowels and their tone.

Very often the general practitioner is confronted with cases of Summer Diarrhoea or Hill Diarrhoea, which resist the usual antiseptic and astringent treatment. These yield splendidly to Bacte-Intesti-Phage. This latter exercises an energetic antibacterial action and thus effects a cure.

The value of aperients and antiseptics is admittedly great in auto-intoxications and its sequelae but much more than this can be accomplished by Bacte-Intesti-Phage. By effectively destroying the bacilli of Dysentery, Typhoid, Botulism etc. it removes the harmful causative agents in the intestines and thus general toxemia is prevented.

From the variety of indications enumerated above we can see that this Bacte-Intesti-Phage is a very efficient and valuable preparation at the disposal of the Practitioner. It acts as a powerful anti-toxic and being quite harmless to the organism can be prescribed to adults, children and even infants. By effectively dealing with all sorts of bacilli in the intestines it disinfects the entire digestive tract. It can be considered as a specific in diarrhoeal conditions arising from any cause whatever and also in Infantile Diarrhoea and Dysentery. It is really of considerable value in chronic toxemia and also in cases of mucus colitis.

Bacte-Intesti-Phage is strongly recommended in people who are exposed to infections by any of the bacilli mentioned above and which are contained in the Phage itself. From this it appears that this Phage is eminently suitable for prophylactic measures in epidemics of diarrhoea and typhoid, cholera etc. Another prophylactic use is its administration to typhoid carriers who are not actually suffering from the disease but who may be a source of infection to others.

The advantages of this Phage are numerous. The first and the foremost is

the rapid destruction of the bacilli within a few hours. There is absolutely no contra-indication to its use. It can be administered to patients of whatever age or condition. It is harmless to the organism and hence with whatever the dose employed no ill-effects are experienced. The action is rapid and specific and no signs of intolerance are noted. The earlier the application of this Phage the better the results obtained as then there is hardly any time for the pathogenic bacteria to produce any organic lesions.

The following reports of cases confirm the remarks made above.

This is a remarkable case of Hill Diarrhoea contracted about a year back in a patient of about 35 years. He had received the customary treatment for this including injections of Emetine, irrigations etc. None of these measures however were effective; the disease was pursuing its course and the patient was getting much debilitated. Bacte-Intesti-Phage was then administered. Three ampoules were given every day suitably diluted in 60 cc of Vichy water. Milk and all solid food were completely forbidden. About five days after the commencement of the treatment the pain which he complained of was relieved, the number of stools fell on successive days from twelve to seven and four and eventually two. Microscopical examination of the faeces after the treatment revealed nothing abnormal and the patient after a break of some days of the treatment again continued taking it for a fortnight one ampoule daily to ensure complete sterilisation. This case convinces in a striking manner the efficacy of Bacte-Intesti-Phage in a patient who proved refractory to other forms of treatment.

A woman of 45 suddenly took ill with diarrhoea which was painless and without pyrexia. The diarrhoea became so intense after three hours that she had to be in bed and had absolutely lost control over her sphincters. She was continually passing motions. A culture from the stools was made and B. Enteritidis was detected. Bacte-Intesti-Phage treatment was at once started. The general toxemia which was much marked rapidly abated but the continuance was not restored until after

two days. Frequency of stools steadily diminished and by the fourth day the number was reduced to two. Then she started taking only two ampoules until after six days she was quite free from the trouble.

Treatment of Hysteria with Elixir-Bromo-Valerianate.

A female patient aged roughly 30 came to seek my advice for paroxysms of fits, which she got off and on. On examination I found that there was general weakness, anaemia and loss of appetite.

There was no temperature nor were there any physical signs in the lungs. The heart sounds were regular but weak and there was no enlargement either of the liver or the spleen. She complained of vomiting and inability to take her usual food. The joints were painful and distinct tenderness could be felt in the area below the left breast. Borborygmi were present. The paroxysms of fits, which numbered about five to six every day with an interval of one or two hours, consisted of tremors and convulsions of one or several limbs or at times of the whole body. To me this appeared to be a clear case of Hysterical Neurosis.

