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# The Medical Practitioner

## A Monthly Medical Journal

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# THE Medical Practitioner

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## REPORT OF THE DIRECTOR OF PUBLIC HEALTH, MADRAS.

### FOR THE YEAR 1930.

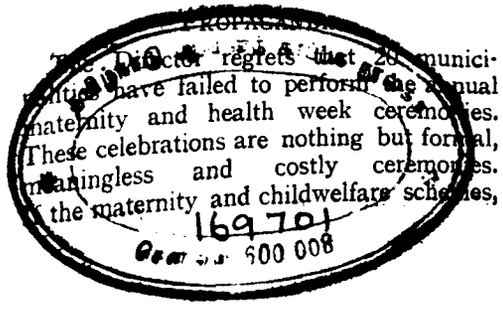
### REGISTRATION OF VITAL STATISTICS.

The collection and registration of vital statistics are said to be unsatisfactory particularly in rural areas and it is suggested as a remedy, to extend the law of compulsory registration over rural towns. Of course this is the first step in the direction for securing correct statistics, but the existence of the law in the Statute Book is not sufficient to secure the object in view. Proper agencies should be appointed to do the work. At present the village heads, with their multifarious and ill-defined duties are entrusted with this work also. It is necessary and at the same time economical, if for each rural town, a qualified vaccinator is appointed to do the duty of vaccination and to collect, and register vital statistics. For the efficient performance of vaccination, which is compulsory in these areas correct unprotected lists have to be maintained by the Registrars of Vital Statistics, to assist vaccinators in conducting infant vaccination. If the Registrar of Vital Statistics and Vaccinator are one and the same person both the duties can be done most efficiently and easily and the combination, therefore, of these appointments will be ideal. In view of the incompleteness of the vital statistical registers now in vogue and to avoid special enquiries referred to in para 126 which, however carefully taken, can only be of limited application, the provision of two additional columns in the Birth Register "age of mother" and "order of birth" and of one column in the Death Register "place and date of birth of infant" will give complete information for all statistical purposes, in connection with Public Health. Correct vital statistics are essential not only for public health but for social, economical, political and administrative purposes. The necessity for introduction of any public health measure has to be determined by vital statistics figures and also they are required to verify how far the measures adopted, have been successful. In all matters, particularly those relating to Public Health which are intimately connected with the climatic condition of the country, and the diet, habits of the people inhabiting it, the introduction of any measure in a country in imitation of that obtaining in other countries, will involve not only a waste of money but will make the public health measures themselves unpopular. The Director urges the necessity of using estimated population in working out the birth and death rates. Certainly it is the correct procedure if the statistics are realiable, otherwise it will lead to more untrustworthy results than those obtained by working out the rates on the census figures. In India on account of imperfect collection and registration of vital statistics as pointed out by the Director in the case of this Province, it is safer to employ the census figures than the estimated population.

### BIRTH, DEATH AND INFANT AND MATERNAL MORTALITY RATES.

The birth and general death rates, for 1930, the last year of the decade for which the 1921 Census figures are used, for calculation, were 39·83 and 25·52 as against 37·9 and 25·3 respectively of the previous year. If however, the 1931 census

are used the rates will fall down to 36·03 and 23·09. As the infant and maternal mortality rates are not based on the census population they may be taken as more accurate than the birth and general death rates and they give more correct information of the state of public health in the province than the latter. The infant mortality rate for the year under review is 185·7 which is the highest since 1921 with the exception of the year 1926, when it was 189·5. The maternal mortality rate is stated to be in para 118 (10), 17·5 per 1000 live births for the province and 15·89 for municipalities, while in the next para, the rate for the province is given as 7·74. It is thus clear that the maternity and child-welfare schemes which have been in operation for the last ten years or more, have not been successful either in bringing down the infant mortality or maternal deaths. They have been in operation for a sufficiently long time and as they have not been productive of any benefit, some other measures should be adopted or the line of action of the maternity and child welfare schemes should be changed. Bathing and supplying of milk to infants are the chief duties of the scheme as run in this province. The Director seems to be under the impression that the low death rates—general and infantile—observed in England and Wales are the results of the maternity and child welfare operations. If we are correct in our surprise, we regret that the Director does not recognise the biological law that the birth and death rates fall together and are inter-dependent and without a fall in the birth rate, the death rate both general and infantile do not fall. The birth and death rates have been gradually falling down in England and Wales before the maternity and child-welfare schemes were conceived and brought into operation. In India particularly in Madras more midwives are required than the so-called health visitors. The people are not wanting in the knowledge of health precepts but have no financial means to get them.




PROPAGANDA.

The Director regrets that 28 municipalities have failed to perform the annual maternity and health week ceremonies. These celebrations are nothing but formal, meaningless and costly ceremonies. If the maternity and childwelfare schemes, intended chiefly to bring down the maternal and infant death rates, have, as shown above, failed to achieve the object, surely nobody will waste time and money to conduct their annual celebrations. In the report is published a separate statement to show the effects of drainage and water supply provided for areas, on the mortality rate obtaining in these areas. This is of course very essential and fair. Similarly to guage the effect of the maternity and child welfare schemes, the maternal and infant death rates obtaining in the areas where the schemes are in operation should be published. In the absence of such a publication it is not possible to say for the general public how far the schemes have been useful. Evidently the municipal councils have been convinced of the uselessness of the schemes, and in recognition of their interests, and in fairness to the people under them, from whom money is got for the working of the schemes, they had the courage of their conviction to do away at least with the extravagant and wasteful anniversaries, if they had not abolished this scheme altogether. Some time back it was pointed out that such annual celebrations were Tamashas but the then Director was in favour of such Tamashas particularly in India as according to him, they appealed much to Indians. This is rather a sad reflection if not an insult to the intelligence of the Indians. They are shrewd and laugh at these Tamashas, saying that they are celebrated more to justify the existence of the maternity and child welfare staffs than for any useful instruction to the public.

MEDICAL INSPECTION OF SCHOOLS.

Medical inspection of schools must form a branch of the Public Health Department and it will be useful if the reports of medical inspection of schools are sent through the District Health Officers concerned to the Director of Public Health. A special report on the medical inspection of schools was made by the late Surgeon-General Hutchinson, and since then no report has been published. The Director complains that no notice has been taken either by teachers or parents about the defects noticed in medical inspection. Nothing better can be expected under the existing conditions. On the other hand, the necessity of opening a





medical clinic in each school or group of schools in a place, is brought out forcibly. The cheapest and most efficient way to achieve the object of medical inspection of schools is, as we have expressed several times, to appoint for each school or a group of schools in a place, a medical man to teach hygiene and physiology, to open a medical clinic under his charge and entrust him with the duty of conducting medical inspection of the schools. Even the educational authorities have suggested this proposal in their conferences and lately in an article contributed to and published in "The Hindu" of October 12, 1931, Mr. S. Vaidyanatha Ayyar, Head Master of the Municipal High School, Walajapet urges the necessity of such appointment, if the medical inspection is to be real and effective and not assume the role of annual "Utsavam."

ADMINISTRATION.

Though the appointment of the Director of Public Health has been removed from the list of offices reserved for I.M.S. and included in the list of appointments in the Provincial Service, still the appointment has been filled by I.M.S. officers. In Bombay, the Director of Public Health is not an I.M.S. officer, but has under him two I.M.S. officers of the rank of Lt. Col. and Major, as Asst. Directors. The Asst. Directors in Bombay are given charges of registration-circles. Unlike in Madras where all the Asst. Directors are attached to the office of the Director of Public Health, and go out throughout the province on tour, one inspecting vaccination, another vital statistics, third fair and festivals, fourth child welfare and maternity etc. This is unheard of in any other province or in any other department in this province. If their services are necessary, they should be given charges of circles comprising some districts. This will facilitate frequent touring and save expense. There is no use of these intermediate officers of the Health Department, who at the best are only transmitting agencies between the District Health Officers, and the Director of Public Health. The District Health Officers, are as much qualified as the Asst. Directors and it is possible for the Director of Public Health to inspect the work of all District Health Officers once a year. The Surgeon-General has no assistant to inspect the work of the District Medical Officers; much less has he a separate assistant to inspect medical work, another to inspect surgical work, a third obstetrical work and so on, as in the Public Health Department. Exception has been taken in certain quarters about the appointment of the present Professor of Hygiene with respect to his academical qualifications. Of course when a person enters service, in the absence of any knowledge of his merit and capacity etc., some educational qualifications have to be fixed. But once in service, the promotion should entirely depend upon his merit and capacity. The appointment of the present professor, though it reveals the inconsistency of actions of Government, cannot be said to be improper, if he is found to be fit by his merit and capacity. But the real anomaly consists, however, in requiring an Asst. Director, not connected with the college to give instructions to the students reading for B. S. Sc. and 2nd Class Health Officers, one in vaccination, another in vital statistics, a third in sanitary law and the fourth on child welfare etc. Certainly as these subjects form parts of hygiene, the professor of hygiene must teach all of them. The outstanding peculiarity, however, is that while the present professor of hygiene has undergone in America special training in vital statistics, this subject is taught by an Asst. Director who has no such training. It would seem that the whole Public Health Educational institution is run as a charitable organisation, where each and every Asst. Director is given some dole.

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## THE PUNJAB MEDICAL COUNCIL ELECTION.

The Medical Practitioner came into existence as a result of one of the Election Pledges given to the electorate in Madras in 1929 by one of the candidates Dr. V. Rama Kamath who stood for election that year to represent the registered practitioners in the 3rd group of the Madras Medical Register. The affairs of the Medical Council and of the profession in Madras province have been such that journal of an unique type, for voicing f[illegible] the rights and privileges of the memb[illegible] the profession and for bringing about

in the Medical Council, (so that this body could function for the purpose for which such councils exist in other civilized countries) was considered to be a desideratum. We are glad to say that the services of The Medical Practitioner in this direction has been appreciated and felt by those concerned.

We feel and rightly so, that our activities should be directed in other provinces in this country, where the state of the medical profession and medical councils are much the same as in Madras so that by comparisons and contrasts, we may gain our object of building up an Independent Medical Profession in this country worthy of its name and as obtaining in other advanced countries. With this aim in view, we have been appealing to prominent members of the profession in other provinces to help and co-operate with us by keeping us informed about events occuring in their provinces and which are likely to interest the profession as a whole throughout the country. We are grateful to our readers that our appeal has not been in vain and we have been able to comment on events reported to us from other provinces though not to the extent we crave for. Signs are not wanting that in course or time we will be familiar with the events in other provinces and will be able to serve our readers elsewhere as we do in Madras province.

Our readers in the Punjab have put us in possession of the happenings in that province with regard to an impending election of a candidate to represent the registered practitioners who hold a diploma from a Local Government declaring them to be qualified to perform the duties of a Hospital Assistant or Sub. Assistant Surgeon. If we can judge from the information before us, it looks, as if that at least a few amongst the electorate are concerned more in the interests of the candidates than of their own interests or those of the class as a whole, whom the successful candidate has to represent in the Medical Council. The contest is between two; one is a sitting member who has been representing the Licentiates in the Punjab Council for nine years, the other seems to be one of the prominenent members amongst the Licentiates and it is said of him by his supporters that this candidate has been mainly instrumental in raising the pay and prospects of the Licentiates in service in the Punjab. It is also claimed by the supporters of the latter candidate that he is the nominee of the All-India Licentiates' Association, Delhi Branch of which the rival candidate is also a member. Appeals and counter appeals are being circulated by the candidates as well as by their supporters and as is usual in elections those occupying high position in office are made use of by the candidates for their own purposes, though it has to be said that such action is prohibited legally and by the executive orders of the Governor-General in Council. It is well that the candidates and their admirers note that what they do, does not come under election offences.

Our advice to the voters is that they should not mind nor heed the undue influence brought to bear on them by the candidates or their agents in whatever way and in whatever form. It is always safe to judge a candidate by his past action and never by future promises. The fact that a particular candidate is rich and can command influence in higher circles should not influence them. While they may be really proud that one of them has been favoured by luck to command wealth and influence they should find out for themselves what the rich and the influential brother of theirs has done so far to help the more unfortunate brethren whom he wishes to represent. They should not concern themselves about the activities of the candidates in any other sphere excepting one that immediately concerns them, especially so, in the present election, where one of the candidates happens to be a sitting member of the Punjab Medical Council. They should ask this candidate if they have not already done so, what reforms he advocated or introduced in the Punjab Council in the interests of the profession as a whole and that of the class whom he has been representing these nine years. If this candidate comes forward with a list of his activities in the Punjab Council and puts before the electorate his future programme of work which is likely





to lift the Licentiates up a bit at least, the voters are certainly justified in giving their wholehearted support to their past and trusted leader. If not, it will be an abuse of the power of vote to re-elect him.

It may be argued that as the provincial councils exist to-day with an over-whelming official majority and with the existence of several castes in the profession, it is not possible to achieve anything by an elected representative who is in a hopeless minority. Such an argument cannot hold water. It has been a strange irony in our country that the few successes which go to the credit of our democratic leaders were built upon failures and such failures have always been incentives for future successes. The Indian National Congress is an example. What did the true patriots do and have been doing in the political and other spheres, should be copied by the elected representatives in the medical councils. They should move such resolutions in the council which are useful to the profession at large not forgetting the interests they are representing. These resolutions may not be passed or perhaps be dropped down for want of even a seconder as at a time happend in the Madras Council where the medical council, defective as it is in its constitution, does not even function to the extent expected of it by the Madras Medical Registration Act. To quote but one example of a grave omission in Madras, the Medical Registers are not published in time and the delays could be counted not in days, not even months but in years, the Register for 1931 not being published even this day. As was reported in this journal in the last January issue when one of the elected representatives in the Madras Council, moved that the Registrar might be asked an explanation for such delays there was no seconder. Such and similar disappointments should not deter a member from putting in his fights which he should do more vigourously. Legally constituted councils are not the only places where agitation in the right direction should be conducted. The fact the existing councils are defective in their constitution should instead of slackening the zeal and enthusiasm of the voters or the candidates should spur them to heroic activities and for this purpose the voters should choose a strong man, strong in every way not only in wealth and influence, so that the purpose for which he is elected can be served most satisfactorily. We have been mentioning in these columns and elsewhere what an ideal Medical Council should be and we do not wish to repeat what we have said. On a casual perusal of The Punjab Medical Registration Act we find that it has 16 members of which eight are nominated by the government including the President. While in a bigger province in Madras we have only 15, eight of whom are nominated by the Government including the President. University has no representation in the Punjab as in Madras where there are two representatives to represent the two Universities. Those registered under the British Medical Act have two representatives; the graduates and the Licentiates of the Punjab University two; and the Licentiates only one and there is a representative to represent all the rest of medical practitioners not coming under the four groups mentioned above. In Madras, the registered practitioners under the British Act, have only one representative, the graduates of both the universities two, the licentiates two, and the graduates elected by the Faculty of Medicine of Madras and Andhra Universities two, and all the rest of the practitioners who do not come under the three classes have no representation, the latter class being entered in the Register along with the Licentiates.

Apart from rational reforms that should be introduced in the Provincial Councils in this country, there are materials to agitate immediately for reforms basing on the very principles advocated by the Government in the existing councils of which fact advantage to be taken by the elected representatives in such Councils and the constitution of the Councils changed to have a uniform standard constitution taking advantage of the good principles existing in different provinces in the country. For example, in the Punjab Council, the way in which the nominations should be made is defined in the Act where it is said amongst other things that one of the nominated members should be an independent medical practitioner. In Madras the nominations are made in a hap-hazard way. Proportionate representation is the principle advocated in

political life. Resolutions on this principle are reported to have been passed at the Madras Council. In the Punjab where, as in other provinces, the Licentiates form the largest group, have only one representative. Such and similar items of reform should be the planks used by candidates in appealing to the electorate to choose them and not methods usually adopted,—undue influence by whatever ways and means. We trust, in the Punjab where martial spirit is in plenty, the election will be fought with clean weapons; the opponents would meet in the field with the spirit of an ideal warrior and show to the rest of the country that Punjab is a model not only in regular warfare but also in the battles of election.





