

The Medical Practitioner

A Monthly Medical Journal

EDITED BY

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

AND

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

CONTENTS

PAGE.

Editorials :

The Annual Report of the Medical Colleges of Madras and Vizagapatam for the year 1930-31 ...	157
A Neglected Institution ...	159

Original Articles :

Endocrinology, By Dr. M. S. Krishnamurthi Ayyar, M.B. & C.M. ...	163
Human Brain—Its Structure and Functions, By Dr. D. Sivasubrahmaniam, M.R.C.S., (ENG.) L.R.C.P., (LOND.) ...	166

Abstracts :

Future of India's Hospitals—What if the voluntary system fails ...	172
Notes on Treatment of Diseases ...	174

Notes on Therapeutics, Diagnosis and ...

Gonorrhœa and its Modern Treatment ...	176
A Safe Local Anaesthetic ...	180
Affections of the Thyroid Gland ...	181

News and Comments

Correspondence, Reports, etc. ...	183
Reviews ...	188

List of postings of Sub-Assistant Surgeons and Class Health Officers for the month of January 1932 ...	193
	194

KURCHIBINE

(Kurchi Bismuth Iodide)

INFALLIBLE REMEDY FOR AMŒBIC DYSENTERY
AND OTHER AMŒBIC INFECTIONS

MANUFACTURED FROM SELECTED AND SEASONAL BARK

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

Small, N30mp ND LITERATURE FREE TO THE MEDICAL PROFESSION ONLY.

N32

169700

N DRUG CO., LTD.,

86, CLIVE STREET,
Calcutta.

the No. 3327, Calcutta.

Telegrams : "BENZOIC" Calcutta.

Businesss Notice.

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

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

CAMPHOREINE A SPECIFIC FOR CHOLERA

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

Tomb's Formula claims "95 per cent of cases of recovery." Most valuable in "Mass Treatment."

(VIDE: MANSON'S TROPICAL DISEASES, NINTH EDITION.)

Prepared and issued by:

THE ORIENTAL SPECIFIC DEPOT, VEPERY, MADRAS.

VICTORY OVER ASTHMA "KUSHMOL"

(THE ASTHMATIC'S DELIGHT)

Breaks the Record of Asthma Specifics

Over 98% success Statistically proved.

"KUSHMOL" is effective from the first dose and curative in 1 bottle
LIFE LONG CHRONIC CASES ARE CURED IN DAYS.

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

Sold on an Explicit and Unequivocal Guarantee.

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

The Medical Practitioner's Service Bureau, VEPERY, MADRAS.

Offer their services:—

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

Apply with One Anna stamp for reply to:—THE MANAGER.

DEPENDABLE HOSPITAL EQUIPMENT

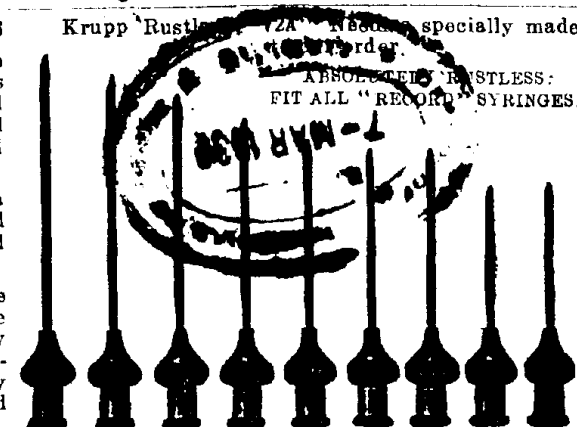
AT THE BOMBAY SURGICAL COMPANY STOCKS ARE BETTER, VARIETIES ARE BETTER.
QUALITIES ARE BETTER AND PRICES ARE LOWER. NO TEST LIKE A TRIAL.

RUSTLESS SYRINGE NEEDLES Krupp Rustless "V2A" Needles specially made

These Hypodermic and Serum Needles are made from Krupp's "V2A" Steel and are guaranteed to be ever non-rusty, pliable and strong, maintaining sharp edge and tip always.

They may safely be boiled in a soda solution and are not attacked by corrosive sublime, salveol and other customary disinfectants.

Doctors and Nurses appreciate the exceptional quality of these rustless needles. Their popularity is growing. They are most economical, for they do not rust under any circumstances and wear like gold or platinum needles.



All Genuine Needles are put up in boxes of ONE DOZEN bearing "SURGICO" Name and Trade Mark.

STANDARD LENGTHS AND GAUGES.

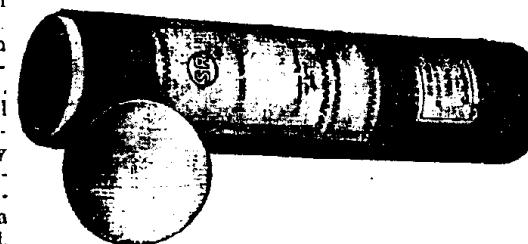
Krupp No. 1400: Sizes 1, 2, 12, 14, 16, 18 and 20. Lengths as illustrated Rs. 3-12 per doz.
Krupp No. 1405: Sizes 8, 10 and 12. Two inches long. For Serum, etc. Rs. 6-8 per doz.
Krupp Lumbar Puncture Needles, special for Anaesthesia; fine or medium Rs. 4-0 each.
Krupp Anaesthetic Needles long to fit Labat's Syringe ... Re. 1-12 each.
Krupp Weintraud's Saline Needles ... Re. 1-12 each.

SURGICAL (SR) PLASTERS

Highest grade plaster containing Oxide of Zinc, widely known for its healing drying antiseptic qualities. For cuts, wounds, ulcers, surgical cases, incisions, boils, etc. Also used to bind splints on fractured limbs and for holding large bandages in place. Made in America and used by several representative hospitals the world over. Backed by 50 years manufacturing experience.

Physician's or Household Size Hospital & Physicians' Size "SR" Plaster Rolls.

Physician's or Household Size rolls. Put up on rolls one yard long. 7 inches wide, in convenient lithographed metal cans. Ideal for General Household or Dispensary use. Ready for instant application. Lasts without deterioration. Re. 1-8 per Roll.



Hospital Size Rolls. Faced with Crinoline. This fine self-adhesive plaster is put up on rolls 12 inches wide and 5 yards long. Indispensable in every Hospital, Factory or Workshop. The cheapest and most economical package. Lasts in any climate. Rs. 5-8 per Roll.

"SR" Zinc Oxide Adhesive Plaster is most economical and is also supplied on the new air-tight "CONTAINER" in 5 YARD SPOOLS, for pocket or trunk use, in the following WIDTHS:

1 Inch wide	Rs. 9-0 per doz.
1½ Inch wide	Rs. 12-0 per doz.
2 Inch wide	Rs. 15-0 per doz.
3 Inch wide	Rs. 21-0 per doz.

BOMBAY SURGICAL CO.,

INDIA'S FOREMOST SURGICAL SUPPLY HOUSE.

Tel. Add. "SURGICO." BOMBAY 4. [Telephone No. 41936]

THE LEADING HOUSE FOR SURGEONS' INSTRUMENTS, HOSPITAL SUPPLIES AND EQUIPMENT.
Manufacturers of HERNIA TRUSSES, ABDOMINAL BELTS AND ORTHOPEDIC APPLIANCES.

ZAMA.**Composition.**

This preparation consists of white precipitate of mercury, a coal tar compound and an Ayurvedic preparation of lead of hygroscopic nature with a soothing vegetable oil as a vehicle.

Indication.

Sure remedy for all skin diseases, such as Eczema, Itch and many others accompanied by itching, watering and formation of pus.

Eczema and the allied skin diseases are generally the result of indigestion in children; in females the causes are generally menstrual disorders and pregnancy; in males gout, diabetes and diseases of kidney and liver. Seditary habits, unhygienic surroundings, anaemia, debility, and scrofula are among the internal and constitutional causes in all phases of life.

Treatment.

The persistent external application of Zama, as described below coupled with suitable internal treatment for the constitutional causes mentioned above is the ideal treatment to be adopted. Bowels should be free having recourse to occasional doses of castor oil in hot sarasaparilla decoction once or twice a week. Habitual use of purgatives is condemned. Constipation is to be cured by the use of proper foods. Salt preserved foods, such as fish and pork; greasy foods, such as bacon and fried dishes; pastry and cheese should be avoided. Foods difficult of digestion should also be avoided. If debility, anaemia be present, take Cod Liver Oil or Iron Tonics; for indigestion take pepsin in combination with hydrochloric acid. Kidney and liver diseases should be treated if present.

Caution.

In acute cases of Eczema or Itch and allied skin troubles use of soap in any form is harmful. The part is to be cleaned in the early acute stage with thick gruel prepared of finely powdered rice, arrowroot, or any such starchy material. Later on with this may be added a little soap and at any stage soap alone should not be used.

Directions to use Zama.

Wash the part once a day in the manner described above and after drying the parts with a soft towel, apply a thin coating of Zama. There will be marked improvement after 3 or 4 days' use. If you find the part a little irritated after use, especially in infants with tender skin, dilute Zama before applying with half or equal quantity of Coconut oil or Vaseline. When healing takes place there will be a sensation of itching when you should not scratch the parts with your nails but should take a little Zama and rub on gently.

Safety Assured.

Zama may be used quite safely in any part of the skin including that on the head and private parts at all ages from infancy to infirmity. It is not poisonous and may be used on any part of the body.

Price.

Annas Twelve a Pot; cash discount of 25 per cent allowed to wholesale dealers who order more than a dozen pots at a time; for the readers of "The Medical Practitioner" same discount allowed even for smaller orders.

Can be had from

THE ORIENTAL RESEARCH LABORATORY,
VEPERY, MADRAS.

THE Medical Practitioner

Annual Subscription Rs. 1-8-0

Single Copy As. 4.

VOL. III]

FEBRUARY, 1932.

[No. 5.

THE ANNUAL REPORTS OF THE MEDICAL COLLEGES OF MADRAS AND VIZAGAPATAM FOR THE YEAR 1930-31.

STRENGTH AND NATIVE DISTRICTS OF THE STUDENTS IN THE COLLEGE DEPARTMENT.

The number of students undergoing training in the Madras College during the year under report was 502 and in the Vizag College 142. Of the number in the Madras College, 145 were from Indian states and 3 from other provinces leaving 354 for this province and 57 of whom were from Telugu Districts including the 8 from the district of Vizagapatam. Travancore has contributed 139 students (116 in Madras and 23 in Vizag.) and Cochin 32 (22 in Madras and 10 in Vizag). In other words 27% of the students in both the colleges were from the two Indian States. While the large number of students in proportion to the population of the states, is highly creditable to the states showing the spread of education in them and the spirit of enterprise in their subjects, it reflects least credit on the joint selection committee, of which the Principal or Surgeon-General who complained against this in the reports, was a member or had some voice in the matter, and his sense of responsibility, if as we understand, that some students from the British Province were refused admission. The selection seems to have been made on communal basis and district-war proportion. In either

case the admission of a large number from the two Indian States is in-explicable. As long as the colleges are opened and maintained by Government, with the money of the tax-payers of the British Province, all candidates from the province seeking admission should be taken before those from Indian States and other provinces are admitted. If, however, the states, in the absence of medical colleges in them, require admission for their subjects a certain number should be fixed for each state and they be required to contribute cost proportionate to the number towards the maintenance of the colleges excluding the college fees which the students themselves pay. This arrangement is not unique as the Madras Government is now contributing certain amount of money to the College of Tropical Medicine in Calcutta in consideration of a fixed number of Medical and Health Officers sent annually there for special training. Though the Principal and the Surgeon-General have drawn the attention of the Government to this anomaly, the Government is silent about this in its review.

COMMUNITY, OCCUPATION AND WEALTH CONDITIONS OF THE STUDENTS.

Of the total 644 students in both the colleges, the Non-Brahmin comes first with 239, followed immediately by Brahmins 232; next comes Indian Christians with 142 and the Muhammadans and Anglo Indians come last with 17 and 12 respectively. Taking the

occupation, the official class contributes 377, the land-owners 137 and traders 70. The most significant feature observed on the Andhra and on the rest of the Province, is that while Brahmins (82) form the largest number in the former, the non-Brahmins (197) preponderate in the latter. Further the land-owners constitute a larger number in the Andhra than in the other. Coming to the wealth condition, a difference is made between the Andhra and the rest of the province, in making the classification as rich, middle-class and poor. In the Vizag College report, income of Rs. 7000 and above is classed as rich, between 400 and 7000 as middle class and Rs. 400 and below as poor, while in the Madras report, the income of the rich is given Rs. 5000 and above, of middle-class 200 to 5000 and poor Rs. 200 and below. This is rather extraordinary and it is not known whether the Government or the Surgeon-General or the Principal concerned made the classification, if so, on what basis and whether the income shown represents the student's share of the family income or the income of the families themselves.

THE RESULTS OF THE UNIVERSITY EXAMINATIONS AND COST PER STUDENT.

No uniformity is observed in the preparation of the statements of results between the two colleges under the same Government. The Surgeon-General is the head of both and the reports pass through him to Government. If it is not possible to arrange for uniform statements which will of course enable the readers to understand and compare the results between them, a note explaining the variations should have been given. There are ten university examinations for the Vizag college, three examinations are held in a year and some students failing to pass the Final M. B. B. S. Part II are declared to have passed L. M. S. if they get sufficient marks for that examination and similarly students appearing for the Final M. B. B. S. Part I are declared to have passed M. B. if they had got the

percentage of marks qualifying for it. In the Madras college there are 12 university examinations, no information can be gathered from the statements about the existence or otherwise of the number of examinations held in a year and the provision for L. M. S. in the final M. B. B. S. Part II and for M. B. B. S. in the final L. M. S. part II. In working the percentage of success in Madras report the percentage of each examination and of all examinations together are given and the Surgeon-General takes for his remarks the results of the M. B. B. S. examinations separately. In the Vizag report no percentages are given but the Surgeon-General works out and supplies them. He says in a note that December 1929 and January 1930 examinations are taken together for 1929 and 1930 but according to the statement given by the Principal there was no examination held in January 1930. He takes the results of the Final L. M. S. Part II and Final M. B. B. S. Part II together but the number of the Final M. B. B. S. Part II students that are declared to have qualified for the L. M. S. is left out of calculation altogether. It should have been included and if so done, the percentage of success is not 44 but 64. The results obtained in the Vizag College are better than those in Madras and reflect credit on the Vizag College staff, most of whom are Indians of the Provincial Medical Services unlike in Madras where the two officers (Europeans and Indians) are employed in large numbers. The results, however, cannot be considered satisfactory, if compared with those obtaining in the universities of Europe and America. The causes for the low results are: (1) the low intelligence and activity of the students, (2) bad teaching and (3) severe examinations. That Indians who fail in the examinations here, go to the European and American universities and pass the examinations there proves that the first cause will not hold good. As regards 2nd and 3rd causes it is known to all that bad teachers make severe examinations and they are in evidence here.

The object of the examinations is to see how much the students know and not how much they do not know. In setting the question papers, a large number of questions on important points covering a large field of the subjects examined, should be given and students required to answer a few of them, and not as is done now, to give a few questions covering a small portion of the subjects and required to answer all of them.

Coming to the cost of each student, it is not known how in the Madras College the figure Rs. 954 was arrived at. In the Madras college besides the M. B. B. S. and L. M. S. students as in Vizag, other students for B. S. Sc., Health Officer, Apothecary, Sanitary Inspector, and Chemists and Druggists are undergoing training. The cost per student in the Vizag college works out at Rs. 1817 if worked on the net cost. Although it appears higher than that in Madras, if the number of students, 57 of Telugu Districts admitted in the Madras College, had been refused admission there and required to join the Vizag College which was established for their benefit, the cost per head would come down and if the cost is worked per head of the students that had successfully passed the examinations, as is more natural, the cost would fall below that of Madras. However it should be stated that the cost is high. It can be brought down only if honorary officers are appointed in place of paid officers as is done in the S. G. S. medical college in Bombay where in 1930 there were 263 students which number is nearly double of the number in Vizag College and the cost was Rs. 2,29,501 including hostel charges, against Rs 2,62,919 for the Vizag College.

RESEARCH WORK.

Research work is being done only in Madras College and 6 indigenous drugs were investigated in the Pharmacological department and researches on eclampsia, analysis of blood constituents of cancer patients were conducted in the Bio-chemical department. In the Seth Gordhandas Sunderdas Medical

College, Bombay chiefly manned by honorary staff, researches of various kinds and of far reaching nature are being conducted. Among them the most important were the enquiry of nutritive value of 10 Indian food stuffs, biological value of three kinds of pulses, determination of haemoglobin in Health or Anæmia, Maternal and Foetal Dystocia in Bombay, Anthropometric measurements in Bombay, a systematic survey of Bombay dietary, a study of protozoal parasites in Vitro, investigation of vitamin contents in irradiated vegetable oils, investigation of the action of 3 indigenous drugs, investigation of blood pressure in health and disease, investigation of intestinal tuberculosis, bio-chemical investigation of blood, cerebro-spinal fluid, urine etc. Certainly with the highly paid staff entertained in the institutions in Madras and with the ample resources these officers get, much work both in volume and kind could have been done.

A NEGLECTED INSTITUTION.

A medical practitioner in the city, who had an occasion to visit the Government Victoria Hospital for Caste and Gosha women, Triplicane, Madras, has sent us a communication narrating in detail the utter neglect on the part of the Government in the matter of hospital accommodation regarding lodging and other preliminary comforts of bare necessity for patients of the fair sex for whom this special hospital was established in 1885. We cannot question the authenticity of the report in our possession and our surprise is all the more that an institution which is named after the most illustrious Majesty the late Queen Victoria and dedicated for the service of women folk in the city and where the lady students of the Willingdon Medical School receive training, had not as yet received from the Government that care and attention worthy of its name and of the purposes for which this hospital was started. It cannot be said that either the Government or their advisers were

incapable of ideals to make this institution appear as a fit habitation for accommodation of female patients when we see another government hospital in the city administering to the needs and ailments peculiar to women in an up-to-date style with the only difference that the medical officers of this hospital are men and that of the Victoria Hospital are women. The state of this hospital which is run by female members of the medical profession certainly justifies the women movement and the vehement attacks they at times make against the members of the opposite sex. Yet, we are very much astonished that the Indian Women Association who have been zealously and vigilantly guarding the interests of womanhood, have so far failed to notice the lot of their sisters in a hospital which is situated in one of the most respectable localities in the city.

Before commenting upon the needs of this institution, we shall narrate briefly its origin and its gradual growth. In 1885 the public in this city felt the need of a hospital for women who due to religious scruples or social customs, were unwilling to go to a government hospital. Under the patronage of the wife of the then Governor, Her Excellency Lady Grant Duff, a hospital was brought into existence and the rich and prominent citizens of Madras maintained this hospital by public subscriptions and donations. From 1885 till 1890 the hospital was run in two private buildings given free of rent first at "Moore's gardens" and then at the "Rookery" in Nungumbakkam. During this period, the Government gave an yearly contribution of Rs. 10,000 and a free supply of medicines and later a gift of the plot of land over which the present hospital was built, the then Rajah of Venkatagiri making a handsome contribution of a lakh of rupees towards the cost of the building and in 1890 the present building was occupied. Meanwhile in 1886, a branch of the Countess of Dufferin Fund was started

in Madras to give medical aid to the female members of the public and the Victoria Caste and Gosha Hospital was affiliated to the Dufferin Fund and in 1892, the entire management passed from the origin-founders of the hospital to the Dufferin Fund Committee.

From time to time, the scope of the hospital gradually and steadily increased depending upon the munificence of the local citizens and the rich Zemindars of Southern India, some of whom built special wards while others endowed beds. Eventually the number of beds for all sorts of cases rose to 87 till 1930 and later to 146 and just at present to 161. The management of the hospital continued to be under the local Dufferin Fund Committee till 1920 when it was handed over to Government with nearly 4½ lakhs of rupees collected so far from the public. Just at this time there was a very ambitious scheme of having a variety of buildings of public utility including a well equipped hospital for women and children and a medical school, all of whom to be located on the Marina, to commemorate the victory after the Great War to be called the Victory Memorial Buildings. Foundation stone of these proposed buildings was laid by the then Governor, His Excellency, Lord Willingdon. Unfortunately fate willed otherwise and the proposed school is now located in a rented building in Egmore and the Victoria Hospital was turned into a clinical institution for training the lady students of the school. It is evident that those who were responsible to start the Medical School and call it after Lady Willingdon, did not realise their responsibility regarding the equipment of the school or hospital with the result that the hospital and the school do not come to the standard of teaching institutions, though the staff employed compare more favourably with that of the other medical schools in the Presidency. Apart from the educational needs, the Victoria Hospital has been catering to the needs of women suffering from medical and surgical diseases in addi-

tion to maternity relief. It does special work in gynaecology and for the last two years, has been entrusted with the important and useful work of the Ante-Natal care of women and also Pediatrics. It has six units of activities in charge of specialists in the true sense of the word,--all Indian Women officers, of whom not only Indian women but men also should be proud of.

