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The Medical Practitioner

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THE Medical Practitioner

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THE ALL INDIA MEDICAL LICENTIATES' CONFERENCE.

THE SILVER JUBILEE SESSION, DARBHANGA.

Twenty-five years ago, the late Dr. P. S. Ramachandrier, a member belonging to the Subordinate Medical Department of the Mysore State conceived of an idea to bring into existence an All India Association of Licentiates. He was then in Bombay working in collaboration with other medical men belonging to I. M. S., Assistant Surgeon grade and a large section of the Licentiates then known as Hospital Assistants—all working shoulder to shoulder—conducting research regarding Plague. The fact that the Licentiates were doing as onerous a work as was done by their more fortunate brethren in the same field, yet were denied equal status and emoluments of office enjoyed by others in service, must have stimulated the band of Licentiates working in the Plague Commission, who,under the leadership of Dr. P. S. Ramachandrier in the salubrious atmosphere of Bombay, were able to start an Association which was named the All India Hospital Assistants' Association. Later when the designation of Hospital Assistants was changed as Sub-Asst. Surgeons, the Association naturally underwent the necessary change in the name and was called the All India Sub-Assistant Surgeons' Association, eventually it was called the All India Medical Licentiates' Association. The admission of private practitioners holding the L. M. P. or equivalent diplomas must have been yet another cause which led the Association to change its name as it now stands.

So long as the Association conducted a propaganda for the betterment of the lot of those in service much enthusiasm was evinced by the members and it must be said that the activities of this Association did improve their lot to a certain extent though not uniformly in all the provinces. Nowhere in India did the Licentiates get what they really deserved, the Government of the land following a baneful motto specially with regard to medical department—"Once a subordinate always a subordinate"—except in Madras where the Licentiates in service have been comparatively luckier than their brethren in other provinces both with regard to pay and promotion to the Assistant Surgeon grade. It is strange yet doubly true that adversity more than prosperity has been a cement and a stimulant for the growth and prosperity of Associations and Unions. If the All India Medical Licentiates' Association exists to-day and has been thriving (though not to the extent it ought to have) it is because of the above ironical maxim. If the Madras Licentiates in service do not evince as much interest in this Association as do their brethren in other provinces, it is because of the same maxim. Consequently the number of members in the Association in a particular province has been varying in direct proportion to the hardships suffered by the members of the Licentiates in service, the greater the hardships the larger the number of members in that particular area. And with ups and downs the membership rose from 110 in 1906 the year of birth of this Association to 2,500 in 1931 the year of the celebration of the Silver Jubilee. It is said that there has been a fall in membership from amongst

those in service and that this fall has been made good to a certain extent by non-service men joining the Association. The lot of Licentiates outside Government service cannot be said to be not identical if not worse and thanks to the proposed Indian Medical Council Bill, there is a tendency of non-service Licentiates joining this All India Licentiates' Association in larger numbers at present than it was before the introduction of this legislative measure.

Sectarian or communal activities of exclusive nature can never be said to be conducive to the healthy growth of a nation much less of a profession which is considered to be the noblest, but if the Licentiates have chosen to run their Association on these lines, the blame can never be theirs. The Licentiates have been and are more tolerant and have been enlisting themselves as members of associations of a cosmopolitan nature outside their own fold, though even this day there exist Medical Unions in this country at least one to our knowledge and that in a progressive city of Bombay where the Union have openly declared sometime ago that for the purpose of their Union the Medical Licentiates were not considered as medical men. All the same the Licentiates have much to gain, very much less to loose if such of those who can afford on all points of view to become members of Associations outside their fold. They can certainly make themselves felt wherever they go if they believe in their strength. Strength alone will not help to the extent unity does. With strength and unity they can endeavour to bring about in this country a homogenous contented medical profession with no compartments artificial or real.

The rules and regulations of this registered Association have made it mandatory on the part of the Association to have yearly conferences and in case any province did not invite the conference in any city or town where branches exist the rules have made it mandatory on the part of the office bearers to hold the yearly conference at Bombay. From 1907 yearly conferences are being held regularly except [illegible]. The office-bearers must hold themselves guilty for the omission on their part in not holding the conference for two years after 1929 in spite of the mandatory nature of the rules referred to above.

We have reasons to believe that no conference would have been held at least for some years to come if the India Government did not publish the proposed Indian Medical Council Bill which excluded the Licentiates from the purview of the Bill. A call was thrust on Darbhanga and it is most creditable that the Darbhanga branch of the All India Medical Licentiates' Association which had on its rolls not even half a dozen members at the time they were forced to summon the Conference and that within perhaps a month's notice, have been able to serve the hosts in a commendable way. So it has to be said that the Conference at Darbhanga was more an outcome of sheer force of circumstances and not due to any respect or regard for the existing constitution. The fact that in 1931 the Association completed its 25th year of its existence and should celebrate the Silver Jubilee for this purpose, must have been yet another incentive which woke those in office to their sense of responsibility. If the success of the conference were to be judged from the manner the proceedings were conducted and the substance of the resolutions that were eventually passed at the open conference, it must be confessed that it was a very poor show especially so because the session was the occasion of the Silver Jubilee. Enthusiasm was not lacking in the hosts at Darbhanga or the delegates from all the provinces in India. With the only exception of Burma all the provinces in India were represented, Bengal, Assam, U.P. and the Punjab being represented by a large number of delegates and if there was no programme of good work worthy of a Session, the blame lies on the office-bearers and not anybody else. In all such and similar Associations the success or failure depends upon office-bearers and in the case of this Association the General Secretary is the commanding force to initiate any proceeding. There are Committees and Sub-Committees but the General Secretary is the soul force everywhere.

Before commenting upon the proceedings of the Conference in detail we have to point out that Darbhanga was most

unsuited as the venue to hold a Conference of an All India importance. The guiding personalities for the conduct and initiation of proceedings on occasions like this are the chairman of the Reception Committee and the President elect. Both should be well in possession of facts concerning the past events of the Association and its future ambition and they should chalk out plans for the guidance of the body to reach the goal they have in view. Dr. Farid, the Chairman of the Reception Committee cannot be blamed if he did not come upto this level. Though a member belonging to the Licentiate class, he was not a member of the Association till the closing day of the conference and could not be expected to know either the inside working nor the future plan of work which necessarily depends upon the past events. Yet, as a private practitioner belonging to the Licentiate class and as one in Government service for a short time in the past, he gave expression to his views to the best of his knowledge in clear terms which are not only appreciated by those who heard him but also by the President, the official head of the Medical department of Bihar and Orissa who later referred to the points raised by the host and gave hopes of reform on the lines suggested by Dr. Farid. The address of the Chairman of Reception Committee touched only on two items of vital importance the first was regarding the unjustifiable exclusion of the Licentiates from the purview of the proposed Indian Medical Council Bill, the other regarding the promotion of Sub-Assistant Surgeons in service to higher grades.

Diwan Bahadur T. Rangachariar, M.L.A., C.I.E., was the President elect. Unfortunately he could not attend on account of illness but was kind enough to send a brief yet most effective address befitting the occasion couched in clear terms. He sympathised with the Licentiates in their legitimate ambitions, eulogised on the past record of their work in all branches of Medical science and deprecated the caste system now prevailing in the profession. He promised his help to fight out the cause of the Licentiates with regard to their exclusion within the purview of Indian Medical Council Bill. We are sure with a political leader of the eminence of Dewan Bahadur T. Rangachariar in the Legislative Assembly, the interests of the Licentiates are safe. His words can never fall flat and he will be heard both by the Government members as well as the people's representatives. It will not be out of place if we suggest that at the time this Bill is on the anvil, a few representatives of the Licentiates who have sufficiently studied the subject should be present at Delhi to supply any information that may be required on the spot to meet the arguments that might be put forward by those who are against the inclusion of the Licentiates within the purview of the Bill.

It was very kind of the Inspector-General of Civil Hospitals, Lt.-Col. L. Cook, I.M.S. in accepting the responsible duty of presiding over the deliberations of the Conference when the call came to him at the eleventh hour. The address delivered by Col. Cook and Diwan Bahadur T. Rangachariar's address are published in full in the "Abstracts" columns elsewhere.

Though Col. Cook could not commit himself to any statement or views of his own, he made it plain in his address that the grievances of the Licentiates were real both as practitioners as well as subordinates of the Government. He consoled the Licentiates that there was nothing in the Bill which could prevent the inclusion of the Licentiates within the purview of the Indian Medical Council Bill in future when the standard of medical education of this class was raised, and as regards promotion of Sub-Assistant Surgeons to higher grades, he expressed that it was desirable, as without such encouragement better talent could not be recognised. It was most surprising to hear from him that there was only one post of Assistant Surgeon reserved for the Sub-Assistant Sugeons in Bihar and Orissa. Now that the head of the medical administration of Bihar and Orissa had expressed his views on the subject of promotion of Sub-Assistant Surgeons to higher grades, it is hoped that he would take up this subject in right earnest and bring

contentment to the hearts of those for whom he expressed his feeling most sympathetically.

It is reported that the Subjects Committee consisting of all the delegates spent three sleepless nights, but we could judge from the resolutions placed before the open conference that they must have spent their time more on minor issues such as irregularities at the office of the Editor of their official journal "The Indian Medical Journal" and the election of office bearers. It was noticed at the open conference that the Punjab delegates who form a most important section in the mother Association walked out on account of the alleged illegal ruling of the Chairman who presided over the open conference and at the Subjects Committee meetings. It is said that the chairman conducted the election of Vice-President declaring Rai Sahib Dr. Ram Narain Lall as elected but later allowed a fresh election for the same office declaring Dr. Jamait Ram, B. Desai elected for the same office. This was brought to the notice of the chairman in the open session and the chairman without explaining his position allowed the second election to stand. It is not our purpose to usurp the function of the Association who alone can rectify the alleged illegal ruling. But we are bound to point out that the matter cannot stop where it started and must find a solution. If constitution is not respected no Association or Society can exist except for individual purposes. From the perusal of the existing rules and regulations we could point out many irregularities in the proceedings. To quote but one instance and that of a serious nature, the President of the Association officiated as chairman of the Annual Conference whereas according to the existing rule 30, the chairman must be chosen from amongst the representatives. As Indore from where Dr. Rai Bahadur Surju Prasad comes was represented by somebody else, the former could not be treated as the representative as per the wording of the rule. If this objection is considered valid the rest of the proceedings cannot but be invalid. The purpose of rule No. 30 is clear. It must have been contemplated by the framers of these rules that the annual conferences should be presided over by an unbiased chairman as it was very likely that the President of the Association along with other office bearers may have to stand criticisms from the representatives and human nature being what it is, the framers of these rules must have thought that at times the President may take sides on account of his official position.

Apart from a resolution of protest regarding the non-recognition of the Licentiates as medical examiners by Insurance companies and one more requesting the authorities of Medical Schools in India to affiliate them to Universities, there were not any more worth mentioning as could be seen from the official report of the resolutions published elsewhere in the "Correspondence" columns of this issue; regarding the former the Licentiates were justified in boycotting such of the Insurance companies who do not recognise the Licentiates as medical examiners and with regard to the latter we wish the authorities concerned will take note of this pious wish of the Licentiates.

Before concluding, we wish to point out to the Licentiates that in the interest of the country, the profession and in their own individual interests, they should concentrate their activities to avail of all facilities, to gain experience as efficient medical practitioners in all fields including research, as such facilities are now denied to them. They should fight tooth and nail, get all the privileges of private practice as a matter of right and not grace. Medical inspection of school children, Medical Examiners for Life Insurance, issuing of physical fitness certificates and many other privileges are denied to them. The Licentiates know their grievances in this respect more than anybody else. Annual gatherings are the proper places to take stock and formulate effective measures to get rid of these grievances. These are days for asserting legitimate rights and privileges and no time or opportunity should be lost to gain these ends. India is too vast a country for concentrated and quick action and the present constitution of the Association should undergo a change to keep pace with the reforms now under contemplation. Federal system seems to be an ideal in politics. It cannot be otherwise for the All India Medical Licentiates' Association. The provinces should enjoy complete autonomy both in finance and in their activities, the Federal All India Association being only a connecting and controlling authority in matters of All India concern. We wish those who have the interests of the Association at heart, will seriously consider the desirability of a change of constitution so that this pioneer Association which is the largest of the kind in this country, progresses and prospers in the right direction. It is roughly estimated that there may be not less than 20,000 Licentiates in India and Burma and with the most liberal estimation there cannot be more than 5,000 of these in Government and local board service and the remaining 15,000 are private practitioners. The highest pay one could aspire in service is Rs. 200 a month and that too, not in all provinces and not by all in the same province. The possibilities of earning, not to mention of public service, as private practitioners is unlimited and if all the Licentiates concentrate more in training themselves as efficient medical men and exert themselves to get equal rights and privileges as private practitioners they would have done the highest expected of them. The major bulk of medical relief depends upon the Licentiates whether it be in cities or rural areas. This is being recognised by all, yet in the matter of facilities for gaining knowledge and in the matter of rights and privileges of private practitioners, they are not treated as liberally as they deserve. The All India Medical Licentiates' Association has been so far concentrating their activities more on service problems than those of private practice. Whatever might have been the justification for the past policy of this Association, times are such that it is safest to depend upon one's own resources, scientific knowledge and rights and privileges consistent with the possession of such knowledge and we hope this Association turns its activities in improving the lot of Licentiates with the above aim, of course not giving up the time honoured agitation in solving service problems concerning their class.

ANNUAL REPORT OF THE GENERAL HOSPITAL, MADRAS, FOR THE YEAR 1930.

The number of beds available for in-patients is 554 and the average daily admissions and discharges were 40 each. The total number of inpatients treated during the year under report was 14,016 and out-patients 83,299 and both of them show an increase over the last year. We have pointed out in several of the issues of this journal, the inexpediency of the treatment of out-patients in Government hospitals, the waste of money involved thereby and referred in support of it, the report of the special committee appointed by the British Medical Association to investigate the matter in England. Only for casualty cases and such of the discharged inpatients as require after treatment, out-patient department attached to hospitals should be used. It will be useful and instructive to the readers of the report if the distribution of the beds among the several Surgeons and Physicians are given.

RESULTS OF TREATMENT OF INPATIENTS AND OPERATIONS PERFORMED.

The percentage of cured cases both in the Medical and Surgical wards has been regularly falling down during the last three years from 51 in 1928 to 41 in the year under report and no explanation is offered for the increasing retrogression. The mortality rate has increased. As regards the surgical operation performed in the year two statements F and F1 are published. The headings are identical though the number varies. A note stating what the statements represent is absolutely necessary if the statements are intended to be read and understood. If the statement F1 pertains to 'special surgical operation'—a new classification introduced in the year under report—the heading of it should have been changed accordingly. The number of patients operated on, is lower than that of the last year. The percentage of cured cases is 75, the lowest since the last 3 years, while the rate of mortality is highest and ten times more than in the last year. These extreme variations should have been explained in the report

as otherwise they would lead one to infer that the surgeons had not bestowed sufficient care and skill in the performance of the operations. Among the special surgical operations, though the per cent of cure is higher than in the general cases, the mortality is inordinately high and double that of the general cases. It is not possible to find out from the report the individual surgeons who were responsible for the high mortality obtained. The statement III B shows the selected list of operations performed by each surgeon. Certainly two more columns may easily have been added to note the results of the operations "cured or died" to the existing 35 columns. From the statement it is seen that the 1st surgeon Lt.-Col. Bradfield, who is also the Superintendent of the hospital in addition, has performed 50 cases on an average per month, while the 2nd Surgeon Lt.-Col. Pandalai has done at the rate of 30 per month. The reason for this difference is not given—whether due to smaller number of patients admitted in the 2nd Surgeon wards than in the first or to indifference.

PROFESSOREAL REPORT.

The professional report of the premier hospital in the Province where the best and highly paid-officers are appointed and provided at a great cost with all up-to-date appliances for diagnosis and treatment, is intended as clinics such as Mayo-clinics, for study by the general practitioners and medical officers in mofussal stations to improve their knowledge and bring it up-to-date. While the report of the 1st, 2nd and 3rd Physicians and 1st and 3rd Surgeons are fairly full and instructive, the report of 4th Physician Dr. Guruswami Mudaliar--occupying only a part of a page--and that of the 2nd Surgeon, Lt. Col. Pandalai are meagre and disappointing. Is it because that no interesting cases were treated in their wards or their indifference to report? The report does not say anything about the work of the two Honorary Physicians and their reports are not seen. Does this mean that they are doing no work or that cases treated by them are unworthy of report? The peculiarity found in the work of the Surgeon in charge of ear, throat and nose diseases, is that while there is a fall in the number of out-patients, unlike in the case of general diseases, the operations performed show a marked increase but no explanation is offered for this marked variation.