# Original Articles

## ENDOCRINOLOGY

BY

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

XXIII

*Bermans' "The Gland Regulating Personality."*

### THE UNCONSCIOUS AND THE VISCERA.

It was already stated that endocrine glands in association with the vegetative nervous system governs the life of an organism. We think and feel not alone with the brain but with our muscles, viscera, vegetative nervous system and endocrine glands. In short we think and feel with each and every part of ourselves. Among the factors that determine the content of consciousness, the endocrines are the most important. They, to start with, are different in each and every individual. They constitute a part of a man's inner destiny. As regards the external factors, social experiences, climate, accidents and disease modify and condition the reactions and complexity of the endocrine system. As these modifications and associations are of the greatest imports for the final elaboration of the personality, composing as they do, the elements of the unconscious, which confers the unique stamp of normal, abnormal, super-normal and sub-normal, it is worth while to review the most general of the determining laws. Man is an energy phenomenon, both conscious and unconscious, with the energy emanating from the endocrine-vegetative mechanisms. So, it seems possible, by their aid, to analyse the conscious, the sub-conscious and the unconscious with the terms used in the analyses of physics. Man is an energy machine which, though it is constantly losing energy as a whole, consists of parts constantly accumulating energy. This process of local accumulation accociated with the general loss of energy may be observed even in ameba, in the form of stored reserve food material. Evolution created a system of organs, the viscera, as specialists in energy conservation, utilization or transformation. For intercommunication and interaction between the viscera, two systems were elaborated: a system of direct contacts, the nerve and the nerve cells, through which influences could be conducted for the stimulation, acceleration, retardation or inhibition of an energy process in them; and a system, the endocrine gland association, for the production of chemical substances to act as messenger to be sent from one viscera to another, and also to the nerves, through the blood or by lymph which bathe all the cells. They could only affect one or certain organs by selection. The whole system, viscera, visceral nerves, and the endocrines gradually unite into a complete autonomous organism within the organism, and as such functions as the vegetative apparatus.

### EVOLUTION OF THE ENDOCRINES.

In the course of evolution, variations occurred in all the three components of the apparatus, the viscera, the nerves, and the endocrines. The variations in the viscera and the nerves were chiefly physical and quantitative—involving the size of viscera and length of nerves and have not, therefore, become of much significance for the history and destiny of the animal. But variations among the endocrines made a tremendous difference. To have much thyroid and very little pituitary, much adrenal and not enough of thyroid, meant a great deal to the organism as a whole, as well as to the vegetative apparatus. For states of tension and relaxation, activity and inactivity in the nerves and the viscera would be determined by these variations. The vegetative apparatus in the new-born infant, may be said to have its development primarily determined by the reaction potentials of the endocrine part of it, i.e., the latent power of each gland to secrete at a minimum or a maximum and the balance between them.

### EDUCATION OF THE VEGETATIVE SYSTEM.

Training of education involves, besides other effects, a training of the endocrines, and hence of the entire vegetative apparatus to respond in a particular way to a particular stimulus. All learning which calls out or arrests the functioning of an emotion must affect the vegetative system. When there is conflict between two or more instincts, between pressures of energy

flowing in different directions, there may be compromise and normality or a grinding of gears and abnormality. The brain comes in here as the servant of the vegetative apparatus. To call it the master tissue is absurd, when it can only be the deplomatic constitutional monarch of the system. It can only act, as the great central station for associative memory as only one of the factors implicated in education. The most powerful educative agents of the vegetative apparatus of a human being are the other humans around him. They constitute the most powerful of the external effectors of education, for better, or for worse. The training and education of the endocrine-vegetative system is the basis of all social rules, habit, custom, convention, law, conscience etc. An unresolved discord, a continued conflict among the parts of the vegetative system inspite of such education, is the foundation of the unhappiness of the acute or chronic misfits and maladjusted, the neurotic and the psychotic.

### THE PHYSICAL BASIS OF THE UNCONSCIOUS.

Another vastly important law that governs the content of the conscious and the unconscious and resultant behaviour, is the fact that the nerve and nerve cells of the vegetative apparatus, the laws leading to the viscera and the endocrine glands like the solar plexus, are affected by stimuli of lower value than those which arouse the brain cells. So, we begin to glimpse why an emotion seems to be experienced before the visceral changes that readily preceded it but pressed their way into consciousness latter. This gives us a clue to the unconscious as the more sensitive and deeper part of the mind. Further it supplies a physical basis for the unconscious which will explain much of the observed laws of its workings. It also provides reason for the apparent swiftness, spontaneity and unreasonableness of what is called intution. It was stated before that we think and remember not alone with the brain but with the muscles, the viscera, the endocrines and the nerves. So do we forget not alone with the brain but with the others. The utmost importance of muscle attitudes in remembering, has been established in the experimental laboratory. Freud showed that a species of forgetting is nothing casual, but active and purposeful, a manifestation of the life of the unconscious. As a matter of fact this forgetting consists in the inhibition of associative memory by a process in the vegetative apparatus, so as to maintain the equilibrium within itself which is reflected in consciousness as comfort. The unconscious consists of the buried association among the parts of the vegetative apparatus and the brain cells. We forget that which is held down literally, in the vegetative apparatus. This explanation of forgetting tells, too, why the forgotten, continually projects itself into and interferes with the regular flow of consciousness, e.g., the slips of the tongue mistakes of spelling and so on, because the energy bottled in the vegetative system tends to erupt into the consciousness into which it would ordinarily flow. In the evolution of the mind there have been elaborated devices to protect it against the vegetative apparatus. The oldest, deepest, most potent consciousness is that of the vegetative organs, the heart and lungs, stomach and intestines, the kidney and the bones and so on, their nerves e.g., the solar plexus and the endocrine glands. They invented and elaborated muscle, bone and brain to carry out their will. Evolution has been in the direction of a greater perfection of the methods of carrying out their will. The consciousness working upon the growing and multiplying brain cells has created what is called self conscious mind. Mind reacting upon its creater has come to dominate them. But just the same the underlying consciousness of the viscera and their accessories stand as powers behind the throne as the unconscious.

### NATURAL ABILITY.

The finest study of natural abilty is Francis Galton's on Heridetary "genius." He showed that of the type of men he classed as "illustrious" there occured about one in a million and of the type "eminent" about twohundred and fifty in a million. Of the qualities which determine natural ability of this kind, he selected inherent





capacity, zeal and perseverance as the three prerequisites. In view of what has been said of the pre-pituitary as the gland of intellectuality and observations made that intellectually gifted persons have large pre-pituitory and mental defectives small pre-pituitary, it is justifiable to regard the factor of inherent capacity as a function of the pre-pituitary. The factor of zeal or enthusiasm points to the Thyroid, Vigor, as a third factor, the ability to stand strain or stress of continued effort is dependent upon good Adrenal and intestinal cell function. So we may say that craving for brain work, plus ardor, plus perseverance in its pursuit, the triplicate of natural ability, are the reflection in character and conduct of balanced and sufficient ante-pituitary, thyroid and adrenal interstitial contributions in the chemical formula of the personality.

### MENTAL DEFICIENCY.

Natural ability grows in an endocrine soil of a particular kind perhaps affected by the internal secretions such as natural soil is by fertilizers like phosphates and nitrates. Increased production follows increased fertilization. Natural disability must vary similarly with a perversion or improper mixture, deficiency or absence of the hormones that combine in natural ability. It is assumed that the brain itself is there, which means that the crude soil or earth is there. Sufficient quantity and adequate quality of nerve tissue must be regarded as pre-requisite. If the brain has been damaged during development or birth, the endocrine influence becomes negligible. It is among the specimens of normality of the brain cell that example of endocrine mental deficiency may be sought for. Feeble mindedness varying from the morose to the imbecile and idiot are examples of arrested brain life. The cretin is the classic type of mental deficiency due to endocrine in-sufficiency curable or improvable by proper handling. Insanity, degeneration of the normal brain life-may be caused by the upset of the endocrine balance. Among the most common manifestations of insanity are excitements and depressions, apathies and manias, hallucinations, delusions and obessions, all of which are responsible under known conditions of internal secretion excess or failure. Alternating states of mania and depression are caused in some instance by extreme hyper thyroidism. The critical periods of life, when a profound revolution is overturning the endocrine equilibrium, puberty, pregnancy and the menopause, are the periods of most frequent occurrence of insanity, when mental instability reveals endocrine instability. Actual insanity need not be the only manifestation. By far the greater number of mental disturbances due to aberrations of the internal secretion never see an asylum or a doctor. They live more or less close to the border line of insanity as persons who have spells, eccentricities and peculiarities, hysteria, tics, or just "nervousness." About two thirds of mental deficiency is definitely inherited, about one third acquired. From the endocrenologist view, the heredity leads one to suppose that it is the mating of one marked endocrine insufficiency with another that is often responsible for the inherited tendency to feeblemindedness and insanity. The effect of the hormone system upon vegetative apparatus may create the more obscure insanities and quasi insanities. In persons afflicted with uncontrollable impulses the inhibiting hormones may not be present in sufficient quantity. Feeblemindedness may be a direct effect of insufficient endocrine supply to the brain cells. When there is not enough of the thyroid secretion in the blood, the tissue between the cells in the brain becomes clogged and thickened, obstructing the passage of nerve impulses. Most endocrine influences upon the brain at work every minute and second of its life, are the subtle ones of molecular chemistry and atomic energetics. It is known that such mental qualities as irritability and stupidity, fatigability and the power to recover quickly or slowly from fatigue, sexual potency and impotency, apathy and enthusiasm are endocrine qualities. It is known also that the thyroid dominant tends to be irritable and excitable, the pituitary deficient to be placid, gentle, the adrenal dominant to be assertive and pugnacious the thymus centred to be childish and easy-go-lucky, and the gonad deficient to be secretive and shy.

# *ANTI TUBERCULOSIS PROPAGANDA

BY

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The importance of the subject of anti-tuberculosis work is evident when we consider that practically every eighth person in the world dies from the disease. Probably about five million persons die from tuberculosis every year, of which India contribute about a million.

There are a few very important points in which tuberculosis differs from other bacterial diseases and these have to be borne in mind when devising measures for its control. Though it is a bacterial disease the nature of the causative organism is such that it takes a comparatively long time to produce the symptoms of the disease after infection, i.e., the inoculation period is long. The organism is comparatively avirulent so that it will not take root in an unfavourable soil, i.e., a constitution with suitable general strength and bodily resistance. Whereas in the case of disease like cholera, smallpox, dysentery, plague, etc., the infective germ is the more important factor as it can gain a quick foot in even a healthy and strong individual whereas in tuberculosis the bacillus finds it difficult to develop in healthy constitutions and produce the disease in them. Again it is now known for certain that though the vast majority of persons get infected in early life, it is only a small minority, that develop the active disease in adult life. In fact small, mild and healing lesions are extremely common in persons who are never suspected of being tuberculous. In a few words, contrary to popular notions tuberculosis is one of the most prevalent but most curable of diseases and certainly one that ought to be prevented by proper means. This makes propaganda work apparently much easier than in the other bacterial diseases. Unfortunately there is considerable ignorance amongst the public regarding its true nature with the result that false notions of the dangers of infection make it rather difficult to impress upon the people the importance of some of its true preventive aspects. Thus popular sentiment against the victims of the disease is so strong that people often lose sight of the fact that danger lies more in their own mode of living than in infection. These facts make it doubly important that Anti-tuberculosis propaganda must be given every prominence in health work.

In devising measures against the disease the following facts have therefore, to be borne in mind. (1) It is a bacterial disease and measures of disinfection and prevention of infection must have a place in its control. (2) In the production of the disease the nutritional factor is more important than the infection factor, i.e., the soil must be given greater prominence than the seed. In other words improvement of the economic and social conditions of a community and its general sanitation which tend to improve the physical condition of the people must be given a more prominent place than the factor of the infection and disinfection.

What are the different ways by which the above conditions can be brought about in a community or country with the purpose of rooting out tuberculosis? The answer is simple but the process of prevention is lengthy and tedious. It is not difficult to grasp the complicated question of the causation and prevention of tuberculosis but it is much more difficult to take quick and decisive preventive measures. The history of the various countries where the question of tuberculosis prevention has been successfully handled shows that the process is necessarily a lengthy one requiring considerable patience and a thorough co-operation between the State and the communities on the one hand and the individual on the other. It has taken Great Britain three qurters of a century to reduce tuberculosis by 75% and the United States a similar period to reduce it to a little greater extent. In both countries the State has perhaps played a more important part in the control of the disease than the individual but experience has shown that in all countries a combination of forces has to be employed in the control of tuberculosis, more so than in most other bacterial diseases.

* Lecture delivered under the auspices of the Anti-Tuberculosis Committee of the Red Cross Society, Madras on 22-1-1932 at the Red Cross Buildings, Madras.



A close analysis of Anti-tuberculosis propaganda work makes it clear that the two main factors in the control of the disease are education and development. The former equips the individual and the community with the true knowledge of the causation and prevention of the disease which is so essential to combat it. The latter supplies the resources whereby the social, economic and nutritional factors bearing on the prevention of tuberculosis can be improved. The former depends upon the effort of the individual and the latter on that of the State. Each is perhaps as important as the other.

Tuberculosis is a disease of nutrition, a disease due to insufficient supply of the right nourishment and consequently a disease of poverty. The history of the world shows that the poorer a country the greater the incidence of tuberculosis and the more sound the economic condition the less the incidence of and mortality from tuberculosis. Countries like Great Britain, America and Australia are comparatively free from tuberculosis whilst India, China and other Asiatic countries have high figures for tuberculosis incidence. Poverty and ignorance favour the spread of the disease, whilst sound economic conditions with the spread of knowledge and education tend to control the disease.

We are not so much concerned to-day with the duties of the State in tuberculosis control. With the experience of various countries before them the Government could be trusted to do its duty along the right path, but the co-operation of the people is quite essential before the efforts of the Government can bear fruit. It is therefore the duty of the people, individually and in groups to co-operate fully with the Government in all the measures devised and adopted for the prevention and control of tuberculosis, but such co-operation implies a sound education of the masses on the subject of the causation and prevention of tuberculosis. Such education creates a true and sound public opinion and awakens the true health conscience by which alone a genuine co-operation with the State will be made possible. As regards the State, industrial and agricultural development irrigation schemes, co-operative movements, in fact all such measures as improve the economic condition of the people help the control of tuberculosis.

With regard to education which is the factor with which we are concerned here, it constitutes a very comprehensive subject consisting of the education by propaganda of different classes of the public.

First we have to deal with the general public, a rather heterogeneous mass consisting of the uneducated and semi-educated of both sexes and of all ages. This class has to be appealed to by the active social worker by means of lectures, magic lantern and cinema demonstrations, exhibitions, dramas, leaflets, posters etc. Next we have to deal with the better class of the educated public, a minority, to whom we could appeal through the press by public lectures and by the broadcasting system. In this class the stimulation of health thoughts can also be effected by essay competitions and offer of prizes for intelligent participation in health work. It is by extensive propaganda amongst this class that a valuable public opinon can be formed and a strong and wide sanitary conscience created.

Then comes the education of the rising generation of men and women in the schools and colleges. This class is more easy to handle and more productive of ultimate good, as they constitute the fathers and mothers of the coming generation of the country. Lectures, demonstrations, exhibitions, essay competitions, dramas etc. constitute the main ways of educating this class. Health propaganda work should mostly be directed towards this class.

The education of the teachers who exert their influence on the coming generations of boys and girls is another important item on the programme and our activities have therefore to be directed towards teachers' colleges and schools.

Education of the tuberculous patients themselves constitutes another important item of the programme. When one remembers that practically four or five percent of the population suffer from the active disease and possibly 20 % of these are reservoirs of gross infection, the importance of educating patients wherby they could be taught to lead healthy lives without endangering their non-tuberculous brethren becomes evident. Such education in a practical way can be supplied through hospitals, sanatoria, colonies, settlements, preventoria etc. Here again it is very

important that such facilities should be provided at close quarters, so that a maximum number of patients may avail themselves of the benefit of the facilities. The longer the distance of these institutions from the homes of the patients the less they will resort to them.

Then comes the education of the slums, which are the nests of tuberculosis; knowing that tuberculosis is a disease of poverty and mal-nutrition one can understand that the slums bear the brunt of the disease and the activities of the social worker must be directed towards these not only by education and propaganda work but by inducing local bodies to improve them. Improvement trusts and Co-operative building societies play an important part in this work.

Next comes the education of mothers. The infection with tuberculosis takes place in infancy and early life and the problem has therefore to be solved by active maternity and child welfare work. The health of the pregnant mother, ante-natal care, feeding of the infants and general child-welfare constitute the basis of all anti-tuberculosis measures. Preventoria or open air schools for pre-tuberculous children come under this heading.

With such an extensive sphere of work to get through, it is impossible for one organisation to work singlehanded in the fight against tuberculosis. The co-operation of various individuals and associations is essential. One cannot minimise the part that philanthrophy has to play in this work for money is required not only for active and wide propaganda, but for helping the poor especially in the slums where the mothers and the infants need proper comforts and feeding usually beyond their reach.

I shall first deal with the co-operation of sister health and social bodies in this great work which lies before us. The Health Propaganda Board, the National Health Association, the Health Department of the Madras Corporation and the Red Cross Society can pool their resources to ensure a supply of fresh and suitable supply of material in the way of slides, cinema films, lanterns, Kine boxes, leaflets, pictures, posters and other material in the organization of tuberculosis exhibitions.