1. The Medical Unit is in charge of a Lady Doctor with M. R. C. P. qualification.

2. The Surgical Unit is under the charge of a Lady Fellow of Royal College of Surgeons (Edin).

3. The Maternity and Gynaecological work is done by the Superintendent, also an Indian Lady, a Specialist in this line of work, being in addition a Fellow of the Royal College of Surgeons (Edin).

4. The Ante-Natal and Pediatrics departments are run by another lady, Fellow of Royal College of Surgeons (Edin) and who was specially deputed to visit Special Hospitals in Great Britain, Paris and Vienna.

5. The Pathological Department is under the charge of an M. R. C. S.; L. R. C. P.; D. P. H.; D. T. M.; (London.)

6. The Out-patient department is an unit in itself the Lady Doctors in charge of in-patients doing the work here, unlike the case in other government hospitals in the city where the doctors in charge of in-patients wards never do any out-patient work.

It is a culpable neglect on the part of the authorities that they have not provided facilities for good service and hospital accommodation and other conveniences in this institution with the result that the lady doctors in charge of special departments are very much handicapped to do the work they are capable of doing to the best advantage of the suffering patients.

THE OUT-PATIENT DEPARTMENT.

About 200 patients seem to be the daily average for 1931. Only one room is provided for running 4 departments, Medical, Surgical, Gynaecological and Maternity. There is no waiting room for the patients nor any arrangement is so far made to accommodate expectant confinement cases who have to take shelter in an open verandah with

no privacy as they could be easily seen from the upstairs premises in the adjoining opposite street.

IN-PATIENT DEPARTMENT.

Though the hospital was originally meant for high caste and gosha ladies, it has not been possible to observe caste system for want of accommodation but strict gosha is observed and a separate ward of 20 beds is provided in the upstairs buildings and in addition 10 beds are accommodated in the verandah of this ward and such verandah-wards seem to be a special feature of this institution for want of rooms and a 146 beds hospital has now to accommodate 161 patients, 146 being within rooms and the remaining in the verandah. The patients are huddled up with no regard to the ailments from which they suffer. Medical, Surgical and Gynaecological cases have no separate wards nor any care is possible to separate septic from non-septic patients in all departments and if infectious patients do not spread infection to the extent of their close proximity, it is to be attributed to good luck or perhaps to Divine grace.

CHILDREN WARDS.

This room contains 16 beds and all children with different variety of diseases medical, surgical etc., are accommodated in one room. Even most dangerous infectious diseases like diphtheria have to be treated on the verandah close to the general wards and one could imagine the mental agony of the staff to work under such most precarious circumstances. The spirit of endurance in spite of all sorts of inconveniences to which both the patients and the doctors are put to, should certainly be admired and it looks as if this state of affairs is perhaps possible only amongst Indians.

ANTE-NATAL AND PEDIATRICS DEPARTMENT.

This is located in a new temporary building looking like an ordinary pandal, the patients being exposed to the extremes of weather. All the same, this is the brightest spot in the

hospital and has been responsible to prevent tangibly maternal and infant mortality.

PATHOLOGY DEPARTMENT.

This is a room not even 15 feet square located between the two lavatories in the Ante-Natal block and has at its back a stinking public latrine belonging to the Corporation and one has to pity the lot of the medical officers who have to work in this room with unsanitary surroundings.

Nobody wishes to embarrass the Government during these days of financial stringency but the Government if it wills, can find funds to improve the condition of this hospital without extravagance. The out-patient department should be divided into separate rooms for accommodating the 4 units Medical, Surgical, Gynæcological and Maternity with additional accommodation to serve as waiting rooms. A separate waiting ward for maternity cases should be provided for to which should be attached bath rooms, lavatories and a room for the changing of cloths before the patients are admitted into the hospital. The Medical and Surgical wards should be separated, a separate ward being provided for septic cases. There should be two separate labour wards one for cases handled outside the hospital and another for patients that seek admission into the hospital direct. There may be

other urgent needs which our correspondent might not have been able to notice.

We learn that plans and estimates have been approved by the Government for remodelling the existing hospital and for building a medical school. It is very unfortunate that the Government did not feel the urgent need for carrying out at least remodelling the hospital, the construction of the medical school might have been postponed till the Government was relieved of the present financial stringency. It is almost certain that it would take a pretty long time before the Government could think of incurring large expenditure for building purposes. It was not wise on the part of the Government to make this hospital a centre to serve both as a teaching institution and a hospital for the treatment of variety of special diseases peculiar to women unless and until they were in a position to equip it with facilities to those who are entrusted with the care of patients so that they could render service to the extent expected of them without waste of human talent. May we appeal to the Government to give effect to the remodelling scheme of the hospital only to the extent of satisfying the bare needs of an institution which is a combination of a general and special hospitals for the service of the women in the city?

The Journal of the Indian Medical Association

(FORMERLY THE INDIAN MEDICAL WORLD)

Editor-in-Chief:

Sri Nilratan Sircar, Kt., M.A., M.D., etc.

with a strong All India Editorial Board.

An independent monthly journal devoted to the interests of the Medical Profession in India.

FEATURES:

Original Articles by eminent Medical Men

Up-to-date Indian and Foreign Medical News and Notes

Abstracts of interesting papers from leading contemporaries

Medical affairs at home and abroad.

Annual Subscription Rs. 6/-

Postage Free.

Free Copies to Members of the Indian Medical Association.

Sample copy free on request.

An excellent medium for Advertisement.

Rate table on Application.

For particulars, please write to

The Secretary-in-Charge, 67, Dharamtola Street, CALCUTTA.

Original Articles

ENDOCRINOLOGY

BY

DR. M. S. KRISHNAMURTHI AYYAR.

M. B. C. M.

XXII

Glands and Mind

(Continued from previous issue.)

(Taken from L. Berman's "The Gland Regulating Personality.")

THE ADRENALS AND EMOTION.

Fear and anger are the oldest and the most deep-rooted of the instincts. Anger, the destructive passion must have appeared early upon the scene of life. Certainly these two instincts have definitely developed and fixed in the cells before sex differentiation and the sex instincts were born at all. Fear and anger involve the adrenal gland. When adrenalin is injected under the skin in sufficient quantity, it will produce paleness, trembling, erection of the hair, twitching of the limbs, quick and gasping breathing, twitching of the lips all the classic manifestations of fear. These are the immediate effects of fear because they are the immediate effects of excess adrenalin in the blood, upon the vegetative viscera and the muscles. The perception by associative memory or these effects of adrenalin, the sensation arising from the organs affected, constitute the condition of fear. Flight follows the muscle prepared for flight, for the disturbance of the intermuscular equilibrium tenses the flexor muscles, the muscles of flight, and relaxes the extensor muscles the muscles of attack. If, as it would seem, the cortex secretion now pours into the blood, enough to more than overcome the effects of the medulla secretion, the intermuscular equilibrium is disturbed in the opposite direction, for fight rather than flight and anger results. Or, if the cortical substance pours in an overwhelming amount of its secretion from the first into the blood there will be no fear but anger immediately. Habitually charging and fearless animals like

the bison, bull, tiger or lion positively have relatively larger adrenal glands. Habitually fleeing and fearful animals, like the rabbit have a small cortex and a wide medulla in their adrenals. Courage is so closely related to fear and anger that the three are always associated in any discussion. Courage is commonly thought of as the emotion that is opposite of fear. It would follow that courage meant simply inhibition of the adrenal medulla. As a matter of fact, the mechanism of courage must be more complex. One must distinguish animal courage from deliberate courage. Animal courage is actually the courage of the heart. As noted, animals with large adrenals are the pugnacious and aggressive. The emotion experienced by them is probably anger and no consideration of the consequences. In deliberate courage, there is more than instinct. There is an act of volition, a display of will. Admitting that without the adrenals such courage would be impossible, the chief credit for courage must be ascribed to the prepituitary. It is the proper conjunction of its secretion and that of the adrenals that probably makes for true courage.

PITUITARIES AND EMOTIONAL LIFE.

The post pituitary is seen to influence the maternal sexual instincts and their sublimations—the social and creative instincts. There is evidence that disturbances of emotion accompany disturbances of this gland and controllable by it. For all the basic sentiments, tender heartedness, sympathy, and suggestibility are interlocked with its functions. The secretion must act upon the great basal ganglia, at the base of the brain which contain the nerve cells and fibres that are centres of emotional control and co-ordination. The prepituitary has been called the gland of intellectuality and by the latter is meant the capacity of the mind to control its environment by concepts and abstract ideas. The frontal lobes of the brain are the central offices for higher thought. Their cells are the most complex and have the most numerous branches and association fibres. The anterior

pituitary is in closest relation and contact with them. Its secretion is tonic to them. The emotion that is the precursor of intellectuality is curiosity with wonder and its expression in the various constructive and acquisitive tendencies. Two most important activities therefore, which in the complexity of their developments have created most of the institutions of society, the maternal and the intellectual are connected directly with a proper function of the pituitary gland. So it happens that disturbances of these activities reacting far into the normal and intellectual spheres of the mind, are definitely connected with the disturbances of the pituitary. Children with small, mechanically cramped pituitaries lie and steal, are bed-wetters, have poor control over themselves and have a low learning capacity.

THE THYROID AND EMOTION.

In the closest relation to the thyroid appear the instincts of self display and self effacement, accompanied by emotion of pride and shame respectively. In certain states of excessive thyroid activity there is an extra stimulation of the emotional display of the person which may go on to boasting, mania and exhibitionism. On the other hand in states of thyroid insufficiency, depression is produced which may go on to melancholia, a desire to be alone, to hide, to sit apart, and even a tendency to accuse the self of various uncommitted crimes and sins. In the forms of cyclic insanity known as the manic-depressive psychosis, mania alternates with depression as if the personality were dominated wholly in turn by one or other of these two emotions of the ego. There is a good deal of evidence that behind them is a corresponding fluctuation in the amount, the thyroid secretes in the blood. Among the thyroid-centered, attitudes towards the self gyrate more than any other type. Ego mania and megalomania occur most often in thyroid unstable individuals.

ENERGY AND SENSITIVITY.

Francis Galton defined energy as the capacity for labour and declared it to

be the measure of fullness of life or vitality. Statistical study by him of men of genius and their ancestors showed them to be endowed with a large amount of energy. It has been said to be the absolute pre-requisite of genius. It is well established that the energy quantum of an individual is a function of and determined by his thyroid. The more thyroid he has, the more energetic he will be—the less thyroid, the less energetic and lazier. When the thyroid sends more secretion into the blood, it accelerates all the functions and activities of the organs. Tea and coffee produce loquacity because they stimulate the thyroid. Persons with thyroid dominant constitutions, talk fluently, rapidly and continuously. Their energy makes them doers, actors rather spectators. They get up early in the morning, are on the go all day, without surcease or fatigue, go to bed late, and often suffer from insomnia. Thyroid deficiencies are definitely the opposite. They are quite conscious of the limited reserve of energy at their command. Also they need plenty of refreshing sleep. Early to bed and late to rise remains the leading maxim of health for them. In addition they find it necessary to sleep during the day. Taciturn, inarticulate, lazy, slow, tired, are the adjectives applied to them by their friends as well as by their enemies, all because of an insufficient or inefficient supply of the iodine of the thyroid to their cells. The mobility of energy in an organism is a measure of the amount of active iodine in it. Sensitivity, the ability to determine between grades of sensation or acuteness of perception is another thyroid quality. Just as thyroid plus is more energetic, so is he more sensitive. He feels things more, he feels pain more readily, because he arrives more quickly at the stage when the stimulus damages his nervous apparatus. The electrical conditions of his skin is greater than the average. Conversely the thyroid deficient type has a low discriminative faculty. Energy and sensitivity in an individual should divert attention to the thyroid element predominating in his composition;

lack of energy and insensitivity to the degree of thyroid insufficiency in his make-up.

MEMORY, JUDGEMENT AND POISE.

Many hypotheses have been advanced by philosophers and psychologists to explain the phenomena of memory. To conceive of memory materially at all, one must admit some sort of memory trace as the basis for the persistence of memory. This memory deposit facilitates the occurrence of the chemical reactions constituting the memory along the same path the next time. Forgetting then, consists in the disappearance of these memory traces or deposits. Forgetting is greatest in the first hour after remembering, more than half of the memory trace being lost in that time. Forgetting may be explained by some such loss of memory trace or deposit into the blood continually flowing by it. The internal secretions influence the amount and duration of the memory deposits. The thyroid appears to be essential to the laying down of the memory trace. Iodine and thyroid increase the electric conductivity of the brain, so that the memory trace must be deposited, more easily in those who have an excess of thyroid. On the other hand the pituitary seems to be related to preservation of the memory deposit. In diseases of the pituitary loss of memory for past experiences is more marked. As regards recent experiences, they are better held, although in a sort of sub-conscious manner, recoverable when the condition improves or is cured. But the greatest difference between the thyroid and pituitary effects upon memory, exists as regards material, the thyroid memory applies particularly to perception and percepts, the pituitary to conception and concepts. Judgment is another mental process that often intervenes between sensation and the energy-reaction. It involves memory and association of experiences. Behind it is an attitude as much as there is an emotion or the arousing of an instinct. Beliefs and reasonings are complex judgments. They form the units of intellectual process.

There is an element of speed in judgment, in reasoning as in perception and memory. And as in the latter, the thyroid determines the velocity. Quick thinking, as we call it, means good thyroid action and slow thinking deficient thyroid. The other element in judgment, accuracy is influenced by the prepituitary. During adolescence there is physical growth which consumes most of the secretion of the prepituitary. After adolescence, after the early twenties, when physical growth has ceased, the pituitary secretion seems to sensitize the cells of the brain to mental growth. The reaction potential of the prepituitary i.e. its inherent latent ability to supply a maximum of its endocrines for the nerve cells of the frontal lobes is a chemical determinant of intellectual genius. It makes for the greatest co-ordination of experience, knowledge, information, tastes and problems into one harmonious whole. And, curiously enough, not only does it cause a fusion of intellectual materials, it creates also a desire for and a love of such materials. Besides the prepituitary in the evolution of judgment, due stress must be laid upon the influence of the internal secretion of the testes or ovaries, the product of the interstitial cells. Although the probability is that the efforts are indirect, through a stimulation of the prepituitary, the fact remains that in a child, memory may be marvellous and judgment poor.

IMAGINATION AS AN ENDOCRINE GIFT.

Imagination is believed to be influenced by the endocrines. Alcohol has long been known to act as an evocant of strange images. The hallucinations of delirium tremens are the results obtained in extreme intoxication. A strangely imaged flow of consciousness, the imagination state may also be evoked by morphine and cannabis indica. There is no doubt that the brain cells may be made to combine in the fresh, novel, and unfamiliar associations that are recognized as unreal. According to Francis Galton, the power to imagine is poor in philosophers and men of science and that is higher in the female sex than in the

male. It is seen that the philosophic, scientific, intellectual mind, the capacity to abstract and think in terms of abstractions is definitely dependent upon proper secretion by the pre-pituitary. In women the postpituitary is generally prominent over the prepituitary. Most of the evidence accumulated in the examinations and treatment of morbid conditions characterised by a restless, in co-ordinate activity of the brain cells points to an excess of postpituitary. The thyroid and the adrenal medulla also exert their influence. But the strongest appears to be the postpituitary. Phobias, fears, which obsess the mind, anxiety neuroses, suspicions, hallucinations, delusions, nervousness, all expressions of mind, occur frequently, associated with other symptoms of posterior pituitary overactivity. Persons in whose make-up it rules are more liable to imagine disturbances of their mentality or exhibit a well-developed imaginative streak. Normal states of overactivity of the post-pituitary such as occur in some women during mensus and pregnancy and in some men as part of an endocrine cycle of their every day lives, are accompanied by increase in the susceptibility and vigor of the imagination. Psychologists distinguish between the constructive imagination that expresses itself in an ordered activity and the unbalanced fancies of the fearful neurotic. The postpituitary confers the liability of the underlying state of brain in all of these imaginative tincturing of consciousness. The constructive imagination, one of the few truly precious gifts of a personality, is probably the expression of a certain balanced activity of the prepituitary and the postpituitary.

MOODS AND THE ORGANIC OUT-LOOK.

The liability that the postpituitary confers upon the combinations of perceptions and conceptions, grouped as the imagined, extends to the ruling mood that may be spoken of as the organic outlook. Postpituitary in excess without compensation balancing by one or some of the other endocrines, is associated with an instability of the

mood and the organic outlook. Typically one sees the effects in the mental abnormalities of women during premenstrual period. A number of them have their pituitary balance upset then with an overtopping of the prepituitary by the postpituitary. Irritability, hysteria, may emerge in the usually most placid characters. A quiet wife and mother curses her husband, even strikes and beats him; slaps her children. It is well known that most of their crimes are committed by women during their menstrual period. So are the suicides deterioration of mentality and character so often observed during the menopause, with its apathies and excitements, melancholia or mania, the fits of weeping or gaiety, the loss of grip upon reality, the complete change in mood and temperament that reflect the transformation of the organic outlook, demonstrate clearly the overwhelming influence of the endocrines upon the attitude of the self toward the self. It is possible to speak of thyroid moods, adrenal moods, prepituitary and post-pituitary moods, gonadal moods. Each of these is the echo in the mind of cells stimulated or depressed by concentration or dilution in the blood of the particular internal secretion. Vague anxiety, depressive fancies and fears, imaginative overactivity can be removed by inhibiting the postpituitary. Hypersecretion of the ovary will cause a sexual susceptibility and a mood of genital obsession capable of the most remarkable sublimations and perversions.

HUMAN BRAIN—ITS STRUCTURE AND FUNCTIONS

BY

DR. D. SIVASUBRAHMANYAM,
M.R.C.S. (ENG), L.R.C.P. (LOND)
MEDICAL COLLEGE, VIZAGAPATAM.
(Continued from the previous issue.)

We have just finished a survey of the external features of the cerebral hemispheres as a whole and before we take up the study of the interior, there are one or two small but nevertheless important collections of brain sub-

stance which must engage our attention now. One of these is the Hippocampal gyrus. This is situated in the central region of the Rhinencephalon. This gyrus Hippocampi proceeds forwards, becomes broader and near the substantia perforata anterior, bends around the front end of the Fissura Hippocampi to form the uncus. On its outer side, the gyrus is bounded by the common stem of the Parieto-Occipital and Calcarine fissures, the anterior part of the Collateral Fissure and the Fissura Rhina (all these fissures have already been described). Medial to this gyrus is the Fissura Hippocampi. The surface of the Hippocampal gyrus between the Fissura Rhina and the Fissura Hippocampi is covered with peculiar wart-like elevations known as "Verruca gyri Hippocampi." When the gyrus Hippocampus is pulled downwards, there is seen in the Hippocampal fissure a gray notched or corrugated band, the Fascia Dentata (Tarini) or the Gyrus Dentatus (Huxley). Further inwards, is seen the Fimbria Hippocampi which is continuous with the crus of the Fornix. Briefly running over the whole Rhinencephalon we notice the "Lobus Olfactoris" connected with the area Parolfactoria and also with the front end of the gyrus Hippocampi. It is also connected with the Sub-callosal gyrus. The olfactory centre is supposed to be chiefly in the cortex of the gyri Hippocampi. Therefore the impulses transmitted from the nasal mucous membrane by the fila olfactoria must be carried from the bulbous olfactoris and transferred to the central region of the Rhinencephalon.

INTERNAL CONFIGURATION OF THE TELEENCEPHALON.

As thin slices are made from the exterior, it is noticed that there is a central core of white matter of varying extent bounded all round by a layer of varying thickness of gray matter. As the section approaches the top of the corpus collosum a large white medullary field is observed. This is the central Semi-Ovale and the gray cortex is known as the Substantia Corticalis.