I began the treatment at first with Salines and Sodium Salicylate and Bromides, the former because of her constipated bowels and the latter for her pains etc. When these acute symptoms were relieved she was prescribed Elixir-Bromo-Valerianate, two drachms of which she took thrice daily before her food. She was having in addition to this injections of 2 cc. of Lipocerebrine every day. In all I injected twelve ampoules. After a course of this combined treatment of ten days she showed clear signs of improvement. A great change for the better could be clearly discerned in her physical and nervous symptoms. The vomiting disappeared and the appetite improved. The pains in the joints and tenderness below the left breast soon vanished. The severity and the number of paroxysms was much reduced. She was able to take her usual food, which she is much relishing now. After three weeks of Bromo-Valerianate treatment she got only one or at the most two fits of Hysteria. She is still taking

that treatment and says she is really feeling very much better and remarks that life is worth living, which formerly she considered as a burden.

Clinical experiences with Bacte-Rhino-Phage.

Several physicians have sent reports of favourable results from the use Bacte-Rhino-Phage in the treatment of Coryza, Sinusitis, acute and chronic Rhinitis and similar other complaints. Definite benefit was found in these affections and many of the patients experienced prompt relief and majority of them were entirely free from symptoms by the third day, after the treatment was started. This Bacte-Rhino-Phage is also a good prophylactic as it prevents diseases of the Upper Respiratory tract. It is commonly understood that the Nose and Throat is the portal of entry in which various infections are localised and from which they spread downwards. The prophylaxis of these parts therefore cannot be over emphasised and the results of the use of Bacte-Rhino-Phage as a nasal and mouth spray are convincing. Spraying the nose with this Phage has been found very serviceable in Acute Pharyngitis as can be seen from the following case.

A young man of about 30 came with a severe sore throat of two days' duration for advice. The diagnosis was Acute Pharyngitis. The patient complained of severe pain and soreness. An ampoule of Bacte-Rhino-Phage was sprayed in his throat by means of a nebuliser successively for three days. With this treatment relief was obtained on the third day and later on the condition cleared up.

A number of specialists in Nose and Throat as well as general practitioners have employed Bacte-Rhino-Phage in acute and chronic Coryza and nasal infections. This phage clears up the nasal infections with remarkable rapidity. In influenzal conditions there is no other antiseptic which will equal this phage. A typical case of acute Coryza was treated with splendid results with Bacte-Rhino-Phage.

A boy of twenty came with acute Rhinitis of a week's duration. He was treated unsuccessfully during that period as the

symptoms showed no signs of abatement. Spraying of the nose with Bacte-Rhino-Phage resulted in marked improvement and soon afterwards rapid recovery took place.

This Rhino-Phage has been used with considerable success in chronic Rhinitis and Sinusitis.

A middle-aged woman had for a long time suffered from severe chronic Rhinitis and Sinusitis. The frontal sinus and the antrum were involved and there was plenty of foetid discharge from the nose which troubled her a lot. She had taken all sorts of treatments and had even got her sinuses and the antrum scrapped several times by the Specialist. Then at last Bacte-Rhino-Phage was suggested and tried. The sprays were used four times daily by means of a nebuliser. At the commencement half the contents of each ampoule was poured in each nostril twice a day with the head low. This was done for the first week and then spraying was resorted to. The patient felt distinctly better after two months of this treatment with occasional intervals of rest. There was but little discharge and its offensive nature had completely vanished.

As with chronic Coryza so also with infections of paranasal sinuses great success has been achieved with this treatment. The progress of the disease is checked and recovery is hastened.

In Angina, Bronchitis and some cases of Asthma due to hypersensitiveness to proteins this Phage has been used with great success. Prompt benefit has been obtained with it and the duration of these diseases has been considerably shortened as is evidenced from the various clinical experiences of numerous physicians.

The Therapeutic Applications of Cryogenine.

Cryogenine, which is now regarded as almost a specific for reducing temperatures and alleviating pain arising from any cause whatever, has found during recent years a wide field of application.

HEADACHES: By reason of its effectiveness as an analgesic all types of

headaches can quickly be relieved. Very few patients fail to respond to this remedy and many have been completely relieved of this too common complaint.

PAINS: Cryogenine is an extraordinarily effective analgesic in pains of joints and neuralgias. In painful joints and neuritis this product has proved more effective than other pyrazolon derivatives. Prompt relief is obtained in such cases without any by-effects resulting in spite of large doses being administered.

FEVERS: Cryogenine acts as a very good antipyretic. This effect has been confirmed by many clinicians who have employed it to reduce temperatures. In severe cases where the fevers are very high they can be brought down by as many as two degrees and the resulting severe complications of high temperatures are thus prevented.