The National Health Association with its band of voluntary workers can organize lantern and cinema demonstrations and exhibitions in schools, colleges, cheries, and other public places. It can also arrange periodic essay competitions in the subject of tuberculosis for the school population and for the public.

The Women's Indian Association, the All-India Women's Conference, the ladies Training Colleges like the Lady Willingdon and St. Christopher's Training Colleges and the Young Women's Christian Associations can co-operate in the work by promoting the general education of women, by helping Government in legislation for the prevention of early marriage, by creating public opinion against the purdah system and by promoting maternity and childwelfare work.

The Government Officials' Party, the Secretariat Party the Boy Scouts and the Girl Guides can take their due share of the work by organising and enacting health dramas. The first two organizations can enact the dramas to suit the general public and the last two the younger generation of boys and girls. The scouts and guides can also give practical demonstrations on the benefits of open air life and the dramatic parties help our movement with funds by performances in aid of anti-tuberculosis work.

The Vigilance Association can also help in similar social work, co-operating with the Government in the matter of social legislation, help local bodies with practical advice in the improvement of the slums, and perhaps educate the public in the matter of birth control.

Medical Associations, like the British Medical Association, the Madras Medical Association, the South Indian Medical Union, the Sub-Asst. Surgeons' Association, and the Indian Medical Association, can supply bands of volunteers to do the lecturing and other social work and can co-operate in the organization of tuberculosis exhibitions. Such of the Associations as the British Medical Association





with financial resources can also supply the movement with material that is necessary for propaganda work.

The Health Officers' Association can help a great deal in propaganda work which falls within that province by organizing Health Associations all over the moffusal, doing intensive propaganda work at Health Weeks, fairs, and festivals and by helping in the collection of correct statistics and other informations especially on the subject of the food and social conditions of various localities and communities all over the presidency. It is a potent body as it is well organised and under able leadership. The Sanitary Welfare Association and similar bodies can help by doing wide propaganda work in the slums and cheries by the distribution of leaflets and by practical demonstrations with slides, films, model exhibitions etc.

The Railways with their organised and compact administration and discipline and control of an extensive staff can help the movement by organising colonies and settlements which afford a practical demonstration of after care, health education and healthy living for the pre-tuberculous and the convalescent.

The training colleges and schools can afford facilities by teachers in learning all about the causation and prevention of tuberculosis, co-operating in the movement by organising local exhibitions on tuberculosis and by encouraging essay competitions and enacting instructive tuberculosis dramas to suit different classes of students under their control.

The ordinary colleges and schools can not only give free facilities for holding propaganda lectures and demonstrations on tuberculosis, but try and include in the syllabus for the elementary classes a course of lectures in elementary hygiene. They could at the same time encourage essay competitions and exhibitions and dramas for the practical education of students and pupils.

The press can play its most valuable part by publication and education.

In fact the range of propaganda against tuberculosis is so vast that there is perhaps no institutions or organisations that cannot play its own part and take its due share in the responsible work. The State has no doubt to tackle the main question of development of the resources of the people and improvement of general, economic, hygeinic and social conditions, but the hearty and loyal co-operation of public is essential for the final success. The duty that this Anti-Tuberculosis Committee of the Red Cross Society is now trying to do is therefore on the same line as those of the National Health Association for the prevention of Tuberculosis of Great Britain and the Anti-Tuberculosis Leagues of America and other modern countries of the world. The aim of all these Anti-Tuberculosis Associations is to stimulate the Health work and awaken the health conscience especially in the field of Tuberculosis so that the State and the people in co-operation can achieve what all modern civilised countries have succeeded in doing by reducing the incidence of and mortality from tuberculosis. Great Britain has reduced this mortality by 75% in 75 years and America especially in the City of New York has reduced the same by 85% during the same period. While these countries are envisaging the total extinction of the white plague in the near future, may not India hope to do the same before the end of the 20th century if not earlier? Let us all unite and make a determined effort and success is bound to come in time and tuberculosis will ultimately become as rare in India as it has already begun to be in Great Britain, America, Australia, and other advanced countries.

# Abstracts

## Recommendations of the Central Council of the Indian Medical Association on the Proposed Indian Medical Council.

From

The Joint Hon. Secretaries,
Indian Medical Association,
67, Dharamtala Street, Calcutta.

To

A. B. Reid. Esq., I.C.S.,
Offg. Secretary to the Government
of India, Education, Health & Lands
Department, Simla.

Dear Sir,

We are directed to address you in reference to your circular letter No. 1494-H dated the 31st August 1931, regarding the establishment of an Indian Medical Council, and to place before you for the consideration of the Government of India the considered views of the Indian Medical Association on the subject of the Bill.

2. Before proceeding to record the views of the Association,we may be permitted to remark that in a measure of such importance much greater opportunity than has been allowed should have been given to public bodies for consideration of the Bill.

3. It would perhaps be helpful to state that the Indian Medical Association is the organisation which was formerly known as the All-India Medical Association. It has branches throughout India and with it is affiliated a number of similar institutions in the different provinces. Its membership includes University Graduates as well as Licentiates and on its roll are members of the independent medical profession as well as medical officers serving under Government or Local Boards. The expression of opinion on the Indian Medical Council Bill expressed in the following paragraphs thus represents the considered opinion of the medical profession throughout the country, and would, therefore, we trust, receive the weight before Government formulate their final proposals for submission to the Legislative Assembly.

4. In regard to paragraph 2 of the letter above mentioned, the Association considers it unfortunate that at the Simla Conference of June 1930 no opportunity was given to the independent section of the medical profession in India as such, (who stand to be most affected by the provisions of the Bill under contemplation, and who in fact form the vast bulk of the medical profession in this country) to send a direct representation to the Conference and to place before it the views of this large section. As the main object of establishing an Indian Medical Council is, as was resolved at the Simla Conference, "to put our own house in order and to establish minimum uniform standard of qualifications for India and to promote co-operation among the Universities," the constitution of the Council must be primarily orientated to this purpose. The report of the discussion at the Conference shows that the members desired an *independent* and self-contained Council with a large preponderance of persons who have an academic outlook and are connected with teaching. It is surprising to note that the report gives no reason why the members considered that in an independent Council of 28 members there should be 12 persons directly representing the Government. It is equally strange why it was considered essential to let each provincial Government (even the Government of Central Provinces, which have no direct interest in imparting instruction to medical graduates) have a direct representation on the Council. The Association is emphatically of opinion *that the Provincial Governments need have no direct representative on the Council.*

5. The essential purpose of such a Council, in the opinion of this Association, should be:—

(1) To control the standard of medical education and professional qualifications, with a view to assuring that the medical practitioners possess the necessary knowledge and skill for their professional work; and

(2) To assure the maintenance by registered medical practitioners of the high standard of professional conduct and rectitude.

The active co-operation of such a Council may also be secured in the recruitment for public medical services by means of open competitive examinations, as also in regard to the conduct of medical research, in the compilation of a Pharmacopœia and other functions for the general benefit of the profession as well as of the country. These features should be clearly indicated in the Objects and Reasons of the Bill.

### Composition of the Indian Medical Council

*(a) President.*

6. The only reason adduced as to why the President should be nominated by the Governor-General-in-Council is that "of the close association which should exist between the Council and the Central Government." In the opinion of the Association, the Council if it is to function as an independent body should elect its own President. In view of the fact that the proceedings of the Council will be subject to confirmation by the Governor-General-in-Council the President who is the chief spokesman of the Council, should not be a person nominated by the Governor-General-in-Council. It may be mentioned that the first Medical Council formed in England in 1858 had the right to elect its President; the Privy Council of which the Medical Council was an agent by statute, did not claim the right to nominate the President. There appears to be no valid reason why the Governor-General-in-Council should be given this power of nomination. Accordingly, this Association is opposed to granting power of nomination of the President of the Council to the Governor-General-in-Council either perpetually or at the inception of the All-India Medical Council.



*(b) One member to be nominated by each Local Government.*

7. In the view of this Association, the interests of the Local Government or of the Indian Medical Council would not be best served by this method. They would, however, provide for connexion between the Council and the Provincial interests by the election of a representative to the Council from the provincial Committees to be constituted in the manner recommended in paragraph 13 below.

*(c) One member elected by the Medical Faculty of each University in India.*

8. In paragraph 5, the issue is raised *whether each University in a province, with a medical faculty, should have separate representation on the Council or whether the Universities in a province should be grouped together for the purpose of electing one representative between them.* While this Association agrees that the Council should not be rendered unwieldy, it considers it essential that the Universities having medical faculties should be separately represented. It will be realised that such institutions are primarily responsible for the establishment and maintenance of standards of medial education in the different parts of India and for this important reason each University should be allowed representation. In view of the fact, however, that certain medical faculties are too small to act as a suitable electorate the Association propose that the election of the representative of the University, should lie with the Senate. This method has the additional advantage in that the responsibility for election is placed on the real body entrusted in each University with the control of higher education and the conduct of examinations.

*(d) One member to be elected by the medical graduates of each province in which there is a medical register.*

9. On the question whether graduates should have any direct representation or whether Provincial Medical Councils should elect one person on the Council (Paragraph 6), it will be realised that one of the functions of the Council will be to enter in the Register or to erase from it, for professional misconduct, the names of graduates. Therefore it is reasonable that the graduates should have someone to represent their interests. From this point of view, the British Medical Act of 1886 gave representation to registered practitioners. The same argument applies with equal cogency to the Indian Medical Council.

10. With regard to the qualifications of graduates prescribed under clause 5 (3) of the Bill, it is felt that restriction to those with teaching experience of at least 5 years in a medical college affiliated to a British Indian University would, in effect and for many years to come, invariably amount to the seat going to an official member from the graduate constituency as, except in the case of only two institutions in the country, all the others are staffed by Government servants, who only would possess the requisite qualification. If the graduates are to be truly represented, the qualifying clause *viz.* Section 5 sub-section (3) requires to be deleted.

### Inclusion of Licentiates.

11. As the Association is of opinion that the Licentiate Group forms the largest section of the medical practitioners in India and on them devolves the major portion of work of rendering medical aid to the masses, no Indian Medical Council would be adequately constituted if this very large element is left unrepresented on it. It was a somewhat similar consideration that led to the inclusion of representatives of the dental profession in the British Medical Council. If the primary and main object of the Council is to establish uniformity of minimum standards in India and not merely to seek recognition of Indian Medical degrees by the General Medical Council of Great Britain, then it becomes increasingly evident that the Licentiates require to be brought within the purview of the Bill and given adequate representation. The inclusion of the Licentiates in the Indian Medical Council will help in raising the standard of their education, by insisting on the improvement of the curriculum and equipment of their school and particularly in strengthening the quality of their teaching staff. The Association recommends that the Licentiate Group in each province should be allowed one representative each in the Council.

### Reciprocity.

12. On the question of reciprocity, this Association is emphatically of opinion that the Council should be free to accept the medical degrees of those countries only which accord the same privileges of recognition to the medical degrees of Indian universities and whose standards of medical education and examination are in no way less than those that may from time to time be prescribed by the Indian Medical Council when established. It is not in keeping with this intention, therefore, that British degrees should be automatically recognised by inclusion in the First Schedule of the Bill. This question is essentially a matter for reference to the Council after its formation.

13. With reference to paragraph 8 of the Government of India's letter under reply, the Association is in general agreement with the view expressed therein. They would, however, remark that the Provincial Medical Councils are also important provincial bodies concerned with the maintenance of standards of medical qualifications; it is also noted that your Government consider it desirable, as suggested in paragraph 6 of your letter "that the link between the provincial bodies and the Council should be close." In order, therefore, to ensure this, the Association propose that the Provincial Committee proposed in Section 11 (1) should be composed as follows:

(*a*) The members of the Provincial Medical Council. (*b*) Representative of the university in that province elected to the Council. (*c*) (*i*) Representative of the graduates of Indian universities. (*ii*) Representative of the Licentiates in the province elected to the Council. (*d*) The member nominated to the Council by the Governor-General-in-Council from the province, if any.

FEES.

14. With regard to the question of fees, our Association favours the view that fees might be charged, provided that the figure is not prohibitive. It will be realised that the inclusion of Licentiates would provide a large sum towards the maintenance of the Council. This would permit of a substantial reduction in fees from the figure of Rs. 75/- which has been suggested. A fee of about Rs. 25/- should suffice.

PRIVILEGES.

15. It is necessary at this juncture to draw attention to a serious omission in the Bill. Apart from the question of benefit in status in registration it is essential that certain definite privileges ought to be allowed to those who register, and thus subject themselves to a strict discipline. It will be noted as against the responsibilities laid on the medical practitioners in all countries, where medical Acts of more or less a similar nature are in force, that they are allowed certain rights and privileges. For example, no medical practitioner can be appointed in the Military or Naval or Air Force Medical Services of the Country or to any civil medical post under Government whether central or local or under any local authority, or to any hospital or dispensary, or on ship registered in the country or plying in territorial waters, unless he is a registered medical practitioner, that is, unless his name appears on the Medical Register of the country. Likewise, no medical certificate is legally valid unless it is signed by a registered medical practitioner, nor will his evidence in giving medical opinion be accepted in a Court of Law. Dangerous drugs or poisons are also not allowed to be administered by a practitioner unless he is registered. A medical practitioner would also not be entitled to administer anæsthetics, or recover any charge in any Court of Law for any medical or surgical advice, attendance, or for the performance of any operation, or for any medicine which may have been prescribed and supplied, unless he is registered under the Medical Acts of the country, nor would any person be protected in charges of manslaughter, in the case of persons dying under their treatment, unless registered.

16. It will thus be seen that the Medical Acts in all countries supervise the medical education and qualifications and lay onerous responsibilities on the medical profession in respect of professional conduct of a high order. In return for such demands, the medical practitioners are protected and privileged in various ways indicated above. Unless such protection was afforded, it would hardly be worth while being on the Medical Register. In the Indian Medical Council Bill as circulated there is however, an entire absence of any reference to the privileges or immunities or protection of the kind described above which medical practitioners are assured under similar Acts in other countries. This omission cannot be a mere oversight, as reference to these privileges was included in the corresponding Bill circulated by the Government of India in 1928. Another striking omission in the Bill, as it stands at present, makes it possible for any foreign national to settle in India and to do what he likes in the country in the say of professional practice without any restriction and without having to observe any discipline under the Indian Medical Council. He may even obtain service under the Indian Government, without being registered in the country, if the medical advisers of the Government were inclined or induced to push his claims. This omission in the Bill will also need to be rectified. We would, therefore, suggest that the Bill be so amended that unless a medical practitioner has his name entered in the Indian Medical Register, he will not be allowed the privileges already referred to above and, others of a similar nature. The effect of this amendment would not be to exclude any non-Indian simply because he is a non-Indian to practise or serve in India. It simply requires every medical man in India, whether Indian or non-Indian, desiring these privileges, to conform to the discipline and regulations of the Indian Medical Council.

17. With these preliminary remarks we would now refer you to the annexed statement in which the Association proceed to record their opinion on the various clauses of the Bill and to offer suggestions as to the manner in which the Bill should be altered.

In conclusion, we may hope that the Government of India will give due regard to the recommendations of this Association, which as indicated before represent the views of the independent medical profession in India, the largest element in this country, whose interest are so closely involved in the measures proposed.

We have etc.,
D. D. SATHAYE,
A. N. GHOSH,
K. S. RAY,
*Joint Hon. Secretaries*





# 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.

**Edema**: Parathyroid acts as dieuretic. In cerebral and in mild cases 6 ounces of 25 % of Mag. Sulph. solution should be run into the rectum twice a day and all fluid by the mouth should be restricted. (M. T. T)

If due to either renal or cardiac disease Thyroid Extract is good and also Theocalcin.

Calcium salts in large doses are tried with marked results in cases of massive edema of dietetic and nephretic origin. Small doses have little or no effect. (E. S)

If due to heart disease without renal complication Novasurol is good—to be given either intramuscularly or intravenously. As it contains mercury, stomatities and other complications may occur. It is better be given after Digitalis with or without Theophylline. A course of Ammon. Chloride grs. 30 t.a.d will help the action of Novasurol. (Practical Medicine)

ANGIONEUROTIC OF PENIS AND SCROTUM—Adrenalin 10 m. of 1 : 1000 to be given subcutaneously. (E. S)

IN PREGNANCY: If not due to heart or kidney disease Thyroid Extract gives relief. (J. O. T)

Calcium Chloride 10 to 15 grs. per day diluted in m. 50–100 cc of water is good. Salyrgan is milder than Novasurol. (P. M.)