This Substantia Corticalis is not equally developed. In general the cerebral cortex is more well developed in the summit of the convolutions and less so at the bottom of the fissures. The cortex reaches its maximum development at the central convolution and is poorly developed in the occipital lobe. When closely examined, even with the unaided eye, it is said, thin white bands could be made out in the gray cortex. These are known as Baillarger's stripes. In the cortex of the occipital lobe are seen the white stripes of Genarii. The Corpus Callosum has already been referred to but in this stage we can see white bands of fibres radiating from the anterior end, the body and the posterior end. These are respectively called, the Forceps anterior, the Tapetum and the Forceps posterior.

THE LATERAL VENTRICLE.

By gently incising the whole length of the corpus callosum from above, the cavity of the Lateral Ventricle is exposed with three outpouchings or bends in different directions. The Anterior horn is bounded in front, below and above, by the corpus callosum. The medial wall is formed by the Septum Pellucidum. A part of the floor and the lateral wall are formed by the Corpus Striatum. In the horn is seen the head of the Caudate Nucleus.

The body of the Lateral Ventricle is a narrow horizontal space roofed in by the radiation of the callosal fibres. In the floor are seen from without inwards, the body of the Caudate nucleus, Stria terminalis, the Sulcus intermedius the part of the upper surface of the Thalamus between the Stria Terminalis and the adjoining Thalamus where is seen the Choroid plexus peeping out of the under surface of the Fornix.

THE POSTERIOR HORN.

It is a narrow cleft of variable length with convex lateral and concave medial walls. The lateral superior wall is formed by the radiating fibres of the Corpus Callosum and the remaining boundaries are constituted by the medullary portion of the occipital lobe. On the medial wall are seen two

longitudinal ridges. The upper and less constant is the Bulbus Cornu and the lower is the constant "Calcar Avis" one to the projection of the Calcarine fissure.

The inferior horn is supposed to be the main continuation of the cavity while the posterior horn is supposed to be a diverticulum from the main cavity. This inferior horn is directed first backwards, and outwards, and then downwards, forwards and inwards. The roof is formed by the Tapetum laterally, and medially by the tail of the Caudate Nucleus with the Stria Terminalis. The floor exhibits the Eminencia Colletaralis and behind this is the Trigonum Collaterale. In the medial wall near the floor is seen the Hippocampus formed by the projection of the Hippocampal fissure. Anteriorly this broadens out and presents several claw-like elevation known as "Pes". The fornix is attached to the medial margin of the Hippocampus. The Choroid plexus is also seen here. The Fornix extends from the uncus of the Hippocampal gyrus as far forwards as the Corpora Mamillaria. It is seen in the Inferior horn attached to the medial margin of the Hippocampus and then broadens out behind as the crus. Then it runs forwards beneath the corpus callosum and on the upper surface of the Thalamus. Later it is seen in front of the Anterior end of the Thalamus as a narrow strand called the Anterior pillar or the column of the Fornix and gradually passing in front of the Foramen of Munro terminates as a twisted mass in the Corpora Mamillaria in the Interpeduncular fossa of the brain.

GRAY MASSES AND NUCLEI.

In addition to the Cortex, there are other well defined masses of gray matter embedded in the white matter and there are the Nucleus Caudatus, the Lenticular Nucleus, the Claustrum and the Amygdaloid Nucleus. These are the several parts of the basal ganglia. The

Caudate Nucleus forms part of the Corpus Striatum and has also been seen in the lateral ventricle. The Corpus Striatum is divided by a traversing white fibre mass into two portions a Dorsal and medial one, the Nucleus Caudatus and a lateral one the Lenticular Nucleus. The separating fibre mass is the Internal Capsule. The thickened front end of the Corpus Striatum projects into the anterior horn of the lateral ventricle.

THE LENTICULAR NUCLEUS.

It constitutes a wedge shaped mass whose base is directed outwards and the apex inwards. In front and ventrally the Lenticular Nucleus is directly continuous with the head of the Nucleus Caudatus. Dorsally delicate gray stripes connect the two nuclei and hence the striated appearance that is presented. The convex lateral surface is bounded by the external capsule which in turn is limited laterally by a wavy strand of gray matter known as the Claustrum. Two thin medullary laminae divide the Lenticular Nucleus into 3 segments. The outer one is Putamen and the inner two are known the Globus Pallidus. The Internal Capsule comprises numerous fibre systems. Some run from the brain cortex to subcortical gray masses such as Thalamus and Sub-Thalamio region and also to Pons, Medulla, Cerebellum and Spinal Cord. Others run in the reverse direction. In frontal sections these bands are seen as obliquely directed white fibres. In a horizontal section the internal capsule is seen presenting a small anterior limb, a genu, and a large posterior limb. The fibres for the head, neck and face are in the anterior limb and genu. The anterior two thirds of the posterior limb contains the descending fibres for the rest of the body and in the posterior third of the posterior limb are seen the ascending sensory fibres. Just behind these and outside the capsule are seen the optic radiations also described as ventrolenticular fibres.

DIENCEPHALON.

Inter brain. This surrounds the third ventricle and is comprised by the Thalamus and the Pars Mamillaris Hypothalamici. After gently removing the fornix and lying on its under surface lies the Epithelial Tela Choroidea Ventruculi. This forms the roof of the third ventricle. Unlike the lateral ventricle, this is an unpaired cavity and communicates in front with the lateral ventricles by the Foramen of Munro and behind with the 4th ventricle by the Aqueduct cerebri. The front wall is formed in the lower part of the Lamina Terminalis and in the upper part by the anterior commissures and Columnae Fornicis. The back wall is formed by the habenularum and the commissura posterior. The side walls are contributed by the medial surfaces of the Thalami and of the Hypothalami. The floor of the ventricle is formed in the hind part by the cerebral peduncles and the posterior perforated substance. In the front part it includes the Corpora Mamillariae, the Tuber Cinerum with the Infundibulum and Hypophysis, and the Chiasma Opticum. The Thalamus presents an ovoid mass of gray substance with the thicker end behind. Its dorsal and medial surfaces are free while its lateral and ventral ones are fused with the neighbouring structures. The dorsal surface is slightly convex and covered by a thin layer of white fibres—Striatum Zonale. The outer boundary is Stria Terminalis, the medial is Stria Medullaris. At its front end the dorsal surface exhibits a small elevation known as the tubercle. Behind is a similar projection called Pulvinar, overhung by the splenium of the Corpus Callosum. The Stria Medullaris widens behind into Trigonum Habenulae. From this a white strand passes medially the habenulae which in front joins with the habenulae of the opposite side to form the habenular commissure and behind it passes into the pineal body. The medial surface is traversed by the Sulcus Hypothalamicus. The two surfaces are connected together by the "massa intermedia". Behind the Thalamus are two small protuberances the

Corpora Geniculata. The connections with the optic tract have already been referred to.

PARS MAMILLARIA HYPOTHALAMI.

Also known as Corpora Candicantia. These are seen as two nipplelike elevations in the floor of the inter peduncular fossa heading towards the anterior perforated substance is a thin stalk known as the Bacellum Corpora Mamillariae. The following nuclei are seen in the Diencephalon—the Thalamus consisting of the nucleus anterior, medial and lateral. Each in turn presents many small nuclei such as the centrus, medium, the nucleus semilunaris. The nucleus Subthalamican is seen in the Hypothalamus.

MESENCEPHALON.

Midbrain: this is the smallest of the brain segments. Dorsally it extends from the root of the pineal body to the posterior edge of the Quadrigeminal plate; ventrally from the mamillary bodies to the front border of the pons. It is traversed longitudinally by the Aqueduct Sylvius. The dorsal part of the midbrain includes the four quadrigeminal bodies, the ventral part of the cerebral peduncles and the Substantia Perforata Posterior and the lateral part of the Corpora Quadrigemina. The cerebral peduncles: a cross section shows a ventral segment, the basis peduncles and a dorsal segment and the Tegmentum. Between the two segments is seen a crescentic "Substantia nigra". Superficially the two parts are separated by two furrows, medially the sulcus nervi oculomotoris and laterally the sulcus mesencephalon lateralis. Dorsally the Tegmentum is overlaid by the Quadrigeminal plate. The gray masses in the midbrain surrounding the Aqueduct Sylvius lies the Griseum Centrale. At the bottom of this stratum at the level of the Superior Colliculus lies the oculo motor nucleus. This joins the small upward prolongation of the small nucleus nervi trochlearis. Laterally at the edge of the central gray substance lies the nucleus radialis descondatio nervi trigemini. The nucleus

"Clinical reports show that from the very commencement of Iodobesin treatment patients eliminate, through the urine, notable quantities of urea, organic matter and various waste products."

of the posterior commissures and posterior longitudinal bundle is located in front of the oculomotor nerve.

METENCEPHALON.

Pons and Cerebellum. In the Pons Varoli are also seen a dorsal part and a ventral part. The ventral part extends as a transverse bolster and bounded in front by the cerebral peduncles and behind by the Medulla Oblongata. The lateral limits are indicated by the emergence of the Trigeminal and Facial nerves. Still laterally the Pons narrows and we see the Brachium Pontis. In the middle is the Basilar furrow for the Basilar artery. The dorsal aspect forms the floor of the 4th ventricle.

CEREBELLUM.

It underlies the occipital lobes of the brain separated by the large transverse fissure and lying behind the Pons and above the Medulla Oblongata. We distinguish an upper and a lower surface. The under and more strongly convex surface exhibits in the middle a sagittal cleft called the Vallecule in which lies the Medulla Oblongata. The anterior and posterior borders are also notched and these two borders meet at the lateral angles. The median part of the cerebellum lying between the anterior and posterior notches is known as the "Vermis". There are parallel fissures transversing the lateral cerebellar hemispheres and in turn these divide the Vermis also into various subdivisions. For the purposes of this lecture I am refraining from giving the various names for the numerous subdivisions of the cerebellum as they do not serve any useful purpose. There are three peduncles connecting the cerebellum, Brachium Coniunctivum or Superior cerebellar peduncle connecting with the mid-brain; the Brachium Pontis or the middle cerebellar peduncle connecting with the Pons; the Retiform body of the Inferior cerebellar peduncle connecting with the Medulla Oblongata. The fibres leading through the Brachium Coniunctivum are connecting

with the Dentate Nucleus of the cerebellum.

MYELENCEPHELON.

Medulla Oblongata. The external features of this portion of the brain have already been referred to.

THE FOURTH VENTRICLE.

Isthmus Rhombencephalon, Metencephalon, and Myelencephalon together surround the 4th ventricle, a cavity filled with the cerebro spinal fluid which below passes into the central canal of the Spinal Cord and above is continuous with the Sylvian Aqueducts. Three portions could be made out, Pars Superior, Pars Intermedius and Pars Superius. The floor of the ventricle is formed by the Rhomboid fossa and its roof by the Superior medullary velum and the Tela Choroidea. The edge along which the anterior and posterior medullary vela meet, is known as the Fastigium. It is lined throughout with epithelium, the ependyma. If the ependyma and the lamina choroidea epithelialis are torn away, a thin streak is left behind along the border. This is the Tinea Ventricle. With the Tela Choroidea, we get the choroid plexus of the 4th ventricle subdivided into medial and lateral portions. At the angles are seen the Foramina of Luschka and at the inferior aspect is the Foramen of Majende. The Rhomboid Fossa is divided by a longitudinal furrow into two symmetrical halves. Transverse white bands are seen on crossing the lateral angles, these are the Stria Medullaris. At the lower part is seen the Obex and the furrowed appearance nearby is the Calamin Sciptorius. A well marked eminence known as the Trigonum Hypoglossi is seen above. Close to this is the Collicula Facialis and the Locus Cereuleus. Below are seen the nuclei for the 8, 9, 10 and 11th cranial nerves, leading down from the midbrain into the 4th ventricle are the posterior longitudinal bundles and the descending root of the Trigeminal nerve (The diagrams of the various sections and portions of the brain which were used to illustrate the lectures are here omitted).

THE COVERINGS OF THE BRAIN.

The Dura Matter the outermost; the Arachnoid very delicate and separated from the Dura by a thin capillary layer of fluid; the Pia matter the innermost closely investing the brain and separated from the Arachnoid by Subarachnoidal spaces. The various reflections and processes of Dura matter have been dealt at length already. Arachnoid—this delicate transparent membrane consists of connective tissue and is devoid of blood vessels. It is connected with the Pia by strands of subarachnoidal tissue and the spaces within the loosely arranged trabeculae constitute the subarachnoidal spaces which contain the cerebro spinal fluid. These subarachnoidal spaces communicate with the ventricles by the Foramen of Majendie and Luschka. These large spaces are found principally at the base of the brain and here this layer is widely separated from the subjacent Pia by the "Cisterns". They are (1) the Cisterna Cerebellomedullaris, between the posterior border of the Cerebellum and the Medulla Oblongata, (2) the Cisterna Fossa Sylvii, over the Sylvian Fossa, (3) the Cisterna Chiasmaticus surrounding the Optic Chiasma (4) the Cisterna Interpeduncularis between the Cerebral Peduncles, (5) the Cisterna Ambicus ascending laterally from the peduncles to the top of the Corpora Quadrigemina and (6) the Cisterna Corporis Callori along the dorsal surface of the Corpus Callosum.

In certain places on both sides of the Superior Sagittal Sinus or along the Transverse Sinus, villous projections from the outer surface of the Arachnoid push before them the thin Dura Matter and encroach on the venous sinuses. Such elevations are called Villi or Pachionian Granulations. According to Key, Retzius and also Weed, three structures facilitate the passage of cerebrospinal fluid into the venous Sinuses.

PIA MATTER.

It is a delicate layer closely investing the brain substance and containing numerous blood vessels. It is only by gently removing the whole of the Pia Matter the sulci and fissures are well brought into view. The two main arteries that supply blood are the Vertebral and the Internal Carotid Arteries. At the base of the brain there is the Arterial Circle of Willis. From this as well as directly from the Vertebral and Internal Carotid Arteries, two sets of branches are given off. The Cortical very freely anastomosing and the Ganglionic or basal branches all of them terminating as end-arteries. The artery that is liable to frequent rupture, is the Charcot's artery—a branch of the middle central artery running all round the Lenticular Nucleus and transversing the internal and external capsule. When such haemorrhage occurs, the extravasated blood simply 'ploughs' up as it were the fibres in the Internal Capsule and causes extensive damage.

(To be continued)

The PERFECT POULTICE
AND DRESSING FOR
Antiphlogistine
INFLAMMATION
AND
THE DENVER CHEMICAL MFG. CO., NEW YORK. CONGESTION

Abstracts

FUTURE OF INDIA'S HOSPITALS

What If the Voluntary System Fails?

BY

DR. HARRY ROBERTS.

The voluntary hospitals of the world are among our greatest achievements; and the value of their work to-day is far higher than ever before in their history. Through the years and, in many instances, through the centuries, they have met their steadily increasing expenses without assistance from public funds. But, even among their greatest admirers and best-wishers, there is a growing doubt as to the possibility of their continuance much longer on their old basis and along their traditional lines. These observations apply to hospitals in Bombay and other Indian cities no less than in London, of which they were originally written. East or West the problem is the same—how to maintain hospitals in these days of depression. Dr. Roberts here suggests a useful future line based on the American system, and the same solution of the problem which is agitating Bombay was mooted only a few days ago during a Bombay Rotary Club discussion.

The annual review just published by the King Edward's Hospital Fund in London shows, it is true, that the total income of the hundred and forty London voluntary hospitals amounted in 1930 to over £3,768,000—the highest figure recorded for any one year. But expenses are steadily going up, and there is increasing difficulty in devising fresh plans whereby the growing expenditure can be met.

Moreover, there is something distasteful about many of the methods—the bazaars, ballots, raffles and what Mr. Heycroves calls the "maudlin advertisement and undignified clowning of students in the streets"—resorted to in order to keep British and Irish hospitals open; and there is the additional fact that all the voluntary hospitals in the country, with the best will in the world, cannot after all meet more than a fraction of the demand by the British people for hospital treatment.

A far larger number of hospital beds is already provided by public authorities out of the rates than is provided by all the voluntary hospitals put together; and, as these Municipal and County hospitals develop, not only in size and number, but also in efficiency, we cannot doubt that many of the charitable will come to feel that adequate provision out of the rates is being made for the medical treatment of the sick poor; and that their contributions are consequently no longer required.

Few people realize how rapidly within the last fifty years hospitals have grown in popular favour. In the year 1678, the number of out-patients at St. Bartholomew's Hospital was limited, to eight a week. Twenty years later, the number was raised to fifty. Things have moved on. In one recent year, 1,645,000 new patients—more than one third of the entire population of London—attended the out-patient departments of the metropolitan voluntary hospitals; and the number is steadily increasing. These hospitals admit also well over 200,000 new in-patients every year, the average stay in hospital being about three weeks.

THE IMPORTANT QUESTION.

What is to become of the voluntary hospitals if their present sources of revenue dry up? Even the most radical will hesitate before consenting to scrap an institution that has, over so long a period of time, proved so effective and socially beneficent. It is in the voluntary hospitals that most of the great medical advances have been established; and it is universally agreed that there the poorest man or woman is afforded treatment such as is inaccessible to all but the very wealthiest—if not even to them also—outside the hospital walls.

It is impossible to doubt that a good deal of the peculiar quality and special efficiency of the large hospitals of say London and Bombay, and some of our other cities, is intimately bound up with the administrative system within which these hospitals have developed.

In recent years, the role of the voluntary hospitals has, to some extent, changed. They no longer minister only to the medical wants of the very poor; though money cannot even now purchase priority of treatment. But, with the great increase of specialism and the striking developments in methods of diagnosis, as well as of treatment, section of the public quite well able to afford what may be called old-fashioned doctoring find themselves driven to hospital if they are to obtain the advantages of modern knowledge, skill, and apparatus.

This innovation has led to the introduction by nearly every voluntary hospital of various schemes of contributory payment, both by actual patients and by groups of workmen and others who may desire to become patients if necessity arises. None of the money thus raised is paid to the medical or surgical staff who, as before, give their services without money and without price. But these contributions materially help to balance the working expenses and up-keep of the hospitals.

AMERICAN METHOD.

In American hospitals, the majority of the patients occupy pay-beds, the amounts thus received serving to pay the staff as well as to meet overhead expenses. In England, it is unlikely that our voluntary hospitals if they are to continue to render the all-round service they do, can ever be independent of the contribution of the charitable.

The taking over by the County and other health authorities of responsibility for making adequate medical provision for the poor will have revolutionary effects on our medical services. In many districts, the old poor-law infirmaries have already been transformed into hospitals well staffed and equipped, and comparable with the best of the voluntary hospitals.

It is probable that, before many years have passed, we shall have, throughout the country, a really up-to-date series of hospitals of varying grades, from the cottage hospital to the central hospital of the county or city, inter-connected by telephone and motor-ambulance. There is good reason for anticipating that people of all classes will increasingly realize that "in hospital" is the best place to

be when they are seriously ill; and also that the hospital alone possesses adequate facilities for thoroughly investigating difficult pathological problems.

Private doctoring, in the old sense, will, I believe, play a smaller and smaller part in the national life; though the useful work of the general practitioner will still have to be done, and done outside institutions—even if in organized association with them. But, whatever happens, room must, for many years to come, be found for the great voluntary hospitals to which we owe so much. And means must somehow be provided for the maintenance both of their efficiency and their spirit.

(Times of India Illustrated Weekly
27th December 1931)

An opportunity for L.M.Ps. to become M.B.B.S.

SENIOR CAMBRIDGE EXAMINATION DECEMBER 1932.

(CAMBRIDGE SCHOOL CERTIFICATE EXAM.)

Candidates for the above exam, wishing to take up Indian Vernaculars instead of French or Latin, should apply for permission through this college before the 29th instant. Easy terms arranged and all conveniences provided.

COURSES IN FULL SWING.

TERMS: Rs. 110 for the whole course payable in advance in one instalment, or Rs. 35/- on admission and the balance in 8 monthly instalments of Rs. 17-8-0 each, or three monthly instalments of Rs. 40/- each.

APPRECIATIONS from the candidates are received by every mail. The following are some of the latest.

(1) "...Your lectures are really instructive and I thank you for the same. I am closely following your instructions."

Cumbum, Kurnool Dt.
4th February 1932.

(Sd.) P. Varadarajulu Naidu, L.M.P.,
Sub-Asst. Surgeon.

(2) "...It is not more than 2 weeks now and I have already received three sets of lectures nearly in all subjects. As far as I know I think they are quite good and reliable.....Anyone can follow them quite easily...."

Nandyal, R. S.
3rd February 1932.

(Sd.) Miss M. K. Reddy, L.M.P.,
Medical Officer, Women's Hospital.