FINANCE.

The salaries of medical officers, nursing and menial establishment have increased. The only way to cut down the expenditure is the replacement of paid-officers by honoraries. As in the case of King Edward VII Memorial Hospital in Bombay, except the Superintendent who should also be appointed as Principal of the Medical College and relieved of all professional work in the Hospital and the College, and the Resident Medical Officer and Registrars others may be replaced by honorary men. The income derived from paying inpatients shows a fall and the fall is increasing steadily since 1928.

ESTABLISHMENT.

In part VI of the report, the number of officers on duty during the year under report is given. To the I. M. S. officers their military rank is pre-fixed, and the paid-surgeons and physicians, honorary physicians and surgeons and honorary assistant surgeons, and physicians are designated as "Dr." irrespective of their qualifications entitling them to such title, while to the names of the paid civil assistant surgeons neither "Dr." nor "Mr." is pre-fixed. In an official report as the one under review, the formalities of correctly naming and designating the officers should have been strictly observed. On the whole, the report is unsatisfactory and its preparation reveals perfunctoriness. The cost of Rs. 2-12-0 for the report is too high and neither the quality nor quantity of matter contained in it deserves it.

Original Articles

HUMAN BRAIN—ITS STRUCTURE AND FUNCTION

BY

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(Continued from the November issue.)

Having finished with the racial differences, development, etc., let me now proceed with the description of the brain.

GENERAL INSPECTION.

The brain is an ovoid mass with the dorsal surface highly arched and the basal aspect completely uneven. A deep median vertical cleft separates the two cerebral hemispheres. This superior longitudinal fissure is deep anteriorly and posteriorly but in the middle it is shallow on account of the intervention of a band of white matter running from one cerebral hemisphere to the other. This is the biggest of all the commissures of the brain and is termed the Corpus Callosum. At the first glance it is also seen that the dorsal surface is not at all even but on the other hand is thrown into convolutions and fissures between various convolutions. The ventral surface or the "Basis Cerebri" is much more complexly modelled. On tracing the Superior Longitudinal fissure backwards it is seen to terminate near an X shaped structure called "Optic Chiasma." On folding the Chiasma slightly backwards, one sees a thin gray and easily torn lamella stretching from the front border of the chiasma into the depth of the Superior Longitudinal fissure. This is the "Lamina Terminalis." Forwards from the chiasma, lead the nerves of sight or the optic nerves; whilst posteriorly and laterally on each side are the optic tracts surrounded by the cerebral peduncles and terminating at the "Geniculate Bodies" and the "Quadrigeminal Bodies." Lateral to the optic chiasma is the Anterior perforated substance sieve like in appearance. The anterior boundary of this area is a triangular field, the "Trigonum Olfactorium" from whose front part a narrow white strip called the Olfactory tract is seen leading forwards and terminates in a blunt extremity, called the Olfactory bulb. This sends out delicate white strands called the Olfactory nerves. Behind the Optic chiasma is seen a gray triangular elevation known as the Tubercinereum which is connected by means of the infundibulum with the hypophysis which itself lies in the "Sella Turcica" of the sphenoid bone. Below this are seen two nipple like elevations known as the corpora mamillaria and behind this is the posterior part of the interpendicular fossa presenting the posterior perforated substance. Behind these is seen a band of white substance forming a bridge as it were over the cerebral peduncles and hence named the Pons-varoli. In the middle line, the Pons-varoli presents a furrow in which lies the "Basilar Artery." The Pons sends out on either side ropelike strands into the corresponding cerebellar hemispheres. These are known as the "Brachium Pontis." Behind the pons lies the tapering bulb or the Medulla Oblongata which is prolonged below into the Spinal cord. The Medulla Oblongata is divided into symmetrical halves by the Anterior and Posterior median fissures. Each symmetrical half again presents three well marked areas known as the Pyramid, the Olive and the Posterior district, the upper part of which is known as the Retiform body or the Inferior Cerebellae peduncle and leads into the corresponding cerebellar hemisphere. In front of the Olive, is the Sulcus Lateralis anterior, separating it from the Pyramid and behind the Olive is the Sulcus Lateralis posterior separating it from the posterior district. In the Sulcus Lateralis Anterior are seen the fila of nerve roots constituting the Hypoglossal nerves and the first cervical nerve. In the Sulcus Lateralis Posterior are seen the fila of nerve roots constituting from above downwards, the Glasopharyngeal, the Vagus, and the Accessory nerves. In the groove which intervenes between the Pons and the Medulla Oblongata are seen the Abducent, the Facial and the Acoustic nerves from the medial to the lateral side, the Facial and the Acoustic remaining together with the intervention of only the Pars Intermedius. Through the Brachium Pontis are seen the

Trigeminal nerve fibres and piercing the Brachium conjunctivum on the Posterior aspect are seen the Trochlear nerves. The Trochlear nerves immediately cross each other. Now let us examine a median sagittal section through the brain. We recognise the brain mass belonging to the hemisphere with its convolutions and fissures. We also see the cut surface of the Corpus Callosam presenting anteriorly a bent portion called the "Genu" and a posterior thick portion known as the "Splenium." The Genu is prolonged backwards into a beak like extremity known as the Rostrum which is continued downwards as the Lamina Terminalis (already referred to). Behind the Corpus Callosum and beneath it, covered by the hinder part of the cerebral hemispheres, are seen the cerebellar hemispheres separated by the great transverse fissure and closely attached to the under surface of the Corpus Callosum is the Forni. The Forni gradually leaves the Corpus Callosum, arches downwards and forwards until close behind the Lamina Terminalis where it sinks deeply into the brain substance just behind the Anterior Commissure. Between the Fornix on one side and the Trunk, Genu, Rostrum and Lamina Terminalis of the Corpus Callosam on the other, extends a white sheet known as the "Septum Pellucidum" closing the lateral ventricle medially. Beneath the Fornix and the hind part of the Corpus Callosam is situated the Thalamus, between whose fore end and the descending Fornix lies the Foramen of Munro leading from the lateral ventricle into the 3rd ventricle. At the rear end of the Thalamus and below the splenium lies the Pineal body presenting the pineal recess in front. Immediately beneath, is seen the cross section of the Posterior Cerebral Commissure. On the median surface of the Thalamus behind the Foramen of Munro lies the middle commissure. Extending backwards from the Foramen of Munro is a furrow that extends beneath the massa intermedia towards the Posterior Commissure and separates the region of the Thalamus from the more dependent Hypothalamus. The furrow is called the Sulcus Hypothalamicus. In the lupothalamic position are seen the Lamina Terminalis joining the Optic Chiasma, the optic recess between these two, the Infundibular recess. The Tuber Cincreum, the Corpus Mamillarie, the Substantia Perforata Posterior (all these have been referred to before). The Sulcus Hypothalamus is seen leading to the Aqueduct Cerebri or Sylvius which extends beneath the Quadrigeminal Lamina and joins the Fourth Ventricle that underlies the Cerebellum. Now if we survey the whole picture offered by the sagittal section we get a clear perception of the chief sub-divisions which were given when dealing with the development of the brain. We also realise that each division contains a definite cavity in its interior, referred to as the ventricle.

LOBES AND GYRI OF THE CEREBRAL HEMISPHERES.

The surface of the pallium or cerebral mantle is sub-divided into definite lobes by definite and usually well marked clefts and furrows, fissures and sulci. Of such sub-divisions the following lobes are recognised, (1) Lobus Fontalis, (2) Lobus Parietalis, (3) Lobus Temporalis and (4) Lobus Occipitalis. An additional special lobe, the Insula or the island of Reil lies hidden at the bottom of the Lateral or Sylvian Fissure. Each lobe further exhibits convolutions which while bounded by fissures are often connected at the bottom of the fissures by deep convolutions called the Gyri Progunda. The short or sunken convolutions that connect two longer gyri are called Annectant convolutions.

THE FRONTAL LOBE lies above the Fissure of Sylvius and in front of the Fissure of Rolando.

THE SYLVIAN FISSURE commences in the basal aspect of the brain lateral to the Substantia Perforata Anterior. This is first seen on the under surface and runs lateralwards and reaching the lateral surface divides into 3 rami (1) an anterior horizontal short ramus-running forwards, (2) an anterior ascending ramus running upwards, (3) and the main stem continued backwards as the posterior ramus. This ramus is finally turned upwards and ends in the lower part of the Parietal lobe.

THE FISSURE OF ROLANDO commences on the medial surface just behind the middle of the superior border and after

reaching the lateral surface runs downwards and forwards to terminate at the upper lip of the Posterior ramus of the Sylvian fissure. In the lateral surface of the Frontal lobe running downwards parellel to the Fissure of Rolando is seen the Precentral Sulcus which may be continuous or interrupted. The area of brain between the Fissure of Rolando and the Precentral Sulcus is the Precentral Gyrus of the Ascending Frontal convolution containing the motor centres for the opposite side of the body. Extending forwards from the upper part of the Precentral Sulcus is the Superior Frontal Sulcus and likewise but more arched, forwards and below is the Inferior Frontal Sulcus. Occasionally between these two may be seen a small Medius Sulcus. The Superior and the Inferior Frontal Sulci bound the following gyri from above downwards, the Superior, the Middle and the Inferior Frontal gyri. The Inferior Frontal gyrus also known as the Brocas convolution presents three subdivisions by the two anterior branches of the Sylvian Fissure: (1) the Pars Orbitalis in front of the Anterior horizontal Ramus, (2) the Pars Triangularis between the ascending and horizontal rami and (3) the Pars Opercularis between the ascending ramus and the terminal part of the Precentral Sulcus.

THE MEDIAL SURFACE OF THE FRONTAL LOBE: In front and to a great extent is seen the medial part of the Superior Frontal gyrus and behind this is seen the Anterior branch of the "Cingular Sulcus" which in turn forms the Anterior limit of a quadrilateral portion of brain substance known as "Paracentral lobule."

THE INFERIOR SURFACE OR THE ORBITAL SURFACE: Medially is an antero posterior sulcus called the Olfactory sulcus lodging the olfactory tract and bulb and medial to this is a narrow streak of brain substance known as Gyrus Rectus. The remaining surface is divided by means of an "H'," shaped sulcus into a medial, lateral, anterior, and posterior orbital gyri. This sulcus by some is also called Triradiate Sulcus as the typical "H" sulcus is rarely noticed.

THE PARIETAL LOBE: This is clearly defined off in front from the Frontal lobe but posteriorly it is blended with the Occipital lobe. Anteriorly it is bounded by the fissure of Rolando; posteriorly by the external Parieto-occipital sulcus and a line drawn from the terminal part of this sulcus to the preoccipital notch i.e., an indentation in the inferolateral margin, an inch and a half in front of the Occipital pole. Inferiorly it is bounded by the Posterior Ramus of the Sylvian fissure and a line drawn backwards from its posterior ramus upwards towards the original line. On the medial surface the boundaries are, in front, the commencement of the Fissure of Rolando and behind the well-marked sulcus Parieto Occipitalis internal which separates it from the Occipital lobe. Just behind the Fissure Rolando is another vertical sulcus running parellel to the Rolandic fissure. This is the post central sulcus and this sulcus is invariably interrupted and is seen as two portions. From the junction of the upper and lower parts of the post central sulcus a horizontal sulcus is directed backwards which finally ends in the lateral surface of the occipital lobe, curving in its course round the terminal part of the Parieto Occipital Sulcus. This sulcus is the "Inter Pareital Sulcus" of Turner. Thus we get: a post central gyrus or the Ascending Parietal convolution containing sensory centres for the opposite side of the body; a Superior parietal lobe which is above the Inter-parietal sulcus and which is responsible for the discrimination of size, form and shape, an Inferior Parietal lobe which again is divided into 3 subdivisions. These are: (1) the upturned end of the posterior ramus of the Sylvian fissure capped by a portion of the brain substance known as the supra marginal gyrus, (2) the upturned end of the Superior Temporal sulcus capped by a portion of brain substance known as Angular Gyrus or memory centre or the students' eleventh hour preparation gyrus, (3) the upturned end of the middle temporal sulcus likewise capped by a portion of the brain substance which is named the post Parietal gyrus; as its very name implies, this is behind the parietal lobe and lies in the occipital lobe. But as already pointed out, as there is blending of the Parietal and

Occipital lobes, there is overlapping of these portions. On the internal aspect there is first of all the cemmencement of the Fissure Rolando which is already seen cutting into the Paracentral lobule a small portion of which is formed behind by the Parietal lobe and this in turn is bounded behind by the terminal part of the "Cingular Sulcus." Behind this there is a quadrilateral area of brain substance known as the "Precuneus" bounded in front by the terminal part of the "Cingular Sulcus" behind by the Parieto Occipital sulcus and below by a small sulcus called the Sub-Parietal sulcus.

OCCIPITAL LOBE: The anterior boundary has already been defined when discussing the posterior boundary of the Parietal lobe. Posteriorly it terminates in a well-marked pointed pole as contrasted with the blunt anterior Frontal pole. On the medial surface there is the well-marked Parieto Occipital sulcus internal. On the basal aspect, the demarcation between this lobe and the temporal lobe is only arbitrary by drawing a line from the preoccipital notch (previously referred to) to the commencement of the Parieto Occipital sulcus at the Isthmus Fornicatus. On the lateral surface there are the Sulcus Occipitalis Superior and Sulcus Occipitalis Inferior thus dividing the lateral surface into three. Near the Occipital lobe there is a well-marked crescentic Sulcus which is the terminal portion of the "Calcarine Sulcus." This crescentic sulcus is known as the Sulcus Lunatus of "Elliot Smith" named after the greatest living Anatomist of the day. On the inner surface there is the most important Calcarine sulcus commencing at the Isthmus Fornicatus and running backwards cutting the occipital pole and terminating as described above in the lateral surface. This Calcarine sulcus dividies the inner surface into a triangular area above—"The Cuneus," and a narrow area below—"The Lingual Gyrus." This cuneus and the lingual gyrus are both classified as higher visual centres. The lingual gyrus is seen also adjoining the inferior surface. Here it is bounded on the lateral side by the posterior part of the Occipito-temporal sulcus or the collateral sulcus. The portion of brain substance lateral to this sulcus is the fusiform gyrus or the Occipito-Temporal Gyrus.

THE TEMPORAL LOBE: Bounded above by the posterior ramus of the Sylvian fissure and behind by the line drawn from the external Parieto Occipital Sulcus to the Pre-occipital notch. On the inferior surface by the line drawn from the Pre-occipital notch to the Isthmus Fornicatus and on the medial aspect inferiorly by the collateral sulcus which separates it from the Hippocampal gyrus on the inner side. Anteriorly the temporal lobe ends in a blunt end called the Temporal pole and the Hippocampal gyrus is separated from the formation of the Temporal pole by a sulcus called the "Rhinal Sulcus" which, incidentally is one of the earliest sulcus to form in the mammalian brain. On the external surface there are two sulci running from the temporal pole backwards and upwards to terminate in the Inferior Parietal lobe. These are called the Superior and Inferior Temporal sulci. The Superior Temporal sulcus is also called the Parallel sulcus as it runs parallel with the posterior ramus of the Sylvian Fissure. Between these two sulci there are Superior Temporal and Middle Temporal gyri. The Superior Temporal gyrus is responsible for the auditory sensation. Below the middle temporal sulcus there is the inferior temporal gyrus which is partly on the lateral and partly on the inferior surface. This inferior temporal gyrus is bounded by the inferior temporal sulcus inferiorly and this sulcus is comparatively shorter. In the basal aspect there is the anterior part of the collateral sulcus and the anterior part of the fusiform gyrus.

INSULA: On penetrating the depth of the Sylvian fissure and separating the edges of the bounding lobes there is a deep depression, which is called the Fossa sylvia at the bottom of which lies the Insula or the Island of Reil surrounded by a sulcus called the circular sulcus of Reil.

The parts of the lobe surrounding it are named the "Operculum" and they are called Frontal, Parietal and Temporal Opercula. The surface of the temporal lobe directed towards the insula presents sulcus and gyri temporales Transversi.