In Edema of the ankles which increases during the day and disappears during the night and which may be due to acidosis Pot. Citras and Soda Bicarb is useful. (J. A. M. A.) For children in nephritis Calcium Gluconate is good. (C. M & S)

In Cardiac Disease—Enphyllin which may be given by the mouth in tablets of 0·1 gram, 6 to 8 times daily, or intramuscularly 0·5 to 1 gram daily or intravenously (Recent Advances in Cardiology)

**Encephalitics** · EPIDEMIC & LETHARGICA: In the acute stage Sodium Sulphate in 1 to 1·5 gram doses in 10 per cent solution with 10 per cent Dextrose given daily or oftener intravenously is said to be the best treatment; Encephalin serum after lumber puncture is also advocated. (J. A. M. A)

Acriflavin is also tried in 10 cc of 0·5 per cent neutral solution intravenously to be continued till 8 injections are given.

Orargol (A.F.D) a colloidal preparation of gold and silver has been successfully used either alone or mixed with Glucose or Saline in 5 to 10 cc doses intravenously. This preparation can be given by the muscle or by the mouth also.

Hexamin 10 grs. t. d. for a long time is said to be a specific in Epidemic Encephalitics.

Cold application to the head, Bromide, Chloral Chlorotone and Hyoscine Hydrobromide hypodermically as sedatives to produce sleep.

For sleep and after treatment, intramuscular injection of sterile milk 2 cc is found very efficient. (M. T. T)

Intravenous injection of Sodium Salicylate daily in 1 to 3 grs. in 1 : 30 solution is successfully used. (Pearson)

Urotropin 60 to 120 grs. at a time intravenously for 4 or 5 successive days and then by the mouth or Iodine Solution 100 cc intravenously 3 times a day. (Brain)

**Enteritis**: Acute: When stools are frothy, Mag. Citras or Calomel ½ gr. doses for adults and proportionately smaller doses for children every two hours till stools become yellow or green. After. dimunition Opium ½ gr. or Belladonna 1/100 of gr. t. d.

Thyroid Gland 1 gr. with each meal.

Bismuth Sub. grs. 15, taken one hour before each meal in half a tumbler of water and towards end of each meal Pepsin 5 grs.

If digestion is slow, Ext. Gentian ½ m, Ext. Nux. Vomica ¼ m to be taken 20 minutes before each meal.

Milk diet with half an ounce of Sodium Chlor. twice a day.

During Convalescence, Strychinin 1/40 gr. and Thyroid Gland 1 gr. three times a day.

Saline with temparature 104. F. by high injection and Acid Hydrochlor. dil. 20 mms with each meal. (Sajous)

# Notes on Therapeutics, Diagnosis and other Medical Subjects.

## Gonorrhœa and its Modern Treatment.

*(Continued from previous issue.)*

### Treatment of Complications.

PERIURETHRAL ABSCESSES: When small and not pointing outside do not require treatment from outside. But when they are very large bulging outside they may be operated upon, packed and allowed to heal from bottom. Some surgeons prefer aspiration and injection of abscess cavity with antiseptic and resolvant solutions. As soon as the infiltrated swelling gets soft in the centre a stout hollow needle is sent into the swelling and the pus aspirated with an all-glass syringe and the abscess emptied of its contents. Then tincture of iodine 1 in 20 in water or colloidal argentum (Pharmasol Argentum A. F. D.) is injected into the cavity. If the cavity is too foul the injected material is aspirated and a fresh quantity of the injected material is left in the cavity. Instead of antiseptics, Bacteriophages are injected with marvellous results, the strains indicated for particular infection being used. The Bacte-Pyo-Phage or the Bacte-Coli-Phage are the two strains that may be usually required.

COWPERITIS: Rest in bed and hot sitz baths help to relieve the patient to a great extent and usually the abscess bursts in the duct of the gland and thence into the urethra. It may point out in the perineum when the treatment adopted to Periurethral abscesses may be had recourse to.

PROSTATIC ABSCESS: The most distressing symptom in this is the retention of urine. Before attempts are made for catheterization, hot sitz baths, atropine suppositories per rectum should be tried and in case the urine is still retained an anæsthetic such as novocaine should be first injected to relieve the spasm of compressor urethra. A soft rubber catheter should be chosen. When abscess bursts into the urethra, resolution of abscess is hastened by suppositories containing icthyol, belladonna and opium. As there is risk of the opening getting clogged up, it is desirable that the prostate, is massaged gently.

In all the three above complications the bowels must be attended to as a matter of routine by enemata containing olive oil or by the administation of non-irritant medium like liquid paraffin. It is equally important that as soon as the abscess subsides the urethra should be dilated and kept quite patent.

EPIDIDYMITIS: In addition to general treatment adopted above, rest in bed opening of bowels non irritating diet etc., should be advised, the testicle should be supported by means of suitable suspensory bandage. The popular lead and opium lotion, pigment belladona etc. do not after all give as much relief as the puncturing of epididymis which is done without any risk or pain in the following way:—

"The epididymis is punctured with a moderately stout needle (say an intramuscular needle) attached to an all-glass, or a record syringe, and an attempt made to draw out some of the effusion. The operation is a very simple one. After sterilising the scrotal skin with iodine, the testicle is very gently brought up so that the epididymis presses firmly against the scrotum, bulging it outwards, in fact. The needle is run in along the epididymis in a direction from the globus minor towards the major—i. e., from above downwards seeing that the testicle is being held upside down. The operation does not require a general anæsthetic, and causes practically no pain if the needle is a sharp one and the testicle is gently handled. Generally very little fluid is obtained, but the relief from pain is usually very rapid. Schindler recommends that, after puncturing in the middle line, each side should be punctured in turn before withdrawing the needle."

It is in this condition that vaccines are most valuable; the use, indication and value of administration of vaccines by mouth have been mentioned in detail in the last issue of the journal. Antityphoid vaccine in 200 millions doses has been found to be very useful.

The arsenobenzol compound, Sulfarsenol is being used with good results in English and French Hospitals, the dose





used ranging from 18 ctgr to 36 ctgr; sterile milk 10 cc twice or thrice a week intramuscularly has been also used. Trimine, a colloidal preparation containing manganese, zinc and iron in 1 cc dose intramuscularly every three days hastens resolution by working as an alternative on the system. After the acute signs and symptoms subside strapping the testicle with adhesive plaster is of immense value. Scott's dressing may be put on strips of lint which may be placed on the testicle in such a way that the adhesive plaster keep them in position. The lint intervening between scrotum plaster will prevent abrasions on account of plaster.

ARTHRITIS: Another common complication of Gonorrhœa is arthritis. If the joint is accurately inflammed and distended with fluid the most valuable method of relieving patients' suffering is to aspirate the joint. This can be very easily done by an all-glass syringe having a stout needle. The joint should be put on the splint and as soon as acute symptoms pass off massaged passive movements being used. As in Epididymitis, Vaccines, Sulfarsenol Trimine, milk injections are amongst other therapeutical measures to get round the patient. Scott's dressing and strapping of joints, passive movements are the routine measures to be adopted in chronic inflamed joints without much effusion. It should not be forgotten that the seat of original disease is the urethra and attention should be paid to its condition in treating all the complications of Gonorrhœa.

IRITIS GONORRHŒAL OPHTHALMIA are serious complications which are dealt with in detail in books on Ophthalmology.

RECTAL GONORRHŒA requires irrigation with Potassium Permanganate and touching up of inflamed spots with silver preparations through a speculum.

### Gonorrhœa in Women.

A thorough examination of the urinary and generative organs have to be undertaken apart from microscopical and cultural tests for the detection of Gonococci.

The constitutional, dietetic and other general measures of treatment are almost the same as for the males. It is claimed by some eminent specialists that colloidal prepartion of silver in the form of Electrargol, Pharmosal Argentum (A.F.D.) or Collargol by the intramuscular or hypodermic route produce excellent results.

LOCAL TREATMENT may be divided as applicable to the vulva and its immediate surroundings, to infected Bartholin's ducts and glands, to the vagina, cervix uteri and to the uterine endometrium. The vulva is to be kept scrupulously clean with alkaline douches or with antiseptic lotions of the same quality and strength as were suggested for the males viz. Potassium Permanganate, Blenacrol, Perchloride of Mercury etc.

URETHRITIS is treated by the applications of strong solution of silver (10 to 15 per cent) Tincture Iodine with Glycerine (1 to 8) or by medicated bougies. The best thing to do is the irrigation of the urethra with the same solutions used for the males. When the acute inflammation subsides, the infection may lurk in ducts and follicles surrounding the urethra from which pus has to be expressed either by manual pressure or by injecting the ducts with 10 per cent silver nitrate or by destroying the canal with electric cautery. The aid of urethroscope may be required as in the case of males. At times a urethral caruncle develops at the urethral orifice which may have to be cauterised or dissected. Bartholin's Glands and ducts may get infected. If the duct alone is infected it may yield to silver nitrate or Pharmasol Argentum locally. If abscess formed, it has to be incised and packed with gauze.

GONOCOCCAL VAGINITIS AND ENDOCERVICITIS: The lining epithelium of the vagina in the adult resists gonococcal infection. It is the endocervix that is the seat of infection. Before the cervix is exposed for local treatment, the vagina has to be cleaned thoroughly of all secretions and the cervix swabbed through a speculum. The vagina should be douched twice daily, all possible precautions being taken about the sterilization of the irrigator before and after use. It is always safe that a nurse is entrusted with the work and not the patient. The height of the irrigator should not be more than 2 feet above the level of pelvis. There are many formulæ for the solutions used, Potassium Permanganate 1/8,000 (to which Soda Bicarb is added in

the proportion of 2 drachms to a quart) perchloride of biniodide of mercury 1/8,000 Blenacrol (a tablespoonful to a pint) Acriflavine 1/5,000. Another useful formula used in some London hospitals is Acid Boric 4 ounces; Acid Carbolic and Pulv alum exsiccat of each one ounce, Oleum Gaultherii one drachm, Ol. Menth pip. 30 minims; a teaspoonful of the mixture is put in a cupful of hot water thoroughly mixed and poured into the irrigator till it is full. All the secretions in the vagina should be swabbed with equal parts of hydrogen peroxide and saturated solutions of soda bicarbonate taking care that the posterior fornix is cleaned dry with cotton on a Playfair's probe.

The endocervix should then be attended to. The cleaning and drying of the endocervix is done by swabbing the part with a 12 per cent Soda Bicarb solution containing listerin or lysol, 2 per cent. A mixture of pancreatin 20, glycerine 50, water to 100 is being used. This solution cannot be used as freqently as the alkaline solutions referred to above, as it may irritate the parts. Endocervix may also be cleaned by syringing with antiseptic alkaline lotions through a back-flow catheter. After cleaning and drying of the endocervix, one has to decide upon the kind of application to be made to the walls of the endocervix. Some use strong remedies such as silver nitrate 10 to 15 per cent, zinc chloride 20 to 30 per cent, equal parts of picric acid and glycerine, icthyol, liniment iodine, protargol 10-15 per cent. While others are in favour of above remedies in milder strengths. Dyes such as methyline blue, crystal violet, brilliant green 1 per cent are also being used. The safe course to follow is the use of solutions which are neither too strong nor too weak, it being remembered that very strong applications give rise to sloughing of the parts which in return may give rise to secondary infections. The ideal should be to assist drainage of deeper tissues by promoting profuse outpouring of secretions without a slough.

ENDOMETRITIS AND METRITIS: In acute and sub acute stages of this complication expectant treatment—rest in bed, regulation of bowels, frequent douching of the vagina followed by the insertion of a tampon soaked in equal parts of glycerine and ichthyol has to be tried patiently before resorting to curettage which "***has a reputation which is not too good***" leading to serious complications by setting up pelvic peritonitis. Uniformally excellent results are met with in the following procedure: "The patient is prepared as for a major operation the vulva and its surroundings, the vagina, and cervix being sterlised as thoroughly as possible. With the patient under a general anaesthetic a Sims's speculum is passed, the cervix seized with volsellum forceps, and the cervical canal swabbed out with glycerine of carbolic acid (1 per cent). The internal os is gently dilated to No. 7. Hegar, a small-sized rubber catheter passed to the fundus and the cavity gently syringed out with liniment of iodine. A strip of gauze six inches by one and a half inches, with eight inches of tape attached and with its upper end fashioned into a small hood to receive the end of a Playfair's probe, is soaked in equal parts of tincture of iodine and glycerine and pushed up to the fundus, where it is left for six hours. At the end of this time the plug is removed by means of the tape which is left hanging out of the vagina. The patient remains in bed for about three days until the reaction in the form of increased discharge, with perhaps, some pains, has died down. The operation is carried out monthly, while the vaginal and cervical applications are continued daily."

SALPINGITIS, PERITONITIS, AND OOPHORITIS should also be treated on the expectant principle, before operative interference is decided upon and that by an experienced. skilled gynæcologist. The value of vaccines and the injections of other products which give rise to febrile reaction usually followed by definite and often very striking improvment should not be lost sight of as in the case of male patients. Rheantine and Heterolysine, the antigonococcic vaccines which are administered orally, will appeal more to the fair-sex, than such vaccines by the hypodermic route. Sterile Milk intramuscularly has been advocated by many while the arsenobenzol compound in the form of Sulfarsenol in 18 to 36 ctgr. doses intramuscularly has been tried with good results as in the case of male patients; so





is Trimine. It is advised that all possible rational expectant method of treatment should be patiently adopted either in the males or females before surgical interference is decided upon.

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## Treatment of Pernicious Anaemia

BY

DR. V. RAMA KAMATH, MADRAS.

It has always been my lot to treat a larger number amongst the poor than the rich patients and consequently I am forced to make my treatment as cheap as possible. It had to be so in five cases of Pernicious Anaemia that came under my care in the course of two years. Patent Liver Extracts sold in the market was out of question as my patients could not afford to buy them, I had no other choice and had to depend upon raw liver which I administered in as emperical a way as is its therapeutical value in the treatment of pernicious Anaemia. I advised the patients to buy a piece of healthy liver of the size of the palm above the level of the roots of the fingers, make into fine pulp, put the same in small jug and pour on little clean water into the pulp in the jug just ½ inch above the level of the pulp, adding to the water so used 20 to 30 drops of Acid Hydrochlor. dil. The jug containing the pulp thus prepared should be sealed hermetically and kept in a water bath and as soon as the water in the bath boiled for a couple of minutes to remove the jug from the bath and to pour the contents of the jug on to a thin piece of clean cloth held over a glass vessal, squeezing the pulp into a glass cup and the extract that flowed out from the squeezed pulp to be taken immediately by the patient with diet. The above recipe satisfied the rational indications in the treatment of Pernicious Anaemia, one to make up for the deficient internal secretion of liver, the other Achlorhydia which is very often associated with this disease. The third indication is to combat focal sepsis either due to pyorrhœa alveolaris, tonsillar or intestinal; the first two did not exist in my patient, the third was manifest indicated by foul motions at times mucoid, at times watery. Diet was restricted when the motions were frequent. Sweetened arrowroot gruel with or without milk depending upon the nature of evacuations. Salol in 5 to 10 grs. doses with Soda Bicarb 10 grs. and Pulvis Creata Aromatica 10 grs. to 15 grs. was all that was necessary to control the diarrhœa.

As transfusion of blood is largely advocated in all cases of Anaemia I tried a preparation which is a protoplasmic extract of blood without globular stromas, antiseptics or any other foreign substances, a preparation found out by one of the most renowned French Scientists Dr. Lumiere and called after his name Hemoplase Lumiere. This was given twice weekly intramuscularly in gluteal region in 5 cc doses. The effect was marvellous in combination with raw liver extract.

The first improvement noticed was gradual diappearence of edema at the ankles. With this glossitis also disappeared. The conjunctiva which was pale like paper put on a red tinge in the 2nd week. The neuritis in the legs waned and the patients were able to walk after two weeks' treatment. The patients had 8 to 10 injections of the Hemoplase first month and 4 to 5 in the second month when their condition was almost normal. Encouraged with the results noticed in these cases I have been using the raw liver extract and Hemoplase injections ever since and I have not been disappointed so far. Though Hemoplase injection was stopped after a couple of months my patients have been advised to take the liver extract independently and all of them have been using liver as a routine in the daily diet.

Though I cannot write with the same authority and reasoning as those practising in hospitals equipped with necessary facilities to carry out scientific observations, I will not be far wrong if I were to mention that commercial extract are not as effective as the raw liver and I can quote the opinion of the Royal Society of Medicine (Brit. M. J. April 1931, p. 584) and the statement ran thus "Liver extracts were more expensive and not so reliable" I would wish to add a word of caution more that these extracts, if they are not properly prepared, do more harm than good to the patients on account of decomposition.