MISCELLANEOUS DISORDERS: By reason of its being a good sedative it can be prescribed for insomnias at bed-time and the result is a good sleep without any bad effects the next day. It must be admitted here that not all types of insomnias respond to this sedative but only those of mild form. It can however be safely said of this product that even if it is given for prolonged periods, it never gives rise to addiction. So in the cases of neurotic patients, who are not able to sleep well, Cryogenine can be administered at bed-time for a long period with no harmful by-effects.

Again, in skin-affections where pruritus is intense and itching does not give good rest at night Cryogenine by virtue of its being an effective sedative diminishes the pruritus and thus not only ensures good sleep at night but by preventing scratching, which patients generally resort to at night, keeps the skin in a state of rest which otherwise would have been much irritated.

From the above remarks it can be clearly recognised how Cryogenine is useful in various affections. It can also be successfully employed in Vomiting, Vertigo, Chorea and Whooping Cough. Other uses of the product may suggest themselves to the general practitioner when he peruses this.

KOO - KOOMIN

A remedy for WHOOPING COUGH and other lung troubles where cough is troublesome and has to be allayed.

Contains ingredients both Indigenous and Allopathic.

LESSENS THE VISCIDITY OF EXPECTORATION
SOOTHENS THE MUCUS MEMBRANE.

RELIEVES THE SPASM OF THE BRONCHIOLES
AND IS ALSO A GERMICIDE.

May be safely given to sucklings as well as to those in advanced age.

There is a virulent wave of WHOOPING COUGH travelling all over the Madras Presidency if not throughout India.

KOO-KOOMIN has been tried and found useful in cutting short the attacks of Whooping Cough. It is not a quack-remedy.

The complications and Sequelæ of Whooping Cough are really serious and worth your attention. Save Infant mortality; you have in Koo-Koomin a very safe remedy.

Apply for Literature:

THE ORIENTAL RESEARCH LABORATORY,
Vepery, MADRAS.

Stockists:

THE MADRAS DRUG STORES,
98, Nyniappa Naicken Street,
P. T. MADRAS.

News and Comments.

Punjab Medical Council Election:

In the keenly contested election for a seat in the Punjab Medical Council Rai Sahib Dr. Hari Ram, the sitting member, has come out successful scoring 51 votes more than his rival, Dr. Gian Chand Blaggana, the nominee of the All-India Licentiate's Association. We congratulate Rai Sahib Dr. Hari Ram on his success. It is reported that there had been more than the usual heat during the course of election; it is bound to be so especially when the rivalry is between persons of importance, as the two candidates were. There should always be contests during any election. This is the only time when the electorate could be educated. The election heat being over the successful candidate should begin his programme of constructive work and make the electorate feel that their confidence is not misplaced.

Cut in the Medical Fees: It is reported that the Oriental and the Empire of India Life Insurance Companies have cut down the fees to the doctors for medical examinations, though their income has not in any way been affected due to present economic crisis as could be judged by the reports published by these Companies. The same Companies have not effected retrenchment in the commission to their agents. The Mysore Medical Association passed resolutions at their meeting held in Bangalore on 14-3-'32 calling upon the members of the Association not to accept the lower scale of fees. The Association is justified in protesting against the decision of these two Companies, but, unless the profession throughout India follow the lead of their brethren in Mysore, the chances of the protest being felt are far remote.

A Sanatorium on Nilgiris: We are glad to learn that the Collector and the President, District Board, Nilgiris, are taking a prominent part in giving effect to a scheme of starting a Tuberculosis Sanatorium as suggested by the Indian Red Cross Society which had set apart Rs. 70,000 for the purpose. Kotagiri which is said to be an ideal place enjoying good climate all through in the year has been chosen for the location of the Sanatorium. We wish the organisers all success and the tuberculosis patients good luck.

Retrenchment in Excelsis!: To fill in a temporary vacancy at the King

Institute, Guindy, an officer from Bombay of I. M. S. cadre had been brought down though there were occasions when the existing staff managed the work of the Institute as efficiently as ever during the absence either of the Director or of the Assistant Director. In days gone by during the Great War, an Indian member of the provincial service did act as Director. If when I. M. S. members were not available in India Indians could act for them, why not Indians act for Europeans when money is not available in the Government treasury?