OTHER LOBES OF THE BRAIN: The limbic lobe or Gyrus Fornicatus is a horse shoe shaped portion of brain substance lying partly on the medial surface and partly on the basal aspect. On the medial surface this is represented by the "Cingular gyrus" and on the basal aspect by the Hippocampal gyrus. Both are connected together posteriorly by a narrow stalk of brain matter known as the Isthmus Fornicatus from which we have already seen the common stem of the origin of the Sulcus Parieto Occipatalis and the Calcarine sulcus. The Cingular gyrus is bounded above by the Cingular sulcus and the Hippocampal gyrus is separated from the temporal lobe by the collateral fissure. In between, the posterior part of the Cingular gyrus is separated by the Sub-Parietal sulcus from the Precuneus of the Parietal lobe.

(To be continued.)

THE MADRAS MEDICAL COUNCIL

Review of work

BY

DR. V. RAMA KAMATH,

MEMBER, MADRAS MEDICAL COUNCIL.

(Continued from December issue.)

DISCIPLINARY CONTROL OVER PRACTITIONERS.

There were as many as ten cases reported to the Council by different persons regarding alleged unethical conduct of the practitioners, at the October session in 1929 and only two cases in 1930; All except the latter two cases were of the nature of complaints. They were referred to a Committee consisting of Dr. T. Krishna Menon, Dr. Kesava Pai and myself and this committee unanimously found that the complaints were not presented in the form required by the Act and not also properly recorded by the Registrar and so these complaints had to be thrown out. The Committee's report as approved by the Council is published elsewhere in the "Correspondence" columns of this issue for the information of the readers.

It will not be out of place for me to mention that as I was of opinion that the code of Medical Ethics published by the Medical Council, Great Britain and which had been adopted by the local council, was unsuitable for Indian conditions, I moved the following resolution in 1930 at the March session of the Council;

"As the information on the Medical Ethics published by the Council for the guidance of the Registered Medical Practitioners is in many cases, not suitable to the existing conditions in this country it is resolved to appoint a committee of not less than 5 members of this Council to redraft the Code of Ethics."

This resolution was accepted by the Council and a Committee consisting of (1) the President of the Council, (2) Dr. T. Krishna Menon (3) Dr. U. Rama Rau, (4) Dr. V. Rama Kamath and (5) Dr. N. Venkataswami Chetty was appointed for redrafting the Code of Ethics. As I did not get intimation regarding the meeting of this committee I could not take part in the proceedings. My views on the subject were published as a special article in 1930 in the August and September issues of "The Medical Practitioner."

The Committee recommended only one important change regarding rule 17 of the Code of Ethics (as published by the Council). The old rule did not permit public exhibition of the scale of fees and the Committee recommended to the Council that a practitioner might publish in consultation his scale of fees.

CONTROL OVER MEDICAL EDUCATION.

The Medical Council has not been exercising the most important function as laid out in Section 21 of the Medical Registration Act regarding Medical Education. This was mainly due to the fact that the Surgeon-General, who is the adviser to the Government regarding Medical Education apart from Medical administration, not realising his responsibilities as the President of the Medical Council. His position is such that he could afford to be negligent in this respect. In other civilised countries there is no such office as the Surgeon-General nor are the Medical Councils presided over by Government officials and naturally the functions of the Medical Council are not usurped by anybody. If the Medical Councils not only here but in other provinces functioned to the extent the

Medical Acts have made provisions for, there would not have been any need for a Bill of the nature now proposed, I mean the Indian Medical Council Bill.

MEDICAL COUNCIL ELECTIONS.

The elections to the Medical Council have been conducted in a very unsatisfactory manner. The fact that the Registrar had been conducting elections till 1929 on his own accord without the sanction of the Council was first brought to the notice of the Government by me early in 1929 when I contested the seat that fell vacant that year and an election which was in full swing was made void and another election held later. The elections so far were being held in such a way that the candidates would rather choose to fall in with the questionable procedure adopted by the Registrar in his capacity as returning officer rather than find fault with him for any irregularity in the conduct of the elections. I gave an account of the irregularities committed in the conduct of the election in 1929 in the first issue of "The Medical Practitioner" in October 1929 and followed this article by two more making some statements regarding the unsatisfactory working of the Madras Medical Registration Act, and so far, those who are responsible for the running of the Medical Council have not found their way either to challenge my statements or set right the defects complained against. The two elections conducted in 1930 were not also free from irregularities and these elections were commented upon in the columns of "The Medical Practitioner." I do not wish to say anything more about them. The causes for such callousness on the part of the Council are not far to seek. The importance and the usefulness of the Registrar is being felt not only by those who seek to get into the council by election but also by those who are nominated. It was mentioned in June 1930 in the columns of "The Medical Practitioner" that the Registrar is allowed the extraordinary privilege of initiating nominations to the Medical Council. So practically the Registrar controls the destinies of those who get into the Council either by election or nomination.

I felt there was an urgent necessity for overhauling the office of the Registrar and bring about salutary reforms in the working of the Medical Registration Act defective as it was. I made a suggestion to the President of the council to remove the office of the Registrar from a building at Royapettah to a room in the Surgeon-General's Office and I am thankful to him that my proposal was carried out. Later in 1930 at the March session of the Council, I moved the following resolution.

"That a Committee of three members of the Council including the mover of the resolution be appointed to reorganise the office of the Registrar and staff of the Council."

Lt.-Col. Bradfield a reputed disciplinarian as he appeared elsewhere could not tolerate my presence in this committee and expressed that it would be detrimental to the interest of the Registrar to have me in that committee. How and why he did not say nor anybody else asked him. For my own part I thought that silence was better part of valour. It is inconceivable how a single individual in a Committee of three, could be harmful to the interests of the Registrar. A committee consisting of Dr. U. Rama Rau, Major K. G. Pandalai and Dr. N. Venkataswami Chetty was appointed for the reorganisation of the office and this committee's report not being found satisfactory at first was referred back to the same committee in the October session of the Council in 1930 and the committee submitted a 2nd report in 1931 at the March session. The report has been published in the "Correspondence" columns and also the discussion over it as published in the printed proceedings of the Council. The futility of the report and the attitude of the various members are made evident in the discussion that followed and I feel it is superfluous to comment upon them again.

MISCELLANEOUS ITEMS.

The Osmania Medical College, Hyderabad granted the Diploma of L. M. & S. to such of those who qualified themselves as "Assistant Surgeons" in the Medical College, Hyderabad perhaps early in 1929 and the practitioners who passed out of this college before 1929 were also

permitted to affix the L. M. & S. title after their names. Consequently one or two practitioners who were in the Madras Register in the III group applied to the Registrar to affix the L. M. & S. title after their names in the Medical Register. No tangible action being taken by the Registrar on the applications referred to above, Dr. T. S. Tirumurti and myself gave notice of resolutions at the March 1930 session of the Council for the recognition of the L. M. & S. Diploma granted by the Osmania College and the resolutions were accepted.

A few practitioners from the Mofussal belonging to the III group in the Medical Register brought to my notice about the invidious distinction made by the judicial officers in not granting them travelling expenses allowed to the practitioners of the same class in Government service while summoned before courts for giving evidence on behalf of the Crown. This matter was placed before the Council at its March 1930 session and the resolution of the Council was conveyed to the Government and the Government replied that they saw no reason to change the existing rule in the manner recommended by the Council. At the October 1930 session of the Council I moved yet another resolution requesting the Government to reconsider their decision and that the subsidised rural medical practitioners be treated as second class for the purposes of travelling allowance and batta and the Government replied that it was within the discretion of the magistrate or judge to classify a witness as first, Second or Third class and that the Government saw no reason to revise the decision already arrived at.

There are various other matters concerning the rights and privileges of practitioners and where the Government have not so far respected the feelings of the members of the Independent Medical Profession, and have been always making invidious distinctions between practitioners in Government service and in private practice and when opportunities occur, I shall, in my own humble way, press the claims of the Independent Medical Profession before the Council with the help and co-operation of my collegues in the Council. I have belief in the saying "Nothing ventured nothing gained." In the meanwhile, I make a fervent appeal to my brethren in the profession that these are days when nothing worth mentioning could be achieved without agitation and public support. The columns of "The Medical Practitioner" are at your disposal to ventilate the grievances of the profession and it is for you to make use of them and bring about harmony and contentment in the profession.

Abstracts

THE ALL-INDIA MEDICAL LICENTIATES' ASSOCIATION.

The Silver Jubilee Session at Darbhanga.

DEWAN BAHADUR T. RANGACHARIAR'S ADDRESS.

Mr. President and the Members of The All-India Medical Licentiates Association.

I send you my hearty greetings on the occasion of the Silver Jubilee celebrations. Your association with its 100 branches throughout India and Burma may well claim great credit for the work it has done for the last 25 years. Your association has interested itself on general questions affecting the welfare of that great branch of the medical profession in India the L. M. P. who number over 10,000. Members of your branch of the profession have to their credit the great medical services they are rendering to the teeming millions of India. It is through you it may be said with truth the benefit of the Western system of medicine reach the poor people in the interior and I may assure in all parts of the country, you have earned their undying gratitude. The eagerness with which your services are sought in the interior districts is well known. Your association has laboured hard all these years to pursue the aims you have in view in your memorandum of the Association. The proceedings of your annual conferences and the record of the exhibitions you have held show the remarkable energy and enthusiasm with which you have conducted your business. You have contributed to the knowledge of the world by your research work and promotion of scientific knowledge. Your attempts at improving the standard of medical education required for practising the profession are indeed commendable. The Indian Medical Journal bears strong evidence of the activities of the association and its branches in all directions. There are many things yet to be done to acheive all the objects you have in view. I wish your association a prolonged life of commendable activities.

You are naturally keenly interested in the legislative measure which is now in contemplation with the Government of India and I am sure you expect me to say a few words about that measure. The bill has just been published for general information and has for its object the establishment of an All-India Medical Council an object which I see has been dear to your association for some time past. My friend the late lamented Dr. Lohkare of Bombay, I know, was interested very much in getting a bill for that purpose through the Legislative Assembly in 1926. His untimely death however prevented the measure reaching any definite stage. One of your ex-Presidents, my friend Dr. U. Rama Rau of Madras succeeded in introducing a measure in the Council of State which had the good fortune of being circulated for public opinion. He too was unable to carry it through as he could not get the Government support. A second attempt was made by Dr. U. Rama Rau removing some of the features to which exception had been taken on his first attempt and it met with general approval including the Indian Medical Gazette an organ of the higher heirarchy in your service. I take your demand, to be self government, in Medical affairs by the creation of an All India body with a democratic constitution to whom the General Medical Council of great Britain should be expected to look for information and guidance. You want the creation of an All India Medical Council to act on behalf of the profession in the country and of the same status as the G. M. C. of the United Kingdom. Such a council should ensure high standard of education in different provinces and reciprocity between the different provinces of India and also between them and other Medical Councils in the British Empire and other countries. In fact you want a central and co-ordinating mechanism which would give India combined representation with regard to the world problem for Medical education and registration. Whether this bill which the Government of India propose to introduce, will achieve such an object is open to very grave doubt. In the first place the constitution of the proposed council is far from democratic ; it is official-ridden, its functions are ill-defined and the bill is further open to the most serious objection of all—it excludes from

its embrace that very large body of medical practitioners, the Licentiates. The main object of having a medical registration Act is to enable the public to distinguish the qualified from the unqualified practitioners and regulate the qualification required of such practitioners. There are provincial councils which serve this purpose very well and to have an All India register for the same purpose but excluding the bulk of those in the provincial lists seems to be a novel and reactionary proposal. It is apt to mislead the public and in addition inflicts an injustice on a class of practitioners who so thoroughly well deserve recognition from the record of their service. At one stroke it will deprive those people on provincial registers who are not included in the All India Register of their right to be recognised as qualified practitioners in provinces other than theirs, a right which they now enjoy. The aim of all professions must be to leave a uniform and unified set of practitioners whether in the legal or medical world. But once you send a man as qualified to practise the profession either of medicine or law there is no limitation on the discharge of his functions. They are qualified to do the job. If they are stamped as qualified to practise the profession, it does not matter by what standard of qualification they are so declared. All have equal chances and opportunities of making or marring humane life. Each country must be to lay down its own standards according to its own requirements. The ability and the value of the Scientific work turned by many of the Medical Licentiates in India have been officially acknowledged. If the stnadards of education now prevailing are low by all means raise that standard. I take it, you yourselves are desirous that it should be so raised. Though this bill will do no legal harm to the vast class of practitioners the omission to put them into the registers will surely cast a slur on their professional qualification and as such it is but right that this association should record its emphatic protest against that measure. I am sorry I am not physically fit to carry the discussion further but let me conclude with the assurance that I will take a lively interest when it comes up before the Assembly and see that your interest is not jeopardised. It is self interest all over whether in medical profession or legal profession to preserve as it were a class distinction. It is those who stoutly oppose the caste system in this country, wed it with enthusiasm when it serves their own purpose. Such is human nature call it what you like. These water tight compartments of classes within class should disappear. I wish the conference all success.

Presidential Address.

BY

LT.-COL. L. COOK, C.I.E., I.M.S.

F.R.C.S. (E.) INSPECTOR-GENERAL OF CIVIL HOSPITALS, BIHAR AND ORISSA.

Ladies and Gentlemen,

It has given me great pleasure to be present at the Annual meeting of the All India Licentiates' Conference and I appreciate the honour in being asked to preside at this meeting.

In welcoming you to this Province of Bihar and Orissa, I may say that a more appropriate town could not have been selected than Darbhanga, which as Dr. Farid has just informed us was a great centre of learning in previous decades and in the present time contains a Medical School which owes its origin to a very generous donation by the late Maharajadhiraj Sir Rameshwar Singh, K.C.I.E., and which is a potential source for the supply of more members to your Association.

It is a matter for congratulation that the *Esprit de corps* which binds all the members of the Association together is not becoming less but rather stronger with the rapid changes and advances made in Medical Education in this country. There is a determination of all Licentiates to advance with the times and as the pioneers in scientific medicine in this country you are justifiably proud, to not only maintain your past reputation, but to press forward to greater achievements.

On occasions of such meetings as these you have the opportunity of reviewing past achievements and taking stock of your present position.

Your Association is at present greatly interested in the creation of the All India Medical Council and Dr. Farid would appear to have taken a somewhat gloomy view of the introduction of such a body with reference to the prospects of the Licentiates.

The introduction of the Medical Council for India is a sign of the progress made in India by the disciples of Scientific Medicine and an endeavour to obtain recognition that the standard now attained in India is second to none in the Medical Scientific world.

The outcome of the institution of an All India Medical Council will help to raise the standard of Medical Education for both graduates and licentiates.

You have already heard the proposals that were made by the Committee appointed in Madras for raising the status of the Licentiates and I have no hesitation in saying that with the introduction of the All India Council Bill your Association will endeavour to give practical effect to the suggestions made by this Committee.

The happy result of such changes in the Licentiates curriculum will be to bring you on the same Scientific level as graduates of any University, and also that Medical Schools will be in a position to obtain recognition by the All India Medical Council just the same as Colleges.

There can be no question of dividing the medical profession in India into watertight compartments; we all recognise that there are many brilliant medical men who have held the Licentiates Diplomas and from the spirit which pervades your Association one may well infer that there will be many more forthcoming.

As you have always been the mainstay for medical relief in the remotest parts of the country—so you will continue to carry on the good work to your own glorification and to the benefit of the suffering poor.

There is one problem to which I should like to refer with regard to the work in the Rural areas and which is so ably carried on by Licentiates, and this is the protection that is required against quacks and charlatans.

It is not only to protect the general public but also our own medical men, who, as competition is growing ever keener in the medical profession, seek fields other than the larger towns to earn their livelihood. They find that in the rural areas the quacks and charlatans are already established and are trading on the illiterate and credulous public. That such men with no qualifications should be allowed to give intravenous injections and with occasional dire results, calls for some enquiry.

The problem is no doubt a difficult one, but as we have aroused ourselves with regard to the purity of medicine which are sold to the public, it would appear only reasonable to expect some enquiry to be made on this question. It is just as important to ensure that an efficient medical man should administer the medicines as it is that the medicines themselves should be above suspicion.

The ethical side of the problem is no less important than the practical side and it is one which affects Licentiates' prospects more than any other problems and therefore one to which your Association should give its attention.

When your Association was founded in 1906, one of its objects was to promote and identify itself with measures concerning public health, medical relief and the education of the country.

Your members who work in the outlying parts of Districts, not only have great opportunities to help the public, but also progress in medical knowledge. We all know that the clinical manifestations of a disease in one part of the country may differ to what are usual in other parts, and observations and records of such differences may in the end lead to an advance of knowledge in that particular disease which will benefit not only the medical profession as a whole but also the general public indirectly.