## Conjunctivitis, Iritis and Acute Congestive Glaucoma.

DIFFERENTIAL DIGANOSIS

BY

SOM RAJ ISSAR, L.S.M.F.,

DEMONSTRATOR, MEDICAL SCHOOL, AMRITSAR.

Common eyediseases that a general practitioner has to deal with are so few that they can be safely counted on fingers; Conjuctivites and Trachoma head the list while Error of Refraction are now a days almost universally present, though the patient may not consult the doctor for the same, as unfortunately in rural areas wearing of spectacles is considered a fashion rather than a necessity. Next come in order of merit, Corneal Ulcers, Cataract, Glaucoma, Iritis and diseases of appandages.

Iritis and Glaucoma more especially in their acute form present symptoms which are nearly identical but as far their treatment is concerned they are so different from each other that it amounts to no less than a Himalayan blunder to take one for the other, as where one required dilatation of the pupil, the other one requires just the reverse.

Herebelow is given in tabular and concise form, the distinguishing points between these two and along with acute Conjuctivitis which is at times confounded with the above two diseases.

| ... | Acute Conjuctivitis. | Acute Iritis. | Acute Congestive Glaucoma. |
|---|---|---|---|
| Age | at any age | Generally below 40 years rarely congenital. | Generally above 40 years. may be earlier especially in hereditary cases. |
| Pain | No actual pain, there is irritation in the eye, often sandy or gritty sensation, no profound pain. | There is brow pain, may be referred to cheek bones. It is always worst at night. | Intense headache referred to temples and occiput. It is very severe, may cause nausea and vomiting, starts while the patient is asleep at night. |
| Constitutional symptoms. | Generally nothing particular. | May show signs of Syphilis, Gout, Diabetes etc, | Old male or female there may be slight rise of temperature and general malaise, marked constitution. |
| Vision | Not affected except when there is exudate on the surface of cornea which is cleared off by washing. | Vision is diminished due to turbidity in anterior chamber and exudate etc. | Vision diminishes very soon. A previously healthy man may on its very first attack, lose the sight considerably. Repeated attacks cause blindness. |
| Vascular congestion | There is diffuse conjunctival engorgement. It is superficial and can be picked up by a forcep, capillaries are visible, leave a white zone round the cornea. | Fine deep pericorneal injection. It is immovable with a forcep. Capillaries cannot be very well seen, vessels become thin towards periphery. | Dark red conjunctival injection; vessels look dilated. Very deep. |
| Cornea | Not affected | There is a punctate Keratitis. | Its sensitiveness is diminished sometimes complete anæsthesia. There is slight haziness. |
| Anterior chamber. | Normal | Normal in uncomplicated cases, deeper when there is annular Synichia. | Becomes shallow. |
| Pupil | Unaffected | Contracted, sluggish in reaction, may be immovable at times unequal sometimes completely occluded. | Dilated equal on both sides, sluggish, later reaction to light is completely lost. |
| Iris | Unaffected | Discoloured, from green to bluish or yellowish green and from brown to yellow or yellowish brown. Patterens not well defined, surface irregular. | Appearance only slightly discoloured on account of the pressure on the epithelium of the cornea. |
| Tension | Unaffected | Normal. Eye ball is tender Iris gets water-logged and then swollen, the exudate which is very thick may also be retained and thus may simulate high tension. Theoretically it may be right but practically we never get any rise in tension except in very chronic and that too rarely. | Tension raised up to stone hardness. |
| Fundus | Normal | Obscured. | Cupping of disc. |
| Previous history. | Error of refraction, Bad hygienic conditions working in ill-ventilated rooms. Bad habits in reading and writing, foreign body, injury infectious diseases, certain erruptive fevers etc. | Syphilis, Rheumatism, Gout, infectious diseases, Injury, rarely Tubercular sometimes sympathetic. | Nothing special more marked in hypermetropics. |

facilitating expectoration, diminishing the irritation caused by cough, preventing hæmoptysis, increasing the appetite and body-weight, and thus improving the general condition of the patient in a striking manner.

Aminobiase, when injected in adequate doses and at proper intervals is a direct and almost a specific remedy for Pulmonary Tuberculosis in the early and second stages. It is positively effective in persons who have a phthisical diathesis and in those initial stages of the disease, where the Tuberculous lesions of the lungs are only in their newly-developed forms. In ulcero-cavernous forms also marked improvement can be effected with Aminobiase, if the general condition is good and if the liver and supra-renals have no incurable lesions. Although it has been proved to yield good results in the Tubercular affections of the bones, joints and other organs, still the statistics at our disposal are insufficient to make any definite statement on that account. In addition to Tuberculosis, Aminobiase can be advantageously indicated in other diseases of undernutrition viz., anæmia, deficiency in osseous formation, scrofula, during pregnancy and lactation.

The marked therapeutic properties of this product in these latter affections are due to the fact that Aminobiase is a very effective recalcifying agent. It assists in these cases recovery of appetite, because here gastric troubles and the consequent defective absorption are more often the rule. By increasing the appetite and promoting absorption it helps nutrition and thus restores the strength of the patient. In retarded growths and during pregnancy and lactation, where marked decalcification is present, Aminobiase induces rapid amelioration by compensating for the undue excretion of lime and magnesium. Aminobiase consequently stimulates the centres of nutrition in order that the body's utilization of food may be brought to the highest standard of efficiency. In actual cases of Tuberculosis, particularly of the lungs, the use of this product constitutes what may be termed the approved therapeusis.

This subcutaneous or intramuscular therapy should interest the physician for more reasons than one. It means a rational utilization of the various amino-acids and its by-products in the organism and the recognition of their value as an effective and at the same time quite harmless therapeutic agent. Secondly, it is a product which can be easily administered and which can have its effect for a considerably long time.

The product is put up in ampoules of 2 c. c. which can be injected either subcutaneously or intramuscularly. The injection should be given twice weekly or the dose may be varied according to individual conditions. It should be noted however, that an interval of at least four days should be left between the two injections. Experience will teach us to adjust the dosage. The reaction following the injections are frequently absent and if at all it does occur, is not quite pronounced. There may be a little fever or a little pain in the lesion, increase in cough etc. but all these soon vanish. No contraindication prevents Aminobiase from being injected in any stage of Tuberculosis or in any of its forms but naturally one should not expect much of a cure in highly advanced cases. Still even in such cases there is amelioration of symptoms and life is prolonged. If Pulmonary Tuberculosis is complicated by serious lesions either of the liver or the supra-renals, then no hope of cure with this product should be entertained.

Coming to the advantages that Aminobiase affords, we find that it is well-tolerated by the organism and that there is complete absence of any toxic dangers. The injection method of treatment has a great advantage as the patient gets regular and adequate doses and again we can keep him under observation, which is quite essential in these cases. The reaction is usually absent after these injections, which is another great advantage. There is no hæmoptysis in this mode of treatment. In fact cases with hæmoptysis do remarkably well under Aminobiase regime. Even hypersensitive cases can be treated without detriment with this product. All these advantages fully justify the treatment of Tuberculosis with Aminobiase.

The profession therefore has a very useful and absolutely harmless Tuberculosis specific in Aminobiase. It is indicated in all cases where a specific resistance therapy is desired. Its influence in the general state of health, on the temperature, on the sputum and cough is undoubtedly favourable. In no cases was reaction of any importance observed. Through its specific influence it increases the protective powers possessed by the organism and the protective substances thus formed help to combat the Tuberculous infection. To conclude, Aminobiase is effective in Tuberculous lesions of almost every form while in those cases where the lesions are just developing it acts as a specific.



## Bacteriophage A Rational Surgical Dressing.

A student about twenty and odd years came to consult me for an abscess on his cheek. He was suffering from Furunculosis. Several boils of varying sizes used to come off and on and subside of their own accord. He was very indifferent about them until one boil developed in his right cheek and formed steadily into an abscess of a fairly decent dimension. The pain was intense. On the two nights preceding his consulting me he had high temperature and had not even a wink of sleep. There was headache and restlessness. When he came to me I found that the abscess had burst and the crude dressing, with which he had bandaged the wound, was completely soiled. The temperature was 99° and he was quite restless. The only thing left for me to do was to dress the wound. I decided to dress it with Bacte-Pyo-Phage. After cleaning the surrounding part with ordinary warm water, I soaked a piece of lint in a solution made of one ampoule of Bacte-Pyo-Phage with Normal Saline and placed it on the wound and dressed it in the ordinary way. This procedure was repeated successively for two days and at the end of that period the inflamed area had become normal, the pain and the pus had completely disappeared and the wound was well-nigh on its way to recovery. After two more dressings of the same kind the wound had completely healed leaving only a vestige of a scar.

## Cryogenine as a useful Therapeutic Agent.

Cryogenine has been found by the writer extraordinarily effective in alleviating pain and in lowering temperatures. Because of its safety and harmlessness it is applicable to all ages and constitutions. In order to make the trial exact in the cases that are given below, no other anti-pyretic or analgesic was employed. The only other therapy for fever and pain used was physical measures such as Cologne water packs, fomentations etc.

1. A young boy of about 18 was suffering from high fever, headache, fainting and vomiting. There was redness of the conjunctiva and throat. Rest in bed was ordered as it appeared to be a case of Influenza. He came to me after three days when he must have been administered Salicylates etc. Six tablets each containing 5 grs. were given per day and he took these for 3 consecutive days. These brought about a great relief of the pains and his fever was brought down by two degrees. After the fourth day the temperature came to normal and there was complete disappearance of all the symptoms.

2. A boy of about twenty, a domestic servant, was suffering from acute inflammation of the middle ear. The pain was violent. I prescribed the usual drops of Glycerin-acid-carbolic with Tr. Opii without any appreciable benefit. Before sending him to the Specialist I prescribed Cryogenine asking him to take two tablets three times a day. Complete freedom from pain was achieved on the second day, although the local condition did not in any way improve. Still the sound sleep that he was able to enjoy after two days of this treatment, which he never got for the last four days, was no small blessing to him.

3. That Cryogenine can be usefully employed to reduce temperatures in Tuberculosis can be seen from the following case.

In a case of Pulmonary Tuberculosis in a young woman of twenty-five, temperature was easily influenced by this product. Every evening the fever used to rise to 101° to 102°. The cough was so troublesome at night that she could hardly get any sleep. Cryogenine was administered, 1 tablet every 2 hours. The fall in temperature came soon with this in a few days. She was having other [illegible] for her phthisical compl[illegible] but [illegible] temperature and cough, [illegible] prevented her from having good rest and sleep, subsided and the patient was more than comfortable.

4. A man of 30 complained of vague pains in his interphalangeal joints. There was no temperature and no swelling, but the pain on movement of the fingers was quite unbearable. For three days he was given Cryogenine. He took 30 grs. of the product each day. The joint-pains subsided at the end of this period and he was able to move his fingers well, which process some days back was a painful affair. He took the tablets for two more days without any by-effects resulting from it. The joints became quite normal and the movement was absolutely unhindered.

5. A woman aged 37 came to me complaining of headache, vague pains in the limbs and general malaise. She was taking some tablets, which she was not able to name, without any good resulting from them. She was asked to take Cryogenine. She took six tablets per day. By the evening of the second day there was a turn for the better and the pains in the limbs completely disappeared on the third day. Cryogenine brought speedy relief and the great improvement that followed thoroughly satisfied the woman.

## An Interesting Case of Ulcerative Colitis.

This was a case of severe Ulcerative Colitis in a middle-aged woman who was rapidly cured by Mycol treatment of roughly a month's duration. For a long time she was suffering from diarrhœa alternating with long periods of constipation. Bismuth and other similar astringents were not tolerated. She had a great dislike for enemata which were given previously for cleaning and antiseptic purposes. I kept her immediately on Mycol. She began with two tablets three times a day before each of her principal nourishments. Signs of perceptible improvement began to show themselves after a fortnight. The blood and pus in the stools diminished gradually and entirely disappeared after a month. The mucus was much reduced and after a month and a half she began getting normal well-formed motions. The treatment was continued but she took only four tablets per day. The case is a clear proof of the efficacy of Mycol as an eliminator of all intestinal poisons and also as an educator of the bowels.

## Felsol in Asthma.

A middle-aged woman suffering from Asthma for a long time came to me for advice. She was fat and flabby and except for her Asthma had always been in good health. Her thorax was rather large. On auscultation sibilant rales were heard all over the chest. The feelings of suffocation are repeated pretty often and at times she is seized with attacks of Dyspnœa. The nocturnal oppression was sometimes so troublesome that she had to pass the night without any rest. Unlike other asthmatic patients change of locality never effected any improvement even for a short time. An appropriate diet however lessened the frequency of the attacks, which returned when there was a change of season or any dietetic indiscretion. All the usual treatments, though temporarily relieved her of violent attacks of suffocation and Dyspnœa did not free her from the trouble. Adrenalin, Pituitarin, Soamin, Grindelia etc. were tried without any permanent good accruing from them. Vaccines also were given without any success. She was so much tired of these injections that she wanted something for oral administration when she came to me and something that would give a permanent cure. Iodides used to upset her. Since she had taken everything in the medical man's armamentarium except Felsol, I tried that. She took three powders daily, one after each meal in the first week and the effect was certainly greater than my anticipations. She continued this treatment for two weeks and after that the attacks of suffocation became less violent and also less frequent. Dyspnœa disappeared altogether. From the third week onwards she began to take only two powders, one in the morning and one in the evening. The attacks thenceforth were at much longer intervals and the violence had entirely ceased. The number of rales diminished considerably. After a month's treatment I advised her to take only one powder of Felsol in the morning, which she did. In the second month, after two weeks her lungs were almost clear save for some sub-crepitant rales here and there. The attacks were very rare. There was no oppression and the normal appetite had returned. She was still taking one powder every morning and had not come to me for a long time for the complaint.



## Hepatic disorders treated successfully with Boldine.

The following case of Hepatitis, which I was able to follow up till its recovery, illustrates in a convincing manner the efficacy of Boldine.

1. A young man about 30 years old was seen by me sometime in the last month. He was complaining of pain in the hepatic region and that of the gall-bladder. Pain was also present in the epigastrium. The nausea and vomiting was very troublesome. On examination I found that the liver was projecting much below the ribs and was very tender. The tongue was much coated and dry. The examination of the conjunctiva and urine revealed the presence of Jaundice. The motions were clay-coloured and the temperature had risen to 100°. Later on the icterus was more marked all over the body and the motions were discoloured. Hepatic stimulants were administered together with Boldine, 6 pills per day. After six days nausea and vomiting disappeared and later on after two days tenderness and pain were almost nil. There was no pain in the epigastric region as before and he started getting good appetite. Tongue was now quite clean. Urine was rather copious at this time and it was laden with biliary pigments. Icterus entirely disappeared and the motions assumed their normal colour after four more days. Temperature came down to normal. He was taking only light nourishment all this time.

After about a month's treatment with Boldine he was going on well, had recovered his weight and so far he told me he had no return of his complaint which was rather of long duration.

2. I have also used Boldine in a case of Hepatic colic with very gratifying results. It was of decided benefit in this case. It relieved the patient of the colics whereas other products had failed to produce any effect.

The case was of a man of 45, who had recurrent attacks of Hepatic Colic. Whenever he had a meal of meat and other spicy food-stuffs, he used to get these attacks in a very severe form and then his physicians had no other alternative but to resort to Morphine injections. He was taking some hepatic stimulants, which he was not able to mention. When he came to me, I put him on Boldine and nothing else. I strictly advised him to take only light and nourishing food and not indulge in excesses either of alcohol or other spicy and rich foods.

He was prescribed 2 pills half an hour before each meal. In the beginning he was having 6 pills, which later on I increased to 10. After two months of treatment he was able to digest what he ate and was getting good appetite. The most important point that needs stressing is that since then he did not get any attack of colic and he was feeling very much better and was able to enjoy the common amenities of life. He had gone out for complete rest and he wrote to me that so far he was not troubled by any attacks of colic, of which he was in constant dread.

## Elixir Bromo-Valerianate in a Nervous Case.

Mrs. C. D., a middle-aged woman suffering from a sort of nervous excitability came under my observation some time last month. She told me that she was not well and suffered from sleeplessness. She could hardly sleep one hour at night. When I questioned her I could elicit that she was in the habit of taking Morphine injections. She said that it was absolutely essential for her to take that, otherwise she would not get the rest she needed. She was very much worried and was readily excitable. She became indifferent to everything and had absolutely no interest. She had a very gloomy outlook about everything and had no capacity for work. The slightest emotion upset her. I immediately started Bromo-Valerianate therapy in this case. At the commencement she was taking a tablespoonful of it thrice daily after food. After roughly a month's treatment she felt much better mentally. In the beginning she reported to me having slept only at intervals at night but later on she could sleep for several hours during the night. Her general condition improved and she was able to take interest in her

household duties. The hypersensitiveness to emotions disappeared gradually. Worry and restlessness were eliminated and a calming influence was soon produced by this therapy.