It has been found possible now that Assistant Surgeons could do the work which could not have been done a year ago unless the Assistant Surgeon was transformed into a Civil Surgeon. The first and the second Surgeons in General Hospital, Madras, having been granted leave, an Assistant Surgeon recently transferred to Vizagapatam was ordered to come back to do the duties of the Third Surgeon. Even taking it for granted that European qualifications more than service and merit are the present test of efficiency, there are available in the General Hospital, Assistant Surgeons with European qualifications to do the work of the Third Surgeon and that for about two months. If the work entrusted to the Assistant Surgeon at Vizagapatam and who had been brought here to do the duties of the Third Surgeon could be done by another Assistant Surgeon at Vizagapatam why not any one of the Assistant Surgeons available at the General Hospital, Madras, do the work of the Third Surgeon, now entrusted to an Assistant Surgeon brought from Vizagapatam? Why disturb two institutions and with it spend more money when the disturbed condition in one institution could be very well managed without disturbing another institution at Vizagapatam?

The Madras Medical Council Election: The vacancy in the Medical Council caused by the resignation of Lt. Col. Cruickshank has been filled by Dr. D. J. Dyson without contest. We congratulate Dr. Dyson who succeeded Lt. Col. Cruickshank not only as the Chief Medical Officer, M. & S. M. Railway but also as a member of the Medical Council representing the British qualified practitioners.

Correspondence, Reports, etc.

A Memorial to the Government of Madras.

From Sub-Assistant Surgeons on Jail duty. Through The Surgeon-General with the Government of Madras, Madras.

Sir,

The petitioners beg to bring to your kind notice that the request of the sub. asst. surgeons in jail service in the matter of (1) grant of reward allowances, (2) provision of rent free quarters and (3) reduction of the period of jail service from three to two years have not been favourably considered by the Government in G. O. No. 1360 Law (General) dated 24th March 1931.

In para 3 of the above government order, the Government however have recognised that the sub. asst. surgeons in jail service should be given a duty allowance, but are unable to grant at present on account of the present financial stringency.

The petitioners beg to point out that since the above government order was passed, the lot of the sub. asst. surgeons in jail service has become harder due to the 10% cut in salary. Further they wish to represent that when the G. O. was passed there were thirty sub. asst. surgeons in jail service, whereas now only 26 are wanted by the jail department. Since the sub. asst. surgeons cannot reasonably expect to get the duty allowance sanctioned in the near future, the petitioners pray that the period of jail service may be reduced to 2 years. In support of this request the petitioners beg to point out:—

1. There are 622 sub. asst. surgeons in Medical Department and during the course of 30 years only 260 will complete jail service, the rest 362 or about 60% of the cadre escape this hard and unprofitable duty. This gives rise to much heart burning in those selected for jail service.

2. In the case of the Agency tracts which require about 60 sub. asst. surgeons, only 2 years are insisted upon, and since almost every sub. asst. surgeon has to finish this agency duty there is no room for discontent.

3. There is nothing special in the ordinary routine medical work of a jail, which a sub. asst. surgeon cannot learn in a month or two and if it is considered that every one must have some jail experience, reduction of this duty to 2 years will give a greater number this chance.

The petitioners once again pray that this request may be reconsidered in the light of the above facts and very early orders may be issued reducing the period of their jail service to two years.

Peptonised Milk in the Treatment of Asthma.

Martindal's Peptone Sterules 5 per cent 2 cc or $2\frac{1}{2}$ cc intramuscularly or intravenously are useful in treating Asthma, but patients who dislike injections are improved by rectal injections of double the quantity of the same. For this purpose a rectal saline enema should be given and after its complete evacuation, the Peptone Sterules have to be sent through the rectum. Same or even better effects are observed by the injection of pure milk $\frac{1}{2}$ an ounce mixed with Hewlett's Mist. Pepsin Co. $\frac{1}{2}$ dram an hour after the saline enemata and retained for 2 to 4 hours. Rectum allows absorption of milk predigested by Pepsin and it has invariably been my experience that Asthma patients are relieved of their misery at night by having recourse to such treatment. Instead of Hewlett's, Bayer's Liq. Peptone 20 mms to $\frac{1}{2}$ ounce of pure milk may be used or for that reason any good Pepsin preparation may be had recourse to. Alcoholic preparations of Pepsin are not usually tolerated by the patients per rectum. Panopeptone falls in this category. Papine and milk may also be tried.