(3) "...The instructions issued by the City College are extremely helpful. The Principal is taking keen interest. He is sending instruction papers regularly. Questions are set on the lectures and the answers are duly corrected and returned. Besides, the instructions are acting as stimulating factors for me to be regular in studies."

"I can strongly advise you to join the Course."

Konitwada, Attili, Sub Post.
WEST GODAVARI DT.,
5th February 1932.

(Sd.) Dr. D. Appalanarasayya, L. M. P.

Apply for details with stamps or wire or phone

THE CITY COLLEGE,
G. T. MADRAS.

K. S. R. ACHARYA, B.A., L.T.,
PRINCIPAL.

Telephone: 2577.

Telegrams: "NORNEL."

Post Box: 1253.

The principal can be interviewed between 12 noon and 3 p.m., any working day without previous appointment, or at any other time with previous appointment.

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.

Eczema: Of the Ear—Hot irrigation followed by the application of Iodoform. During the acute stage Lassar's paste which contains Zinc Oxide, Pulv Amyli Lanoline and Vaseline each 2 drachms to be applied on lint but when the Eczema has passed on to the dry stage Salicylic acid grs. 10 may be added to the above paste. The orifice should be stuffed with lint soaked in Ung. Hyd. Nit. dil 1 dram. Liq. Carbon Deterg m. 10, Paraffin 1 ounce (M. T. T.)

IN INFANTILE ECZEMA: Crude coal tar 1 dram, Zinc Oxide 1 dram, Corn starch and Vaseline each 1 ounce (M. T. T.)

Thyroid and Pancreatin is useful (E. S.)

IN OBSTINATE CASES IN CHILDREN: Crude coal tar 1 ounce, Collodium 1 ounce, and Acetone 1 ounce to be made into a paste, to be applied with a brush and allowed to dry. The application to be repeated every 2 or 3 days. Between 2 acute attacks, Zinc Ointment 1 to 8 ounces, Vaseline with Oleum Cadini m. 5 to 1 ounce of the above ointment or Acid Salicylic gr. 5, Acid Pyrogaric gr. 1 to 2 or Chrysarobin gr. 1 to 5; or Zinc Oxide $\frac{1}{2}$ dram Oleum Lini and Aqua Calcii 1 ounce.

ECZEMA OF THE HEAD: Zinc Oxide dram 1, Bismuth Carb dram 1, Glycerine drams 2. Gly. Amyli 1 ounce; Lint. Calcii 1 ounce or Hyd. Ammon gr. 10, Liq. Carbonis Deterg m. 20, Vaseline 1 ounce or Bismuth Oxidi drams 2, Acid Oleic ounces 2, Cerae Alb drams 6, Vaseline ounces 2 and drams 2 and Ol. Rosi m. 1 (Leonard Williams.)

If there is much outpouring of serum, the following lotion may be dabbled over the inflamed part every few hours: Phenalin m 15, Ichthyol dram 1, Zinc Oxide drams 2, Mag. Carb drams 2, Liq. Calcii ounces 4. In the Sub-acute

stage when stimulation is more needed than soothing, Resorcin gr. 2 to 30, Lard, ounce 1 according to severity; in the chronic stage Ung. Zinc Oxide drams 7.

In seborrhic form Sarcoptol, a preparation containing colloidal sulphur has very good effect. The head should be shaved clean and Sarcoptol rubbed on the surface gently but firmly till it is absorbed in the scalp.

Where the secretion is greasy Resorcin grs. 10 to 20, Pulvis Amyli drams 2, Ung. Zinc Oxide drams 2, Petrolatum $\frac{1}{2}$ ounce to be applied after removing the scales with a lotion composed of 1 part of Bayrum to 3 parts of water. (Hare)

In all varieties of Eczema, Baume Duret consisting of Oil of Cade, Sulphur, Resorcin, Norwegian Pine Tar, Guaiacol, Camphor, Sodium Borate, Acetone, Glycerine, Castor Oil and Lanolin has been found very useful; the application of this stuff may be made by spreading the same on the gamjee tissue or by friction twice or three times a day.

Vaseline, Lanolin, Oil of Juniper each grams 15, Resorcin gr. 0.5 to be made into an ointment. Zinc Sulphide grs. 25, Copper Sulphate grs. 10, Saffron grs. 2, Camphor grs. 3 in hot water 100 to be made into a lotion. The ointment to be applied after washing with the lotion.

Zama a preparation consisting of white precipitate of mercury, a coal tar compound and an Aurvedic preparation of lead of hygroscopic nature with a soothing vegetable oil as a vehicle, has been tried and found useful for wet Eczema of whatever origin.

INTERNAL REMEDIES. (It must be understood that salt should be withheld and sometimes mother's milk also.)

Pharmasol Sulphur and Pharmasol Manganese have been found useful.

Arsenic internally is useful only in the dry variety and in chronic state. In long standing and obstinate cases, Anaphylactine may be given subcutaneously every fortnight. (I. M. G.)

Subcutaneous injection of Adrenaline 1:1000, 1 cc daily for 5 days then Unna's Epinephrine Syrup: Adrenaline 1:1000, 10 cc and Syrup of Orange peel add 100 cc a teaspoonful every 2 hours. Externally Borax 1 gram, Oxide of Zinc, Venetian talc, Pine glycerine each 20 grams and lead water to make 100 grams (E. S.)

Sodium Cacodylate from 0.2 to 1 gram per day upto 20 grams in a month has marked effect.

Calcium Lactate in sufficient doses has been found very useful

Pot. Citras grs. 10 and Soda Bicarb in milk is useful.

Iron Cacodylate in 1 gr. doses hypodermically or intramuscularly has been found effective in chronic cases.

In the acute form Calcium Gluconate injections either by intramuscular or intravenous route.

The practitioner should note that Eczema is a manifestation of several constitutional disorders in the body and unless suitable constitutional treatment is employed no external remedy of whatever efficacy will be of any avail.

The Special Blood Pressure
reducing principles of

Viscum Album, Hepatic
and Pancreatic
Extracts.

HYPOTENSYL

For
the treatment of
all conditions
associated with

High Blood Pressure.

The Anglo-French Drug Co. (Estn.) Ltd.
Post Box, 460. BOMBAY.

"Mycol is a reliable laxative, and safe even to be given in Typhoid."

Notes on Therapeutics, Diagnosis and other Medical Subjects.

Gonorrhœa and its Modern Treatment.

(Continued from previous issue.)

LOCAL TREATMENT.

Even this day there is a school of thought which is against local treatment of Gonorrhœa but it is undoubted that well directed local treatment is not only conducive of better results regarding the condition of urethra but also prevents complications which are more dangerous than the original complaint. The practitioner should bear in mind that the inflamed urethral mucous membrane is most delicate and sensitive and is easily damaged and that gonococci easily penetrate the depths of the urethral mucous membrane and get into crypts and follicles which open into the urethra. He should also realise that if the inflamed mucous membrane is irritated unduly, the gonococci get into the seminal vesicles and the epididymis. So, if the manipulations are not gentle, if the antiseptics used are too strong, if undue irritation is produced by the passage of instruments or by the irrigation of urethra by too great a pressure and if prostate is massaged when acutely inflamed, the local treatment will give rise to lot of troubles such as stricture, epididymitis and a host of other complications. It is therefore of great importance that the material that is used for washing the urethra should be of enough quality to kill the gonococci on the surface or wash them out mechanically without causing any additional irritation. Use of strong antiseptics with the idea of killing the gonococci lodged in the depths of mucous membrane of the urethra or in the crypts and follicles will not only frustrate the very purpose but give rise to harmful complications detailed above. In fine, the practitioner should realise that irrigation of the urethra is an art in itself and should be used with all gentleness and

care, remembering at every moment, at every stage that he is dealing with one of the most delicate structures in the human system which, if interfered more than necessary either by irritating medications or bad handling, will result in irreparable damage to the urethra with the consequent complications, more harmful than those caused by the disease.

Having realised his responsibility and danger to the patient on account of injudicious local treatment, the practitioner should make a choice of the antiseptic he should use for irrigation and the method of irrigating the urethra. The bactericides that are used should encourage tissue re-action and if this aspect of the use of the antiseptics is not seriously considered, these will destroy the mucous membrane which has in itself more protecting and resisting power than the drugs employed and if the mucous membrane is damaged by irritating antiseptics the urethra will be liable to be infected by other bacteria than the gonococci.

A host of drugs are being employed in solution for irrigating the urethra. Potassium Permanganate is "the most universally employed compound". In 1/8,000 strength in acute and in 1/4,000 in subacute stages. Blenacrol, a combination of Diamino-Methyl Acridine with Hydrochloric Acid (1 in 1,000) has been a drug of choice by some. This drug unlike other astringents has the penetrating power into the mucous membrane of the urethra and carries its germ-destroying effects into fine crypts. It is not precipitated by the albumen or sodium chloride in the secretions and hence its most valuable penetrating action. Blenacrol is used in half to one table-spoonful doses to a pint of water and a teaspoonful to a pint when the bladder is involved. The next surviving drugs worth mentioning are preparations of Silver, Silver Nitrate 1/10,000, Protargol 1/1,000, Flavin compounds, (1/3,000 to 1/5,000) Mercury solutions (mercury oxycyanide 1/4,000), Picric acid 0.5 per cent to 0.2 per cent) and other astringents such as Zinc Sulphate, Copper Sulphate, Lead Acetate etc.

IRRIGATION: Though half ounce size glass syringe appeals to practitioners as well as to patients for simplicity and secrecy, it is certainly risky to entrust a patient to irrigate himself with the syringe from all points of view. Whether the small syringe is to be used by a surgeon is another matter. It may be said that it is as risky in the hands of an impatient surgeon. A glass irrigator 4 pints size is best suited with proper antiseptic precautions as to its cleaning etc. The nozzle to be used should be of the blunt pointed variety and it should not be introduced far into the meatus. Two varieties of nozzles are used, the single channelled or double channelled. Though the latter seems to be easier of manipulation especially in the hands of the patients there is the objection that the fluid may leave the urethra without properly penetrating in the canal. The nozzle is applied "to the meatus in such a manner that the flow is directed along and not across the channel and some of the solution is allowed to flow into the urethra. Before the urethra has become distended the flow is stopped, nozzle removed and the injected solution is allowed to flow out again. This is repeated two or three times thus washing the urethra in sections, so to speak, and the urethra is distended with the solution, as soon as it is felt comfortably tight, the solution is let out, and the distension repeated two or three times. When it is considered that the anterior urethra has been fairly well cleansed in this manner an effort is made to cause the solution to enter the bladder." When the double channelled nozzle is used the urethral canal may be satisfactorily irrigated by alternately stopping or starting the outflow with the finger on the outlet. Should one irrigate the bladder regardless of the presence or otherwise of posterior urethritis is the question usually asked. It is by no means certain that the flow of pus from the anterior urethra might not reach the posterior portion of it by rebound from the face of the sphincter so it is always safe to wash the bladder and the lavage of the posterior urethra will be more thorough as the cleaning

effect of a forcibly ejected stream from the bladder is greater. Even if posterior urethra is not infected the risk will be much less as the antigonococcal solution will counteract the infection in the posterior urethra. The complication usually attributed to posterior irrigation, such as epididymitis is due to the solution being either too strong or used at too great a pressure. The height of the irrigator, should be two to three feet above the level of the pubis for the irrigation of anterior urethra and five feet for the irrigation of bladder.

Local treatment should not be commenced when there is oedema of prepuce, acute prostatitis and marked posterior urethritis. In these cases patient must be restricted to bed and administered sedative medicines mentioned in the part 1. of this article. The local treatment should continue at first twice a day and later once till the morning discharge at the meatus ceases and the threads in the urine disappear along with haziness of urine due to presence of pus. Unfortunately at times the morning discharge or threads in the morning discharge or threads in the urine present for a period of one or two months when treatment appropriate to chronic gonorrhœa should be had recourse to.

CHRONIC GONORRHOEA: It is rather difficult to say when the sub-acute stage assumes the chronic stage. For all practical purposes when the discharge is nothing more than moisture at the meatus for four or five weeks after gonorrhœal infection and when purulent threads persist in the urine which looks otherwise clear, one may assume the advent of the chronic stage. The chronicity depends upon the involvement of the urethra and its appendages and in almost all cases mixed infection has been mainly responsible for a persistent urethritis. Very commonly the diphtheroid, the strepto or staphylo-cocci that are responsible for mixed infection. At times the presence of Colli Bacilli makes the infection worse. Autovaccines are usually advised for combating the mixed infection. It is not always that a practitioner especially in out of the

way places can command the facilities of a bacteriological laboratory to prepare autovaccines and even if autovaccines could be prepared more harm is done by the administration of injudicious doses of vaccines.

It will be always safe to depend upon Bacteriophage therapy which may be had recourse to both by mouth or locally by irrigating the urethra or the bladder with solutions containing Bacteriophages indicated for particular infection or group of infections.

Advice on good diet and regimen and healthy surroundings, abstinence of alcohol and sexual excitement which really help an individual to resist the infection should not be lost sight of. Apart from the use of vaccines or instruments Sulfarsenol by the intramuscular route in doses varying from 18 ctgr to 24 ctgr has been found as an effective adjunct in clearing up the infiltrated tissue in the urethra and helping the system to resist the infection.

USE OF SOUNDS ETC: The gonococci infection usually persists in a number of follicles and crypts which open on the mucous membrane of the urethra. Patches of infiltration are formed in the anterior urethra and these could be made out by palpation over a straight sound or by the acorn-tipped bougie. If the posterior urethra is infected it is almost certain that either the prostate or seminal vesicles or both are involved. This can be found by the examination per rectum.

The local treatment of urethral infiltration consists in the passage of instruments into the urethra which will serve the purpose of massage, opening of the mouths of the follicles and empty them of infected material, thus assist in promoting a fresh blood supply and lead to absorption of the infiltrates. No instrument should be passed into the urethra until the urethritis is settled down and there is only a minute drop of discharge at the meatus and the urine practically clear.

The clearing up of the infiltrations can be effected by the passage of solid sounds or bougie-dilators. Patches of

infiltrations and isolated follicles can be made out and treated through the urethroscope. Mechanical dilators are also made use of. They can be passed into the urethra closed and while the rigid stem lies within the meatus and fossa the rest of the instrument may be expanded by a special mechanism on the stem. They are straight or curved or a combination of both, the straight being used for anterior urethra and the curved for posterior while the combined for the whole urethra. There is arrangement for flushing the urethra while it is being dilated. Thus secretions from the mouth of crypts and follicles are washed away. Special suction apparatus in the form of bougies have been invented to suck out the secretion from the follicles. There are also bougies for the application of heat to the urethra and the heat application has been found more useful in chronic gonorrhoea. Bougies, sounds, urethroscope, mechanical dilators etc. are all useful only in the hands of experts. They will do more damage to the urethra than that caused by the disease itself if not used with care and discretion. Standard text books on the treatment of venereal diseases give a clear and concise description of all these methods. Mere book demonstrations will not do. Practice under the sympathetic guidance of a specialist is the ideal to be followed.

TREATMENT OF THE PROSTATE AND SEMINAL VESICLES: The infection of the prostate and seminal vesicles is another main cause for the chronicity of gonorrhoea and the above instruments cannot deal with infection of these. The best and effective method of treating these organs is by massage. The massage treatment if not carried out with discretion is apt to result in complications as epididymitis especially if carried out earlier than the fifth week of infection. Before massage the urethra should be irrigated with Potassium permanganate solution of 1/4,000 or Blenacrola table-spoonful to a pint of water or oxyonide of mercury 1/4,000 and for the massage a finger should be used and

not instruments. It is advisable to insert into the rectum an atropine suppository on the night before the organs are massaged.

"The patient can adopt the knee-elbow position on a table, or having removed his trousers, stand with his left foot on a rung or the seat of a chair over which he leans as far as possible, whilst grasping the back of the chair. The surgeon inserts his gloved, right forefinger into the rectum and presses with his left hand above the pubes, so as to approximate it as far as possible to the right fore-finger. The latter passed to the upper margin of prostate and sweeping outwards, lightly feels for each seminal vesicle in turn. If either of the latter is palpable, starting from the fundus at the outer end the finger presses the contents from without inwards and downwards finishing up the middle line of the prostate. Having thus dealt with the seminal vesicles, the prostate is massaged for about two minutes. The finger should travel with gentle pressure over the surface of the prostate from the margin to the centre, stopping to press into and empty the boggy spots in passing. Lastly, it is carried once or twice down the middle-line. The tendency is to confine the massage almost entirely to the middle line and to be too energetic about it. One cannot indicate the number of ounces pressure required, but if the surgeon will err rather on the side of gentleness and will watch the result in the shape of prostatic secretion which appears at the meatus or in the solution passed out of the bladder immediately afterwards, he will soon realise that it does not really require a great amount of pressure to empty a prostate. Doubtless, much of the effect of prostatic massage results from the muscular contraction which it stimulates." Massage may be repeated twice a week, more often than this is inadvisable. A useful routine is to pass a full sized sound into the bladder, irrigate it with Blenacrol a teaspoonful to a pint or Silver-nitrate 1 10,000

leaving some of the solutions in the bladder and then massage the prostate.

VACCINES: The use of vaccines has already been mentioned in the treatment of acute stage of the disease. It need only be said that they are useful adjuvants in the treatment of the chronic stage also and the doses may be pushed higher than in the early stage. As already stated the oral use of gonococci vaccine in the form of Rheantine or Heterolysine is less risky.

OVER-TREATMENT "is an evil to be avoided. Everyone of experience in the treatment of gonorrhoea must have seen numbers of cases in which the surgeon had 'tried everything' for months without benefit, while the patient became more and more depressed. Often, in such cases, the surgeon has tried too much. He has tortured all tendency to heal out of the urethral tissues, and the patient would have been far better with a complete rest from local treatment. As a general rule, therefore, it is better to stop the local treatment after about three months and to rest for about the same time.

It is important always to keep the patient's mind from the continuous contemplation of his genitals. These patients are very apt to become experts on urine threads, and, too, their first business in the morning is anxiously to examine their meatus after squeezing the urethra from behind forwards. A little prostatic fluid, or any glandular secretion appearing at the orifice, weighs on their minds all day, and the resulting depression is very detrimental to recovery. They should be forbidden these melancholy joys, and not the least important part of the treatment is that which is designed to maintain the general health in the fittest condition possible, by tonics, regular exercise, fresh air and so on."

(To be continued.)

"Boldino A. F. D. cures hepatitis, tropical liver disease, jaundice and dissolves Gallstones."

A Safe Local Anaesthetic.

The need for a reliable and safe local anaesthetic had been long-felt and it is a great relief to find the Medical Profession has now in Neo-Caine the right anaesthetic needed, whose action is not only faultless but quite non-toxic. This product provides an ideal for inducing local anaesthesia for minor surgical operations.

Neo-caine is designed to produce local anaesthesia or if preferred induction anaesthesia, a temporary stage of unconsciousness and if required a minimum quantity of additional anaesthetic will deepen to full Surgical anaesthesia. Generally one ampoule which contains 0.5 grms of the powder is quite sufficient for the local effect of a fairly large area. The powder is dissolved in about 50 cc of distilled water or normal saline and injected hypodermically round about the area. For inducing anaesthesia by intra-spinal method the solution is made by dissolving the powder with the patient's cerebro-spinal fluid. Generally the local anaesthesia is extremely satisfactory. Neither excitement nor discomfort is apparent. It is the most pleasant way of inducing local anaesthesia. Neo-caine is therefore a safe and a valuable agent for induction of local anaesthesia specially in highly nervous and weak patients. It possesses considerable value as a routine agent for anaesthesia for the general practitioner. It is superior to ordinary and usual methods for injecting Cocaine or Novo-caine in the ease and comfort of induction and the freedom from vertigo, cramps in the limbs and respiratory and cardiac difficulty. The opinion formed by those who have employed Neo-caine for local anaesthesia is that it is a safe and dependable anaesthetic for use in minor surgical work. In fact it may be considered the best agent for securing a quiet advent of local desensitisation.

As for technique of Neo-caine anaesthesia no special rules need be observed. Prepare the solution just before injecting as stated above and inject it round about the area to be operated on. It is needless to say that the part to

be operated upon should be thoroughly aseptic prior to injections.

For Spinal anaesthesia Neo-caine is specially indicated as its solution with the patient's cerebro-spinal fluid is very effective. Correct technique is the essence of Spinal Anaesthesia. With Labat Outfit this can be carried out most effectively.

POSITION OF THE PATIENT: Either sitting with body bent in the form of a curve or lying on the left side with body bent like an arch. This widens the interspaces as much as possible.