From this it appears that Elixir Bromo-Valerianate is very valuable in allaying nervous excitability, in relieving hypersensitiveness and in producing good sleep. Thus in any case where abnormal nervous excitability exists, this Elixir has been found to be a very beneficial measure.

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## REIPAR.

THE IDEAL SALICYLIC TREATMENT FOR RHEUMATISM AND ALLIED AFFECTIONS.

*(Contd. from previous issue)*

REPORT NO. 5

CHRONIC SCIATICA.

Mr. L. M.....of La M.....years 32 of age, consulted me in June 1923 for sciatica of the left side, 18 months old.

Personal and family antecedents good. The affection began in December 1921, as ordinary acute sciatica. The classical treatment (anti-neuralgic, revulsion) immediately applied had remained without effect. The patient, 6 months after the beginning of the disease, consulted a physician in Paris, who prescribed an electrical treatment which gave no result. Two months later another physician made along the path followed by the nerve, 6 injections of a drug the name of which the patient did not know. A decided relief for the space of 1 month was the result, but after that the pains reappeared and were as violent as before. Since then, the patient took a sulphur bath every 2 days and absorbed enormous doses (up to 6 grammes per day) of aspirin, but without other result than a slight diminution of the pain.

On seeing the patient for the first time, I found him in a homologous cypho-scoliotic state, bent double with hips and legs half flexed, walking painfully with the help of two sticks and sustained by his wife. Furthermore, he could only walk a few steps.

The left hip and leg were atrophied, the reflexes were normal.

I gave three injections of Reipar one of 2 c. c at the point of emergence of the sciatica nerve, one of 1 c.c in the hip along the line followed by the nerve, one on the posterior face of the calf.

Three days later, the patient came to see me once more. He had noticed a marked and lasting decrease of the pains especially during the night. For the first time for over a year he had been able to sleep several hours. I again gave 3 injections of Reipar. Three days later the improvement was more marked. I again gave 3 more injections of Reipar.

The patient came to see me in this manner 7 times and at each visit I noticed a rapid improvement. The pains disappeared the patient straightened up and at his last visit, walked with ease, only leaning on a stick, rather, said he, from habit than from necessity.

Two months later the pains had not reappeared, the atrophy of the limb had nearly disappeared and the patient had resumed the exercise of his laborious trade of poulterer.

To-day more than 3 years after the treatment he remaind cured.

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REPORT NO. 6.

MONOARTICULAR SUB-ACUTE ARTHRITIS (OF ARTHRITIC ORIGIN.)

Mr. G. G.....32 years old, arthritic and obese, weighing 110 kilogrammes, called on me in my consulting rooms, complaining of a sharp pain in the right heel which permitted him to walk only with pain and difficulty. The seat of the pain was the joint between the calcaneum and the astragalus, on the outer side of the heel, a little in front of the tendo achillis. There was no swelling. No blenorhagia.

The patient's anxiety arose from the fact that the next day was to be that of the opening of the hunting season and he was afraid that he might be prevented from indulging in his favourite sport.

I injected exactly at 5 p. m. at the most painful spot, under the skin, 1 c.c of Reipar.



During the early hours of the following night, the pain was allayed and the next day the patient was able to hunt all day without feeling the least pain. Since that time (2 years ago) the pain had not reappeared.

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REPORT NO. 7

DELTOIDIAN MYALGIA.

Mr. A. M....., 38 years of age, in good health, subject to malaria, came to consult me for a pain in the right shoulder. This pain, rather definitely localized, had its seat in the antérior portion of the stump of the shoulder, along the anterior fasciculas of the deltoid. The slightest movement of abduction of the arm was painful. The patient succeeded only at the cost of great pain and difficulty in raising his arm to the horizontal position. There was no scapulo-humeral arthrities. There was no sign of neuritis. It was a case of arthritic pain. I injected I c c of Reipar under the skin at the point that was most painful when pressure was exercised on it.

I saw the patient again several weeks afterwards, for another reason. He infromed me that the pain had disappeared 10 minutes after the injection never more to reappear.

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## Rheantine—An Antigonoccic Vaccine.

BY DR. PAUL GUINAUDEAU, VICHY.

GONOCOCCIC ANNEXITIS.

L.L....., "demi mondaine," 21 years of age.

Called in urgently on 4th May. Temperature 38 degrees C., pulse 100. Green vomiting. Abdomen very painful, hardly bore touching. Rectal pains, painful and extremely frequent micturition. Greenish pus at the meatus and the vagina. Examined under the microscope, numerous gonococci were observed.

The patient, who had never previously had disease, noticed an abnormal discharge which dated back a fortnight. She had no treatment excepting some injections of permanganate. We diagnosed the case as one of gonococcic infection. Ice on the abdomen; injection of 0·02 centigramme of morphine. Rheantine spherules administered.

3 days later the pains had decreased by half, the abdomen may be touched without pain and vaginal palpation was tolerated. The discharge persisted.

After a fortnight's treatment with Rheantine, according to Messrs. Lumiere's instructions, there was no more discharge, no more pain. The patient got up, walked about and had already had sexual intercourse. There was no contamination. We advised injections according to our formula:—

| | | |
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| Tannin | ... | 1·50 g. |
| Bicarbonate | ... | 10 to 15 g. |
| Borax | ... | 10 to 15 g. |

to 2 litres of very hot boiled water.

The patient did not return to consult and must be considered as cured.

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GONORRHŒA IN THE MAN AND THE WOMAN.

M.....17 years of age. Strong, well-developed girl. No previous history of disease. No fluor-albus. Living as the mistress of a man. On 15th April she had intercourse with another man and contracted gonorrhœa, which brought her to our consulting room on the 2nd of May.

It was certainly a question of very distinct gonorrhœa. Gonococi in the pus. She communicated the disease to the man she lived with and he came to consult me a week afterwards.

The two patient were treated with Rheantine. They each took 3 boxes in three weeks. The vaccine was very well borne. Both were now cured, and if their complaint was slow in disappearing, it evolved in an almost painless manner.

No other treatment was carried out.

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BY DR. LEDOUX, ANGOULEME.

CHRONIC GONORRHŒA.

Iz.....engineering working sapper, 43 years of age, on 4th May 1916, came from L., where he was in the equipment train. Gonorrhœa of old standing. Had been operated on for a stricture but the successive attendances for dilation could not be continued because in the meantime the patient contracted a further gonorrhœa (23rd March).

Treated by Rheantine (2 boxes), the discharge disappeared without further treatment, but in consequence of a coitus, a return of the discharge (four days after). The vaccino-therapeutic treatment was resumed.

15th May. The patient, who had not been seen for some days returned for consultation. He has had slightly marked inflammation of the testicles; he had given up the douches and was made to resume same.

25th June. The patient was quite cured ten days ago, having taken altogether 7 boxes of Rheantine; and also used some urethral-vesicular douches.

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CHRONIC URETHRITIS DATING BACK 26 YEARS—CURE.

X....., apothecary at R.....Infected on 5th September, 1889, at the age of 16. Had been successively treated by injections of permanganate of potassium, sallobromol, sub-nitrate of bismuth, etc. Tenacious persistence of a muco-purulent flow. This condition lasted for several years. The patient then tried balsamics: santal oil, copaiba, etc., with injection of sulphate of zinc, chloride of zinc, resorcin, etc. In despair about the matter, he used injections of salts of silver, then copious douches of permanagate. The discharge slightly modified, passed from a milky appearance to a mucous condition, without ever entirely disappearing. Walking, taking alcoholic liquors, coitus brought back the purulent condition.

In August, 1915, X.....submitted himself to bacterio-therapeutic treatment. After taking 24 spherules of Rheantine, the morning pus disappeared. At the end of one week the cure was final (after being chronic for 26 years).

No relapses were brought on by coitus, beer drinking, etc.,

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# News and Comments.

**The Indian Medical Council Bill**: By the time this issue reaches our readers the Indian Medical Council Bill might have been introduced and referred to a select committee. If Sir Fazl-i-Hussain's views, as expressed in his talk to the journalists and published in the lay dailies, represent the considered opinion of the Government, it is very likely the modifications and amendments suggested so far by various medical associations in the country will be flouted by the Government. Sir Fazl-i-Hussain had expressed in unmistakable terms that the chief object of the Bill was to establish a register of medical practitioners for the purpose of their being recognised in other foriegn countries, though at the first Conference in connection with this Bill over which he presided, the purpose of the Bill, as enunciated by him then, was quite different. Regarding the question of representation, the India Government does not seem to show any inclination to take in the suggestions from independent profession in the country and the member asserted that the proposed constitution of the Indian Medical Council was the best that could be thought of. The hope of the inclusion of the Licentiates within the purview of the Bill has also been given up as Sir Fazl-i-Hussain suggested that the preamble of the Bill has been changed to remove the impression that the Licentiates were not considered acceptable as medical practitioners throughout India. He justified the exclusion of the Native States from the purview of the Bill as the Government considered that it would complicate matters and delay the passing of the Bill as could be judged by the experience of the Government that the inclusion of the Native States had considerably delayed the constitutional reforms. Yet, he says that the select committee to whom the Bill will be referred, would give full weight to all the criticisms so far expressed by the public and the profession against the Bill.

The prognosis of the situation is clear yet, the profession will not be justified to be pessimistic. They should agitate more vigorously as does a conscientious doctor who in spite of a bad prognosis does all that is possible for him to save his patient; for, at times, patients who have been declared hopeless did survive.

**All-India Medical Conference**: The Indian Medical Association should be congratulated on their untiring efforts in spite of the opposition at Bombay in organising the eighth Conference of All-India importance which meets on the 25th instant and continues to hold the session till the 28th. The executive council of the Association have done all that is possible for them to give publicity not only of the event but also of the programme of work to be transacted at the Conference, the proposed Indian Medical Council Bill being the chief theme for consideration. This is as it should be and is quite in keeping with the name of the Association and the purpose it serves. It is a most fortunate circumstance that the venue of the Conference is in Calcutta and we trust that the atmospheric influence of Bengal, which so far reigns supreme in other spheres of public life, will be as invigorating regarding the deliberations of the Conference as a whole and the Indian Medical Council Bill in particular. The Government of India through Sir Fazl-i-Hussain has thrown out the challenge though diplomatically and the All-India Conference will, we trust, meet the Government and put in a heroic fight worthy of its name and its purpose.

**Disquietening News**: A telegram has been received by us from Delhi that the Indian Medical Council Bill will be introduced on the 23rd instant in the Legislative Assembly and it looks as if the members of the Assembly are apathetic and require to be well informed about the futility of the proposed Bill for the purpose claimed by the Government. It is also stated that there is a strong opposition for the inclusion of the Licentiates within the purview of the Bill. Fortunately there seems to be every probability of the Bill to be examined by a Select Committee. Advantage must be taken at this stage by the leaders amongst the Licentiates throughout India who should meet the members of the Select Committee and educate them that inclusion of the Licentiates in the Bill is more in public interest than in the interest of this class, one of the most important and vital function of any Medical Council being control of Medical Education and it is the Licentiates more than the graduates that are in need

of a uniform high standard of medical education in this country and that it will be a huge waste of public funds to introduce this measure only for the purpose of placating the General Medical Council. Moreover none have heard so far much less ourselves that either the General Medical Council or any body else has expressed that if the Licentiates are included within the purview of the Bill the standard of medical education of the graduates will not be recognised by the General Medical Council. We are at a loss to understand from which source the Government of India got this fear. All that the General Medical Council desire or desired was that there must be a controlling authority in India regarding the Medical Education imparted in Indian Universities to keep the same in level as obtaining in Great Britain. The proposed Council could efficiently and without any objection from any quarters, control the education of the graduates as well as the Licentiates. If the Licentiates could associate themselves with the graduates in the exercise of the medical profession so also with the practitioners in the British Register, what harm will there be if the names of the Licentiates are printed in the same Register as that of the graduates? There seems to be no rhyme or reason in the argument put forth by Sir Fazl-i-Hussain for the exclusion of the Licentiates from the purview of the Bill.

**Why should Madras Medical Council Exist?** Is the question now on the lips of registered medical practitioners who have paid their fees for registration and whose names are not found in the published register of the Medical Council. The preamble of the Madras Medical Registration Act No. IV of 1914 runs thus:

> **Whereas it is expedient to provide for the registration of medical practitioners in the Presidency of Madras.**

and for this purpose the Madras Medical Council was brought into existence. There is a section in the Act empowering the Council to appoint a Registrar who shall be the Secretary of the Council and act also as Treasurer. There has been such a Registrar acting as Secretary and Treasurer of the Council who from the year 1925 to 1931 was considered to be a full-timed officer and later the Council approved the recommendation of a committee appointed to re-organise the office of the Registrar and transformed the whole-timed officer to a part-timed one on the same pay which he was getting during the full time period. There is a Section in the Act which reads thus:

> **It shall be the duty of the Registrar to keep a register of medical practitioners and from time to time to revise the register and publish it in the prescribed manner. Such register shall be deemed to be public document within the meaning of the Indian Evidence Act, 1872, and it may be proved by a copy published in the Fort St. George Gazette.**

From the year 1925 upto this date no medical register was published in time. Neither the Council nor the President asked an explanation from the Registrar as to the cause of such delay even when such a default was brought to their notice. In the meanwhile practitioners who paid the required fees for registration have been complaining as referred to in these columns repeatedly that their names were not found in the Register published after the date of payment of the fees by them. The President and the Vice-President of the Council did take cognizance of two such cases brought to their notice quite recently. It now transpires that the official manuscript Register maintained by the Registrar is tampered with and that there is no evidence of registration after October 1930. It is also said that the Account Book where monies received for registration are entered, has met the same fate as that of the Register. There is also a talk that the staff of the Medical Council could not draw their salary for three or four months and that the moffusal members of the Council could not be paid their travelling allowances for two trips to Madras and that the President of the Council has applied to Government for additional grants. It is rumoured that the clerk of the Registrar has been acting for him as Treasurer of the Council and it is alleged that a sum of over Rs. 10,000 is missing and that the clerk who was arrested on the complaint of the President of the Council has since been released on bail.

We ask a simple additional question. Would there have been this defalcation or misappropriation—whatever it be—if those concerned exercised their power of supervision at least in the matter of publication of the Medical Registers?



**Quackery Encouraged**: The Kerala Soap Factory run by the Government at Calicut is advertising in newspapers that the Coal Tar Soap manufactured at the Government factory cures amongst other diseases Leprosy also. Advertisers usually exaggerate the usefulness of the products manufactured by them and there are instances when they go beyond the bounds of truth. It is perhaps not possible for the public to claim protection from the Government against fraud and deceit played on them by unscrupulous traders but the statement made by those who were responsible to advertise the Coal Tar Soap manufactured in a Government factory cannot go unnoticed especially at a time when at the instance of the British Empire Leprosy Relief Association the Government is opening Leprosy Clinics throughout the Province conducting propaganda to combat Leprosy and the treatment adopted for the treatment of lepers is not Coal Tar Soap sold by the government factory. Such advertisements will surely have baneful effect on the minds of credulous masses. It is hoped that the Government will take notice of the advertisement under reference.

In this connection it will not be out of place for us to point out to the Government that persons in high positions in Government service, such as High Court Judges, District Judges, Collectors, not to mention Members of the Cabinet also at times grant testimonials either to firms or individuals dealing in medical preparations or in treatment and they invariably mention in such certificates their official designation. Such testimonials are profusely made use of as advertisement by those to whom they are granted. Nobody can question the rights of an individual in granting certificates as he pleases in his private capacity but the Government has certainly a right to question their officers who make use of their office for a purpose beyond the scope of the particular office especially when such acts are not in public interest. At times the persons who get such testimonials have to figure themselves in law courts and the presiding officer especially if he happens to be a subordinate, will certainly be in an awkward position when testimonials granted by High Court Judges and Collectors are produced as evidence. Will the Government please note these comments in the spirit with which they are written?

**Health Minister's Performance:** Mr. R. N. Arokiaswami Mudaliar the Ex-Minister led the debate on the floor of the Madras Legislative Council on 19-3-32 when a grant for Rs. 78,14,000 was moved by Hon'ble Mr. B. Munuswami Naidu the Health Minister. Mr. Arokiaswami Mudaliar complained that the Government have not as yet chalked out a policy of efficient medical relief to the millions in the rural areas and that taking over by Government the taluk headquarters hospitals was not a step in the right direction. The Government have so far brought under their control only a third of the number of these taluk headquarters hospitals and the expenditure on this account has set back the more important and legitimate demand from the villagers for satisfactory medical relief. He was of opinion that unless the paid officers of the Government had restricted private practice the public would not be able to get an efficient band of private practitioners. He therefore appealed to the Government to introduce honorary system of medical relief on a large scale and the money saved should be utilised liberally for rural medical relief. Mr. Mudaliar was against the closing of the medical schools and advocated the opening of medical school at Guntur where the Government had finished the construction of a pucca medical school.