I have brought this to your notice so that you will be good enough to publish the same in your journal so as to bring this harmless yet most efficacious and cheap method of treatment of Asthma to the notice of the medical profession in the interest of suffering humanity.

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The Malabar District Medical Association, Calicut.

A meeting of the above association was held on the 23rd inst. at 6-30 P.M. in the Paran Hall, Calicut under the Presidency of Major A. I. Cox, I. M. S., the District Medical Officer, Malabar. There was a large attendance of members.

After the minutes of the previous meeting were read and adopted, the following resolution was moved from the chair and it was passed all members standing:—

"The association learns with great sorrow the sudden and unexpected passing away of Rao Sahib Dr. M. K. Verghese, a member of the association and desires to convey to his family our sympathy and deep regret in their bereavement."

Dr. Isac Joseph, L. M. S., B. S. Sc., Municipal Health Officer, Calicut was then called upon to deliver his lecture on "The Role of Mental Hygiene in Public Health". In his very interesting and very elaborate lecture he dwelt on the development of the mental condition of the child, the coercive methods sometimes employed, the correct way to be adopted, the moulding of the intellect of the young, analysis of the criminal and other tendencies of the adults. It was also pointed out that the medical inspectors of schools could do a lot of useful work in finding out and suggesting several corrective methods in the young. After a short discussion the president wound up the proceedings with illuminating remarks.

The managing committee's recommendation regarding the celebration of the anniversary on the 21st May '32 was accepted.

SUMMARY OF THE RESOLUTIONS PASSED AT THE ALL INDIA MEDICAL CONFERENCE CALCUTTA HELD ON 25th March 1932.

1. The resolution was about the Indian Medical Council Bill and the views of Executive Committee of the Indian Medical Association (appearing in the March issue of "The Medical Practitioner" on page 208) were approved.

2. This was a request to all the Medical Associations in India to take steps so that the Legislative Assembly might accept the views expressed by the Indian Medical Association.

3. This resolution warned the Government that the independent Medical Profession in India would refuse to accept the Bill if the amendments referred to above were not approved by the Legislative Assembly.

4. Expressed the opinion of the Conference that the statement made by Sir Fazl-i-Hussain regarding the preamble of the Bill was misleading as he stated that the purpose of the Bill was the recognition by other countries the standard of medical education in India conforming to international standards whereas in the preamble itself it was mentioned that the object of the Bill was to have a uniform minimum standard of medical education throughout British India.

5. Disproved the custom of demanding counter-signature of the Civil Surgeons on the certificates issued by Independent medical practitioners.

6. Recommended honorary system in government hospitals and teaching institutions.

7. Suggested to the Government the necessity of introducing honorary medical service in the mofussil also.

8. Called upon the Independent Medical Profession in India to use indigenous drugs, appliances, etc. in the exercise of their profession.

9. Urged upon the Government the necessity of encouraging drug farming in India.

10. Urged the necessity of having the Intermediate Science Examination standard as the preliminary qualification for admission to all medical institutions in India and urged to improve the standard of medical education so as to bring it to the University standard, and in the meanwhile suggested to the Government the necessity of (1) extending the period of instruction in medical schools to five years throughout India, (2) better equipment of schools, and (3) appointment of better qualified teachers. It was also recommended that the Universities should afford facilities for Licentiate to appear for the Degree Examination. To carry out the above suggestions the Government was requested to form a Committee of eminent medical men at an early date.

11. Called upon the Universities in India to take steps to make Pediatric Medicine as a special subject with definite curriculum.

The Conference appealed to the Provincial and local authorities to pay special attention for organising health associations for the purpose of spreading knowledge in General Hygiene, Maternity and Child welfare and such activities.

Resolutions were also passed for the necessity of scientific study of Indigenous Therapeutics and Pharmacology in medical schools and colleges and for this purpose an Indian pharmacopoeia should be compiled as early as possible.

12. Urged the necessity of introducing Dentistry as one of the special subjects for the University Examination and the necessity of a Dental Register.

13. Urged upon the Government to help financially all the village organisations which are being conducted on scientific lines to combat malaria.

14. Suggested to the Government to earmark the sale proceeds of Cinchona Alkaloid for the purpose of anti-malarial work.

15. Recommended to the Public Health Department throughout India to requisition voluntary medical organisations including the subsidised practitioners to do anti-malarial work.