SITE OF THE PUNCTURE: The needle is inserted either between the third and fourth or the fourth and the fifth lumbar vertebrae at a point just below the tip of the spinous processes of the vertebrae at a distance $\frac{1}{2}$ an inch to either side of the median line. The needle should be directed slightly upwards and inwards. A line drawn across the back from the highest point of one iliac crest to the other with the patient standing erect, passes through the tip of the spinous process of the fourth lumbar vertebra. That is the way to find out the proper site for injection.

When the needle is inserted in the subarachnoid space, some of the cerebro-spinal fluid which comes out should be collected in a sterilised glass measure. After about 10 to 25 cc has been collected make a solution with it and aspirate it in a sterilised syringe. Detach the needle used for aspirating the solution and connect the syringe with the spinal needle that is inserted. Then gently inject the solution as much as is required according to the necessity of the case. The patient should then lie on his back with the head low down. Anaesthesia sets in about ten to fifteen minutes.

Formerly Cocaine was practically the only local anaesthetic used and for general anaesthesia chloroform was employed. Now Neo-caine has proved really a blessing as it eliminates dangers, anxiety and subsequent pain usually attendant on the former two anaesthetics - the following advantages speak for the superiority of this product.

1. Neo-caine is non-toxic and non-haemolytic and absolutely harmless.

2. It is rapid in action.

3. It is superior to other anaesthetics because it has a great psychological effect in that it banishes all the paraphernalia of other anaesthetics of which the patients are in so much dread.

4. It is well-tolerated.

5. It is particularly useful in the case of nervous patients.

6. There is practically no post-operative vomiting. There is complete absence of post-operative difficulties or disturbances.

It appears from all this that we have at last an anaesthetic which fulfills the requirements of safety, ease in administration and effective anaesthetisation for a sufficient period.

Affections of the Thyroid Gland.

The main object and principle of Organo-therapy is the substitution of the deficient function of the Endocrine Gland by the gland itself. Thyratroxine supplies the proper remedy for thyroidian medication and results obtained with this product have clearly shown that there are few such therapeutic agents of real force. Every medical man knows that the Thyroid Gland occupies a preponderating place in Organo-therapy and the diseases due to its over or underaction are varied and hence the utility of Thyratroxine in general practice is unlimited.

In Thyratroxine pure Thyroid product of reliable activity is incorporated. It is definite and constant in composition and the Iodine content in it is standardised. It is quite free from the toxic amines and the lipoids which are usually present in the fresh gland. Because of this purity and standardisation Thyratroxine maintains its therapeutic activity for a long time and because of its stability it remains un-affected in extremes of climate. Each tablet of this product contains 0.03 gm of the pure substance of

Thyroid, which is carefully selected from healthy animals. It is standardised by chemical means, so that the Iodine content in it is ensured.

Thyratroxine brings about remarkable changes in the clinical picture within a few weeks. The mental faculties soon become improved and if the treatment is continued uninterruptedly for one to two years well-proportioned body-growth is the result and mental development progresses also.

When we consider the applications of this product, Myxoedema and Cretinism stand the foremost as the chief indications for which Thyratroxine may be given as the specific. In *Cretinism* the product produces remarkable results if given in the very early stages. Great changes take place in stunted growth, flat nose, gaping eyes, stolid expression and muddy skin. The long bones begin to grow actively and the stolid expression soon changes into the normal one. The mental condition soon progresses for the better. The improvement in general is immediate and permanent. The earlier the treatment is commenced the better the results obtained.

In *Myxoedema* the symptoms yield rapidly and quickly to the treatment by Thyratroxine. The bloated appearance, atrophic degeneration of the skin, obesity, nervous disorders, mental disturbances and thick and drawling speech—all these symptoms soon disappear after this medication. The heart-troubles, the usual accompaniments of this disease, which fail to respond to Digitalis and rest, are cured by Thyratroxine.

There are certain cases in which all the above symptoms are not so pronounced. There is subnormal temperature, slow pulse, obesity and rough and dry skin. The face is expressionless and the mental condition is backward. Such cases come under the name of what is known at present as *Sub-Myxoedema*. This too can be treated successfully by Thyratroxine.

In children, where the development, both mental and physical is not quite normal, Thyratroxine may be indicated

with great benefit, as there is greater or less degree of hypo-function of the Thyroid gland.

Many cases of *Infantilism* and *Sexual Neurasthenia* can be cured within a short time by Thyratroxine. Here there is Thyroid insufficiency and it is well-known that a close connection exists between the genital glands and thyroid and hence the usefulness of this product in these conditions.

Obesity which is the result of Thyroid hypofunction can be remedied with Thyratroxine very rapidly. In *Adiposa Dolorosa* this product reduces the weight remarkably and brings about general improvement. Even in long-standing cases, Thyratroxine has been found to yield good results.

Hyperemesis Gravidarum and Albuminuria of pregnancy are conditions which are probably due to auto-intoxication. This later is usually counteracted when the Thyroid secretion is normal. In pregnancies, if the Thyroid secretion is defective, auto-intoxication follows and this in turn results in Albuminuria and troublesome vomiting. In such cases Thyratroxine may be given with advantage.

Thyratroxine has been found very useful in *Mental Disorders* that occur in adolescence, during puerperium or the climacteric. As the disturbed function of the Thyroid is responsible for these conditions, improvement can be obtained by means of Thyratroxine.

Thyratroxine can be used with marked success in *Psoriasis*, *Eczema* and other allied skin-affections, because Thyroid is a regulator of Calcium equilibrium.

Rheumatoid Arthritis at times yield to Thyroid treatment and hence Thyratroxine can be used with benefit in such cases.

In view of the fact that thyroid secretion has a stimulating effect on the menstrual function, the administration of Thyratroxine is very beneficial in *amenorrhœa* and delayed onset of menstruation at puberty.

As regards the dosage it is always advisable to begin with small doses and raise them till the tolerance of the patient to the product is determined. The treatment should never be hurried. Steady and regular improvement is surely attained by Thyratroxine if the initial doses are small. From the susceptibility of the patient the physician can easily determine the initial dose. In children the most important point to remember is that the commencing dose should be prescribed not according to age or body-weight but according to the susceptibility of the child.

Another precaution to be observed during Thyratroxine medication is to advise the patient to rest in bed for at least half an hour after each dose. If this cannot conveniently be done or if it interferes with his work, the best thing would be to administer the whole daily dose at bed time. Another direction to be remembered is that if Thyratroxine is to be given for prolonged periods it is always better to take one week's rest after every four weeks treatment. This would prevent any cumulative effect of the product and subsequent ill-effects. Roughly an adult should take 4 grs. daily and the child 1 gr. During the treatment it is better to note from time to time the pulse, temperature and weight of the patient. The urine should be occasionally tested as one very reliable index of excessive Thyroid medication is the appearance of sugar after meals in the patient's urine. If symptoms of Thyroidism such as rise in temperature appear, the best thing would be to withhold the treatment for about a week. It will then be noticed that tolerance for even larger doses of the product can be established.

It can be seen from the above remarks that Thyratroxine therapy can be applied in many cases. It will prove of great service specially to the general practitioner who has hardly any time and opportunity to follow cases up to the last, because it is quite safe and harmless even if administered for a long time.

SPECIAL CONTRIBUTION TO THE MEDICAL PROFESSION.

Opinions Gathered from Practitioners.

AN ANTI-DIARRHŒEA REMEDY OF PROVED VALUE.

Diarrhœas, next to Malaria, are so common and widespread in general practice that they were so far a great menace to the health of the population. Fortunately for the profession as well as the public Dr. Laurent Gerard after a good deal of research and experimentation has discovered a remedy known as Thoroxyl which has been proved by clinical results quite a reliable measure as a curative. In view of the frequent occurrence of intestinal disorder an anti-diarrhœic of safe and certain action was a pressing need and hence this product has come none too soon.

Thoroxyl is a combination of Formiates and Carbonates of Thorium, Didymium and Cerium and is available in the form of tasteless white tablets containing 0.30 gms of these salts. The tablet is miscible in water and mixes with any liquid.

Thoroxyl, in contrast to other astringents and Bismuth preparations which exert their action only in the upper part of the intestines, presents a combination from which the active substances split off under the action of the alkaline juices of the lower portions of the bowels. In the stomach it remains practically unaffected, but when it reaches the lower part of the small intestines, it becomes very active. Owing to its ready solubility and good absorption Thoroxyl is very effective. By its action as an astringent it soothes the irritated mucous membranes of the intestines and thus there is not only diminution in their congestion, but the peristalsis and gripping also are much lessened. Further, its action as an antiseptic and anti-bacterial is of great use in intestinal catarrhs of all kinds, infectious or otherwise. Because of the Formiates contained in it, Thoroxyl inhibits the processes of fermentation

and leads to the development of the normal flora of the large intestine and restores the regular changes and processes. It is specially useful in infants and children in intestinal troubles as with comparatively small doses it can reach the lowest portions of the intestines.

Clinical experiences confirm fully what has been stated before. A number of cases have been reported which show that the use of Thoroxyl has been of great benefit in various intestinal symptoms both in adults and in children. In diarrhœas, acute or chronic, striking improvement is seen within a very short time. The stools become less mucus and the fœces soon regain their normal consistency.

In chronic cases the improvement is permanent. Favourable influence has also been observed in Enteritis and Enterocolitis. In these cases Thoroxyl has the desired effect within a short period. The number of stools is soon reduced and they contain less mucus. Soreness improves and the patient after some days passes normal homogeneous motions. Alterations in diet are hardly necessary and hence this preparation is of great advantage in the case of children where restrictions in food cannot be too strictly enforced. In infantile diarrhœas immediate relief has been obtained by means of Thoroxyl. The remedy need not be used longer than a week as success has been obtained in the majority of cases on the third or the fourth day at the most. Dysenterics, who exhibit symptoms of less severity are particularly amenable to Thoroxyl medication. Rapid amelioration, abatement of gripping pains and diarrhœa are observed. Auto-intoxication due to bacterial infections of the intestinal tract responds favourably to Thoroxyl treatment. Diarrhœa due to Tuberculosis can be effectively checked by this product and hence loss of weight and appetite which are the usual sequelæ in this disease, are thus prevented. Diarrhœa, which is usually met with in Typhoid or Para-typhoid, can be brought under control with great ease by means of this preparation.

Here it serves the double purpose—of acting as an anti-diarrhoeic and also as a good antiseptic of the intestinal canal, which is so much needed in these conditions.

Thoroxyl, from the many clinical experiences with it, can be said to possess many advantages. It is extremely well-tolerated even by the most delicate stomach. This can be seen from the fact that it can be administered to children and even to infants. It does not upset the stomach nor does it impair digestion or appetite. Even the most fastidious of patients and the refractory amongst children have no objection to taking it as it is most agreeable to taste. No by-effects were ever observed even though the product is administered for a long period. In cases which did not show any symptoms of graver disturbances Thoroxyl was administered with very good results. No alteration in diet or purgation was resorted to. Amelioration of symptoms was very rapid and effective.

1. A young girl aged 20 years came to me for advice for intestinal disturbances followed by profuse diarrhoea. She used to get these symptoms occasionally without any known cause,—an attack of abdominal pain and subsequent profuse diarrhoea. It was difficult to find out the cause for it, but the symptomatology indicated to all appearances some derangement of the vago-sympathetic system. This derangement showed itself in nervous manifestations for which she has been taking some gland-treatment, but the diarrhoea and the abdominal pain could not be checked by this treatment. Examination of the faeces did not show any parasites. The patient was taking her food regularly. Ovaro-Thyroid Opocrins were administered for her vaso-motor disturbances and Thoroxyl was tried for the intestinal symptoms. The latter symptoms were brought under control within four days. She took 10 tablets per day and the product was tolerated very well by her. The diarrhoea and the pain stopped entirely after this treatment. The patient was thoroughly satisfied with

the result. The diarrhoea completely ceased after a few more days but the nervous symptoms have not disappeared.

2. A young boy of three years had been suffering from gastro-enteritis for a fortnight. Diarrhoea was present throughout this period accompanied occasionally by colic. The stools were thin, watery and green. He looked very much emaciated. On the third day of the treatment by Thoroxyl stools were much reduced in number and the green colour disappeared altogether. There was no colic after this. On the 5th day the stools regained their normal yellowish brown colour. The boy began passing stools of normal consistency from the 7th day. The boy completely recovered after ten days of treatment.

A Rejuvenating and General Tonic.

Of late there have been plenty of rejuvenating methods but as they are based on the erroneous conception of only stimulating the tired organism, which is a mere symptomatic treatment, they cannot much forge their way. The real rejuvenating and mental tonic should be based on the theory that the functions of the glands in the body should be so corrected as to have a decisive influence on the conservation of forces in the physical constitution. It has been ascertained from scientific research that all glands with internal secretions are vitally necessary for regulating all the physiological processes in the human body and therefore their diminished discharge into the blood or lessening of the secretions of the hormones, the most important substance separated by these glands, is usually followed by the enfeeblement of the whole body. These facts and theories have enabled medical science to put before the profession quite a new method of rejuvenation, which has nothing to do with either mere symptomatic treatments or with any troublesome or dangerous operations. This method of not only

ensuring full supply of hormones, but also of invigorating and reviving effect in the female, can be accomplished by the help of Femi-vir. This product introduces those electrolytes into the glands secreting reproductive hormones.

Femi-vir, which is meant for women, distinguishes itself from the other preparation known as Homovir, in that it contains the hormones of the ovary and it can thus have the rejuvenating effect only on the females. It is composed of the desiccated extracts of several glands, such as Thyroid, Suprarenal, Pituitary and Ovary. A little addition of Yohimbine is also made so that it may act as a stimulant to the internal secretions.

The clinicians have found out that a single gland substance alone is inefficient in relieving many of the commonest sexual disorders and in toning the whole organism, whereas the combinations have been very effective. For this reason therefore, Pituitary, Thyroid, Ovary and Adrenal hormones are included in Femi-vir. Experimental research has shown the rational basis of this combination. These hormone combinations closely resemble the hormone-complex found in the blood of normal women and therefore the success of this treatment is evident. The two hormones of the Anterior Pituitary give stimulus to the ovary. The Thyroid and the Suprarenal raise metabolism. The function of the ovarian hormone is to stimulate the oestral cycle. Its action is regulated by the secretion of the anterior lobe of the Pituitary. In this roundabout manner the disturbed genitals or more particularly the ovarian function can be regulated and restored to its normal activity. This is what Femi-vir does because of its harmonious blending of the different hormones.

In Femi-vir the effective secretions of the different glands mentioned above, are combined in their respective quantity and value in such a way that the results achieved with it are simply remarkable. After the administration

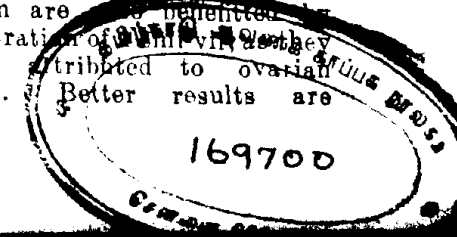
of this product the menses which were either irregular or had disappeared appear again with regularity. Loss of appetite and sleeplessness vanish and the troubles of the climacterium cease, apathy gives place to healthy interest in life and the hope of healthy progeny is awakened anew. Femi-vir due to the various hormones contained in it adjusts the internal secretions in such a way that a general revivification of all the bodily functions, more especially those which refer to sexual life is brought about. It would be a mistake to presume that any rejuvenating remedy exclusively benefits the sexual organs, for in reality the whole organism is regenerated because of the fact that effective treatment of the sexual glands has a beneficial influence on other internal glands, as they are most closely related to one another in their action.

From the above remarks it becomes quite clear that Femi-vir offers quite a rational method of treating not only conditions of ovarian insufficiency, functional sterility, menstrual difficulties, but asthenia, convalescence, general debility and premature senility. It is indicated also advantageously in sexual neurasthenia, impotence, deficient sexual desire etc. In all these cases the great value of Femi-vir is demonstrated. Unlike other symptomatic aphrodisiacs Femi-vir directly acts on the glands and corrects the faulty internal secretions.

OVARIAN INSUFFICIENCY: In the treatment of this functional insufficiency Femi-vir stimulates the ovaries anew and improves their action. By stimulating the ovaries the hormone contained in the Graafian follicles is set forth and this brings about hyperæmia of the uterus and the cyclic changes of its mucous membrane. It even enters the blood stream and exercises a beneficial influence on the nervous system of the organism.

The disorders occurring at the climacterium are... the administration of Femi-vir... are mostly attributed to ovarian insufficiency. Better results are

32
Lm 211.1130 MP
1932



obtained in these conditions because of the combination of the dessicated extracts of several glands included in the product.

STERILITY: In the majority of cases the trouble is usually faulty functioning of the various glands, which generally influence the nerve-centre. By the lack of hormones the entire connection between these directing organs is disturbed and hence the impotency. Organo-therapy provided by Femi-vir helps these patients a great deal, because it secures for them a normally functioning sexual apparatus. In this connection it is worth noting that Femi-vir is also useful for those women, whose ovaries have been removed for some reason or other. In these cases Femi-vir prevents evil effects of the removal of these glands.

MENSTRUAL DIFFICULTIES: Irregularities and pain of menstruation are often removed by Femi-vir as by its action the sexual apparatus is regulated and restored to its normal condition. In Menorrhagia due to deficient glandular function Femi-vir is very useful. Sometimes irregular menstruation has a great deal to do with Sterility and Femi-vir by bringing about a recovery of this function removes sterility also.

ASTHENIA AND CONVALESCENCE: Femi-vir not only corrects the genital functions but the hormones contained in it extend their action favourably to nearly all the functions of the body, and hence its great utility in Asthenia, general debility and convalescence. Although all these conditions may be the result of diverse causes, still the functional deficiency of the accelerating group of Endocrine glands is the chief factor which requires glandular therapy and Femi-vir supplies this in a very remarkable way.

SEXUAL NEURASTHENIA: This is mostly the result of Endocrine derangement. For this several glands are responsible and thus the whole Endocrine circulation is affected. In Femi-vir the different hormones, the effective constituents of the glands,

are combined in such a way that a concerted action on the whole organism is ensured.

Femi-vir is really a specific for rejuvenation in the females either sexually, physically or mentally. The great advantage of this product is that no troublesome or expensive operations are needed as equally good improvement can be obtained by the oral administration or injection treatment of this product. Again the results of grafting are temporary, which necessitates renewed transplantation and such repeated operations entail a great deal of trouble and harm. Modern organo-therapy has made matters very easy and therefore Femi-vir, which can be given for a long time without any harm, has displaced these transplantations and has surely responded to the expectations of the physicians. Besides Femi-vir is very active and it can be easily assimilated and no undesirable after-effects have ever followed its use. In short, Femi-vir in addition to being a specific for sexual troubles of the female, is also a general tonic. Unlike other preparations, it does not merely remove the symptoms, but does away with the root of the malady.

Experiences with Creosal Syrup.

In several cases of resistant chronic bronchitis and other lung troubles Creosal Syrup has been tried by the writer with great success. Two typical cases are mentioned.

1. Mrs. J. aged about 45 was suffering for more than a month from chronic bronchitis, which resisted all treatment. She had very severe congestive bronchitis. Over the lungs were found copious rales and moist crepitations. The expectoration was globular. The cough was very exhausting and it was with great difficulty that she could expectorate. The usual expectorant mixtures were used for a considerable time without any tangible results. When she came to consult me,

I put her on Creosal Syrup. The exhibition of this product led to a considerable improvement in her condition within a week. The Syrup facilitated expectoration, which became more fluid and less tenacious. The cough was very much less and she could get sound sleep, which she was not able to get before owing to her cough. Quite a demonstrable improvement in her bronchial catarrh was evident after a course of a fortnight's treatment. A feeling of well-being set in after this and she was quite all right in about a month. She continued the treatment however for another month and there was complete absence of any toxic manifestations. This is in contrast to other Guaiacol and Creosote preparations, where the by-effects are almost the rule.

2. Another case was that of a young man of 28, clerk by profession. He had extensive bilateral bronchitis with much emaciation and remittent fever. The cough was exhausting. The usual expectorants did not promote the flow of sputum and he was much troubled and worried. He was prescribed Creosal Syrup and under its administration improvement at once set in. The spasmodic coughing disappeared and expectoration became much more easy. There was no fever and his general condition improved noticeably.

In various cases, such as coughs and colds of children, tracheitis and bronchitis, which corresponded to the cases described above, Creosal Syrup facilitated expectoration and diminution in the physical signs of the lungs.