Mr. V. T. Arasu endorsed what Mr. Arokiaswami Mudaliar had said regarding Honorary System and deprecated the Government choice of honoraries at the Royapettah Hospital. He said that it was against the rules published in the Civil Medical Code to allow officers of the Government to run Nursing Homes in the way one of the surgeons of the General Hospital was doing. He added that the appropriation of fees collected from private patients by the Radiologist was against the terms of appointment of that

officer. He brought to the notice of the Minister the need for better accommodation and equipment in the Victoria Hospital for Women in Madras.

Dr. Natesa Mudaliar not only justified the running of nursing homes by the Surgeons of the General Hospitals but eulogised the services rendered by such surgeons in their nursing homes especially to the middle class. Later on he pleaded for restriction of private practice by state-paid officers so that the starving private practitioners might get some food. School of Indian Medicine did not escape his notice and he certified the excellent management of the School by the present Principal.

Mrs. Alamelumangaithayaramma pleaded for more medical institutions for women in the moffusal. She was for the removal of the Tuberculosis Hospital at Royapettah to a healtheir locality.

Mr. W. E. Winter complained that the poor would not take advantage of the government hospitals as they were made "to meet with discourtesies which to any human being must be obnoxious." He brought to the notice of the Minister a few instances when patients discharged as "incurable" were made all right by private practitioners to whom such patients had to go after their discharge.

We are informed that over thirty members of the council gave notice of cuts in the Medical Budget but only five including a lady member took part in the discussion. Perhaps allotted time would not permit others to have their say. The fact that amongst the thirty included not only elected members belonging to the party of which the Chief Minister is the head but also nominated members of the Government, ought to have convinced the Minister that all is not well in his department. The public are aware as much as the Minister that even if the Minister is convinced of the defects complained against his department, he was helpless to have his own ways. The present Minister's predecessor did not make a secret of it in his conversations and Mr. Arokiaswamy Mudaliar made a confession in a series of articles published in "The Hindu." The Hon'ble the Chief Minister's reply on the debate should convince all that he preferred to run with the current and not against it. In the previous statements made by him on the floor of the Legislative Council, one could clearly see that there was a conflict between Mr. Munuswami Naidu the man and Hon'ble Mr. Munuswami Naidu the Minister. On 27-2-1931 the Minister stated that medical officers were not permitted to maintain regular Nursing Homes. On 16-3-32 he takes shelter in the denomination, "Private Nursing Homes" run by the Surgeons of the General Hospital. The facts were so real and hard that the Minister had to admit that a Nursing Home is being run by one of the Surgeons of the General Hospital and got the help of the opinion of the Surgeon-General that the running of a Nursing Home by a Surgeon of the General Hospital would not interfere with the duties of that officer in General Hospital. May we refer the Minister to the Annual Report of the General Hospital, Madras for the year 1930 and ask him to find out why the percentage of cured cases both in the Medical and Surgical wards has been regularly falling down during the last three years from 51 in 1928 to 41 in 1930 and why the First Surgeon could perform 50 operations on an average per month and the Second only 30? The fact that the income derived from paying private patients shows a fall steadily from the year 1928, is also to be noted by the Minister. That these features are getting more prominent coinciding with the running of Nursing Homes by the Surgeons of the General Hospital cannot be passed off lightly. We have offered comments in detail about the administration of the General Hospital in Madras and also the administration of the rest of the hospitals in the presidency and we appeal to the Minister to read them if he has not done so already and find out for himself after the heat of the Budget Session if his replies are justifiable. On 3-8-31 in reply to an interpellation, the Chief Minister replied that prohibition of private practice by State-paid officers cannot be thought of until the independent profession is in a position to satisfy the needs of the public and promised that he would consider the desirability of making enquiries whether the medical needs of a particular area could be met with by the private practitioners. We wonder whether such an enquiry has been conducted at all. He agreed with Mr. Arasu in a way that the city of Madras had enough



number of private practitioners to satisfy the needs of the population but would not suggest prohibition or at least restriction of private practice by government officers as indicated by him in his previous statements.

The conveniences offered by the Nursing Homes run by General Hospital Surgeons have been such, at least in the opinion of Dr. Natesa Mudaliar that "they served a great need" for the "middle classes who would not venture to go to a public hospital." The Minister instead of questioning why the middle classes did not venture to go to hospitals relied upon it for his purposes though Dr. Mudaliar unguardedly certified the unpopularity of the General Hospital. Is it because of the anticipation of such statements by a responsible Minister that Mr. Arokiaswami Mudaliar did "not refer to the scandals" talked about of private practice by government medical officers? Dr. Natesa Mudaliar was as inconsistent as he was unreasonable. It is really a most unfortunate irony that the Minister quotes Dr. Natesa Mudaliar as an authority to justify the running of the Nursing Homes by the officers of the Government rather than for condemning them. The remarks of an European collegue of the Minister in the Council that poor patients are neglected in the State hospitals seem to have irritated the Minister to such an extent that such remarks were dubbed as having no substance because they were not put in the form of questions during question time. It would have been more graceful if the Minister undertook the responsibility of investigating the complaints made on the floor of the Council. From the reported account of the reply of the Minister we did not see any statement from his lips about the advancement of the rural medical relief scheme and his utterance about the honorary scheme is most disappointing. The honoraries should now seriously consider whether it is worth their while to continue to serve under conditions mentioned by the Minister as subordinate supernumeraries. The policy advocated by the Minister will neither benefit the honoraries nor the Government in reducing the salaries of the establishment.

**Public Health in India**: We are surprised to know that there seems to be little or no co-ordination between the Health Departments of different provinces in the country. The Directors of Public Health do not even exchange their Annual Reports which custom if existed would have created a healthy rivalry by comparison and contrasts of methods employed in each province and would have improved the condition of Public Health in this country. We have been reviewing the Public Health reports of Madras and this year we wished to review such reports at least of three main provinces, Madras, Bengal and Bombay. We regret we had to give up the idea as the Bombay report was imperfect and incomplete and the Bengal report for the year 1930-1931 has not been published so far. There is a Public Health Commissioner under the Government of India. This officer can bring about a uniform standard in the administration of Public Health in the country.

**The New Public Health Commissioner for India**: We congratulate Lt. Col. A. J. H. Russell on his appointment as the Public Health Commissioner under the Imperial Government in the place of Major-General Graham. We should say that Col. Russell is the right man in the right place. The experiences gained by him first, as the Health officer of the Corporation of Madras then as the Director of Public Health Madras and his recent connection with the Whitley Labour Commission which gave him an opportunity of knowing the condition of labour in this country, would certainly stand in good stead in the discharge of the duties of one of the most important and useful departments contributing to the welfare of the public in this country. What place Public Health will occupy in the Federal Government is still a matter for speculation. All the same with Col. Russell as the head of the Public Health department in this country we expect reforms in every direction regarding the administration of Public Health as a whole.

**A Gross Injustice**: We learn that the claims of the Assistant Professor of Anatomy has been overlooked by the Government of Bombay in filling up the temporary vacancy of the Professor of Anatomy in the Grant Medical College. An outsider seems to have been appointed who cannot be compared favourably with

the Assistant Professor who has 20 years teaching experience in Anatomy and is a person fully qualified for the post in every way. Such actions on the part of the Government seems to be common only in India where the medical education is in the hands of an autocratic Surgeon-General and not under the control of the medical profession as is the case in other civilised countries. It is desirable that the independent medical profession should agitate and take away the control of medical education from the Surgeons-General and transfer the same either to Universities or similar bodies in charge of medical education.

**Selection of House Surgeons and Physicians**: In reply to an interpellation on 13-3-32, the Health Minister, Madras said that the choice of paid house surgeons and physicians depended upon communal representation coupled with the academic proficiency of the candidate. This policy is certainly inconsistent with the purpose for which the newly passed out medical men are entertained to serve in the hospitals as house surgeons and physicians. In the interest of the public for whom the doctors exist and in the interest of the profession itself boys who are wanting in practical training should be selected to do the work of house surgeons and physicians. We have mentioned in these columns more than once that, as is the case in America medical men passed out from medical schools and colleges should be compulsorily made to undergo practical training in hospitals for at least a period of one year. This course should be a necessary condition for registration. It is necessary that those in authority realise that service is quite different from training and cannot be mixed for the purpose of finding employment for the favoured few. The fostering of the spirit of dependency by the Government cannot be too strongly condemned.

**Anti-Tuberculosis Propaganda**: A Fund to commemorate His Majesty King George's recovery from his serious illness was started by Lord Irwin the Viceroy and nearly 10 lakhs of rupees were collected. The then Viceroy, Lord Irwin after consulting both officials and non-officials decided that the Fund should be utilised for the prevention of tuberculosis and this proposal was approved by His Majesty King George. The Red Cross Society has been entrusted with the administration of the Thanks Giving Fund. The Red Cross Society has drawn up a scheme for the Anti-Tuberculosis campaign and the Madras Branch of the Red Cross Society has in its turn appointed a Sub Committee to carry out the work in the Madras Presidency. This Sub-Committee invited the representatives of all the existing medical associations in the city and also all the social organisations interested in the welfare work for a meeting at the Red Cross Buildings on 22-1-32. Thirtyfour ladies and gentlemen were present including the members of the Sub-Committee. Major J. R. D. Webb, Director of Public Health and chairman of the Anti-Tuberculosis Sub-Committee presided. The President of the meeting Major Webb after explaining to the audience the purpose of the meeting called upon Dr. M. Kesava Pai, Superintendent, Government Tuberculosis Hospital, Madras and a member of the Sub-Committee to read out his lecture on the "Outlines of a Scheme for Anti-Tuberculosis Propaganda in the city of Madras." The lecture has been published in our columns of "Original Articles" elsewhere and we trust it will be read with great interest by our readers. It is needless for us to expatiate on the importance of Anti-Tuberculosis propaganda but the subject deserves more than a passing notice in these columns especially as the scheme to be launched by the Red Cross Society is of All-India concern. We therefore propose to deal with this subject in a future issue. In the meanwhile we wish to point out that the propaganda and the campaign should be run not as a department under the very heads of the Government who are expected to deal with this subject in their official capacity but should be entrusted to a separate entity which cannot be tied down by the red tapes.

**Dr. Muthu's Lecture**: We refer our readers to Dr. Muthu's lecture on "Diagnosis of Tuberculosis," published in the correspondence columns of this issue. This was an address to the students of the Royapuram Medical School. It is as learned as is interesting and deserves careful reading not only by the general practitioner but also by the specialists who deal with this disease. Tuberculosis is a social disease eating the vitals of the Indian Nation. It is desirable that every general practitioner should be a specialist in treating this disease and Dr. Muthu, a specialist of international fame has told the students at Royapuram in clear terms the fallacies of the methods of the specialists in diagnosing Tuberculosis and exhorted the young medicoes not to depend upon instruments and apparatuses for early diagnosis of the disease but on the "living eye and ear." We should say that there is some food in the address of Dr. Muthu which may be taken advantage of by those engaged in Anti-Tuberculosis propaganda.



**"Ban" on Nurses**: The News published by the "Associated Special service" on 20-2-32 about a debate in the Bombay Municipal Corporation, arising out of the order of the Dean of the King Edward Memorial Hospital forbidding nurses from talking with or meeting either medical students or the medical staff of the hospital when off duty, except with the previous permission of the Dean or Matron, will amuse many and irritate a few. If there is need of any discipline of the nature enforced by the Dean in teaching institutions, it must be in hospitals which should have an atmosphere of devotion not in any way different from that existing in temples and churches and such places should not be used for any other purpose except for what they are meant. Human nature being what it is, all possible care should be taken by those who are responsible to run these institutions so that the good name of these institutions is not tarnished by untoward happenings. The fact that the debate was initiated by a medical man and that a spirited attack was made by another belonging to the medical fraternity and a prominent member of the honorary staff of the King Edward Memorial Hospital, makes the news startlingly interesting.

**Dr. Jivraj N. Mehta Arrested**: We are very much concerned when we heard last month that Dr. Jivraj N. Mehta was arrested under the existing Ordinance. We have not so far heard how his case has been settled nor can we comment now, the subject being *Subjudice*; but we will be failing in our duty if we do not sympathise with the medical institutions of which he is the head and which will naturally suffer during his absence.

**Vizag. Medical College**: The news published in the daily lay press cannot always be stale at least to us. We get valuable material to be made use of for the purpose of our service to the profession. The Medical College day celebration on 25-2-32 at Vizag. gives an idea of this institution, its present equipment, its future needs and the service it does both to the students and the public. The coincidence that a new Vice-Chancellor of the Andhra University presided over the function and a member of the staff of the college who had the rare privilege of acting as the Vice-Chancellor for a pretty long period, took part in the proceedings in proposing the toast of the University was not only auspicious but gave an inkling that the Andhra University under the leadership of Dr. Radhakrishnan would be sterner stuff than it ever was. The students of the College rightly took advantage of the function and put before the Vice-Chancellor their grievances. They complained amongst other things about the frequent changes in the personnel, abolition of some teaching appointments, amalgamation of two or three appointments which they said seriously interfered with the efficiency of teaching in the college. They wished that facilities to be established at Vizag. for the M. D. and M. S. and B. Sc degrees.

Dr. Tirumurti endorsed what the students had said and added that the cost of training the students should not concern the Government so much as the actual service rendered by the Medical College. Regarding the complaint that there were less Andhras at Vizag. College than at the Madras College, he said whatever might have been in the past he was very careful in the matter of admission to Vizag. College he being one of the members of the Selection committee and the old charge did not continue at present. The remedy for all these ills would be as suggested by Dr. Tirumurti, at the end of his speech that the Vizag. College should be made a University College and then only there can be a Medical College worthy

of the purpose it serves. So long as one individual the Surgeon-General controls the destinies of the Medical Educational Institutions the affairs regarding constitution, transfers etc. cannot be otherwise. Allahabad University has demonstrated that Universities could run medical colleges and that, very efficiently and nearby we have the example of the Mysore University. Why should not the Universities in Madras and other provinces take up the medical colleges under their control?

There was yet another event worthy of note and that is the answer of the College toast by the new Principal Capt. J. A. W. Ebden. We cannot do better than quote his speech as appearing in "The Hindu": "Captain Ebden, the Principal, in responding to the toast, said that it had been his lot to wander round the world for 18 years. He had already travelled a great deal over the length and breadth of Africa, in the Far East, Siam, Malaya and Northern India. He knew every hospital in London and a great many hospitals in the provinces and on the Continent and was also acquainted with the medical schools attached to them and he assured the gathering that the Vizagapatam Medical College was in his opinion second to none as regards equipment. He said this after much deliberation as he had opportunites which other people have possibly not had. He discovered that enormous strides had been made in this institution during the past few years and it had now become a first class institution. Captain Ebden declared that more than 80 per cent of the work here had been done by his predecessor Col. Anderson and it was a very easy matter to merely carry on the work, every bit of which was so very carefully organised by Col. Anderson. The first thing that struck him on arriving in Vizagapatam was the lack of a proper sports ground and he had already addressed another letter to Government on this subject. He was anxious that the Medical College should produce good sportsmen of international fame in rugby, soccer, boxing etc. Regarding their desire to have M. D. and M. S. courses, he believed that the students seemed to be flying high. He thought the time for considering a higher degree would come when things were more settled and retrenchment was over. At the moment, the very existence of the college was threatened. The proper aim of this college should not be to produce super-brilliant men, as the super-brilliant could properly well look after themselves. "You are going to work all over the country. We want to raise the standard of medical education in India. We want to turn men out of this institution who are not afraid of hard work. We do not want the terribly intellectual people, but we do want the terribly practical ones. We want men who will not lose opportunities of service when they arise. In this part of the world there is much to be done in the matter of social service, and if this institution can produce men who can thus serve the country, its existence will be more than justified." We wish Sir Fazl-i-Hussain who is now deeply concerned in the establishment of an Indian Medical Council only to satisfy the demand of the General Medical Council of Great Britain takes a note of what Captain Ebden said of Vizag. College which is the youngest medical college established in India and is under the "Ban" along with those existing for over 50 years.

**Strange Yet True**: We learn that a taluk board president refused to accept the certificate of a registered medical practitioner granted to a subordinate under him and who happened be the brother of the practitioner who issued the certificate. This was in a village where the patient had to be treated by his brother who was the only available qualified practitioner in the locality. The taluk board president ordered that the patient should get a certificate from another practitioner and it has not been possible for this unfortunate patient to get another registered practitioner in that village.