16. Urged the necessity of co-ordination of the several Departments of the Government with regard to health propaganda.

17. Suggested to the Government the necessity of submitting the plans for the construction of railways, canals, dams, or bunds, etc., to the Sanitary Department before giving final sanction.

18. Thanked the Calcutta Corporation for lending the Town Hall for holding the Conference.

19. Urged the Government to abandon the practice of realising any fees from the hospital out-patients.

20. Reminded the Government that the recommendation made by the Conference which met in Simla in July 1930 regarding the location of the Central Research Institute be given effect to immediately.

21. Recommended to Government the necessity of having at least two distinguished members of the Independent Medical Profession in the governing body of the All India Institute of Hygiene, Calcutta.

22. That the copy of the above two resolutions be forwarded to the governing body of the Rockefeller Foundation, the Government of India, the Governing Body of the Indian Research Fund Association and the Director of the Institute of Hygiene, Calcutta.

23. Pointed out to the Government the necessity of entertaining honorary research workers in all the Research Institutes under the Government and that scholarships should be awarded to such of those who show meritorious work with an idea of appointing them as paid workers whenever necessary.

ALL-BENGAL LICENTIATE MEDICAL STUDENTS' CONFERENCE, CALCUTTA.

The following are the important resolutions passed at the above Conference:—

1. Resolved that the 'five years course' scheme of study which has been approved by the Council of Bengal Medical Registration should be adopted immediately for the students under the State Medical Faculty of Bengal.

2. Resolved that the State Medical Faculty of Bengal be requested to give due consideration in selecting examiners so that each institution can send their representatives in the examining board and selection be made in a cyclic order.

3. Resolved that the Medical Council of Registration be requested to furnish every institution under the State Medical Faculty of Bengal with an 'uniform standard of equipment', to be strictly followed by each institution.

4. This Conference resolves that the authorities of the different medical schools under the State Medical Faculty, Bengal be requested to recognise the students' union of the respective schools and to help the students' union by realising the students' union fee.

5. Resolved that the authorities concerned be asked to abolish the system of automatic removal of the students admitted in the First year class after their failure in the Test Examination.

6. This Conference strongly condemns the exclusion of the licentiates from the proposed All India Medical Register in the All India Medical Council Bill.

7. This Conference urges upon the authorities of the Dacca Medical School and the Government of Bengal, to recognise the Students' Union of that school which was recently dissolved under government order.