Pulmo-Calcium in Carious Teeth.

It is generally agreed that in pregnancy there is increased demand for Calcium and one often therefore comes across cases where the health of either the mother or the infant is impaired. I had under my care a typical case of a woman, who after each delivery had caries of one or the other of her teeth. The woman also had given birth to two rachitic and unhealthy infants. During the third pregnancy, when she came to consult me, I put her on

Pulmo-Calcium, which she was taking regularly during the whole course of her pregnancy. Beneficial effects were observed in the teeth of the mother and the skeletal system of the child. This time several months after delivery she had absolutely no complaint about her teeth. The child was quite healthy and the bones were normal. It is clear from this case that Pulmo-Calcium stimulated the calcification of the teeth, warded off caries and proved to be a good anti-rachitic agent. It is undoubtedly responsible for promoting normal calcification, whether of the teeth or of the developing bones. The above clinical result demonstrates that Pulmo-Calcium is decidedly useful in:—

1. Preventing dental caries
2. Arresting rickets.

REIPAR

THE IDEAL SALICYLIC TREATMENT
FOR RHEUMATISM AND ALLIED
AFFECTIONS.

Mention was made in these columns about this preparation last year in June. Since then we have received large number of case reports from the medical practitioners who used Reipar on a large scale both in hospital and private practice and a few of these reports have been quoted here below.

Reipar, the specific remedy for Rheumatism does not pretend to be able to cure rheumatic symptoms due to other diseases such as Syphilis, etc. Nevertheless, as the etiology of rheumatic symptoms is often obscure and as the classical treatments are often inefficacious, it is always reasonable to give REIPAR a trial. The injections should be subcutaneous (2 to 4 c.c. at as many painful spots) or intravenous (2 to 4 c.c.), renewed every two days to be continued for at least one month before deciding whether or not the treatment is efficacious.

REPORT NO. 1

Generalized acute articular rheumatism. Nephritis and albuminuria. Mitral insufficiency: Leon B..... 18 years old, Nice, had a first generalized

attack of articular rheumatism 2 years ago, during the course of which he developed a mitral defect resulting from an endocarditis, accompanied by slight cardiac hypertrophy and nephritis with albuminuria. The acute febrile period lasted eight weeks in spite of the various treatments employed: sodium salicylate, aspirin, cryogenine, quinine. The convalescence was a long one and the patient was only able to leave his room after a lapse of four months.

Since this attack, he remained on a dechlorinated lactovegetarian diet, but the albuminuria did not disappear; the quantity varied between 1 and 2 grammes per litre.

In the month of October 1921, as the result of a chill, B..... was obliged to take to his bed with arthritis of the left knee. He took sodium salicylate, Vittel water and a milk diet. The right knee was affected two days later and on the 16th of October, the two tibio-tarsal joints.

I saw the patient for the first time on the 16th of October. The two knees were the seat of an extensive extravasation; the tibio-tarsal joints were distended and very painful: the right wrist was sensitive to the touch. Tongue coated; temperature 38°2 to 39°; urine scanty, highly coloured; perspiration abundant; loss of appetite absolute; milk caused nausea.

The treatment by injections of salicylic acid was begun immediately; one injection of an ampoule of Reipar on a level with the distended cul-de-sacs of the right knee and one in the region of the right ankle, the seat of the most violent pain.

17TH OCTOBER: The two joints into which injections have been made were less painful though quite as swollen. The same treatment was applied to the left knee and tibio-tarsal joint.

18TH OCTOBER: The right knee was less swollen and also the foot; pressure provoked no pain, but movements were impossible. On the left side the tissues were still distended, but less painful. Injection of an ampoule in

the right knee and in the foot on the same side.

19TH OCTOBER: The patient showed marked improvement: the joints on the right side were almost normal; on the left the extravasation remained rather noticeable. The general state was better; morning temperature 37°4', evening 38°; nausea disappeared, urine more abundant. It contained 1.5 gr. of Albumin per litre. The same treatment was continued at the rate of one ampoule daily.

24TH OCTOBER: All swelling had disappeared; the joints were still somewhat sensitive to pressure and stiff, but the patient began to bend the right knee.

28TH OCTOBER: The joints were altogether normal and movements of flexion were possible without causing pain. Temperature 37°, appetite returned, urine abundant, clear (0.5 gr. of albumin). From this date onwards, the convalescence followed its course normally and the patient was able to go out on the 12th of November. A month later, the urine only contained traces of albumin. This case illustrates the favourable influence of the salicylic acid treatment.

The patient, was seen at long intervals, and has had no relapse for the past 3 years. His general state of health is excellent; he has given up his lacto-vegetarian diet and takes a little meat mid-day. His urine only contains non-measurable traces of albumin.

REPORT NO. 2

Acute Polyarticular Rheumatism: Mrs. Jeanne P..... 35 years old of Nice, suffering for the past 5 weeks from acute polyarticular rheumatism has been treated by big doses of sodium salicylate without any result. Temperature oscillating since the beginning of the disease between 38.6 and 39.5. The patient showed an absolute gastric intolerance not only for milk but also for all liquids. I immediately instituted the salicylic acid treatment and 4 c.c. of Reipar was injected into the right side of the body at an equal

number of painful spots. The next day the same dose of Reipar was injected on the left side.

48 hours after the beginning of the treatment the vomiting ceased and the patient could take sweetened water, decoctions, then some milk. Temperature was 37°8. Seven days after the institution of the treatment, which had been steadily kept on, 5 c.c. per day, all the joints were free, the temperature came to normal again. It was possible to feed the patient. Convalescence took place normally.

REPORT NO. 3

Acute Sciatica: Mrs. Marguerite P... 38 years old, of Nice, consulted me for an eight-day-old acute sciatica on the right side. The patient had been treated without success by various anti-neuralgics, in particular aspirin and atophan.

I gave 3 injections of Reipar: one of 2 c.c. in the neighbourhood of the point at which the sciatic nerve emerges, one of 1 c.c. in the thigh, in the groove followed by the nerve; one of 1 c.c. at the point of origin of the external popliteal nerve. After 48 hours pain disappeared and for the past one year the patient had had no pain.

REPORT NO. 4

Mrs. B..... 45 years of age, suffering for the past six weeks from sciatica which had confined her to bed for the first 15 days, and made walking very painful for her, consulted me in October. I injected a single ampoule of Reipar into the upper part of her thigh at the point where the nerve emerges. Less than 20 minutes afterwards she was absolutely free from pain and only regretted having suffered uselessly for more than six weeks.

(To be continued.)

PERFECT DEFINITION



Manufacturers must put on the market a film which gives absolutely accurate results and which brings out clearly every shadow in the negative, to enable doctors to make a correct diagnosis.

By reason of the addition of two images separated by a celluloid base but obtained in exact registration when viewed, a two-fold increase of SENSITIVENESS and of CONTRAST quality is obtained by the use of Agfa X-Ray films. The double film thus yields results of greatly enhanced brilliance and has the advantage over a plate in so much that it is unbreakable and much lighter in weight, thereby facilitating its transmission in any way.

Agfa X-Ray films are shipped in cold storage and kept in cold storage up to the very moment when you buy them. The Indian climate, therefore, cannot affect them adversely.

X-RAY FILMS

Write now for full particulars and a copy of "An Introduction to X-Ray Photography" by Dr. John Eggert which will be sent FREE on request.

AGFA PHOTO CO.,

BOMBAY, CALCUTTA, DELHI, MADRAS,
P. O. BOX 488. P. O. BOX 9030. P. O. BOX 133. P. O. BOX 329.

Iodobesin contains the anti obesity hormones.

TREATMENT OF GONORRHOEA

RHEANTINE

An Antigonococcic Enterovaccine for oral use.

Specially indicated in acute Gonorrhoea, Cystitis, Pyelitis, Pyelonephritis, etc. of Gonorrhoeal origin.

A Venereal Specialist at Lyons says: "Rheantine is not only the most efficacious treatment of gonococcic infection in men and women; it is also by far the simplest and most soothing."

N. B.—The usual local treatment should not be dispensed with.

HETEROLYSINE

A gonococcus vaccine especially prepared for oral use and combined with hexamine and purified terpine hydrate.

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

Can be had from:—

THE ANGLO FRENCH DRUG CO., (Estn.) Ltd.

Post Box No. 460,

::

BOMBAY.

Support Indigenous Industries

"IRVO"

**Irradiated Vegetable Oil
Vitamin Tonic**

Irvo surpasses time-honoured Cod Liver Oil in many respects. It is found very useful after acute illnesses such as Smallpox and General Infectious diseases.

It definitely prevents and cures Rickets and Bone diseases generally non-amenable to medicines.

Please ask for Literature from:

Amrut Pharmacy, Nagpur.

Depots for IRVO:

Amrut Pharmacy, Nagpur

AND

**Amrut Pharmacy, Princess St.,
BOMBAY.**

BEST QUALITY AMPOULES For Hypodermic or Intramuscular Use.

Camphor in Ether
Box of 6 ampoules
(2 grs.) Rs. 0-12

Camphor in Ether
Box of 6 ampoules
(3 grs.) Rs. 0-12

Camphor in Oil
Box of 6 ampoules
(2 grs.) Rs. 0-12

Quinine Chlorhydrate
Box of 12 ampoules
(5 grs.) Rs. 1-8

Quinine Chlorhydrate
Box of 12 ampoules
(10 grs.) Rs. 2-4

Emetine

Box of 6 ampoules
(1 c.c. 1 gr.) Rs. 1-12

Emetine

Box of 6 ampoules
(1 c.c. 1 gr.) Rs. 2-12

Pituitary Extract

Box of 6 ampoules
(1 c.c.) Rs. 2-12

Pituitary Extract

Box of 6 ampoules
(1 c.c.) Rs. 1-12

TRIAL ORDERS SOLICITED BEFORE
YOU ORDER FOR THEM ELSEWHERE.
Special cash discount for readers
of "The Medical Practitioner"

**The Medical Practitioners'
Service Bureau,
VEPERY, MADRAS.**

News & Comments.

Indian Medical Council Bill: We mentioned in these columns last month that a deputation of the Licentiates waited on Hon'ble Sir Usman, the member in charge of Medical Registration and that Hon'ble Chief Minister Mr. Munuswami Naidu and the then officiating Surgeon-General Lt. Col. Croly were also present. Lt. Col. Croly's attitude was plain. He was definitely against the inclusion of the Licentiates. The Chief Minister seems to have argued in such a way that the deputationists apprehended that he too did not favour the inclusion of the Licentiates within the purview of the Bill. It now transpires that Hon'ble Munuswami Naidu played the part of a sound advocate which he is by profession and wished to put the Licentiates in a strong position by getting out of them sound arguments justifying their inclusion. It will be a pleasant surprise to the members of the deputation if it is known later that the Chief Minister was a real sympathiser for the cause of the Licentiates and that the Government of Madras did recommend the inclusion of the Licentiates within the purview of the Bill.

An Appeal to Assembly Members: Dr. U. Rama Rao has addressed an appeal to the members of the Legislative Assembly. His arguments may be summarised as follows:

1. The proposed Indian Medical Council is in no way an improvement on the existing Provincial Medical Councils.

2. The institution of an All India Council is a distinct advantage, if it is not an official body as it cannot be contended by even the best admirers of Government that all the wisdom of the medical profession in India is confined to the men in the service of the Government.

3. The truth about the proposed Bill is that it is an attempt "to placate the General Medical Council of Great Britain." It is humiliating that Indians should be found incapable of controlling Medical Education in their own country.

4. "The exclusion of Licentiates from the purview of the Bill is to put it mildly unjust and illegal." In England when the 1st General Medical Council was constituted even unqualified untrained allopathic practitioners were admitted in the British Register. Hence the exclusion of Licentiates from the

purview of the proposed Bill is most unjustifiable.

5. Dr. Rama Rao quoted instances where the Licentiates found themselves in open competition to be superior to others in the medical profession and said that the profession in India is diverted in water-tight compartments and mentioned the opinion of the late Major General Giffard that it "must be possible for a qualified man to look forward to rise to the top of his profession without finding himself hopelessly handicapped from the start."

6. He concluded by mentioning that it would be a great blunder to exclude the Licentiates from the purview of the Bill.

Our readers might remember that more than once we expressed our views on this subject in our Editorial columns and we are glad to note that the arguments put forward by us are identical with those expressed by Dr. U. Rama Rao in his appeal. We trust that the people's representatives in the Assembly will modify the Bill to make it democratic and popular and will not fail to include the Licentiates within the purview of the proposed Bill.

Licentiates as Honoraries: As mentioned in the last issue, we regret we are unable to publish the full text of the memorandum submitted by Dr. V. Rama Kamath as the leader of the deputation which waited on the Surgeon-General on 11-1-32 to press the claims of the Licentiates as Honoraries in the city hospitals. We have however published the gist of the proceedings of the deputation in the correspondence columns as appearing on "The Swarajya" of 12-1-32.

Who is to Blame: As mentioned in these columns last month the interpretation of the rule for retiring such of those in the Provincial Medical Service who have finished 25 years service, has not found a solution. The initiative for serving three months notice seems to have been taken by the Surgeon-General who did not so far treat the Civil Surgeons as a separate unit, in the provincial cadre; in fact, the Surgeon-General has been solely responsible in making Civil Asst. Surgeons into Civil Surgeons and his authority in this direction was unchallenged nor was it questioned by the Government at any stage. For the

purpose of applying the Axe the Surgeon-General who did not at any time treat the Civil Surgeons as a separate unit, served notices on the Civil Surgeons who have finished 25 years service in the provincial cadre. Those in authority are now helpless to do what is necessary in reducing expenditure though they were all powerful in increasing patronage at the cost of public funds and created special posts. The position of the Government is much the same as that of parents under the purview of the Hindu Law, who did not exercise control in bringing forth children and when they found the children were too many, tried to refuse them their birth rights. Naturally want of birth control regarding the Civil Surgeoncies has given rise to activities and counter activities on the part of those whom the Axe threatens. Having come to know that the Civil Surgeons are using their influence directly or indirectly, to remove the Axe hanging over their heads, the junior Civil Asst. Surgeons who have to expose their neck to the Axe in case the Civil Surgeons escape, are agitating in their own way and are being helped by influential Civil Surgeons to whom the Axe cannot reach. Matters seems to have gone beyond the control of the Chief Minister though he is in charge of the Medical Department and consequently a deputation has been voted upon by the Provincial Medical Association, consisting of the President, Vice President, Secretary and a couple of junior Civil Asst. Surgeons who are likely to be affected in case the Civil Surgeons escape. It is said that His Excellency has not as yet indicated his consent to receive the deputation. In the meanwhile the cabinet has met and the decision of the cabinet is anxiously awaited.

Delay in Registration: Delays in registering the names and qualifications of qualified practitioners seems to be a rule and not an exception. Our readers have been so far reading in these columns and elsewhere in the series of articles appearing in this journal from the pen of Dr. V. Rama Kamath, Member Madras Medical Council that

there were instances where it took the Registrar nearly two years to register some practitioners. We now learn that there have been inordinate delays on the part of the Registrar in registering additional qualifications. It is also reported to us that such cases have been brought to the notice of the President, Medical Council by Dr. V. Rama Kamath. We wish the President conducts one or two enquiries himself regarding these delays instead of sending these complaints to the Registrar who is the person complained against as was done by the President on a previous occasion.

Does the Registrar Attend Office?:

This is a query often asked by some of our readers who happen to go to the office of the Registrar Medical Council and could not find him at the usual hours when public offices are open. This is really a serious allegation against the responsible Executive Officer of the Medical Council, whose office is now located in the same floor and quite adjacent to the room occupied by the Surgeon-General. We thought it desirable to visit the office of the Registrar personally before we could answer the query. We went four times to No. 81, Mount Road, Madras, twice between the hours of 11 A.M. and 2 P.M. twice between 3 P.M. and 5 P.M. and could not see the Registrar in his room. On all these occasions the clerk while questioned answered "Sir he just left the office." Not being satisfied with such a reply we intruded with great hesitation at the time of a responsible officer in the Surgeon-General's Office and when asked at what time the Registrar attends the office he merely put on a smile on his face and shrugged his shoulders. Our readers will imply what these gestures indicate. The Registrar was written to and requested to let us know the time of his attendance in his office. We had no reply in spite of reminders. All these may look strange but are hard facts. The proper query would have been does the Registrar function at all?

A University Medical School: A Medical School affiliated to university exists only in Bangalore and no where

in India and the school day was celebrated in the premises of the school on 7-2-'32 and Dr. Subba Rao, the Senior Surgeon with the Government of Mysore, presided over the function. Dr. B. K. Narayana Rao the Principal of the school read the report. The School seems to be popular having students representing all communities in Mysore and 14 per cent of the strength of the school are lady students. He said that the hospital service had materially improved on account of existence of Medical School in Bangalore. This is as it should be. Dr. B. K. Narayan Rao demonstrated the parental regard for his students by pointing out the long standing grievances of Licentiatees in not being allowed facilities in their own country for higher studies though they are permitted to obtain the membership of the Royal College of Surgeons in England with an additional course of 2 years.

Dr. Subba Rao gave away the several prizes to the successful students and eulogized the services of the Licentiatees who formed the back bone of the medical profession and were turning out remarkably good work, very often in uncongenial environment. He advised the students that Government Service should not be "be-all and end-all of life." He was of opinion that there was a "good harvest" for private practice if proper "methods of cultivation" were employed.

Surely encouraging advice in theory but practically difficult to follow unless Dr. Subba Rao who is the Chief adviser to the Government of Mysore adopts measures in the medical administration of that province restricting private practice to state paid medical practitioners, closes the doors of the hospital to the rich and allows private practitioners facilities of hospital experience by employing them as honoraries with equal rights and privileges enjoyed by service men in the matter of service to the patients. The name University Medical School at Bangalore is a misnomer as it does not function in the way it is named. We trust that Dr. B. K. Narayan Rao the zealous Principal of the Medical

School and Dr. Subba Rao the sympathetic Senior Surgeon to the Government of Mysore will soon find ways and means to introduce reforms in the Medical School justifying its present name and institute adequate changes in the medical department so that the students passing out of the school could resort to private practice in larger numbers and bring about a medical profession in that otherwise advanced province worthy of the ideals enunciated by Dr. Subba Rao. In the meanwhile we appeal to the Senior-Surgeon in the name of the profession whether it is desirable to have two minimum standards of medical education a school and a college? The Senior Surgeon of Mysore has now the unique privilege of being the president of a Medical Council recently brought into existence in that province. We trust he will take advantage of the double functions and show an example to the rest of the provinces in this country by fixing one uniform standard consistent with the requirements of the profession. The ideal now followed of confirming special degrees to indicate the special qualifications cannot be considered to be sound. Merit, service and seniority should be the best test for recognition and not academic qualifications. This is the ideal followed in Vienna where titles which connote merit, capacity and seniority are conferred on those who work for it and earn it. Public interest as well as that of the profession demands that the reform in the medical education should be for the purpose of recognition of talent more than degrees, confirmed by academic bodies. It is easier for provinces like Mysore under the rule of an Indian Maharaja to bring about reforms than in British India. We trust Dr. Subba Rao will make the profession realise that the ideals given expression to by him in his speech at the University Medical School, will soon take the form of "an example" and not a mere "precept".

Students Advocate Reform: A deputation representing the All-Bengal Licentiatees Medical Students waited

on Lt. Col. H. Shurwardy, Vice-Chancellor of the Calcutta University last month and requested him to make it possible for the students in the Medical Schools in Bengal to go in for University studies. The Vice-Chancellor who is himself a medical man sympathised with the ambition of the Licentiate students and assured them that he would exert his influence to redress their grievances, and that he would take this matter before the Faculty of the Calcutta University of Medicine at its next meeting.

There is nothing strange or impracticable in the demand made by these students. In England medical students undergoing training in medical schools are allowed to appear for university examinations and *Vice-Versa*. This reform is more practicable entailing no hardship on the candidates as is the case with the regulation passed by the Madras University allowing Licentiates of 5 years' standing to appear for M.B.B.S. degree after passing the Intermediate or Cambridge Senior Examination.

If the Calcutta University elders do not mind the General Medical Council and wish for the welfare of their own country, the reform advocated by the All Bengal Medical Licentiates-students cannot but appeal to the patriots in the Calcutta University. But our fear is that the measure of patriotism in India is different for different purposes. We wish it is otherwise.