Whether we are licentiates or graduates, members or fellows of any Faculty

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we all had the same ground work in our teaching and are on the same level in treating our patients, and all of us have some opportunity during our lives of helping progress in our profession.

I believe I am correct in saying that the late Sir James Mackenzie obtained his special knowledge in Cardiology when he was a general practitioner and it is the general practitioner in this country who has great opportunities in acquiring and disseminating medical knowledge.

Dr. Farid has referred to the question of promotion and the ear marking of appointments for Licentiates in government service. This is a question which has perhaps not received the consideration it warrants in this Province, but it is one which I can quite understand would stimulate talent in the cadre and be greatly appreciated by the officers. In this Province only one post in the Assistant Surgeon cadre is reserved for Licentiates and this I agree does not recognise adequately the standard of ability shown by licentiates in government service.

I can quite understand that at these annual meetings of your Association intellectual comradeship tends to foster and confirm traditional beliefs and are an encouragement to the older members to maintain these beliefs and tends to emulate in the younger members a spirit of pride in their Association.

That you still occupy the same position in the world of medical relief in this country and that the masses are still dependent on your help is the spirit in which I hope your deliberations in this Conference will be as helpful and fruitful as in the other Conferences.

Furthermore I hope that you will carry away with you pleasant recollections of this visit to Darbhanga.

CLINICAL NOTES.

The Role of Amino-Acid Moiety of Proteins in Vital Phenomena of Life.

By JOGINDRA NATH MAITRA, M.SC., M.B., D.P.H., D.T.M. (Cal.).
HONORARY CLINICAL ASSISTANT, PHYSIOLOGY DEPARTMENT, MEDICAL COLLEGE, CALCUTTA.

Non-specific immunisation has proved in recent years great value in banishing and non-bacterial invasion of the organism. In man, Vaughan in his studies has shown that a very small quantity of protein decomposition products has got definite stimulating action on the vital processes of cell matabolism. If we split (in our biological laboratory) the most common protein, *viz.* Casein from milk, we get a series of amino-acids, with one or more amino groups; and if we isolate from the blood non-protein moieties, we find Creatinin, urea, uric acid and other products allied to the split up products of protein metabolism. A series of varied experiments by parenteral injections of these amino-acids and their allied bodies have revealed many convincing results. Glycine, Alanine, Leucine, Tyrosine, Tryptophane, Urea, Uric acid, Creatinin and other such products individually and in combination have been clinically utilised for curative purposes. It has been claimed that although these have no bactericidal power, the produce defence reactions and are able to overcome certain deficiencies due to bacterial damages. Dr. Hervouet's methodical experiments show that Glycocoll, Creatinin, Glycocoll-Creatinin, Leucine, Methyl-glycocoll are really active moieties that can take part in tissue formation in anæmia, denutrition and tuberculosis in the early stages. In later stages of tuberculosis, they can check the process but cannot eradicate the infection by their tissue-building powers.

Exhaustive literature on the subject tempted me to give a fair trial to the solution of Amino-acids with creatinin of Dr. Hervouet (Aminobiase) in definite cases of Tuberculosis after finding acid fast bacilli in sputum.

CASE NO. 1: M. S., Hindu, aged about 33 years, in R.M.S., suffering from slow fever and continuous irritating cough for over one year, showed acid fast bacilli in sputum and came under treatment on 6-7-30. He had several Calcium chloride injections to no effect. He was 6 stones, 8 lbs. in weight on 6th July, 1930. Bi-weekly 12 injections of the solution (2 c. c.) brought down the temperature; the weight increased to 7 stones 2 lbs. and there was no cough. I have however advised rest for 4 months on medical leave.

Case No. 2: N.S., a pleader in Calcutta Court, aged 32 years, came under my treatment with hæmoptysis on 19th May, 1930, which continued for 4 days. He had previous attacks of hæmoptysis, weight was 7 stones, 8 lbs. He had bi-weekly 9 injections. He finally weighed 9 stones and was advised to go to Barisal his native place and report to me about his health every fortnight.

CASE NO. 3: B.B.B., aged 30 years, an employee in a cloth shop, had repeated hæmoptysis, slow fever and cough; very scanty slimy sputum—showed acid fast bacilli. After seven injections cough completely subsided and general health improved and weight increased by about 12 lbs. He has been advised to take rest and good food in his native village in Khulna, this being a healthy place.

CASE NO. 4: R. M. K., a young man aged 24 years had three attacks of hœmoptysis before 2nd June, 1930, when he came under treatment. He was advised repeated injections of Aminobiase. He reported from his village on 15th September, 1930, that he is doing very well, no fever, and he has gained in weight by about 10 lbs.

CASE NO. 5: T. D., a student 3rd year B. A. class, suffering for the past two years from slow fever and cough. Showed T. B. in sputum. He was given six injections of Aminobiase and Pulmo-Calcium (A. F. D.) by mouth. In two months cough was much better, weight increased, pains in the chest left side completely disappeared, and X'ray Plate showed an egg shaped calcified area in the left apex proving healing process advanced. After six injections he left for Sikkim.

From an observation of these five cases one can believe that Amino-acid moiety can start up vital processes securing repairs of damaged tissues. Though it is rather early for me to draw any conclusion, the results obtained are very convincing and justify a wider trial of this line of treatment by the profession.

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Cancer Discovery.

400 DOCTORS MEET TO DISCUSS IT.

Four hundred medical specialists from Britain, the United States, Germany and other countries met in Paris in mail week to examine a discovery by Dr. Royer, a physician of Lyons, which it is thought may give relief to most of the ailments of the human race.

It is a gaseous treatment of all kinds purulent and kindred ailments, among them cancer.

Dr. Royer gave his colleagues an explanation of how his cancer and diabetes cure, "o8" or "octozene," operates, and for nearly three hours the specialists questioned him and discussed his discovery.

A prominent Harley-street specialist who attended the meeting said "I am amazed by the results Dr. Royer has attained. His method is being employed at 48 French clinics, and at his Paris clinic he has 150 patients.

"It has been asked whether his "o8" cannot be produced in mass form and lent to hospitals all over the world, but it is of so unstable a nature that it is better utilised immediately it is produced, and is therefore not easily transportable.

"Its potency, however, is as great as its instability. It is injected into the tissues, not into the blood-stream, to which it penetrates subsequently, but its action is almost instantaneous.

"By this method, Dr. Royer claims, the life-giving effects of oxygen are derived by the body in a way many times more efficient than by the natural method of inhaling through the lungs.

"Oxygen is the mainstay of life, and 'o8' is claimed to be super-oxygen."—(*Times of India.*)

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.

Eclampsia: PUERPERAL: To prevent the onset of the disease, Thyroid gland 3 to 5 grains every 3 hours, Veratrum Viridi 20—30 m. of the Tincture every 2 hours until the pulse becomes slow and soft and in severe case this may be given hypodermically—Hypodermoclysis of one pint of saline solution under the breast. Chloral either by the mouth or rectum: Morphia and Chloral may be given as follows—Morphia 1-6th of a grain subcutaneously and repeat the dose in an hour if the patient is restless. Two hours later 30 to 40 grains of Chloral is given by rectum repeated at intervals of 4 to 8 hours.

Nephretin (Reed & Carnick) is good.

Luminol Sodium 0.4 gram intramuscularly.

As this disease is said to be an anaphylaxis caused by the introduction of lact albumen into the blood from the mammory glands of the pregnant women, a small quantity of milk drawn from the mammory gland of the patient, may be injected into the arm daily for several days in order to produce immunisation (Endocrine Survey).

As a preventive when the blood pressure is high hypertonic solution of Mag. Sulph. 10 cc. may be given intramuscularly or 20 cc. intravenously. The solution must be sterile and made with triple crystalised salt in triple distilled water and supplied in ampoules—It may be also given at the onset of the disease and may be repeated every hour until the convulsions are controlled (Practical Medicine).

Injection of hepatic extract—Anabolin (Harrower) is attended with good results.

When the urine is acid and contains albumen and acetone caused by excessive vomiting, Soda Bicarb, 12 gr. in 3 per cent. solution to be given intravenously to increase the containing power of Co_2 Glucose 250 cc. of 10 per cent. solution (J. A. M. A.).

Veratrone (P.D.) 1 cc. is given subcutaneously if the blood pressure is high. 2 or 3 injections at intervals of 2 hours may be necessary to bring down the B. P. (I. M. G.).

Insulin is also good (J. O. T.).

Elephantiasis: For the disease occurring in the leg or foot, Fibrolysin given subcutaneously is said to be useful (Journal of Tropical Medicine).

Intravenous injection of Arrhenol gr. 2 in 1 cc. of water to be given every alternate day, to be increased to gr. 3 in 2 cc. of distilled water (I. M. G.)

T.A.B. Vaccine in trophic elephantiasis.

Hypercytol (A. F. D.) has been tried and found very useful.

Emphysema c Bronchitis: Ammon. chloride gr. 5, Codeine Sulplate gr. 1-8 in Liq. Ext. of Glycyrrhziae (Modern Medicine)

Pot. Iodide is good (Leonard William)

Sodium Cacodylate 1 cc. of 50 per cent intravenously any 3 days.

Endarteritis—Obliterans: Hot air and Diathermic treatment and hypodermoclysis of Rogers solution 400 to 500 cc. every 2nd or 3rd day. (P. M.)

Endocarditis: Sodium Cacodylate is the only useful drug or mercurochrome—a gentian violet. The first should be fresh and prepared weekly (Modern Medicine).

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Notes on Therapeutics, Diagnosis and other Medical Subjects.

Gonorrhœa and its Modern Treatment.

(Continued from last issue.)

The treatment of Gonorrhoea should be considered from the points of views of Urethritis and local complications and of metastatic complications.

The treatment of Urethritis depends upon the stage when the patient presents himself for treatment: (1) He may seek advice at the earliest stage before the gonococcus has got into the depths of the mucous membrane, behind the fossa navicularis. This stage is between 24 to 48 hours after the infection, before the appearance of purulent discharge. The patient at this early stage has slight irritation at the meatus which is reddish and emits only a mucoid discharge. (2) The next stage acute or sub-acute occupies 4 to 6 weeks and (3) The chronic stage.

The earliest stage of gonorrhoeal infection when the gonococci are still on the surface of the glans or the fossa navicularis, is the most hopeful both with regard to cure and prevention and every medical practitioner should not only learn the technique but should loose no time in applying the same. If Abortive Treatment is adopted properly, the great majority of patients can be made definitely rid of the infection within the shortest possible time and the practitioner can take the credit of checking the spread of the infection which, in later stages, is not amenable with certainty to any form of treatment in spite of the greatest possible care and the patients become a source of spreading the infection. He has to submit himself to long continued treatment of a tedious nature with no surety of a complete cure. Usually as soon as the patient is relieved of discomfort he does not mind much of the 'morning gleet' resumes his sexual habits and spreads the disease. Any practitioner can have recourse to the Abortive Treatment; it does not require any special technique or elaborate apparatus or appliances requiring special knowledge and skill. Many methods of Abortive Treatment are in vogue and have their own advocates. The simple plan is as follows:—

After placing the patient on the table, (1) clean the glans penis, penis, scrotum and the pubes thoroughly with a solution of 1 in 2000 Hydrag. Perchlor. Dry the glans penis with rectified spirit and then inject into the urethra, 20 minims of a 5 per cent solution of Argyrol holding the meatal lips tightly. Seal the meatus with collodiun. About three coats of the latter are necessary taking care that each coat is thoroughly dried before the next one is applied; it should be noted that the patient should pass urine before this treatment and should not then be allowed to do so after the injection for at least four hours. The treatment should be repeated for three consecutive days and should be followed for the next five days by irrigations of Potassium Permanganate 1 in 3000 or Blenacrol (1 tablespoonful to a pint of water). If on microscopic examination pus and Gonococci are absent for four days successively, the disease may be considered to have been aborted.

ACUTE AND SUB-ACUTE STAGES: The treatment at this stage should be directed towards the local seat of infection, that is, the urethra and should help the system to get rid of the infection by means of suitable diet and regimen and medicines by mouth. Treatment should be suitable to prevent complications. It should be remembered that the acutely inflammed urethra cannot even bear the passage of urine and that the sexual centre is easily irritated in patients suffering from Gonorrhoea and that there is a tendency of the infection spreading towards the bladder infecting it and its appendages; the seminal vesicles and epididymis get infected by the backward peristalis and there is always a danger of the infection travelling to the other parts of the body through the blood. So the general treatment including the diet and the regimen should be directed in such a way as to avoid all complications. The patient should have a hard bed and should wear a satisfactory suspensory bandage to support the testicles. The meatus should be cleared frequently with a weak non-irritating antiseptic lotion. Diet should be of a bland nature, pickles

and spices being avoided and also alcoholic beverages ; a carbohydrate dietary with acid fruits and plenty of barley water to facilitate free flow of urine is ideal.

Patient should be advised not to read novels and such literature which excites sexual instincts. He should employ his mind in such a way that sexual reflexes are avoided scrupulously as the disease itself has a tendency to stimulate the sex centre.

MEDICINE : Indications for the use of drugs are (1) to soothe the irritated urethra and lessen the pain during micturition (2) to kill the organism either directly or indirectly. As the Gonococci do not thrive on alkaline medium, medicines should be given to promote alkalinity of urine and blood. Constipation should be avoided. Pot. Bicarb grs. 15 to 20, Tinct. Hyoscyami m. 15 to 20 in an ounce of Infusion Buchu every 4 hours is usually prescribed. To prevent backward peristalsis and with it the gonococcal infection into seminal vesicles and epididymis Ext. Bell. gr. $\frac{1}{4}$ with Ext. Opii gr. $\frac{1}{2}$ or Atropine 1/100 gr. are usually tried in the form of suppositories morning and evening. Painful erectations may be controlled by Pot. Bromide in 15 to 20 gr. doses. Camphor Monobromate gr. 6, 3 or 4 times a day has also the same desired effect. Splashing of cold water over penis and testicles especially after micturition soothes sexual centres reflexly.

ANTISEPTICS : Drugs usually prescribed in genito-urinary affections such as Urotropine, Salol, Boric Acid etc. are being used.

Sandalwood Oil, Cubebes, Copaiba, Methyline Blue and Kava Kava are time-honoured preparations much advertised under various names. There is no doubt that they decrease the discharge but they do not cure Gonorrhoea. They are prescribed after the acute stage has subsided. The best amongst these seems to be Sandalwood Oil in XV to XX mms. doses which given in combination with Pot. Citras and Urotropine lessen the acidity of urine, decreases the flow. There cannot be any objection to prescribe these drugs in combination with the local treatment. These balsams usually upset the stomach and give rise to skin rashes of various description.

VACCINES : The value of vaccine therapy in uncomplicated cases of Gonorrhoea has been disputed by as many as those who advocate the use of vaccines as a routine measure. But in cases of complications of Gonorrhoea the use of Polyvalent, Heterogeneous and Heterovalent vaccines has not been disputed so far at least to the extent of the condemnation of the vaccines in early non-complicated stage of the disease.

There seems to be considerable evidence that the Gonococci circulate in blood even in early stages and an injured part such as a tendon or a joint gets affected seriously even in early stages of acute Gonorrhoea. So assuming that the Gonococci do circulate in blood from the very onset of the disease, it is desirable that the resistance power of the body is raised by the administration of Gonococcic vaccine. But it must be known that those who advocate the use of vaccines do not claim that the purulent discharge is reduced by the use of vaccines.

There is clinical evidence to prove that series of cases treated with vaccines in addition to rational local and general treatment are relieved of their symptoms earlier and gave higher percentage of cure. The failure in vaccine treatment is said to be due to faulty selection of strains and dosage. Small graduated doses were always safer and conducive of better results.

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

There are two preparation of Antigonococcic vaccine for oral use, one called Rheantine and the other Heterolysine. The former is useful in simple cases of gonorrhoeal infection uncomplicated with the presence of other organisms. The latter is used with success during the decline of the disease when the Gonococci become scarce and the Diplococcus Fallax (which is nearly constant in the healthy urethra, and only becomes pathogenic when subjected to irrigation) remains in a condition to carry on the inflammatory process. It is therefore bad practice to administer a simple antigonococcic vaccine, which accounts for many failures, and in Heterolysine the Diplococcus Fallax being added, the clinical results obtained by the administration of this mixed vaccine have fully justified the use of Heterolysine.