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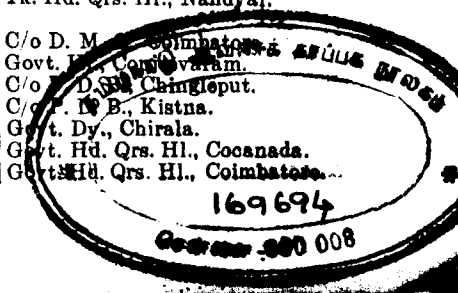
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No.	Names of Sub-Asst. Surgeon.	From	To
1	Dr. A. Arulanandam Pillai	L. F. Dy., Melur.	C/o P. D. B., Tinnevely.
2	" R. Padmanabhan	L. F. Dy., Ottapidaram.	Govt. Hd. Qrs. Hl., Palamcottah.
3	" S. Raju Ayyar	Govt. Royapettah Hl., Royapettah.	Reserve duty, Govt. Royapettah Hl.
4	" T. Perraju	Govt. Royapettah Hl., Royapettah.	Police Hl., Kurnool.
5	" I. Vasudeva Rao	Police Hl., Kurnool.	L. F. Dy., Allagada.
6	" Vasa Narasimham	Municipal Branch Dy., Berhampore.	Govt. Dy., Mohana.
7	" A. Thyagarajan	Govt. Hl., Kumbakonam.	L. F. Dy., Gingee.
8	" V. Viswanathan	L. F. Dy., Gingee.	Govt. Hl., Kumbakonam.
9	" N. S. Sundaram	Leave	Govt. Hd. Qrs. Hl., Cuddalore.
10	" A. P. Srinivasa Rao	L. F. Dy., Pattikonda.	Spl. Chencu Officer, Kurnool.
11	" K. Srinivasa Rao	Special Chencu Officer Kurnool.	L. F. Dy., Pattikonda.
12	" V. Jagannadha Rao	Govt. Hd. Qrs. Hl., Guntur.	Govt. Hd. Qrs. Hl., Kurnool.
13	" B. Satyanarayana Naidu	Govt. Hd. Qrs. Hl., Nellore.	C/o P. D. B., Nellore.
14	" L. A. Subramaniam	Govt. Hd. Qrs. Hl., Palamcottah.	L. F. Dy., Srivaikuntam.
15	" S. Rama Rao	Leave	C/o P. D. B., Kistna.
16	" C. Viraraghava Rao	L. F. Dy., Pamaru.	Govt. Hd. Qrs. Hl., Masulipatam.
17	" M. Lakshmanan	Leave	General Hl., Madras.
18	" C. Doraiswamy Mudaliar	Govt. Hd. Qrs. Hl., Chittoor.	Govt. Hd. Qrs. Hl., Chittoor.
19	" C. Seshagiri Rao	Govt. Hd. Qrs. Hl., Chittoor.	C/o P. D. B., N. Arcot.
20	" K. R. Ganesa Mudaliar	L. F. Dy., Tirukkalkundram.	L. F. Dy., Pulicat.
21	" U. Ramankutti Nayar	L. F. Dy., Pulicat.	L. F. Dy., Tirukkalkundram.
22	" R. Krishnaswami Iyer	Govt. Hd. Qrs. Hl., Trichinopoly.	C/o P. D. B., Trichinopoly.
23	" V. G. Parthasarathy Naidu	L. F. Dy., Manapparai.	Govt. Hd. Qrs. Hl., Trichinopoly.
24	" S. Sabapathi Pillai	Govt. Hd. Qrs. Hl., Coimbatore.	Govt. Hd. Qrs. Hl., Cocanada.
25	" K. Gopalan Nambiar	Govt. Hd. Qrs. Hl., Cocanada.	Govt. Hd. Qrs. Hl., Coimbatore.
26	" V. Bhavanarayana	Leave	L. F. Dy., Siddhout.
27	" S. Ramaswamy Iyengar	Govt. Hd. Qrs. Hl., Trichinopoly.	L. F. Dy., Omalur.
28	" A. P. Joseph	Leave	C/o P. D. B., Tanjore.
29	" A. Bhagyanatham Pillai	Surgeon Genl's Office.	Police Hl., St. Thomas Mount.
30	" V. Anantanarayana Ayyar	L. F. Dy., Podili.	Govt. Hl., Gudur.
31	" V. Ramanuja Acharya	Govt. Hl., Gudur.	L. F. Dy., Podilli.
32	" A. V. Suryanarayana Naidu	Govt. Hd. Qrs. Hl., Guntur.	Govt. Hd. Qrs. Hl., Nellore.
33	" A. J. C. Joseph	Govt. Hd. Qrs. Hl., Calicut.	P. W. D. Dy., Thekkadi.
34	" M. Pitchumani Ayyar	Govt. Hd. Qrs. Hl., Ramnad.	C/o P. D. B., Ramnad.
35	" Md. Ayub Khan Sahib	Leave	Govt. Hd. Qrs. Hl., Calicut.
36	" R. Srinivasa Ayya	P. W. D. Dy., Thekkadi.	L. F. Dy., Nilakkottai.
37	" M. A. Krishna Ayyar	Leave	C/o P. D. B., Chittoor.
38	" D. Satyanarayana	Govt. Hd. Qrs. Hl., Ellore.	C/o Dt. Health Officer, Ganjam.
39	" C. Subramaniam	Govt. Hd. Qrs. Hl., Bellary.	Tk. Hd. Qrs. Hl., Nandyal.
40	" A. Achuthan	Govt. Hd. Qrs. Hl., Salem.	C/o D. M., Coimbatore.
41	" H. M. Hande	Govt. Hl., Chidambaram.	Govt. Hl., Coimbatore.
42	" M. Gopala Menon	Leave	C/o P. D. B., Chingleput.
43	" B. K. Narayana Rao	Leave	C/o P. D. B., Kistna.
44	" B. Shankara Rao	L. F. Dy., Avanigadda.	Govt. Dy., Chirala.
45	" A. Satyanarayana	Govt. Dy., Chirala.	Govt. Hd. Qrs. Hl., Cocanada.
46	" P. M. Sreedharan	Lawley Rd. Dy., Coimbatore.	Govt. Hd. Qrs. Hl., Coimbatore.