Five years' Course for Licentiates: The public and the medical profession alike should be thankful to Dr. K. S. Ray for his efforts in getting the following resolutions passed by the Bengal Council of Medical Registration and the State Medical Faculty of Calcutta of which Dr. K. S. Ray is an elected member :—

1. This Council recommends that the period of study for the Final Licentiate Examination of the State Faculty of Bengal be raised to five years.

2. That the preliminary qualification for admission to all medical institutions should be the Intermediate Science Examination Certificate of different Indian Universities or its equivalent.

It is reported that some Indian members of medical services in Bengal were strongly opposed to this reform on the ground of poverty of the country. Dr. Ray seems to have argued that the practitioners in rural areas should have a more thorough training than that of those practising in cities as the village doctor cannot command any assistance as his more fortunate brother could in the city: quite a sensible pleading coming from a progressive patriot in the person of Dr. K. S. Ray. We wish Dr. K. S. Ray were a member in the Faculty of Medicine of Calcutta University to help Lt. Col. Shurwardy in realising the hopes of the All Bengal Licentiate medical students.

A Dental College in Court: On 18—12—'31 judgment was delivered by His Honour Mr. U. Ramunni Menon, Third Judge, Court of Small Causes Madras dismissing the claim for Rs. 250, against one P. K. Chandy balance due for tuition fees in a Dental College run by a person who called himself "Dr. Mody, D. D. Sc." In the course of the judgment His Honour remarked: "Plaintiff styles himself as 'Dr. Mody.' Even in his visiting cards he adds his name 'D. D. Sc.' meaning Doctor of Dental Science. He had to admit that this is a self-assumed title, no public or private institution having conferred such a title on him. According to himself his qualifications are that he had been an apprentice under an American Doctor whose name he cannot remember now.....He appears to have no general qualifications. The statement in the prospectus that he can accommodate 50 students in the college is nothing but another untruth. The College and Surgery consist of a room only.....I may pause for a moment here and observe that such a fraudulent prospectus printed and circulated broadcast would easily bring in students from far off places like Travancore. Still another statement in the prospectus is that the plaintiff is the Principal of the College and that there is a Faculty therein. It is conceded that the plaintiff is the only

teacher in the College. As a matter of fact there is no Faculty. These fraudulent misrepresentations would, in my opinion be sufficient to make the contract between the parties unenforceable in law."

In the result the suit was dismissed with costs.

Perhaps His Honour did not know the existence of Act No. VII of 1916 passed by the Indian Legislative Council according to which the plaintiff in the suit could be prosecuted before a 1st class Magistrate for the assumption and use of titles by unqualified persons. Or else, His Honour would have recommended to the Government to take cognizance of an offence punishable under this act. The case was published in "The Hindu" and we did not comment so far about it expecting that the case will attract the attention of the Government. The next authority to take notice of this offence is the Madras Medical Council. We are told that this Council meets on 7th proximo. We trust that the Medical Council will do the needful as such frauds if allowed to continue in the City of Madras, the seat of the Madras Government, will have a beneficial effect in all ways.

W. & C. Hospital in Bezwada: Those who were responsible to conceive the idea of opening a hospital for the women and children in Bezwada should be congratulated on their laudable work in starting an Association specially for the purpose of running the proposed institution. Bezwada is a commercial centre having a population of nearly 70,000 and there is no provision so far to give maternity relief on a large scale, consistent with the population of the town. The medical profession will be glad to learn that the scheme is to be administered under the guidance of Dr. S. J. Eapen, District Medical Officer, M. S. M. Railway who is the President of the Association with Dr. C. Suryanarayanamurthy, a private practitioner as the Hon. Secretary. The Vice-President is a lady Mrs. B. Sita Bai and the treasurer is Mr. K. Suryanarayana Agraharamdar.

We trust the public will help the Association and co-operate with them and the Government and the Railway Company will contribute towards the building fund and also towards running expenses of the hospital and share their responsibility. We wish the Association all success and trust they will be an example to others in this country in the matter of running voluntary hospitals, with funds collected from the public and manned entirely by honoraries.

All India Medical Conference: Prominent members of the Bombay Medical Union have formed into a committee to bring about necessary alterations in the proposed Indian Medical Council Bill, to make it serve the real purpose for which Medical Councils were brought into existence. This Committee sent in circulars last December to all Medical Associations known by them and sent one to us for publication to announce that the Conference would meet in January, but as we went to press late last month we could not publish the circular as we thought it would serve no purpose if the Conference were to take place last month. It now transpires that the Committee have postponed calling in the Conference as the proposed Bill is not in the agenda of the current session of the Assembly. The Secretary to the Committee wishes us to inform our readers that the proposed Conference has been postponed indefinitely. All the same, he requests us to bring to the notice of our readers that all the existing associations should keep in readiness not more than two representatives to attend the Conference which may be called at any future date.

It is unfortunate that an All India Medical Conference is to be summoned at Bombay by a newly formed temporary body when there exists an All India constitution, the Indian Medical Association which has been holding All India Conferences every year, the last of its kind being held in Poona last summer, under the leadership of one of the eminent members of the medical profession Dr. Jivraj N. Mehta of Bombay. The Poona Conference appointed the Central Committee of

the Indian Medical Association with six additional members from different provinces to go through the Indian Medical Council and submit their report to the Government when called upon to do so and we learn with authority that the Central Committee of the Indian Medical Association did submit their opinion to the Government. There are representatives from Bombay in the Central Committee of the Indian Medical Association and in a way the Committee appointed at Bombay was superfluous. If the necessity for yet another Conference was felt by the Bombay leaders there was nothing to prevent them from co-operating with the already existing Association, instead of calling a Conference independent of it, such a Conference is likely to undo what has been done so far by the Indian Medical Association. The fact that Dr. G. V. Deshmukh Vice-President, Indian Medical Association is the President of the new Committee of Bombay makes matters worse. We trust better Counsel will prevail and that the Bombay Committee will co-operate with the Indian Medical Association and with united strength achieve better results.

The Madras Medical Council: Dr. V. Rama Kamath has given notice of the following resolutions to be moved at the March Session of the Madras Medical Council:—

1. The Council recommends to the Government that all registered medical practitioners should be treated alike whether they are in service or in private practice in the matter of issuing certificates for whatever purpose, by virtue of their being registered medical practitioners.
2. The Council is of opinion that students passed out from recognised Medical Schools and Colleges should undergo at least six months practical training in hospitals, private or public recognised by Medical Council before they are eligible for registration.
3. The Council recommends to the Government that the authorities in charge of Allopathic medical education in this province should consult and get the approval of this Council before the existing curriculum in the Medical Schools or Colleges is altered or modified in any way.
4. That two committees be appointed from amongst the members of this Council every year at the March session of the Council one to supervise the medical examination in Schools and the other in Colleges.

5. That a committee be appointed to effect retrenchment in the office of the Medical Council as the expected income is found to be insufficient to meet the expenses of the current year.

6. That a committee be appointed to find out whether the Register maintained in the office of the Registrar is up-to-date and tallies with the number of applications made by the practitioners for the purpose of registration.

7. That the Registrar be asked to maintain a receipt book in duplicate and issue receipts to the practitioners when the money is received from them for registration or any other purpose.

Correspondence, Reports etc.

IS IT A CONCESSION?

It is a matter of great pleasure and pride to hear through the columns of the "The Medical Practitioner" that the Madras University has been kind enough to extend a new concession to the L. M. Ps to appear for the M. B. B. S. examination. This noble attitude of the University has no doubt afforded facilities for a large number of aspiring medicos to climb to the topmost rung of the medical ladder without crossing the ocean for prosecuting higher studies in foreign countries.

The policy enunciated by the University is eminently laudable as it has come at a time of financial stringency. It has not only averted a regular drain of money from our country, but has also set down an ideal example for her sister Universities by thus taking time by the forelock, and giving them the lead. I firmly believe that they too will unhesitatingly follow the footsteps of Madras University and give the vast majority of medical men in our country the necessary opportunities to shine in their profession. Permit me to express my sincere thanks and admiration for bringing into fruition such a noble idea which will have its philanthropic effect felt throughout the length and breadth of India, as step by step the scheme matures into a practical solution. May I also extend my felicitations to all those who have contributed their might in piloting the scheme through the eddies of obstacles to the sure shore of success.

So far so good. Let us now set our hands to a dissection of this problem. A careful scrutiny will reveal that the fragrant rose presented to the L. M. Ps in the form of the concession, is not without its thorns. For, the possession of an Intermediate or a Cambridge Senior Certificate has been fixed as a primary condition for entrance into the Medical College. This, I should say, is too hard a condition.

After passing the Matriculation or S. S. L. C. examination one has to spend at least four years, usually more, in a medical school. If he is an aspirant for the M. B. B. S. degree, he has to put in 5 years practice in addition to 2 years

course in a Medical College. This 11 years protracted ordeal for the M. B. B. S. Degree takes away the value of the otherwise well-meaning concession.

Cogency of the argument will be more apparent if we consider the utilitarian aspect of the question. A knowledge of Biochemistry, Zoology and Botany may help one for the higher studies in medical literature. But what appears enigmatic to me is whether a rudimentary knowledge of Geography, History and French, necessary requisites for the Cambridge Senior Certificate, is useful to an aspirant for the medical degree. If such is the condition, I cannot understand why the Madras University should insist the L. M. Ps to be equipped with a Cambridge Senior Certificate before they actually knock at the gate of the Medical College.

I am of opinion that, in justice, some consideration is to be shown to the aspiring L. M. Ps. The possession of a Matriculation or S. S. L. C. certificate *per se* should be considered sufficient qualification for an L. M. P. of 5 years standing. If this concession is to be acceded, the whole question will become a highly practicable solution, and I am sure many a L. M. P. will have his dearly cherished ambition fulfilled.

In conclusion, I earnestly appeal to the authorities concerned to concede this concession and thus pave the way for the advancement of many a young and aspiring L. M. P. I fervently hope that after having built up this magnificent fabric of advancement, the authorities will not allow it to topple down due entirely to the want of such a small brick of concession in its foundation.

District Laboratory, } O. K. SANKARAN, I. M. D.
QUETTA.

THE LICENTIATES IN BURMA.

There are nearly 1000 licentiates in Burma, 471 in Government service, a few as Medical Registrars in the Rangoon Corporation, over a dozen in the Burma Railways, some in Namtu mines, Mills etc. The rest are the Independent Medical Practitioners.

They are scattered all over the province. A few Government men being on the very outskirts that an evening constitutional would take them into Siam or China.

The whole Bacteriological and Biochemical work of the Rangoon General Hospital is in the hands of a Sub-Asst. Surgeon a Royapuram product.

The anti-rabic duties which are performed by military assistant surgeons in the other Institutes are performed at the Burma Pasteur Institute by a Sub-Asst. Surgeon another Royapuram product.

In addition to the General Hospital at Rangoon, there are 42 Head Quarters Hospitals and 108 Civil Hospitals; of the 108 Civil Hospitals 107 are in charge of Sub-Asst. Surgeons. In addition, Sub-Asst. Surgeons in Government

service run 26 dispensaries, 12 travelling dispensaries of which 1 is a floating one, 26 Police Hospitals, 6 out-post Hospitals, 6 column duty and 2 Lepet Clinics.

A Sub-Asst. Surgeon is in charge of His Excellency's staff also.

The first promotion to assistant surgery was in Burma and 6 have retired as Civil Surgeons.

A Madras L. M. P. who is in the Railways is now an Asst. Surgeon.

The Private practitioners also have done creditable work.

Dr. T. M. Nair, Rai Sahib was the President of the Moulmein Municipality consecutively for 2 years.

Dr. Brahaspathy K. I. H. another Madras man was the president of the Prome Municipality. Dr. Dugal a young Sikh gentleman has been in the Rangoon Corporation for the past 3 years and he has again entered the Council topping the polls in the West Rangoon Hindu constituency.

Another Sub-Asst. Surgeon from The Punjab a M. B. E. who is now an Asst. Surgeon is the Chief Anaesthetist in the Rangoon General Hospital.

The Licentiates here represent every province in the Indian Empire.

Rangoon.

A WANDERER.

THE RETRENCHMENT AXE.

We believe that some of the Civil Surgeons have been served with notice to retire from service if they have put in 25 years service. This is sought to be enforced with uniform blindness characteristic of the Red Tape. Our teaching institutions have just begun to shake themselves off the ever crippling fostering care of our I. M. S. It is only in very recent times that we could count on some able clinicians comparable to those big guns of Britain. It is absolutely no exaggeration to say that with the impending retirement of Dr. M. L. Kamath, the Provincial Medical Service will lose the most outstanding figure. We ask in all seriousness, could our Medical Department afford to lose the services of men like Dr. M. L. Kamath? He is a born teacher and a man of versatile talents - deep erudition and capacious memory - he could easily have honoured any one of those places, allotted for King's Physicians, had he been born in a free country like England. He is not one of those who were lured to specialisation, so to speak, by the prospect of a paltry Civil Surgeonship. Nor could he contemplate the mean manoeuvring with letters of Alphabet beyond the Mediterranean. As that distressful document the quarterly Civil Medical list announces, he began his life as a teacher in the Educational Department. Like his namesake on the Pantheon Road, he really has a gift of the gab and besides, a shrewd connoisseur of human nature. He has a nack in picking up the truants and beseeching

them with his ever memorable hissings and grunts. He could not rest contented till he brought up the backward students to a level beyond the average. In this he was really an Acharya of old. He could easily engage a Post-graduate class on any branch of Medicine without notice. And those that have had the privilege of having been his pupils and assistants know full well that he could with equal ease lecture on any problem connected with currency or relativity. He is a voracious reader with a very keen appetite and good digestion and easy assimilation. Within a couple of hours of receipt of the copy of B. M. J. he could lecture to a Post-graduate audience on any subject from the Editorial down to the items in the Epitome of current literature at the end. There is nothing that escapes his eagle eyes and all absorbing brain.

A man of unyielding principles, strict discipline, spotless character and high sense of duty - he was a terror alike to his students and superiors. To take respect was his birth right. Long before the dawn of self respect movement, he commanded respect by the very nod of his head. Add to all these, a man of absolute contentment and deep sincere religious feeling.

It is such a man of versatile talent, erudition and character that the Axe has chosen to cut from the department. We know he will only be too glad to quit service. Service is a chain on his feet. As I already hinted, in free countries like England with an eye on the prestige of traditional greatness of their teaching institutions, the services of such an officer would never have been lost; the older they become, the higher they are pushed. Why are Surgeon-Generals in this very country given an age limit of 60? Is it not an exception to the rule? Is this not a concession for utilising the services of experienced administrators? If it is so, why not the estimable services of a teacher of eminence be secured even by superannuation? We hope the Independent Medical Profession, whose ranks he is going to adorn, will insist that he must continue to teach Medicine at Metropolis - and thus save a thousand rupees in these days of indiscriminate retrenchment.

Vizagapatnam.

AN OLD STUDENT.

HONORARY STAFF IN LONDON HOSPITAL.

With reference to an enquiry from Dr. Rama Kamath on this subject I understand that the procedure adopted in the selection of honorary staff in London is as follows. The Governors of the hospital advertise in the London dailies inviting applications from suitable candidates. Persons with high qualifications only apply for any vacancy in the honorary staff, as candidates with only registerable qualification like M. B. B. S. or its equivalent have no chance in this selection. For a vacancy as an Asst. Physician, only a Doctor of Medicine or M. R. C. P. would be selected. Similarly if an Asst. Surgeon is wanted, only a Master of Surgery or F. R. C. S. stands a chance of election. In the gynaeco-

logical department, the London Hospital requires an M. S. or F. R. C. S. but one usually finds that doctors in this line are highly qualified in medicine as well as surgery eg. M. D., F. R. C. S. and so on. Over and above this is the selection of specialists such as a Brain Surgeon Orthopaedic Surgeon, Heart Specialist etc., evidence of special work done is put up by the applicants for consideration.

The application will then be considered by the Medical Council of the hospital which consists of the honorary visiting staff and Dean of the Medical College. This council recommends whom they consider fit to the House Committee of the hospital which consists of the supporters of the hospital. This body acting for the Governors of the hospital make the appointment, which is confirmed by the Governors at their quarterly court.

On appointment one works as an assistant in the outpatient side for 7 years with charge of a few beds in the ward. By this time, he usually gets a vacancy as a Physician or Surgeon when he leaves O. P. and is given charge of a ward. This post he holds for 20 years when he has to retire. This rule is now modified to 60 years of age for retirement.

Some of the honorary staff, work in more than one hospital in London. Separate days are allotted to suit the convenience of every member of the staff so as not to clash with their other work. Honorary surgeons and physicians are also lecturers in the Medical College. They are given all facilities to do any research work they are interested in. The attachment of the College to the hospital gives an academic atmosphere which serves as an impetus to the honorary staff to equip themselves with up-to-date professional knowledge. They have two-fold duties to perform, firstly treatment of patients, secondly the teaching of the medical students. The Surgeons and Physicians work hard, and sportsmen as they are, they take pleasure in doing their duty. 'London' is the biggest hospital in England with 839 beds under various departments. Perfect harmony and spirit of equality prevails in the honorary ranks conducing to the increased efficiency of hospital work.

London.

S. RAMA RAO, L.M.S., S.A.

(Dr. Rama Rao gives us an idea of honorary system as existing in London at present. Conditions are different in India. In England medical relief began with voluntary system both with regard to staff and maintenance. In India the medical relief has always been under a paid department. Attempts are being now made to follow the examples obtaining in England and at the initial stage we have to depend more on merit and service of those who volunteer to serve as honoraries and not on mere academical qualifications. All the posts even in teaching institutions are not now held by Government medical officers with M. D., M. S. qualifications. It can't be otherwise regarding honoraries. In all appointments whether paid or honorary merit, qualifications and service should be considered together and not separately.—Ed.)

VIZIANAGRAM MEDICAL ASSOCIATION.

The fourth annual meeting of the Medical Association, Vizianagram, was held on 31-12-31 with Dr. G. Subba Rao in the chair at Dr. V. S. Rao's Medical Hall, to elect office bearers for the year 1932, and to select Journals for the use of the members. Dr. C. Papa Rao entertained the members to Tea. Drs. B. V. Sanjiva Rao and K. M. Raju were elected for the year 1932, as President and Secretary respectively. A dozen journals were selected for the use of the members. With the usual vote of thanks to the Ex-President and Secretary the meeting came to a close.

Later, on 9-1-32, Dr. G. Subba Rao President of the Association for the year 1931, entertained the members and non-members of this town to a dinner.

THE NUZVID TALUK BOARD RURAL MEDICAL PRACTITIONER'S ASSOCIATION.

The following resolutions were unanimously passed at a meeting of the above Association held at Veera Valli on Sunday the 31st January 1932 at 3 P.M.

1. The Association begs to point out the injustice of the Memo of the Taluk Board dated 14-3-'31 regarding the excess costs of the indents of the Rural Dispensaries at Gokapalli Kanumole and Agiripalli to be deducted from the subsidies of the respective medical practitioners and respectfully urges its cancellation in consideration of the following circumstances that the medical practitioners were perfectly within the limits of the sanctioned budgets according to the prices of medicines etc. current at the time of submission of the indents through the District Medical Officer who passed them.

2. This meeting of the Nuzvid Taluk Board Rural Medical Practitioners' Association views with great concern the proposed exclusion of the licentiates from the "All India Medical Register" as contemplated in the proposed "All India Medical Council Bill" and earnestly appeals to Government to remove this injustice.

THE MALABAR DISTRICT MEDICAL ASSOCIATION.

A meeting of the Association was held on 23rd January '32 in the Calicut Government Hospital with Dr. V. I. Raman, M. R. C. S. L. R. C. P. L. M., in the chair.

Before the commencement of the business of the day, Dr. A. P. Balram sought permission of the house to move certain resolutions of very urgent importance and on this being granted he moved the following:—

(1) "The Malabar District Medical Association resolves to address an urgent communi-

cation to the chairman, Calicut Municipal Council, inviting his attention to the immense injustice and permanent injury he would be committing in appointing any other than a L. M. P. to the vacant post of medical officer of the dispensary at Kallai, as such appointments alone are left as privileges to the non-graduates in the medical profession."

Seconded by Dr. E. K. Achan. It was passed unanimously.

(2) "The Secretary is authorised to send a covering letter embodying the reasons under which the resolution is approved by the association."

Seconded by Dr. N. Achuthan. Passed unanimously.