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

The indications for the use of Heterolysine are Gonorrohoea particular during the declining period, Chronic Gonorrhoea, Morning secretions, Prostatities, Cystitis, Bladder affections, Vaginitis, Metritis, Salpingitis, Ovaritis, Diplococcic rheumatism, etc. The usual local treatment should not be dispensed with. By this treatment the secretions are systematically reduced and asepsis of the entire urinary tract prevents the existence of any harmful saprophytes which are usually very troublesome.

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

(To be continued.)

because of the adequate combining of the inorganic and the organic compounds of iron that this preparation is so very valuable in its biological effects. Here Ferrous Hydroxide is in an assimilable form due to high state of sub-division of the particles of iron. These latter pass the membranes of the intestines to which they act as a local tonic and are practically fully absorbed and utilised. The other function performed by this Ferrus Hydroxide is that it prevents the organic iron compound from Sulphide precipitation.

Now concerning phosphorus to which the Hypophosphorous radical in this preparation is oxidised in the blood and tissues, we find that this is required more than the daily average in these conditions. The chief difficulty regarding Phosphorus nutrition is owing to the fact that it is so easily eliminated. The Phosphorus contained in Fer-Ma-Pho is fixed to the Organic Mineral Iron and is assimilated, to remain in the system and assist in the accumulation of a sufficiency of that element. Fer-Ma-Pho fulfills this condition remarkably, because Phosphoric acid oxidised in the blood and tissues is properly utilised by the system. Besides, it helps nutritive exchanges, delivers the blood from its poisonous substances by elimination through urine and retards the destruction of blood-corpuscles. The nervous system as also the bone marrow is strengthened by it.

The Manganese Hydroxide is a useful constituent of Fer-Ma-Pho. It is assimilated according to the requirements of the cells in the body and the excess excreted as soluble compounds. It is stated that it acts synergistically with Ferrous Hydroxide as a haematinic. The clinical experiments show that Manganese is necessary for maintaining the physiological well-being and hence its inclusion in Fer-Ma-Pho.

This preparation contains therefore those elements which provide for adequate and satisfactory treatment of simple anaemias or those maladies which tend to cause anaemias.

On account of the judicious blending of the above mineral and organic salts it is quite possible to obtain good results from the combination of even small quantities of each. After the administration of this preparation a general physical improvement, subjective and objective, is evident within a few days. The nausea and vomiting, the usual accompaniments of anaemia, subside rapidly. There is a steady improvement in the appetite, which is so frequently impaired in these conditions. A gain in weight should soon be expected with this treatment, provided a well balanced diet accompanies it. It is obvious that all these effects are due to the action of iron and Manganese which are essential for the complete nutrition of Haemocytes. Fer-Ma-Pho though an organic compound supplies so to say a biological principle, which the patient is so much in need of and the clinical recovery that follows is due to the stimulation afforded by the judicious combination to nutrition and to appetite. It is well-known that certain diseases break down the resistance of even the strongest of men. The malarial parasites, after continued attacks of Malaria, destroy the red-blood corpuscles and then follow weakness and mental and physical depression. Fer-Ma-Pho effectively counteracts all these evil effects of long-continued diseases by regenerating the blood, toning the nerves and influencing the mind. In secondary types of anaemia Fer-Ma-Pho causes rapid and satisfactory red-blood cell and haemoglobin regeneration. Severe and long-standing red-blood cell deficiencies have been overcome by long-continued treatment varying from one to three months. We can safely assert that in some cases refractory to other forms of treatment marked improvement has been observed. All these facts indicate that in primary anaemias treatment with this product is fully justified. In the usual forms of primary and secondary anaemias Fer-Ma-Pho will stimulate the weakening bone-marrow and will cause it to produce new red-blood cells and will increase the percentage of Haemoglobin.

In the life of a general practitioner hardly a day passes when one or more of his patients require some tonic or the other. Fer-Ma-Pho is a general tonic particularly suitable for general debility. Convalescence after acute diseases, anaemias, pregnancy, lactation, after surgical operations and exhaustion. Prompt and satisfactory results may be expected from

prescribing this tonic in conditions mentioned, as it supplies the elements necessary for renewed and increased activity.

IN CONVALESCENCE, its value is quite apparent. The organism is assisted in regaining force and vitality which it so much lacks. It is an efficient and dependable tonic to accomplish the ends in view of the physician viz. to build up the patient's power or resistance and to restore him to a normal condition in the shortest possible time.

AFTER ACUTE DISEASES, Fer-Ma-Pho should be prescribed for its tonic effects, as it is found to supply the elementary deficiencies to promote cell-metabolism and to increase the efficiency of the blood.

IN ANÆMIAS, it increases the number of red-blood cells and also the percentage of Haemoglobin. The clinical response of patients in these cases is prompt. After about a week of this treatment the patient begins to feel the improvement. There is rapid increase in strength, appetite and sense of well-being. Objective signs, such as the pink flush at finger tips and nail beds, the red colour of the face soon become evident. The most important change, however, is the rapid increase in the formed elements of the blood. If adequate treatment is given the increase continues until in about six to eight weeks' time the blood becomes quite normal,

IN CHLOROSIS, Fer-Ma-Pho seems to act favourably owing to its better absorbability than other iron preparations.

IN PREGNANCY, and during the period of lactation the use of Fer-Ma-Pho is most advisable, as it exercises an animating and stimulating effect on the physiological activities of all the organs and thus it compensates for all the blood-losses etc., and enable the organism to resist and overcome attacks of any disease. In the period of lactation, when there is great strain upon the vitality of the mother, this preparation will to a great extent make up for the losses and will build up the body reserves.

SURGICAL OPERATIONS, make great demands upon the system, and weakness and feebleness that follow the severe loss of blood will surely be overcome by this preparation.

In general practice there are a great number of patients whose chief complaint is lack of strength and energy and general debility. These symptoms mostly are the result of *Nervous Exhaustion*. This condition is usually due to lack of proper functioning of the oxidative system. Fer-Ma-Pho increases it remarkably by definitely stimulating physiological oxidations and liberating energy. This it does because the product by increasing the appetite with the consequent intake of more food adds excess of nutritive material to the organism.

IN NEURASTHENIA and IMPOTENCY, this product would be of great value as it would tone up the nervous system by supplying organic phosphorus and iron to the tissues. In impotency this preparation would be of great help as the combination of organic phosphorus and iron brings new vitality and strength.

THE LOSS OF WEIGHT, which is considered as "Nature's danger Signal," is a condition which can easily be conquered by Fer-Ma-Pho. The waning vitality is restored to its original state and a feeling of vigour and renewed strength is experienced. In fact this product exerts a very powerful influence on the natural resistance of the body.

Fer-Ma-Pho has some unique advantages. It is perfectly stable and can be kept for a long time without being spoilt. Its concentration is high and hence very small dosage is required. It is palatable and does not cause nausea nor does it induce constipation however prolonged the treatment may be. It is tolerated by the most delicate stomach and it does not disturb the gastro-intestinal tract. The only fear is that prolonged action of hydrochloric acid may disturb the colloidal complex. It is therefore advisable to administer this preparation at least half an hour before meals. That does not mean that it has no influence at all when given with meals, but it acts best on an empty stomach.

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Reports on Treatment of Gonorrhoea by Oral Vaccines (Rheantine) by Various Specialists.

Report 1.

BY DR. G. ROUSSEL.

(Specialist in Diseases of Women and of the Urinary Organs.)

ACUTE GONORRHOEA.

B....., Corporal, Colonial Infantry. Commencement on 28th March, 1916. Very abundant purulent flow. Pains on micturition, and in the whole perineum. Glandular enlargement. Beginning of vaccinotherapeutic treatment (Rheantine on 1st April in the evening. Already on the following day almost absolute suppression of the discharge, no pain during micturition. On 8th, very clear and scanty discharge. On 15th recrudescence of the discharge (second box). On 20th, the discharge diminished. Between the 15th and 20th, two injections of Iodargol. The flow diminished. Finally about the 28th, all the symptoms disappeared almost suddenly. The patient is really cured. What is remarkable, is the rapid and absolute disappearance of the pain during micturition.

Report II.

BY DR. G. ROUSSEL.

ACUTE GONORRHOEA.

B....a private, Colonial Infantry. Presented himself about 11th April with a purulent flow and pains during micturition. A clear case of Gonorrhoea, but slight. At the end of 4 days treatment, the discharge, had almost disappeared. At the end of the box, no discharge, urine clear, no filaments. Very rapid and absolute cure.

Report III.

BY DR. G. ROUSSEL.

CHRONIC AND GONOCOCCI EPIDIDYMITIS.

B....unmounted rifleman. Entered the Infirmary with chronie gonorrhoea of a year's standing revived. Light yellow discharge, pains during micturition, inguinal pains. Epididymitis, bulky painful nuclei, sensitive and hard. Spherules of Rheantine on the 4th. On the 9th perceptible improvement. Discharge whitish, no pain during micturition. Epididymitis softer, less painful, the nuclei have diminished. Unfortunately the patient was removed. Result: perceptible improvement in a chronic revived infection with various complications.

Report IV.

By DR. DECHOUDANS, AT SAINT-JEAN-DE-GONVILLE (Ain).

GONORRHOEAL RHEUMATISM.

Gonorrhoeal rheumatism of the knee, which had resisted all the classical methods of treatment, local and general. The patient was beginning to be seriously anxious about the matter, and I questioned whether I ought not to call in a surgeon, when I administered Lumiere's antigonococcic vaccine (Rheantine). The result was marvellous. In a few days, without any discomfort as regards the digestive organs, I observed a considerable improvement in the local and general conditions altogether. Shortly afterwards the cure was complete without any stiffening of the joints.

Report V.

By DR. QUEYSSAC.

ACUTE GONORRHOEA.

X....., 28 years of age, in the garrison at Bernay, came to see me about a discharge which took place subsequent to a suspicious coitus, dating back about 10 days. The very thick purulent greenish flow scarcely leaves any doubt as to the nature of the occurrence, although our installation does not permit of our making a microscopic investigation. For reasons of a private nature, this soldier was most anxious not to report himself as sick, and would like as far as possible to follow up a treatment which would ensure the maximum of secrecy. This led me to think of using the anti-gonococcic enterovaccine (Rheantine) the use of which had been recommended to me by a surgeon at Lyons under whose orders I was then placed. Two days after the commencement of the treatment, micturition which was at first very painful, became almost completely free from pain. The discharge, much less abundant, became simply mucous. At this point I advised the patient to use injections of permanganate in a solution of 1/5000. At the end of 10 days there was no longer any trace of

oozing, and the patient has been very well ever since. I ought to add that in consequence of his position, this patient had not strictly carried out the regimen which I had laid down for him from the diet point of view, and indulged in some excesses which ought to have acted as an obstacle to his cure. Moreover, he continually carried out his duties which, although not exactly severe, were nevertheless not advantageous.

Report VI.

BY DR. WILCKEN.

CHRONIC GONORRHOEA.

Sergeant D . . , 25 years of age. Contracted gonorrhoea in September 1915. A few days afer the suspected contact, the soldier felt lively pain on micturition. On examination, he observed a very thick and highly coloured discharge. Without cosulting a medical man he himself applied washings of permanganate of potash. In addition he took Santal Oil Capsules. He continued this treatment for 2 months. As he did not obtain any improvement, he gave up the Santal Oil and whilst continuing the irrigations, he took Pageol for about a fortnight. No improvement. In February, 1916, he presented himself for examination. The Physician-Major made 10 punctures of Dmegon. The patient continued his urethral washings during this time. Considerable improvement. The patient no longer found any pus during the day time, but on awaking, he frequently observed that the orifice of the urinary meatus was gummed together and it was only after washing the parts in tepid water, that he was able to pass water in the morning. In March and April, the treatment was confined to irrigation of permanganate of potash lotion. The water still showed by transparency test numerous filaments of respectable volume. On 14th May I submitted the patient to the action of Rheantine. Starting from the 4th day, the filaments diminished in number and in volume. Some days latter, one could only find an almost imperceptible hyaline filament. To-day. after one month's treatment, the discharge is entirely absent, the water is clear and the patient completely cured; he has resumed his ordinary mode of life without any return of the malady.

Report VII.

BY MR. A VENTRE, ASSISTANT PHYSICIAN, DARIER LABORATORY AT THE HOSPITAL SAINT-LOUIS, PARIS.

J. H. . ., 19 years of age, barber's assistant. Contracted gonorrhoea 3 years ago. After an intermittent and incomplete treatment, he called to see me on 10th April, 1916. Greatly depressed by the continual oozing, he had reached a state of intense neurasthenia and spoke of suicide in case I should not succeed in ridding him of this affection. The matutinal drop collected shows under the microscope a large quantity of Neisser's microbes associated with the usual microbes of suppuration. Having ordered thorough washing with a solution of permanganate 1/10,000, I soon found out that I had to deal with a particularly obstinate case. Injections of protoiodide of iron 1/1,000 gave no results either. On June 1st I commenced treatment by Rheantine exclusively. A hot bath every second day. On 11th June the morning drop had disappeared. There still remained, however, the filaments in the urine, We continned the same treatment regularly, and on the 17th the filaments were no longer visible, the patient was cured. Kept under observation, he has not shown any relapse up to date 6th July, in spite of taking large quantities of beer.

Report VIII.

BY DR. PAUL GUINAUDEAU, AT VICHY.

ACUTE GONORRHOEA.

J. C....gardener at...Vichy, 35 years of age. Came to see me on 28th April, 1916, on account of urethral discharge dating 3 weeks back. He had violent pains during micturition and there was evidence of abundant flow of pus from the urethra. The region of the meatus is of a characteristic bright red. The pus is greenish, and the microscope reveals the presence of numerous gonococci. Up to the present he had not undergone any treatment. We gave him Rheantine and advised him to drink three day 100 grammes of Vichy water, of the Chomel Spring, and to take some tepid baths. Five days afterwards we saw the patient

again ; he was no longer suffering, but the discharge persisted, although it was less highly coloured. Micturition is normal. We gave the patient another box of Rheantine. 12th May. The patient stated that he was cured. The flow had ceased and he has no pain. We stopped the treatment. Seeing him a fortnight later, on a walk, he declared that he was going on very well in spite of frequent sexual indulgence and some excess in drinking.

SPECIAL CONTRIBUTION TO THE MEDICAL PROFESSION.

Opinions Gathered from Practitioners.

SARCOPTOL IN SEBORRHOEA.

The following case is a testimony to the value of Sarcoptol in Seborrhæa. The preparation has been used by me and the results are so convincing that I have been obliged to take recourse to the press so that this product may be widely known and extensively used.

I have had under my care in the last month a young man of twenty-eight with Seborrhœic condition of the face. He had tried several lotions, zinc creams, toilet creams and he was also having Fruit Salts, Salines, etc., but to no purpose. He was thoroughly disappointed with all these treatments, as they had only temporary effects. When he came to me I decided to try Sulphur treatment. I therefore prescribed Sarcoptol for local application. He was applying it three times daily vigorously massaging the whole face and scalp with it except at bed-time when he simply painted the face with it. Together with this he was having Pharmasol Sulphur internally. He was taking two teaspoonfuls in half a tumbler of water twice a day with his meals. It was at first difficult to estimate the degree of improvement as the patient's symptoms varied a good deal from day to day. All these doubts about the benefit of the treatment were however dispelled after four weeks. Much improvement was noticed at the end of this period. His face was found quite clear and the itching sensation that he had had entirely disappeared. His bowels moved regularly and he was therefore feeling better in general health. He finished in all two bottles of Sarcoptol and two of Pharmasol Sulpur. The case is almost convincing as not only the symptoms disappeared gradually but definitely and there was no recurrence of the trouble. It therefore follows that Sarcoptol had been employed in this intractable indication with success. It is interesting to note that Sarcoptol is a suitable treatment for prolonged local application as it does not cause local dermatitis. It is beneficial in long-standing cases of Seborrhœa and it should be usefully supplemented by the internal administration of Pharmasol Sulphur.

Pharmasol Manganese in Urticaria.

About six months back I was consulted by a man aged roughly 40, who had been troubled with Urticaria for about a year. He had been the victim of repeated attacks of nettle-rash with very large plaques. Pruritus was so intense that it was not possible for him to sleep well at night. The swellings on the lips gave him a deformed appearance. The rash was at times followed by a rise in temperature. After spending more than a month in exploring all the usual methods of treatment, I at last decided to put him on a course of Pharmasol Manganese injections. Internally he was administered Soda Bi-Carb and Calcium Lactate. After giving four injections there was a definite decrease in the symptoms and from that time improvement was steady and continuous. After completing the course of six injections his skin was quite normal and there was very little itching. After twenty days however, he again got the attack, but this time the plaques were much smaller, the Pruritus was very much less and the reddening of the skin much more faded. It was then decided to continue the treatment of Pharmasol Manganese twice a week and Soda Bi-Carb and Calcium Lactate morning and evening. After finishing his third course of six injections of the Pharmasol Manganese having a week's rest between each course, the skin became absolutely normal. It is now already more than a month that the skin manifestations have not recurred.