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No.	Name of Sub-Asst. Surgeons.	From	To
47	" S. Kanthimathinathan	Govt. Hd. Qrs. Hl., Coimbatore.	Gov. Hd. Qrs. Hl., Palamcottah.
48	" P. A. Narayana Iyer	Govt. Ophthalmic Hl., Madras.	Govt. Hl., Chidambaram.
49	" Ch. Krishnamurthi Ayyar	L. F. Dy., Sidhout.	Govt. Ophthalmic Hl., Madras.
50	" P. V. Ananthanarayana	L. F. Dy., Chunampet.	Govt. Hd. Qrs. Hl., Salem.

List of posting of Second Class Health Officers for April 1932.

1	Dr. P. Narayana Reddi	Munl. H. O., Proddatur.	Munl. H. O. Kurnool.
2	" N. A. Sundararajulu Naidu	R. S. H. O. Vizagapatam.	Munl. H. O. Adoni.
3	" C. Ramachandra Rao	Munl. H. O. Adoni.	Asst. D. H. O., E. Godavari.

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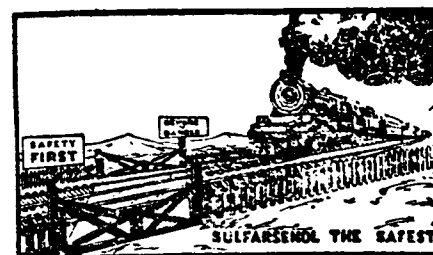
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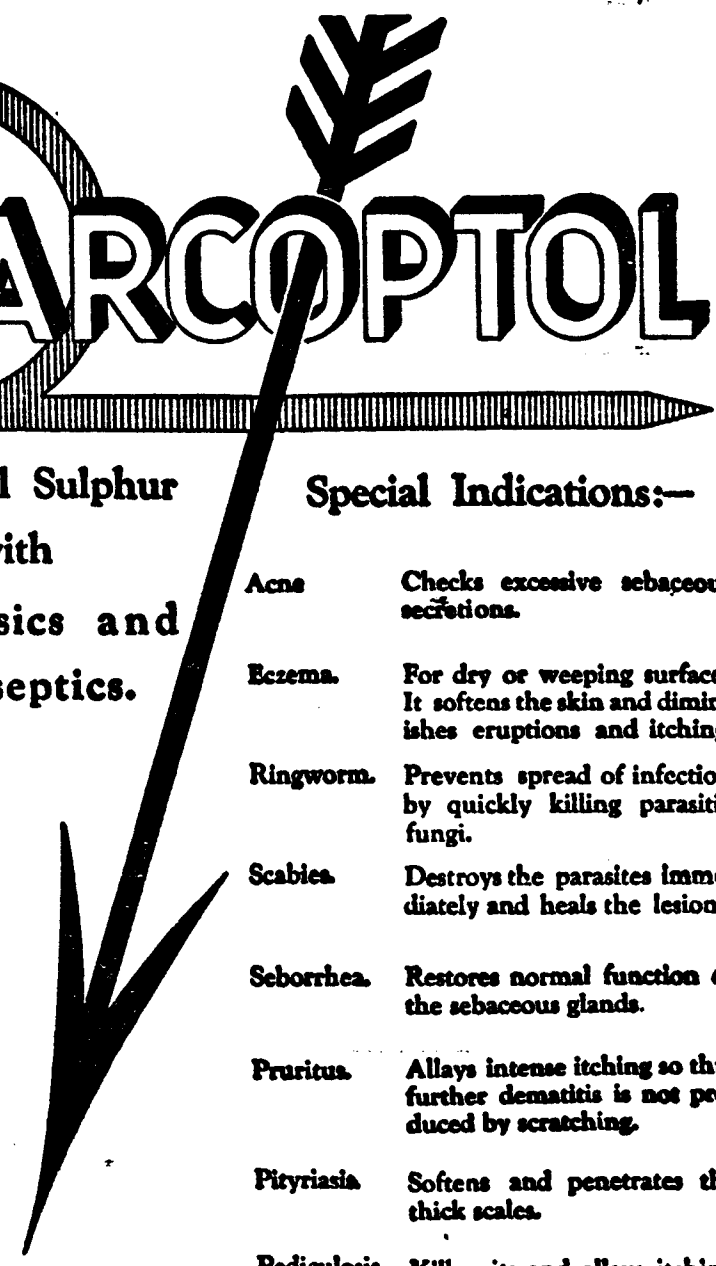
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