Dr. V. Krishna Menon, on behalf of the special committee, placed the following resolutions before the association for its acceptance regarding the Honorary Medical Relief Scheme:

(1) The designation of the Honorary Medical Officers shall be - Honorary Surgeon and Honorary Physician. In institutions where there are more than one Physician or Surgeon, the designation shall be first and second Physician or Surgeon, as the case may be. In special branches the Honorary medical officers may be designated as the specialist in that branch.

(2) In teaching institutions, academic qualifications alone should not be sufficient; persons with sufficient experience and practice should be considered as fit persons for the honorary work irrespective of qualifications.

(3) For appointments of Honorary medical officers in the mofussal institutions the Surgeon-General shall consult the medical Association of the District. In cases of difference of opinion between the S. G. and the District Medical Association, the matter should be referred to the Minister in charge of the subject whose verdict shall be final.

(4) Our association protests against the exclusion of Licentiates as honoraries in teaching institutions.

(5) The honoraries should be entitled to the same number of beds as the paid medical officers of the institutions.

(6) Our association protests strongly against the exclusion of medical men being appointed at age of 55 and over.

(7) If confidential reports are required, the honorary medical officers should always be entitled to refute any unfavourable remarks made against them.

(8) Our association regrets that the committee appointed by the government has totally lost sight of the question of replacing paid men by honoraries and this association strongly recommends to the government to replace paid men by honoraries wherever vacancies occur hereafter and paid men to be entertained only when honorary medical men are not available.

All the above resolutions were passed unanimously.

Dr. A. P. Balram proposed a resolution of condolence of the death of Dr. Manayath Ananadan, a member of the association. This was passed all members standing.

Dr. A. Narayanaswamy Iyer, M. B. B. S., B. S. Sc, then delivered a lecture on "The enlargements of Liver and Spleen" and demonstrated four clinical cases. Several members took part in the discussion.

LICENTIATES AND CITY HOSPITALS.

EXCLUSION CONDEMNED.

DEPUTATION TO SURGEON-GENERAL.

A deputation consisting of Drs. V. Rama Kamath, T. V. Ranganatha Rao and V. A. Muthia Devar waited on Lt.-Col. R. G. G. Croly, I.M.S., Offg. Surgeon-General with the Government of Madras at 11 a.m. to-day (11-1-32) for the purpose of representing and explaining the grievances of the Licentiates with regard to the findings of the Government Committee on Honorary Medical Officers affecting the interests of the medical practitioners belonging to the Licentiate class.

Dr. U. D. Gopal Rao, Secretary of the Madras Branch of the All-India Medical Licentiates Association, was also present. The deputation was led by Dr. V. Rama Kamath who submitted a written memorandum covering four pages of typed matter making up a case for the Licentiates to be appointed as honoraries in all the three grades (1) Clinical Assistant, (2) Honorary Assistant Surgeon and Physician and (3) Honorary Physician and Surgeon.

GRAVE INJUSTICE.

The deputationists brought to the notice of the Surgeon-General the grave injustice done to the class of practitioners represented by them in excluding them regarding the appointment of Clinical Assistants in the City Hospitals as recommended by the Government Committee. They said that the effect of this restriction would be the total exclusion of all the Licentiates in all the hospitals in the City which without any exception are now being utilised as teaching institutions either for the College or School students. They pointed out to the Surgeon-General that in all the teaching institutions in the City, Licentiates and Diploma holders are being employed by the Government and consequently there cannot be any rational or technical objection for the appointment of the Licentiates and other non-graduates as honoraries for the same work now done by the paid staff belonging to the Licentiate class in the very institutions.

APPOINTMENT OF HONORARIES.

Regarding the appointment of Honorary Assistant Surgeons and Physicians and Honorary Surgeons and Physicians, the deputationists requested the Surgeon-General to recommend to the Government that Licentiates who had been 5 years in active practice should be considered qualified to hold the former post and

those with 10 years active practice should be considered eligible for the latter.

In conclusion, the deputationists urged the claims of the Licentiates to be appointed as honoraries on equal status with the rest of the medical practitioners and to justify the necessity for such recommendation, they quoted the opinions expressed by eminent personalities such as Lord Chelmsford, the Lt. Governor of Punjab, by a Surgeon-General of this province, Major-General Sir Gerald G. Giffard, I.M.S., and a few more where it was expressed that the Licentiates, if given equal opportunities, would keep pace with the members of the medical profession outside this class.

SURGEON-GENERAL'S REPLY.

The Surgeon-General sympathised with the views expressed by the members of the deputation but expressed his helplessness to recommend anything more than what is contained in the findings arrived at by the Government Committee as he was himself a member of that Committee and that his present position could not at that stage permit him to say anything more than what has been expressed by the Government Committee in their unanimous report to the Government. He mentioned to the deputationists that the interests of the Licentiates were represented in the Committee in the persons of Drs. U. Rama Rau and K. B. Bhujanga Rao and that he was not quite certain whether the latter gentleman raised any voice of dissent regarding the report. Consequently it was too late for the deputationists to express any dissenting views now. All the same, he said, he would forward their written memorandum to the Government and suggested to the members of the deputation to wait on the permanent Surgeon-General, Major-General C. A. Sprawson, after his return from leave for he personally felt that the unanimous report of the Government Committee did not perhaps intend to exclude the appointment of Licentiates as Clinical Assistants in other Institutions excepting the General Hospital, though he felt as the wording of the Report stood now, they could not be appointed as such even at the Government Royapuram Hospital.

Before retiring, the members of the deputation gave expression to their feelings that the representatives of the Licentiates in the Government Committee did not consult any Association of the Licentiates and they requested the Surgeon-General to bring this fact to the notice of the Government while forwarding the memorandum.

Dr. V. Rama Kamath thanked the Surgeon-General for his patient hearing and suggested that there might be yet ways and means by which the Officiating Surgeon-General could express to the Government the views of the deputation without any prejudice to his present position as the Surgeon-General, or the past as one of the members of the Government Committee, in case he felt as he did regarding one or two items expressed by the deputationists and with which the Officiating Surgeon-General agreed or at least had sympathised.

(The Swarajya, 12th January, 1932.)

Reviews

THE NEURAL ENERGY CONSTANT.

A STUDY OF THE BASES OF CONSCIOUSNESS.

BY JOHN BOSTOCK, M.B., B.S., LONDON, D. P. M.,
M. R. C. S., ENGLAND, L. R. C. P., LONDON,
HON. NEUROLOGIST, BRISBANE GENERAL
HOSPITAL, QUEENSLAND, AUSTRALIA. WITH A
FOREWORD BY SIR JOHN MACPHERSON, K. B. E.,
C.B., M.D., C.M., F. R. C. P., EDIN.
GEORGE ALLEN AND UNWIN LTD. LONDON:
PRICE 6 SHILLINGS NETT.

Psychology, the science of the mind, has of late emerged from the confused mass of Philosophy, Metaphysics and has taken its place among definite sciences. It is largely studied now, particularly by medical men and a large number of books have been and are being published on the subject. The importance of endocrine glands in every day life of man and in his diseases, has been recognised and their intimate connection with the autonomic nervous system and the Optic Thalamus, the oldest part of the brain has been established. The symptoms and treatment of diseases vary with the make up (Endocrine and Nervous systems) of the individuals concerned and there can be no fixed symptoms and fixed treatment for diseases. The claim, therefore now put forth, on experience of treatment of a large number of cases should be discounted. It is more important to know what sort of a patient has a disease than what sort of disease a patient has. In spite of the rapid advancement made in the study of mental diseases, Psychology, normal and abnormal, has not been taught in the medical colleges and schools in India and the only move made in the treatment of mental diseases, consists in the change of designation of the Institution for the treatment of mental cases from the old name of Lunatic Asylum to Mental Hospital. It is not always necessary that there should be anatomical lesion in the brain, the organ of the mind, for the prevention and recognition of symptoms of diseases. It is

sufficient if the amount of the neural energy in circulation varies, or the circulation of blood in the brain is interfered with or the quality or quantity of hormones circulating in the blood changes. Though the number of books on Psychology—normal and abnormal—has increased by leaps and bounds, still it must be said that there is much confusion in the minds of many regarding the subject. The technical words used differently by different writers in the treatment of the subject are partly responsible for the confusion. The number of instincts—simple and compound—and corresponding emotions according to McDougall is fifteen, the importance given to sex in the interpretation of symptoms and diseases by Freud, the inferiority complex of Adler, the extroversion and introversion of Jung, and James-Lange theory according to which a man is frightened on seeing a bear because of his perspiration, dilation of pupils, shaky knee etc. rather than because of any direct psychic effect, have made the confusion worst confounded. It is, therefore, a relief to read the book "The Neural Energy Constant" by Bostock who has treated the subject in a clear and easily understandable way. Consciousness is not an attribute of the Cerebral Cortex the most recent development of the brain, but is exhibited by each and every cell of animals. In human being consciousness is developed to the highest level and is a product of three centres: (a) centre of awareness or the urge to adjust, (b) centre of emotion and (c) centre of fine adjustment or discrimination. The first two centres situated in the Optic Thalamus, the oldest part of the brain, which man possesses in common with lower animals and the last is located in the Cerebral Cortex, peculiar to man. Dr. Bostock explains the several instincts and their corresponding emotions etc. by the action of the nerve energy on those 3 centres; and mental diseases by the variation in the flow of energy through these centres. The book is very instructive and worth reading by all persons interested in Psychology and particularly by medical men. The bibliography given at the end of the book is exhaustive and useful.

PHONE NOS: 8148 & 3034

Dr. S. R. BHAT

M. B. B. S., L. D. Sc. (Calcutta)

DENTAL SURGEON

THE X-RAY & ELECTRO-THERAPEUTIC DENTAL SURGERY.

289, Esplanade, Madras. Opposite to Corporation Fruit Market.

BRANCH: 2-4, Mount Road, Opposite to Hotel Rosette.

The most well-equipped dental surgery with all electrical apparatus such as X-Ray, Ultra-Violet Ray, High frequency current etc.

Guaranteed Non-Breakable Dentures (Fact Demonstrated) and Pyorrhea Alveolaris
Treated By means of Ultra-Violet Radiations and High Frequency Current: a speciality.

CONSULTING HOURS: 8-30 to 6 P.M.

List of postings of Sub-Asst. Surgeons for the month of January 1932.

No.	Names of Sub-Asst. Surgeons.	From	To
1.	Dr. P. Appalanarasayya	Leave	King George Hl. Vizagapatam.
2.	" I. Vasudeva Rao	Govt. Hd. Qrs. Hl. Nellore	Police Hl. Kurnool.
3.	" T. R. Venkataraman	Govt. Hd. Qrs. Hl. Coimbatore	C/o M. H. O. Coimbatore.
4.	" A. M. Arulanandam Pillai	Leave	Govt. Hl. Tuticorin.
5.	" P. K. Gopala Panikkar	Govt. Hl. Tuticorin	R. D. Govt. Hl. Tuticorin.
6.	" B. Kuppaswami Rao	Leave	L. F. Dy. Chandragiri.
7.	" B. Satyanarayana Naidu	L. F. Dy. Chandragiri	Govt. Hd. Qrs. Hl. Chittoor.
8.	" A. Rajagopala Rao	Govt. Hd. Qrs. Hl. Guntur	C/o D. H. O. Guntur.
9.	" P. Mangapathi Rao	Leave	C/o P. D. B. Anantapur.
10.	" M. V. Rajasekara Rao	Leave	Govt. Hd. Qrs. Hl. Ellore.
11.	" G. Suryanarayana	Leave	Govt. Dy. Dabugam.
12.	" N. S. Parameswarau	Govt. Dy. Uravakonda	C/o Civil Surgeon, Vizagapatam Agency.
13.	" N. Sundara Rao	Leave	Hd. Qrs. Hl. Coconada.
14.	" N. S. Sundaram	Hd. Qrs. Hl. Trichinopoly	L. F. Dy. Perambalur.
15.	" K. Vallaba Rao	Hd. Qrs. Hl. Berhampur	Govt. Hl. Balliguda
16.	" B. Yerrama Raju	Leave	Police Hl. Anantapur.
17.	" G. Ragavayya	Police Hl. Anantapur	Govt. Dy. Boipariguda.
18.	" S. Ramaswamy Iyengar	L. F. Dy. Perambalur	Govt. Hl. Karur.
19.	" A. Bhagyanatham Pillai	Govt. Royapettah Hl. Madras	Surgeon-General's Office, Madras.
20.	" D. Nallathambi Pillai	Hd. Qrs. Hl. Palamcottah	C/o P. D. B. Tinnevely.
21.	" M. Pitchumani Ayyar	Hd. Qrs. Hl. Palamcottah	C/o Dt. H. O. Ramnad.
22.	" G. H. Gulam Md. Sahib	Asst. Port Health Officer, Negapatam	C/o P. D. B. Tanjore.
23.	" T. Achutha Rao	Alipuram Jail, Bellary	C/o I. G. of Prisons, Ootacamund.
24.	" R. P. Narayanaswami Ayyar	Central Jail Coimbatore	Hd. Qrs. Hl. Coimbatore.
25.	" Venkataraman Orr	Leave	C/o P. D. B. Tanjore.
26.	" K. Srinivasa Chary	Govt. Hl. Rajahmundry	C/o D. M. O. Ganjam.
27.	" J. Appa Rao	Govt. Hd. Qrs. Hl. Coconada	L. F. Hl. Razole.
28.	" M. Somalingam	L. F. Hl. Razole	Govt. Hd. Qrs. Hl. Coconada.

List of posting of Second Class Health Officers for the month of Jan. 1932.

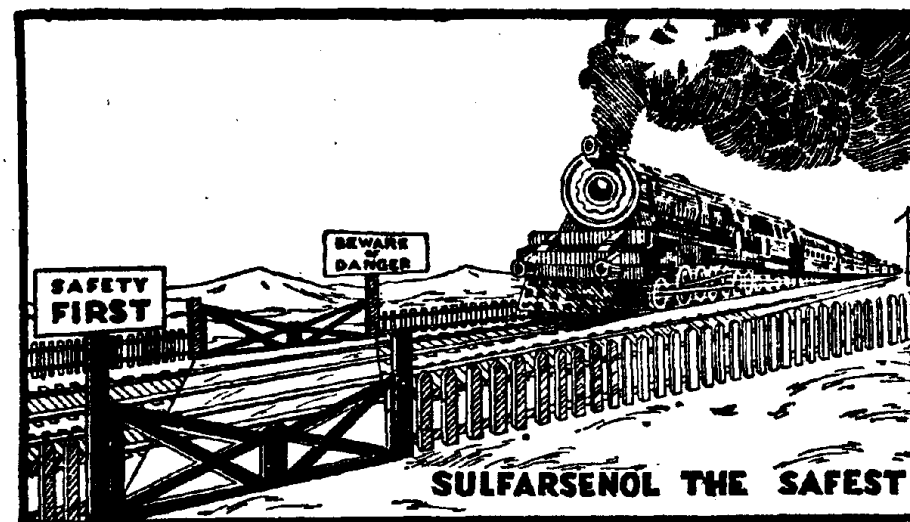
1.	Dr. P. Pattabhirama Reddy	Kistna	Municipal H. O. Nellore.
2.	" P. Narayana Reddy	Municipal H. O. Nellore	R. H. O. Nellore.
3.	" N. Natarajan, M.B.B.S., B.S.Sc.,	Negapatam	Tinnevely.
4.	" A. A. Asthagiri, B.A., L.M.S., B.S.Sc.,	Nellore	Municipal H. O. Cochin.
5.	" A. Gopalan, L.M.S.,	Municipal H. O. Cochin	Salem.
6.	" B. R. Ramaswami	Salem	Saidapet.
7.	" R. Bhaskar Rao, M.B.B.S., B.S.Sc.,	Special Malaria Officer	Mettur Project.

NOTICE.

A few Rural Medical Practitioners have desired the necessity of publishing the Rules and Regulations of the Rural Medical Relief Scheme in the form of a manual. Dr. S. Ramasubbu, L.M.S., Secretary, The Madras Provincial Rural Medical Practitioners' Association will be helped by the undersigned to compile this manual in case sufficient number of Rural Medical Practitioners intimate to him that they are prepared to buy this book when it is ready.

V. RAMA KAMATH,

Managing Editor.



"SULFARSENOL" is preferred because it is the safest arsenical.

It is the least liable to oxidation.

It is the least toxic.

Arsenical poisoning is practically eliminated.

Possibility of Neurotraumatism is reduced to a minimum.

By intramuscular or hypodermic injection sustained action is obtained and the largest percentage of the compound is transformed into active derivatives.

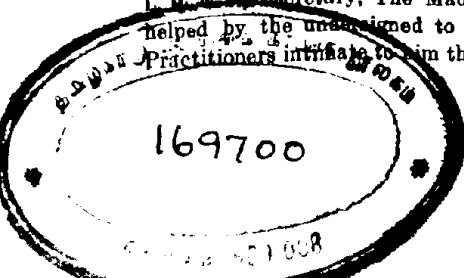
THE GENUINE PACKAGE.



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

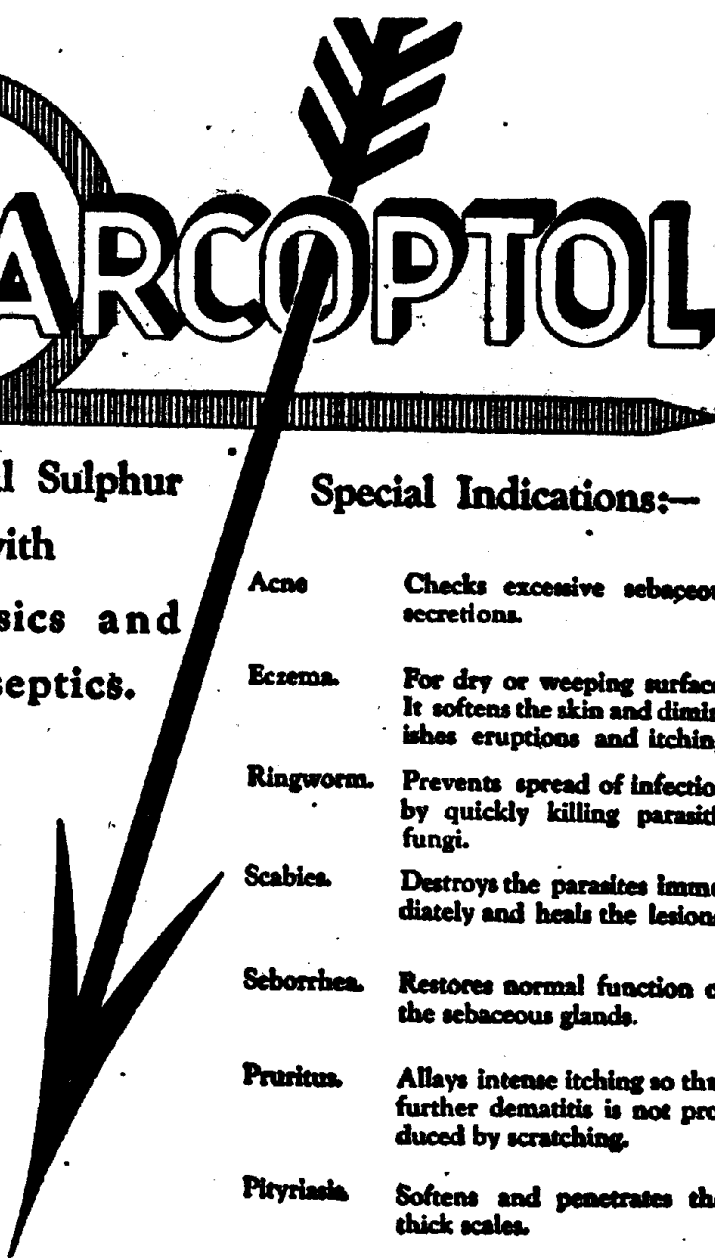
P. O. Box 460,

BOMBAY.



52
L m 21, N 30 NP
N 32

SARCOPTOL



Colloidal Sulphur
with
Analgesics and
Antiseptics.

Special Indications:—

- | | |
|--------------|--|
| Acne | Checks excessive sebaceous secretions. |
| Eczema. | For dry or weeping surfaces. It softens the skin and diminishes eruptions and itching. |
| Ringworm. | Prevents spread of infection by quickly killing parasitic fungi. |
| Scabies. | Destroys the parasites immediately and heals the lesions. |
| Seborrhea. | Restores normal function of the sebaceous glands. |
| Pruritus. | Allays intense itching so that further dermatitis is not produced by scratching. |
| Pityriasis. | Softens and penetrates the thick scales. |
| Pediculosis. | Kills nits and allays itching. |

The Penetrator in All Skin Diseases