Papyta in Dyspepsia.

A women, thirty years old, consulted me for stomach trouble of a year's duration. She said that she suffered very much owing to heaviness after meals, no matter how little she ate. She also complained of distension and had occasionally pain. Latterly, she said that the pain was griping and on awakening

she had a very bad taste in the mouth. She told me she was worse after her meals. There was a feeling of heaviness immediately after food and also distension and as a consequence the whole morning was spent lying down. When she got eructations she felt much relieved. On examination I found that the tongue was furred and the breath foul. There was heart-burn and the pain in the epigastrium was radiated to the back. Constipation was present and the stools were grayish. At times there was pyrosis and regurgitation of food and occasionally bile even after two or three hours after food. By evening however, she felt much better. Due to the dilatation of the stomach there was at times palpitation and dyspnoea. The diagnosis that I arrived at was Atonic Dyspepsia and she was ordered a course of Papyta. She was prescribed two tablets three times a day after food. This treatment was continued for about a month and the result was much more favourable than was anticipated. Heaviness and pain after food ceased gradually and her bowels began to move regularly. She got good appetite and as a result she was able to digest and assimilate her food. The tongue became quite clear. Pyrosis and regurgitation also disappeared. In fact all the unpleasant symptoms entirely vanished after a month's treatment and the patient was able to lead a regular and a healthy life. The case serves to demonstrate that Papyta can always be depended upon in Atonic Dyspepsia.

Mycol in Enteritis.

The usual antiseptics and astringents which often do not answer exactly to refractory and intractable cases of Enteritis are daily being brought to the notice of the general Practitioner, who is simply so much overwhelmed with literature of these that the choise is becoming so difficult and trying for him. It is therefore necessary to make him aware of a recent case of Enteritis that I had the chance to treat with Mycol with splendid results.

A. V. aged about twenty-two was suffering for the last six months from Enteritis. Four months back he gave history of symptoms of intestinal disorders characterised by liquid stools mixed with blood and mucus, specially more frequent at night. Sometimes evacuations of the bowels were accompanied by severe colic which required the use of Tr, Opii internally and hot stupes on the abdomen. The diarrhoea was present for a long time with or without colic. The faeces were very offensive and at times streaked with blood. The result was that there was general prostration, vertigo and anorexia. The patient had made excessive use of different antiseptic enemata.

Examination of the faeces had been carried out with a negative result to Amoebic and Bacillary Dysentery. A great number of drugs were used but they afforded only temporary relief and the condition recurred. When he came under my charge I prescribed Mycol with a suitable diet. Two tablets three times a day before he took his diet were admistered and the results were beyoud my expectation. The blood in the stools, colic and tenesmus soon disappeared and the stools remained liquid for some time and later became normal and well-formed. Subsequently he began to feel better and the weight which was so much reduced owing to intestinal disorders also increased because of his being able to take some nourishment, He was under this treatment for more than two months and is feeling quite fit. The therapeutic result of Mycol in this case has been quite definite because I was able to follow the case up to its recovery, the patient being quite intelligent. He is still taking two tablets per day, one before each meal.

News and Comments

National Health : It looks as if we are having more talk and less work on account of the rapid multiplication of health organisations, some run departmentally while a few independent of any department of the Government. In addition to these, there are Associations and Leagues run by members belonging to only one sex, male or female or a combination of both ; yet again, many more are springing as a result of activities of the youth movement, mixed with regard to sex or unmixed. The existence of communities of various political creeds has given rise to still more social workers who combine or dissociate with each other depending upon the political barometre.

When occasions of celebrations of anniversaries or annual gatherings arise, members of a particular association who are luckier than others, take advantage of the opportunity and plead for co-operation and co-ordination and amalgamation of associations especially with those who are able to command influence and with it the government help in the shape of grants. Usually the newly started associations, if they consist of more departmental heads of the Government claim better work and better methods and wish that the older ones should fuse themselves unto them.

The National Health Association of South India met at the Banqueting Hall, Government House, Madras on 18-12-31 and adopted their Annual Report. The Secretary, Local Self Government department who spoke first referred to the disappointment felt by this association in not being able to get the amalgamation of the Health Propaganda Board with the association whose report he was eulogising. While mildly blaming the Health Propaganda Board, the Local Self Government Secretary was condemning though unwittingly his own department who refused to lend some of the materials, such as vans, films, etc., belonging to the Temperance Propaganda Board, and he had to justify the action of his department with the plea that the District Boards to whom these materials were lent used the same for the very purpose for which the National Health Association required them. His argument in justifying the non-compliance of the request for the loan of the materials to the very Association whose mouth piece he was that evening, smells of the same spirit which perhaps prevents the Health Propaganda Board from amalgamating with the National Health Association. If the Health Propaganda Board were to celebrate their Anniversary, it is likely that another member of the Government of no mean position will speak well of the Health Propaganda Board and blame the National Health Association for not amalgamating with the Health Propaganda Board. Another feature of these gatherings seems to be that the speakers who represent variety of interests justify not only the existence of the department which they represent and in some cases, the special appointments created for particular purposes by virtue of which the particular speaker gets an opportunity to speak.

All the members of the Medical and the Public Health Department of the Government form a bigger and more real Health Association than the one found by the heads of these departments in semi-official capacity as in the National Health Association of South India. If the members of the Medical and Public Health department realised that example is better than precept and conducted the philanthropic institutions committed to their care with the ideals preached by them in their non-official capacity they would have justified the existence of the institutions over which they preside. The heads of the medical and public health departments know very well that the best propagandists in matters connected with health both for healing and preventing, are members of the medical profession and that, outside government department, they number nearly four times the number of medical men that are in government service. If those in government departments give their place of honour in non-official organisations to non-officials and guide them ungrudgingly with the experience gained by them in their official capacity, quite substantial welfare work could be done. Without freedom of action, no social work will thrive and it is a strange irony that when people aspire for non-official control in the Government of the country that social organisations should be run by the government officials.

Regarding the working of numerous Social organisations in this city and elsewhere we could not do better than repeat the advice given by Miss Berrie at the All India Women's Conference recently held in Madras, to the effect "it was desirable to establish on the model of Germany and America, a 'Social Archive' or headquarters which would see to the proper training of workers, co-ordination of their work preventing overlapping and waste of effort."

We would also commend the advice given by Major Webb, Director of Public Health who exhorted his audience at the General Body meeting of the Sanitary Welfare League, held at the premises of the Servants of India Society, Royapettah on 4th ultimo that the Social workers should concentrate their attention more and more on growing boys and girls instead of wasting their breath on grown-up people who had already fixed ideas. We trust that Major Webb would use his influence and introduce compulsory education of School-children in Elementary Physiology and Hygiene which would enable them to imbibe the ideals of prevention of illness. We have been advocating this reform in these columns and elsewhere suggesting to the authorities, the need for employing members of the medical profession in the teaching staff for the purpose of teaching the subjects referred to above and also to look after the health of the school children.

Plight of the Bombay Hospitals: The Retrenchment Axe seems to have gone far deep in the Bombay Hospitals with the result that saving of Rs. 1,70,000 on account of closing of 140 beds, and Rs. 49,000 on account of 10 per cent cut in diet and medicine, was shown by the Minister in charge of Local Self-Government. The economy measure carried by the Government has been the subject of criticisms in the columns of the Bombay newspapers. Sir Ness Wadia addressed the members of the Rotary Club, Bombay on this subject and suggested that the dormant reserve medical and nursing staff of the Army could be utilised for civil purposes. Mr.R. M. Chinoy, M. L. A., expressed his views in "The Times of India" supporting the views of Sir Ness Wadia. Dr. V. G. Rele, President of the Bombay Medical Union in a communication published in the same paper, condemned the suggestion of introducing the military medical officers in the civil departments. He was of opinion that the teaching institutions will materially suffer on account of the military officers not possessing the required qualification for teaching. Many would not agree with the argument put forward by Dr. Rele with regard to qualifications of military medical officers though it has to be conceded that diversion of military officers in civil service cannot be a sound policy. Dr. Rele, pointed out that the Bombay Medical Union submitted a memorandum to the Bombay Government showing a saving of 3 lakhs without reducing diet, medicine and number of beds. It looks as if the suggestions of the Bombay Medical Union were not accepted by the Government as the Union has refused to co-operate with the Hospital Maintenance Fund Committee in raising funds for medical relief. The Government are making use of all possible devices to raise the necessary funds. The Bombay Turf Club has come to the rescue by promising the proceeds of one day's income calculated at Rs. 67,600. The Minister, Local Self-Government, is arranging for a Fancy Fete and an Industrial and Agricultural Exhibition. The Government of India have been approached for the sanctioning of a Hospital Lottery to be run by the Government of Bombay. This will be nothing short of exploitation. The economic depression will make all such shows lifeless and we wonder if the Minister would realise the expenses to be incurred in the preliminary outlay.

Whether in Bombay or outside, the largest bulk of expenditure in medical relief is towards the pay of the medical staff. Bombay has a splendid example of the Seth Gordhandas Sunderdas Medical College and the King Edward VII Memorial Hospital which are both run by honorary staff without in any way affecting the efficiency. Why not employ honoraries in the rest of the Institutions in Bombay and bring down the expenditure instead of having recourse to objectionable methods of raising money?

Ramachandrapuram R. M. P. Association: We regret we could not

place the proceedings of the Ramachandrapuram Taluk Rural Medical Practitioners Association earlier before our readers as the proceedings arrived at our office after the publication of the last issue. The meeting was held on 22-8-31 and was presided by M.R.Ry., A. Rami Reddi Garu. Dr. K. Srinivasa Rao, the energetic Secretary, addressed the audience and proposed 13 resolutions which were unanimously passed and are published in the "Correspondence" columns elsewhere. Dr. Rao in the course of his speech praised the services of the President, Taluk Board, Ramachandrapuram and said he was very popular and strictly observed the existing rules of the Rural Medical Relief Scheme. He suggested that there should be uniformity in the administration of the Rural Medical Relief Scheme throughout the Presidency and pressed the claims of the Subsidised Rural Medical Practitioners as honorary workers and that in no way they should be treated as servants of the Taluk Board. He pleaded for good equipment of rural dispensaries and if funds were wanting, made a suggestion that the Taluk Board should employ honorary staff in the hospitals and pucca dispensaries under them and with the amount saved, should equip the Rural dispensaries efficiently and start more. He deprecated the fears that the work of the honorary staff might not be satisfactory. He brought to the notice of his audience that in all civilised countries medical relief was in the hands of honorary workers. He believed in the quality of medical relief and not quantity and suggested the idea of closing some of the ill-equipped dispensaries and equipping the rest up to the mark. He was alive to the dangers of unemployment which is the cause of degeneration and demoralisation. He said that advantage of unemployment was being taken by some of the Taluk Board Presidents who risk efficiency in medical relief especially in the matter of replacing Rural Medical Practitioners who resign either on account of bad treatment, or improper equipment of the dispensaries or on account of combination of all causes.

The chairman realised the difficulties and hardships of the Rural Medical Practitioners and said that the local bodies were quite helpless to take any initiative on account of the present system of government. He said that the local bodies are not even given the freedom of buying medicines from the cheapest sources and they were compelled to buy them from the Military Stores though the prices at this depot were higher. Regarding the launching of the honorary system of medical relief he said that the entire responsibility rested with the Government.

Agitation in Press and platform, if well conducted cannot but have good results in the long run. But those who agitate should have patience and cannot perhaps see the fruits of their labour in their life time. The consolation should be that they live not only for themselves but also for others around them. Learn to labour and to wait is the motto we would suggest to the Rural Medical Practitioners who, in spite of their usefulness in village reconstruction are not cared for to the extent they deserve.

L. I. M. Conference: The Licentiates in Indian Medicine met in Conference at the School of Indian Medicine, Madras, on 2-1-1932. Dr. C. Natesa Mudaliar, L. M. & S., M.L.C., presided over the conference and Hon'ble Sir. M. Krishnan Nair did the opening function. The chairman, Reception Committee, Mr. V. Narayanaswami Ayyar welcomed the visitors and the delegates and brought to the notice of those that assembled the grievances of the practitioners who passed out from the Government School of Indian Medicine and claimed rights and privileges of registration now enjoyed by the qualified practitioners of the Allopathic system.

We are second to none in appreciating the value and usefulness of indigenous systems of medicine of whatever school. We sympathise with the students for their lot while undergoing training and their hardships after passing from the school. The blame is in the system of training which is neither on sound indigenous lines nor satisfy the standard of the Allopathic system. Those who had any thing to do with this school would realise the defects

more than anybody else. The plight of the students passing out of the School of Indian Medicine is peculiar. They are neither recognised by their elders trained in orthodox style nor by the practitioners of the Allopathic system. It is highly desirable in the interests of Ayurveda, Unani and Siddah systems, to decide whether the votaries of these systems should depend upon a foreign system for development and recognition. Registration which gives a right of issuing medical certificates is certainly a minor issue which, at the most, gets recognition of the individuals and not the system. We wish the Licentiates in Indian Medicine concern themselves in getting the right sort of training in the Indian system of medicine basing on theories enunciated by the highest authorities in the indigenous system and change their curriculam accordingly or else the indigenous system as practised at the Hyde Park, will eventually form a separate system of its own which is neither Allopathic, Ayurvedic, Siddah or Unani.

In the meanwhile we suggest to the Government to institute an enquiry whether the dual system of training now adopted at the School of Indian Medicine is conducive for the happy growth of indigenous systems themselves apart from the expenditure incurred in training the boys indifferently in some branches of the Allopathic system at the Hyde Park school during these days of financial stringency. The policy of drift will frustrate the very purpose for which a school for the teaching of indigenous systems was started. If the Government is of opinion that dual system should continue why should not the boys from the Hyde Park School be sent to the Allopathic Hospitals for necessary training instead of incurring double expenditure? Courage in convictions will certainly yield better results than the policy of drift.

Burma Medical Council: As reported in these columns last month the election for the representatives of the Licentiates in the Burma Medical Council took place in the third week of last month and Drs. K. Narayana Menon, Brahaspathy and G. Sarain have been elected. We congratulate the successful candidates and wish them a life of usefulness.

Burma Private Practitioners: We congratulate the Burma Private Practitioners' Association, Rangoon, on the brilliant function they celebrated on 21st of last month at the Reception Hall in Agri-Horticultural Garden, Rangoon. It was the second annual dinner where about 80 covers were laid for the guests who were the prominent members in government service. The presence of lady doctors added to the pleasantness of the function. Lt. Col. Ba Ket presided. "The Association" was proposed by Lt. Col. R. V. Morrison, Superintendent, Rangoon General Hospital. He wished the Association "a fair journey to the achievements of its objects". Dr. R. S. Dugal responded to the toast. His speech was as effective as it was expressive and covered all topics concerning the activities of the Association he represented. He stated: "This Association was started two years back with the object of safeguarding the interests of private practitioners, providing facilities for advancement of professional knowledge and promoting *espirit-de-corps* among all medical men. It has been our constant endeavour to promote those objects in a manner which would be conducive to the good of the profession as also the people in general." He requested the guests of the evening composed mostly of service men to join hands with the Association and he said "This is not the occasion to enter into any controversial discussion. But I take this opportunity to explain that any action this Association may have taken or may hereafter take is solely actuated with the desire of producing an atmosphere of absolute cordiality in the profession and to eradicate any abuses that might have crept in and to enhance its dignity in the eyes of the public. I am sure every one will endorse this view and will join hands with the Association in achieving the object. There is absolutely no intention of embarrassing any individual. The legitimate rights, functions and activities, of all receive the greatest respect from the association and I can assure all concerned that the association is working for and shall continue, to work for the solidarity of the profession and not for its disintegration. There is no doubt the Association is at times called upon to tackle questions which are not very palatable. But since it is the only independent body of medical men it cannot but grapple with them in order to bring to light matters not in keeping with high standard of ethics and honourable traditions of the profession and to make certain that appropriate remedies will result in better understanding, mutual co-operation and friendly relations among all members of our noble professsion. It is not possible to review fully the activities of the association on this occassion but it can be safely asserted that it has fully justified its existence in so short a time and if it has the co-operation and good wishes of kind friends as are present here to-night it will continue to progress and work for the profession."

Dr. Lobo proposed "The Guests" and congratulated such of those who had been recently promoted in service. Dr. Lazarus was as humourous in proposing the toast of "The Ladies" as was the lady doctor, Dr. Ma Yin May. One outwitted the other.

Dinners do stimulate those who attend them. Relaxation is as essential as stimulation for healthy growth if true meaning of the words are not abused.

We wish the Burma Private Practitioners Association a long life of public service. Is it too much for us to suggest to other Provincial Associations to imitate the example of Burma?

War or Revolution: There are signs here and there very near the seat of the offices of the All India Medical Licentiates' Association of the threat of a War or Revolution directed against those who guide the destinies of this Association. Skirmishes have been long in evidence at Meerut under the commandership of Dr. Kunj Behari Lal Varma, the provincial secretary for U. P. We had had reports of such skirmishes for about a year and it was not possible for us to say one way or the other as we had no first hand information about the affairs of this premier Association till quite recently. Dr. Varma complains about suppression of the publication of complaints against the office-bearers sent for publication in the official journal of the Association. He alleges that the General Secretary has passed a "Gagging order" to the Editor not to publish these complaints in the journal. He makes other charges on the office bearers in not sanctioning necessary expenditure for his work as provincial secretary of U. P. though he submitted his estimate 2 years ago to the officers concerned.

If the General Secretary has passed a "Gagging order" as alleged, we should say that he had taken a most retrograde step. Progress is possible in any society if individual members or groups of members are allowed freedom of speech, or expression, of course care being taken that what is expressed is not defamatory or untrue. It will be in the interest of the Association to allow Dr. Varma to speak out and he should be heard. Suppressing of feelings especially of an influential old member of the Association, will certainly have a deleterious effect. The Association exists for all and not for individuals. Everything must be open and above board.

A Young Principal: We cannot congratulate the Government on their wisdom in appointing a Captain in the I. M. S. to act as the Principal of the Medical College, Vizagapatam. We mean no disparagement to this young officer who, we are informed, possesses the highest qualifications. The Principal of a College should have at his credit administrative experience and knowledge of local conditions. If it was the opinion of the Government that an European should be at the head of the Medical College they ought not to have transferred Major Anderson, the Principal of Vizag. Medical College as 2nd Surgeon, Government Hospital, Madras, where the duties of that office are not certainly so responsible as the Principal of a Medical College. The present arrangement at the General Hospital might have continued and in case the Government felt the necessity of having an European Surgeon in the staff of the General Hospital, Madras, Captain Ebden might have been made the Ag. 2nd. Surgeon. This arrangement would have satisfied the need at the General Hospital without affecting any change at the Vizagapatam Medical College. It looks as if the appointments exist for persons and not the persons for the

appointments. Be this as it may, even then, it will not hurt anybody if Capt. Ebden is made Superintendent, King George Hospital, Vizagapatam and its First Surgeon and Professor of Surgery instead of his being a Principal and First Surgeon. Our last suggestion if approved by the Government would have served yet another purpose. in bringing more peace and order especially at the King George Hospital where an Indian Superintendent has to struggle hard to maintain discipline on account of the presence of Anglo Indian Element. There are tried hands to act as Principals Vizagapatam College. Is it necessary for us to point out to the Government who it is or who they are ?

Confusion Worse Confounded: The formula finally adopted by the Government for the application of the Retrenchment Axe seems to have created a confusion which is worse confounded. The Government seem to have been perturbed by the enunciation of a theory put forward by the Civil Surgeons that the posts proposed to be abolished belong to the Assistant Surgeon grade and as such the Axe cannot touch them ; one or two stretched their arguments still further and claimed that Civil Surgeons holding special appointments cannot be asked to retire till their full term, as their posts did not belong to general branch of the medical department. It is authoritatively reported that the Government have passed orders that the Axe should be applied in the way indicated above. The effect of the new formula will be that 14 Assistant Surgeons will soon get 3 months' notice to retire. They will be 25 years service men at the top and the rest from the bottom. Uniformity, coupled with justice and fairplay will make the cuts of the Axe less painful. Taking into consideration the present economic depression—the causes or the solution of which not being found out—it is almost certain that the financial stringency of the Government will continue indefinitely for a pretty long period and the best policy which the Government should follow is that of Travancore where as a routine measure, the Government servants should retire after 25 years of service. We did suggest this course to the Government while discussing about Retrenchment in medical department in a special Editorial in the month of September 1931. Why not adopt this course at once instead of indiscriminate cuts ?

Licentiates as Honoraries:— We did not wish to publish the particulars regarding the deputation which waited on the Surgeon-General on 11-1-1932 as the same appeared in the local newspapers. A large section of our readers have since requested us to publish the full text of the memorandum submitted to the Surgeon-General. We regret we could not do so, this month as by the time the request reached us our columns were full. We shall however comply with this request and publish the memorandum if possible in full in our next issue.

Indian Medical Council Bill: A deputation consisting of Drs. U. Rama Rao, V. Rama Kamath, D. V. Venkappa, K. B. Bhujanga Rau waited on Hon'ble Sir Muhamed Usman Sahib Bahadur the member in charge of the Medical Registration on 25-1-'32. The deputation was lead by Dr. U. Rama Rao. The Chief Minister, the officiating Surgeon-General and Dy. Secretary L. S. G. were also present. Sir Usman heard both sides, the licentiates pressing their claims and the Chief Minister and Surgeon-General justifying the exclusion of the licentiates. Space does not permit us to say anything more than that it looks very likely that the opinion of the Madras Government might be against the inclusion of the licentiates within the purview of the Bill. This subject will be dealt with more elaborately in the next issue.

Notice : We regret that we could not publish this issue on 15th as usual, due to the unavoidable absence of the Managing Editor from Madras. We beg to be excused for not publishing communications received by us after 15th inst; these will be attended to in the next issue.

Correspondence, Reports, etc.

MADRAS MEDICAL COUNCIL.

(Reports of the Committees Referred to in the Original Article on Pages 125 & 126.).

No. 1.—Penal Cases.

The Committee met on the 22nd and 28th February, to consider the papers submitted regarding the 10 cases before the Council, October session 1929, and have the honour to submit the following report.

As there was nothing in the files submitted to the Committee to indicate whether the 10 cases referred to were admitted as 'information' or 'complaint' the Registrar was written to, to inform the Committee as to whether these were admitted as *information* or *complaints*; and also whether the sanction of the President was obtained in each case for the preliminary procedure as contemplated in the Act. The Registrar in his letter No. 62-1930, dated 24—2—30, has informed the Committee that they have all been admitted as complaints and that the necessary sanction has been obtained.

On going through the files it is found:—

1. The letter from Lt.-Col. Fraser about Dr. ..... cannot be considered as a complaint but only as *information*.

2. That excepting in File re Dr. .... where it is remarked "President's orders—to be sent to the medical practitioner for any remarks which he may wish to make and which will be placed before the Council, (not signed)," no remarks regarding the necessary sanction are seen in any of the other files though the Registrar has written that the necessary sanction has been obtained.

3. If the reports have been admitted as complaints they should have been addressed to the Registrar primarily and should have been accompanied by the declaration as required under Rule 4 (1) of the preliminary procedure as prescribed under Sec. 24 and 16 of the Madras Medical Registration Act. Such declarations are not found in any of the 10 files submitted.

All except the file referred to in (1) appear to the Committee to be in the nature of *Complaints* which ought to have been accompanied by one or more declarations as defined in Rule 2 and 3, under Sec. 24 (1) (111). As none of the complaints are accompanied by the necessary declaration we feel it doubtful whether any further action could be taken on the complaints as such and recommend that they may be returned to the complainants for resubmission with the necessary declarations. It is only then that any further action could be taken with regard to these cases.

In this connection the Committee wishes to bring to the notice of the Council the following irregularities in procedure adopted by the Registrar's office in connection with such complaints: (a) these should not have been admitted as complaints because they were not accompanied by the declarations required by statute and also these which were not addressed to the Registrar, (b) there has been considerable delay in the Registrar's office before the explanations were called by the Registrar, the earliest of the complaints being dated 20—7—1929 and the latest 4—10—29. All the letters calling for explanations are dated 17th October 1929, 11 days before the meeting, (c) the complaint against Dr. ..... has been disposed by the President as frivolous and also the complaint against Dr. ..... as the address of the complainant is not given. The latter remark is not signed. These should not have been placed before the Council. (d) except where the President himself has written and signed, none of the remarks is signed and dated to show the authority of the remarks. (e) it seems that the most inadvisable procedure of sending the original complaints to the parties has been followed by the Registrar.

Evidently there is considerable remissness in the Registrar's office and the Council's attention is invited to the same. We would also wish to bring to the notice of the Council the impropriety of the Personal Assistant in dealing with these papers and asking the Registrar to report to him the action taken on the letters sent to the Registrar, especially as those complained against were not members of the Madras Medical Department.

M. KESEVA PAI.
V. RAMA KAMATH.
T. KRISHNA MENON.
(Convener.)

No. 2.

Read report of the committee appointed by the Medical Council regarding the office of the Registrar, Madras Medical Council.

(1) The work of the Registrar is not at present heavy enough to require the services of a whole-time man. The hours of work may be between 2 and 4 p. m.

(2) We do not see any reason why a non-medical man should not be the Registrar. But we recommend that a medical man should be given preference.

(3) He may be allowed private practice.

(4) The pay of the Registrar, if a part-time medical man, should be Rs. 150-10-200.

It was proposed by Lieut.-Col., Hingston and seconded by Dr. Frimodt Moller that the report of the Committee be accepted.

First amendment — Proposed by Dr. Rama Kamath and seconded by Dr. Ranga Achariyar with reference to item (2) of the report that the Registrar must be a non-medical man. Those for the amendments were :—(1) Dr. Rama Kamath and (2) Dr. Ranga Achariyar.—Those against: Major F. J. Anderson, Khan Bahadur Dr. Aziz-ul-la Sahib Bahadur, Major F. W. A. Coshan, Major J. A. Cruickshank, Dr. C. F. Frimodt-Moller, Lieut.-Col. C. A. F. Hingston, Dr. T. Krishna Menon, Lieut.-Col. K. G. Pandalai, Dr. U. Rama Rao, Dr.. N. Venkataswami Chetty.—The amendment was lost.

The Second Amendment was with reference to item (1) of the report. Proposed by Dr. Krishna Menon and seconded by Major Coshan that the hours of the Registrar should be such as prescribed by the President—The amendment was carried unanimously.

The Third Amendment was with reference to item (3). of the report. Proposed by Dr. Rama Kamath and seconded by Dr. Ranga Achariyar that the Registrar should not be allowed private practice.—Those for the amendment were (1) Dr. Krishna Menon, (2) Dr. Rama Kamath and (3) Dr. Ranga Achariyar. Those against: Major F. J. Anderson, Khan Bahadur Dr. Aziz-ul-la Sahib Bahadur, Major F. W. A. Coshan, Major J. A. Cruickshank, Dr. C. F. Frimodt-Moller, Lieut.-Col. C. A. F. Hingston, Lieut.-Col., K. G. Pandalai, Dr. U. Rama Rao, Dr. N. Venkataswami Chetti—The amendment was lost.

The Fourth Amendment: It was proposed that, if the Registrar be a part-time man, he may be allowed private practice during the pleasure of the council. This proposal was accepted by the proposer and so became part of the original motion.

The Fifth Admendment: Proposed by Dr. Ranga Achariyar and seconded by Dr. Rama Kamath that before taking further action the legal officer to Government be consulted whether the Registrar, if a medical man, can have private practice according to the Act. Those for the amendment were (1) Dr. Ranga Achariyar and (2) Dr. Rama Kamath.—Those against: Major F. J. Anderson, Khan Bahadur Dr. Aziz-ul-la Sahib Bahadur, Major F. W. A. Coshan, Major J. A. Cruickshank, Dr. C. F. Frimodt-Moller, Lieut.-Col. C. A. F. Hingston, Dr. T. Krishna Menon, Lieut.-Col. K. G. Pandalai, Dr. U. Rama Rao, Dr. N. Venkataswami Chetti.—The amendmet was lost.

The sixth amendment proposed by Dr. Krishna Menon and seconded by Dr. Rama Kamath to omit the word 'Medical' from item (4) of the report.—The amendment was lost.

The seventh amendment: Proposed by Dr. Rama Kamath and seconded by Dr. Ranga Achariyar that the pay of the Registrar should be Rs. 100—Those for the amendment were (1) Dr. Ranga Achariyar and (2) Dr. Rama Kamath. Those against: Major F. J. Anderson, Khan Bahadur, Dr. Aziz-ul-la Sahib Bahadur, Major F. W. A. Coshan, Major J. A. Cruickshank, Dr. C. F. Frimodt-Moller, Lieut.-Col., C. A. F. Hingston, Dr. T. Krishna Menon, Lieut.-Col,, K. G. Pandalai, Dr. U. Rama Rao, Dr. N. Venkataswami Chetti.—The amendment was lost.

The original motion for the acceptance of the committee's report as modified by the second and fourth amendments was put to the meeting and passed, one member only voting against it.

Darbhanga Conference.

EXTRACTS OF THE RESOLUTIONS PASSED AT THE ALL INDIA MEDICAL LICENTIATES' CONFERENCE, DARBHANGA.

1. The resolution conveyed is a protest to the Government for excluding the licentiates' from the purview of the Indian Medical Council Bill.

2. The conference wished to bring to the notice of the authorities concerned that the cuts in the salaries of the Sub-Assistant Surgeons had accentuated their existing hardships.

3. The conference made a request to the Self-Governing Local bodies to pay Sub-Assistant Surgeons under their employ adequately.

4. The conference recorded the audited accounts for 1930-31 with the amendments suggested.

5. This resolution was concerning the irregularities at the Office of the Editor "Indian Medical Journal." The conference approved of the report of the committee appointed to go through these irregularities, and after referring some of the items for arbitration to the President of the association the resolution called upon the Editor to make good to the association a sum of Rs. 1183-12-0 out of an amount of nearly three thousand rupees which were found not properly accounted for in the books at the Editor's Office.

6. The conference agreed to invest Rs. 10,000 in fixed deposit, the interest accrued from the amount to be utilised for the purpose of advancement of medical science. It was resolved that a committee consisting of a representative from each province with the joint General Secretary be appointed every year to be in charge of the work concerning the subject.

7. The conference urged the rights of the licentiates to be appointed as medical examiners for the Life Insurance Companies and called upon the licentiates to boycott such companies who do not recognise licentiates, qualified to be medical examiners.

8. The resolution authorised the President to withdraw interest accrued on Government securities held in the name of the association.

9. The conference recommended affiliation of medical schools in India to the Universities.

10. A committee was constituted to revise the rules and regulations of the association and the resolution required this committee to submit their findings to the President by the end of June 1932.

12. Dr. S Ganguli was appointed as an Honorary Manager at the Office of the Editor "Indian Medical Journal."

12. The resolution appointed office-bearers. President: Rai Bahadur Mr. Surju Prasad, Vice-President: Dr. Jamait Ram B. Desai, General Secretary: Rai Sahib Dr. Ram Narain Lall, Joint-General Secretary: Dr. Chhabildas, Treasurer: Dr. A. N. Khosla: Finance Committee, same as last year. Editor: Dr. A. D. Mukerjee, Co-Editors. 1 Dr. Visvanadhan, 2. Dr. G. S. Khandekar. A publicity committee of 11 members, one from each province, was also elected and also provincial secretaries, one from each province. Standing Committee of 30 members including ex-presidents was also appointed.

Medical Licentiates at Coonoor.

A special meeting of the Medical Licentiates of the Nilgiris was convened in Coonoor, at 4 p.m. on 13-12-'31, under the presidency of Dr. A. L. Meganatham and the following resolutious were passed unanimously: (1) This meeting of the Medical Licentiates resident in the Nilgiris, convened in Coonoor, views with great concern the proposal in the All India Medical Council Bill, to exclude the Medical Licentiates from the would-be All India Medical Register and, therefore, strongly protests against such a

measure and at the same time urges on the Government the necessity of including in the All India Medical Register all the Licentiates (i.e., L. M. Ps., I. M. Ds. and other qualified Medical men whom the bill intends to exclude) who form the majority among medical practitioners practicing the Allopathic system of medicine in India. This request of theirs is in no way against the interests of the State or of the Medical Graduates but is, in fact, in keeping with the policy of the State in other countries where no invidious distinctions are made between University and non-University men in the matter of registering their qualifications. (2) This Meeting of the Medical Licentiates of the Nilgiris requests the Madras University to exempt the Non-University qualified Medical Practitioners of five years standing from appearing for the preliminary arts examination, in order to study for the University Medical Degree. (3) This resolution authorised the President to communicate the above resolutions to the Press including Medical Journals and the authorities concerned.

A MEETING OF THE MEDICAL LICENTIATES OF THE NILGIRIS WAS HELD AT THE COSMOPOLITAN HALL, COONOOR, ON 20-12-1931 AT 3-30 P.M. WITH CAPT. J. MOORE, I. M. D., IN THE CHAIR. 15 LICENTIATES WERE PRESENT.

The proceedings commenced with an "At Home." The meeting resolved to form a branch of the All-India Medical Licentiates' Association in the Nilgiris district with head-quarters at Coonoor. The following office-bearers were unanimously elected:—Capt. J. Moore as President, Dr. A. L. Meganatham and Dr. S. S. Sastry as joint Secretaries, Dr. C. N. Narayanan as Treasurer and Drs. B. G. Krishnan, N. Krishnan, S. Subramaniyam and Subedar Kader Khan Sahib as members of the executive committee. After a vote of thanks to the chair, the meeting terminated.

Ramachandrapur Taluk Rural Medical Practitioners' Association.

Resolutions passed at their meeting held on 22nd August 1931.

1. This association thanks the Editors of the "Medical Practitioner" for the useful work they are carrying out for the cause of the Independent Profession in general and rural medical practitioners specially. 2. This association recommends to the Taluk Board to consider the resolutions of the East Godavari District rural medical practitioners' Association and try to put them into execution at an early date. 3. This association requests the rural medical practitioners to meet once in 2 months successively at a rural medical practitioner's place so that they can exchange their ideas and look for the interest of their profession. 4. This association recommends to taluk boards to convert such Rural dispensaries where the attendance is over 60 per day into a pucca dispensary and if their funds do not permit them, to request the District board to do so when funds permit. 5. This association recommends to taluk boards to entrust the rural medical practitioner the school inspection of the village taluk board schools in his area and pay him for that work. 6. This association recommends to the Taluk Boards to pay an extra amount to the rural medical practitioners when they do duties other than their own 7. This association requests all its members to pay a minimum sum of Rs. 2 a year towards the upkeep of the association. 8. This association requests the Secretary Provincial rural medical practitioners' Association to have the annual conference this year in this district. 9. This association requests the Presidents of all the taluk boards in the district together with the D. M. O. and the Managing Committee of the East Godavari District Rural Medical Practitioners' Association, to meet at Cocanada on a particular day to be fixed by the President of the East Godavari District Medical Practitioners' Association so that they can devise methods for improvement of the Rural Scheme and convey the same to the Government. 10. This association recommends to the ialuk board to consider the question of appointing honorary men in the place of paid-men in their dispensaries at Ramachandrapur, Mandapeta and Biccavole and by the money thus saved convert the Rural dispensaries into pucca dispensaries

like the above. 11. This association while regretting for the action of the taluk board in abolishing the Rural Dispensary, Draksharama which is the largest village in the Taluk with a population of over 4000, contributing over Rs. 8,000 per year to the funds of the taluk board and which dispensary has a daily attendance of over 60, recommends to the board to reconsider its decision and establish a permanent rural dispensary there. 12. This association recommends to the District Board to contribute something towards the upkeep of the Rural Dispensaries just as the Government are contributing. 13. This association resolves to request Mr. K. Sreenivasa Rao, Secretary of the East Godavary District Rural Medical Practitioners' Association to act as Secretary and Treasurer of this association until office bearers are elected.

Medical Licentiates at Poona.

A Meeting of the Licentiate Medical Practitioners of Poona was held on 20th December 1931 in the City Municipal Hall under the auspices of the Old Boys' Associations of National Medical College, Bombay and B.J. Medical School, Poona respectively. Dr. Tendulkar was in the chair. Almost all the practitioners in the city were present.

The following resolutions were unanimously passed:—(1) This meeting of the Medical Licentiates of Poona emphatically protests against the proposed All India Medical Council Bill which has totally excluded Licentiates in its purview, thus defeating the main object of establishing a uniform minimum standard of medical education in the country, and keeping one common register of Medical Practitioners in the country. (2) This meeting strongly disapproves of the action of the Bombay Medical Council and Bombay Medical Union in recommending the exclusion of the licentiates from the All India Medical Register. (3) This meeting is further of opinion that the proposed All India Medical Council be formed on the lines similar to those on which the General Medical Council of Great Britain was formed, viz. that all medical men in India at present entitled for registration on the different provincial medical registers, be put on the common medical register, when the proposed Council comes into existence, and thereafter a uniform minimum standard of medical education be prescribed which would entitle registration in the said Council. (4) This meeting further resolves, that the question of a uniform minimum standard of medical education be considered solely from the point of view of necessities and conditions in this country, irrespective of what the G.M.C., in England might think about the matter. (5) This meeting strongly disapproves the proposed constitution of Council, contemplated by the bill, as it is undemocratic and most inadequate in its representation of the independant medical practitioners who constitute 99 per cent of profession, and requests the Government to provide for not less than two-third representation to the independent professionals in the proposed Council, by direct vote, and five years' teaching experience should not be a necessary qualification for being elected on the Council, (6) This meeting is further of opinion that direct representation on the Council should be made of persons on the All India Medical Register, by common general election without making any distinction as graduates and non-graduates. (7) This meeting resolves that in case the proposed bill is passed without being satisfactorily amended, licentiates all over India should withdraw altogether from registration rather than tolerate such invidious and insulting distinction.

The Malabar District Medical Association.

A meeting of the above association was held on 19th December, 1931, at 4 P.M. in the out-patient building of the Government Hospital, Calicut with Dr. K. D. Mugaseth, L. M. & S., M. B. E., in the chair. Twenty-one members were present. The following resolutions were passed. 1. This Association views with grave concern the omission of the diploma holders of the various provinces of India from the schedule of the proposed

Government Bill to establish a Medical Council in India giving the list of recognised medical qualifications granted by the medical institutions in British India although the preamble to the Bill clearly states that the object of the bill is to provide for the maintenance of a register of qualified practitioners with a uniform minimum standard of qualification in medicine so that such persons shall be acceptable as medical practitioners throughout British India. 2. The Association is emphatically of opinion that any attempts on the part of the Government to exclude a very large percentage of qualified practitioners recognised by the Provincial Governments and whose names appear in the Provincial Medical Registers constituted by legislature, from the Indian Medical Council Register is highly detrimental to the intreests and growth of the Allopathic system of medicine in India.

The report of the Government Committee on the Honorary Relief Scheme was then taken up for consideration. After discussing some portions of the report, on the suggestion of Dr. Mugaseth, it was referred to a Committee consisting of Drs. K. D. Mugaseth, N. Achuthan, V. I. Raman, A. Chandu, M. Sundaram. A. Narayanaswami and V. Krishna Menon, who should go through the scheme carefully and submit its recommendation to the next meeting for its approval.

The President then called upon Dr. Manjeri Sundaram to deliver his lecture on " Arsenic--Its dangers in the treatment of Syphilis. "

An Appeal to the Rural Medical Practitioners in the Madras Presidency.

DEAR DOCTOR,

The sixth year of the life of our Association would have come on us, by the time this appeal is in your hands. It is to be admitted, that the year which has just passed out, did not see much activity on our part ; this however, was not due to any slackening of our enthusiasm. After our last conference we deferred further action till the deputation we requested for waited on the Hon'ble The Chief Minister in company with the Surgeon General. In fact The Hon'ble The Minister was pleased to fix a day in August last, to receive our deputation, but it could not come off, as Surgeon General Sprawson, had suddenly to leave the country for reasons of health. I am glad to tell you, however, that The Minister has again kindly signified his pleasure to receive our deputation in February next, when the permanent Surgeon General would have returned from leave. It is hoped that with the return of Major General Sprawson (than whom it will be difficult to find a more fair-minded and sympathetic patron for our cause), we would be able to get rid of our grievances and begin a new era. It is a matter for satisfaction that some districts have acted on my suggestion to form " District Rural Medical Practitioners' Associations " to serve as an auxillary to the Provincial Association and that they have done some real spade work. It is my earnest wish that every district should have such an association if we really want to achieve our objects. It is true that we have achieved something, but there is much more to be achieved and I would not therefore hesitate to request the continuance of your sincere co-operation, of which an early remittance of your subscription with arrears if any would be an earnest.

Assuring you always of my best services and wishing you a prosperous and happy New Year.

Viragnur, Salem, 19-12-1921

I remain,
Ever sincerely yours,
S. RAMASUBBU, L.M.S.,
Secretary, The Madras Provincial Rural Medical Practitioners' Association.

Reviews

THE ADMINISTRATION REPORT OF THE KING EDWARD VII MEMORIAL HOSPITAL AND THE SETH GORDHANDAS SUNDERDAS MEDICAL COLLEGE, BOMBAY.

The report is, as usual, interesting and full, The work done both in the college and the hospital shows improvement and reflects credit on the administration and the staff of the institutions. That such a big hospital with provision for 354 beds and a medical college having 263 students in its roll, in the heart of the city of Bombay, and chiefly staffed by the honoraries, is doing such an excellent work both in quality and quantity goes to show beyond any doubt, that honorary system of medical relief and education is not foreign to India and it can thrive well in Indian soil better than such institutions maintained by Government and staffed by paid officers. In the hospital all kinds of diseases—medical, surgical, ophthalmic, gynaecological, aural, dental and skin are treated and is provided with up-to-date appliances for diagnosis and treatment. In the S.G.S. Medical college attached to the hospital, researches of a wide and far-reaching nature are being conducted. An enquiry into the nutritive value of Indian vegetable food stuff, determination of the biological value of the protein contained in the commonly used pulses and a systematic survey of Bombay dietary and milk analysis are of extreme importance to the general public in respect of their health and economic conditions. Determination of haemoglobin in health and disease, investigation of blood pressure in health and disease and biochemical investigation of blood cerebro spinal fluid, urine, etc., are of much use to the medical profession to serve as standard for comparison of the sick with the healthy for the purpose of diagnosis and prognosis and treatment of diseases, instead of using as obtaining at present British and American standards which must vary with the habits of the people, the climatic condition of the countries, etc., at times leading to incorrect diagnosis and ineffective, though not always dangerous, treatment. Besides these several indigenous drugs are being investigated. All these are done by honorary officers and reflects credit on their noble and unselfish labours done in the cause of humanity. We wish them every success in their enterprise.

MESSERS THE DENVER CHEMICAL MANUFACTURING COMPANY OF NEW YORK, U. S. A, HAVE SENT US THE FOLLOWING FOR PUBLICATION.

The attention of the Medical Profession is frequently directed to imitations, which are surreptitiously sold for the genuine product. Because of its conspicuous success throughout the world, substitutions are now being sold for the original Antiphlogistine. Antiphlogistine is the product of years of specialization and, in addition to the purity of its ingredients, it is compounded according to a definite formula familiar to the medical profession. Further more, the special machinery designed for its manufacture, produces a stable homogeneous product beyond the means of the imitator. Substitutes are marketed because they afford greater profits to the vendor, at the expense of the quality of the product and, also, at the expense of the patient, who derives no therapeutic benefit from their use. In gratefully acknowledging the confidence which the Medical Profession has displayed towards Antiphlogistine, the manufacturers respectfully request that, when prescribing, physicians should specify the genuine product.

TINEA INTERDIGITALIS.

Tinea interdigitalis, known commonly under various names such as ringworm, athletes' foot, gymnasium foot, d'hobe itch, Shanghai foot, etc.. and caused by the fungus Tricophyton interdigitalis, is one of the most widespread of fungous diseases. Imbedding its spores into the tissues and multiplying readily, it affects not only the feet, but frequenly the hands. The application of Antiphlogistine dressings, which contain a high percentage of glycerine and other synergistic ingredients, exerting penetrating, absorptive and antipruritic effects, will be found very effective in allaying the irritation, itching and discomfort and prove a most valuable agent in combating this condition.

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

No.	Names of Sub-Asst. Surgeons.	From	To
1.	,, D. Nallathambi Pillai	Leave	Govt. Hd.Qrs. Hl. Palamcottah.
2.	,, K. Narayanan Nair	L. F. Hl. Bissamcuttack	Govt. Hl. Palghat.
3.	,, T. R. Subramaniam Ayyar	Govt. Hl. Palghat	Govt. Mental Hl. Calicut.
4.	,, A. Apparameswaram	L. F. Dy. Kaity	L. F. Dy. Satyamangalam.
5.	,, K. P. Panduranga Prabhu	L. F. Dy. Satyamangalam	C/o P. D. B. Nilgiris.
6.	,, Aga Md. Saduck Sahib	Leave	Govt. Hl. Wandiwash.
7.	,, B. Narayanamurthi	Govt. Hl. Wandiwash	Hd. Qrs. Hl. Vellore.
8.	,, Audinarayanaswamy	Govt. Hd. Qrs. Hl. Cocanada	C/o C. M. C. Cocanada.
9.	,, B. Emberumal	M. B. Dy. Cocanada	C/o P. D. B., E. Godavari.
10.	,, C. Suryanarayana	L. F. Dy. Bicavole	Govt. Hd. Qrs. Hl. Cocanada.
11.	,, H. Govinda Gadiyar	Leave	Govt. Hd. Qrs. Hl. Madura
12.	,, V. Jaganadha Rao	Leave	Govt. Hd. Qrs. Hl. Guntur.
13.	,, C. Duraiswamy Mudaliar	Leave	Govt. Hd. Qrs. Hl. Chingleput.
14.	,, K. V. Subba Rao	Cholera Duty, Vizagapatam Dt.	King George Hl. Vizagapatam.
15.	,, K. Vallaba Rao	Leave	Govt. Hd. Qrs. Hl. Berhampore.
16.	,, V. Venkataramanujulu Naidu	Lady Willingdon Leper Settlement Tirumani	Hd. Qrs. Hl. Calicut.
17.	,, T. N. Devaraja Ayyar	Festival Duty, Srirangam	L. F. Dy. Musiri.
18.	,, P. K. Raman Nambiar	Leave	Govt. Hd. Qrs. Hl. Calicut.
19.	,, R. Narasimham	Police Hl. Salem	Govt. Hd. Qrs. Hl. Salem.
20.	,, A. Kandaswamy Pillai	Leave	Govt. Hd. Qrs. Hl. Salem.
21.	,, A. Ramanujacharya	Govt. Hd. Qrs. Hl. Salem	R. D. Govt. Hd. Qrs. Hl. Salem.
22.	,, K. Natarajan	Govt. Hd.Qrs. Hl. Madura	L. F. Dy. Melur.
23.	,, Abdur Razzack Sahib	Leave	Govt. Hd. Qrs. Hl. Chingleput.
24.	,, S. Sundaresan	Govt. Hd. Qrs. Hl. Tanjore	C/o Resident Engineer Pykara Constn. Work. Nilgiris.
25.	,, K. Krishnamurthy	Leave	Govt. Hd. Qrs. Hl. Nellore.
26.	,, G. Ramanujaswami	Police Hl. Vizianagaram	King George Hl. Vizagapatam.
27.	,, A. Govindankutti Nair	Leave	Govt. Hd. Qrs. Hl. Palamcotta.
28.	,, K. Simhachalam	Govt. Hd. Qrs. Hl. Masulipatam.	C/o P. D. B. Kistna.
29.	,, B. Sankara Rao	L. F. Dy. Avanigadda	Govt. Hl. Balliguda.

Notice.

The readers of The Medical Practitioner are earnestly requested to notify to the Managing Editor the non-receipt of journals before the 5th of the month following the particular publication so as to enable him to make good the lost copies, as, at times, copies of old publication being out of stock, cannot be supplied to those who complain about the non-receipt of the journals after a long time.

It is also requested that change of address should be communicated in time, the name and address being written clearly and legibly.

Retrenchment towards the enhanced postal charges has compelled the Managing Editor to have recourse to 'memo' form instead of the 'letter' forms and such of the readers who desire that they should receive replies in 'letter' form, in correspondence are requested to send sufficient stamps for such replies. The Managing Editor requests the readers not to accuse him for discourtesy for adopting 'memo' form in correspondence as he is forced to adopt it as an economical measure during these days of financial stringency.

V. RAMA KAMATH,
Managing Editor.

Regd. No. M. 2528.

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