A Revenue Divisional Officer in another place acted in the same manner the taluk board president did and refused to grant leave to a clerk of his as the medical certificate produced by him was from the brother of the clerk. Fortunately for the clerk there was a registered practitioner available in the locality and a second certificate was got.

It is very unfortunate neither the Government nor local authorities are realising in this country that issuing of



medical certificates for illness is part of the treatment to be adopted by a medical attendant and so long a particular individual is under the treatment of a registered practitioner nobody could interfere with the discretion of the attending physician. In case the veracity of the certificate is questioned the matter should be reported to the Medical Council which is a statutory body specially empowered to exercise disciplinary control over the registered practitioners. In cases where the certificates granted by registered practitioners are not accepted, it is the duty of the Medical Council to protect the rights of the practitioners. The aggrieved practitioners in such cases feel nervous to protest against the refusal of their certificates for fear of their relatives being put into the bad books of their superiors. To remedy such and similar acts of indiscretion on the part of the officers who do not accept the medical certificates of registered practitioners unless they be in government service, Dr. V. Rama Kamath gave notice of a resolution to be moved in the Medical Council at its March Session, which was published in these columns last month. We will not be in a position to communicate to our readers the fate of this and other resolutions till next November as the Proceedings of the Council are to be treated as confidential till they are confirmed at its next meeting.

**Errors of Judgement**: On 9-3-32 series of questions were asked on the floor of the Madras Legislative Council about alleged appropriation of the fees by the Radiologist formerly attached to the King George Hospital, Vizagapatam. The Hon'ble the Chief Minister answered that extra amounts collected by the Radiologist were refunded to the parties and that Capt. Krishnaswami who was at the time Superintendent of the King George Hospital was first deputed to enquire into the case and later the Radiologist represented that the former officer having taken part in reporting him should not investigate into the case; consequently Lt. Col. Anderson was deputed to hold the enquiry. Finally all the papers were submitted to the Public Service Commission who recommended that the amounts collected by the Radiologist should be refunded as he was acting *Bonafide* and that the period for which the Radiologist was suspended might be treated as leave on half average pay.

The whole incident from the receiving of the extra fees from the patients by the Radiologist to its close was a series of errors of judgement. It is conceded that the Radiologist did err but he was found acting *Bonafide*. There is the inference that the head of the medical department also erred in deputing Capt. Krishnaswami to investigate into the case and that is why there was a second enquiry by Lieut. Col. Anderson. The Government was not free. They suspended the Radiologist. If the Public Service Commission was the final authority in dealing with such cases why did the suspension order emanate from the Secretariat? Whether mistakes or errors committed *Bonafide* should be punished or censured at least and what the decision of the Public Service Commission amounts to, the public only have to judge as this commission came into existence in public interest.

Errors of the nature complained against this Radiologist seem to be the custom now prevailing in the State Hospitals or else they cannot be considered *Bonafide*. It is an accidental misfortune that the Vizag. Radiologist was made the target perhaps for reasons best known to those who reported against him. The treatment adopted by the Public Service Commission is not even palliative, perhaps radical treatment cannot be adopted under the prevailing system of Government. In the meanwhile may we suggest to all concerned that assessing and collection of fees in government institutions by the same agency whether it be at the King George Hospital or at the General Hospital or elsewhere is a very bad policy in point of view at least of sound audit principles and medical officers whose chief duty in the hospitals is the treatment of patients should not be troubled with a less onerous duty of assessing and collecting fees which work could be done by non-medical men and with less cost.

# Correspondence, Reports etc.,

## DIAGNOSIS OF TUBERCULOSIS,
## Dr. MUTHU'S LECTURE.

The following is the synopsis of the address on Tuberculosis delivered by Dr. Muthu at the Royapuram Medical School on 30-1-1932.

"Tuberculosis is a world wide disease. Once called the White Plague, it has now become the Black Plague from the devastation it is causing among all the dark races of the earth. It is gradually increasing in India and is creating great havoc among all classes and communities. I reckon that a million people in this country die every year from this dreadful disease. It begins in childhood. Wrong feeding and underfeeding together with living in insanitary conditions form the foundation of tuberculosis. Tuberculosis is an insidious disease appearing slowly and imperceptibly like a thief in the night, and yet it gives plenty of warning to the observant physician as it takes a long time to go through its many stages before it finally terminates in an advanced condition.

### SCROFULOUS STAGE.

Tuberculosis casts its shadow as early as in childhood. What the older writer called a scrofulous diathesis with symptoms such as enlarged glands, adenoids, enlarged tonsils, nasal catarrh, a tendency to repeated chills and colds, decayed teeth, tumid abdomen and a rise of temperature which are due to poor or malnutrition, is really a precursor of tuberculosis. In children the symptoms are often more important than the physical signs or X-Ray findings. Suspect early tuberculosis when a child has poor health, attacks of unexplained fever, repeated colds, wasting etc.

### PRE-TUBERCULOUS STAGE.

Diseases like malaria, whooping cough, broncho-pneumonia, typhoid and continuous fevers weaken the constitution and open the door to tuberculosis, especially when the resisting powers of the body are already low. In fact, many a case diagnosed as typhoid or malaria or continuous fever is really suffering from acute pulmonary tuberculosis. More cases of consumption are missed than mistaken for other diseases. Also in this stage pleurisy, hæmoptysis, dyspeptic smptoms may mark the approach of tuberculosis and which should put the physician on his guard so that he may keep a strict watch over the case although there may be no physical signs whatever.

### EARLY DIAGNOSIS.

Physical evidence.—X-Ray.—Early lesions may not cast a shadow in the X-Ray plate. In the absence of clinical findings X-Ray alone is not sufficient to give a positive early diagnosis of tuberculosis.

### TUBERCULIN TEST.

Results arrived at by workers are contradictory. The test is unreliable, as positive reaction does not indicate that the individual has clinical tuberculosis or will have in the future, and a negative reaction does not mean that he has not or is not likely to have the diseases. It is not specific as so many non-specific substances yield are action similar to tuberculin.

### T. B. IN SPUTUM.

Biochemistry has given us a new angle of vision by which we see that nutrition is more important than infection, the soil is more important than the seed. It is only in the second classical or softening stage that T. B. appears in the sputum, but no case can be called non-tuberculous from mere absence of bacilli. There are cases of simple phthisis with all the symptoms of tuberculosis without T. B. in the sputum. For accuracy of diagnosis physical signs and symptoms with increased pulse and temperature give the best and surest evidence of early disease. Therefore a cultivation of a fine sense of hearing and observation become of the highest importance to medical men.

### INCIPIENT OR FIRST CLASSICAL STAGE.

This stage presents a wide variety of types and symptoms. If the disease is diagnosed and treated at this stage, a large percentage of cases of consumption can be arrested or cured and thus save a great deal of misery, suffering and financial loss to the patient and his relatives and friends, and economic loss to the state. The fight against Tuberculosis is a fight for the early recognition of the disease on the part of the physician, and therefore great responsibility rests upon him to make himself proficient so that he may be able to diagnose consumption in this curable stage. The incipient stage can be roughly divided into four periods :—

First Period.—Here the symptoms are vague and ill-defined. Dyspeptic or nervous symptoms may appear. The patient is irritable, cannot concentrate his thoughts, suffers from a feeling of illness and general malaise, perhaps also sleeplessness, anorexia and anaemia, but no physical signs can be detected.

Second Period.—The patient is easily fatigued and begins to lose weigt. The evening temperature may rise to 98·60 F. or more, the pulse rate is increased. On examination there is cogwheel breathing and weak or rough inspiration.

Third Period.—The temperature rises to 99·40 F. or more in the evening, especially on exertion, the pulse is quickened. There is impaired resonance, rough or granular breathing, the expiration is harsh and prolonged.

Fourth Period.—The temperature rises to 100° F. or more; in addition to the above physical signs there is dulness and impaired movement, harsh or bronchial breathing, dry crepitation or crackling rale over the apex, especially over the second intercoastal space close to the sternum and dry cough.

Fifth period.—Dulness, and impaired movement more marked, harsh or bronchial or tubular breathing, expiration, harsh and prolonged; moist crepitation; T. B. in the sputum.

These periods may not be distinct, but may overlap one another or the physical signs of one or two periods may be heard at the same time at different parts of the lung, or the disease may be arrested spontaneously or by treatment at any of the stages or periods mentioned above. In India there may be no other symptom to indicate the presence of tuberculosis but enlarged glands followed by continuous fever. The Indian physicians are quite right when they say that when a fever continues for a month (I would say a fortnight) without any cause, one would be justified in suspecting tuberculosis.

### MAIN THOUGHT OF LECTURE.

Do not wait for the presence of tubercle bacilli in the sputum before you diagnose pulmonary tuberculosis. The living eye and ear are better able to find out physical signs and symptoms of very early tuberculosis than any other artificial aid."



## MADURA MEDICAL ASSOCIATION.
## FOURTH ANNIVERSARY CELEBRATION.

The fourth Anniversary of the above Association was celebrated on Thursday, the 18th. Feb. 1932, at 5-30 p. m. at the bungalow of Major M. M. Cruickshank, I. M. S. the Dist. Surgeon, and President of the Association. There was a large gathering of medical practitioners, more than 42 members being present on the occasion. Major and Mrs. Cruickshank were "At Home" to the members. At the delightful gardenparty, the members were treated to light refreshments and tea served on a lavish scale and the members spent nearly one hour in pleasant conversations. The actual meeting was held at the open space close to the main building, with Major M. M. Cruickshank, I. M. S., as president who wished all success to the Association in its activities and who appealed to the members who are in arrears of subscription, to pay up their arrears and help the cause of the Association in all possible ways. Dr. A. N. menon, M. B., B. S., the Hony. Secretary, presented the Annual Report which showed all-round progress and good work of the Society during the year under review. The election of the office-bearers for the ensuing year was done at the meeting. Major M. M. Cruickshank briefly explained the underlying principles and demonstrated the "Duochrome Test" for refraction to the audience. Dr. M. V. Natesan the Radiologist, gave an address on "Pit-falls in X-Ray Diagnosis", exhibiting a good number of radiographs on the screen. He pointed out that many of the pit-falls can be avoided by a greater co-operation of the general practitioner with the X-Ray Specialist. He also laid emphasis on the fact that X-Rays are after all only aids to the clinicians and not intended to supplement him and that the fine appellate authority is the Surgeon. With the usual vote of thanks, the meeting terminated.

## THE CHETTYNAD MEDICAL ASSOCIATION.

The Second Anniversary of the above Association was celebrated at the Swedish Mission Hospital, Tirupattur, Ramnad District on Saturday the 19th instant at 4 p.m., under the Presidency of Major T. S. Sastri, I.M.S. District Medical Officer, Trichinopoly. There was a large gathering of the members and four members of the Trichinopoly Medical Association also attended. The proceedings began with tea and a group photo in honour of the retiring president of the year Dr. K. Srinivasaraghava Ayyangar, L. M. & S., District Medical Officer, Ramnad. At the business meeting the annual report of the year was read and unanimously adopted and the necessary office bearers for the year were elected. At the general meeting Dr. T. S. S. Rajan, L.R.C.P., M.R.C.S., delivered a very instructive lecture on "Tonsillar Infection and the new method of treatment." The President, Major Sastri wound up the proceedings with his valuable remarks and advice. After the vote of thanks to the chair, the learned lecturer and the assembled guests, the function ended with a dinner party.

## A MANUAL ON RURAL MEDICAL RELIEF SCHEME.

Sir,

With reference to the notice in the last page of the latest issue of your journal regarding Rules and Regulations pertaining to the Rural Medical Relief Scheme, allow me to thank you for the kind offer of your help in compiling them. I may inform you and through you, the subsidised medical practitioners of the presidency, that the rules etc. are ready compiled and that I could not print them for want of funds. If as you say, a decent number of practitioners intimate to me their willingness to have copies of such a book, I will send them to the printer, provided each of them send me an advance of annas eight in addition to their usual annual subscription.

S. RAMASUBBU, L.M.S.,
*Secretary,*
The Madras Provincial
Rural Medical
Practitioners' Association.

Viraganur, Salem.
4-3-1932.

## RURAL MEDICAL RELIEF SCHEME.

The Hon'ble the chief Minister has signified his willingness to receive a deputation of The Madras Provincial Rural Medical Practitioner's Association at 3 P.M. on the 4th April 1932 at the Fort St. George, Madras. I would request rural practitioners to send me any new suggestions immediately.

Viraganur,
Salem Dt.
9-3-1932.

S. RAMASUBBU, L. M. & S.,
*Secretary.*

## LICENTIATES AT THE GIFFARD SCHOOL.

A clinical meeting was held on 29th Feb. at 5-15 p. m. under the auspices of the Madras Branch of the All-India Medical Licentiates Association at "Giffard School" Govt. Hospital for Women and Children, Egmore. Rao Bahadur Dr. A. Lakshmanaswamy Mudaliar, B.A., M.D., F.C.O.G. read a scientific paper on "The Recent Advances in Obstetrics" and explained the same by lantern pictures exhibited on the screen. The lecturer spoke also on the anomalies and early diagnosis of pregnancy. Induction of labour the latest therapeutics in obstetrics were amongst other items talked about by the

lecturer. The paper was very much appreciated by the audience and the secretary of the Association, while thanking Rao Bahudur Dr. A. Lakshmanaswamy Mudaliar, for the interesting and instructive lecture, hoped that he would continue to give his support and sympathy to the licentiates, in the achievement of the two main objects of the association viz. to keep their professional knowledge up to date by regularly organised clinical meetings and to increase their status and standard of medical education.

In the end a business meeting was also held and at which Dr. D. V. Venkappa, the provincial secretary of the Association was unanimously proposed to be one of the ex-officio members of the Governing body of the Madras Branch. Among other resolutions placed before the meeting was the one regarding the T. A. bill of the Madras delegate to the Darbhanga Conference which was passed unanimously. The meeting terminated with a vote of thanks to the chair and the authorities of the institution for having allowed the use of the school for the day's function.

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### MEDICAL LICENTIATES AS HONORARIES IN CITY HOSPITALS.

A deputation consisting of Dr. V. Rama Kamath and Dr. T. V. Ranganatha Rao waited on Major-General C. A Sprawson Surgeon-General with the Government of Madras on 15-3-1932 at 2-30 p.m. The deputation was led by Dr. V. Rama Kamath and one of the joint Secretaries Dr. D. Subrayudu was present.

This was the same deputation which met the then officiating Surgeon-General Lt. Col. R.G.G. Croly, I.M.S., on 11-1-32, proceedings of which were published in almost all local newspapers. Lt. Col. Croly, whom the deputation met on the last occasion expressed that the Government Committee did not perhaps intend to exclude the appointment of Licentiates as Clinical Assistants in all other hospitals excepting the General Hospital though he felt as the wording of the report stood at present they could not be appointed as such even at the Government Royapuram Hospital. He therefore suggested to the deputationists to meet the permanent Surgeon-General Major General C.A. Sprawson, I.M.S., after his return from leave.

Major-General Sprawson referred to the deputationists to the two resolutions passed by their Association on 10-12-1931 and which was the subject matter of discussion before him and wished to know whether it was their desire that Licentiates should be appointed as honoraries in teaching institutions by which he meant in Schools and Colleges and it was their intention to fix the term of office of Clinical Assistants to 2 to 4 years as mentioned in their resolution and why they fixed the proportion of Licentiates as Clinical Assistant at 50 per cent. Dr. V. Rama Kamath replied by saying that the resolution in question was not happily worded and requested the Surgeon-General to take into his consideration not the actual figure mentioned in the resolution or the language but the spirit and principle which the resolution conveyed. Dr. Kamath was personally of opinion that as Clinical Assistants the medical practitiners learnt more of practical work from the superior medical officers above them than taught the students what they knew and the Licentiates being the largest group in the medical profession, should be employed as Clinical Assistants in larger numbers than the graduates. He requested the Surgeon-General to note that the Licentiates required more practical training after passing the medical schools than the medical graduates. Dr. Kamath added that the deputationists on the previous occasion submitted a memorandum in writing which clearly expressed the views of the deputationists. After some discussion with the deputationists the Surgeon General expressed that he would not have any objection to entertain the licentiates as Clinical Assistants in all the city hospitals including the hospitals for special diseases excepting the Government General Hospital which was specially meant for the training of the medical graduates. Regarding the appointment of Licentiates in the institutions mentioned just now, he would not have any objection to appoint them as Hony. Assistant Surgeons and Honorary Assistant Physicians but he would not have them as Honorary Physicians and Surgeons in the hospitals attached to the medical schools and colleges unless they possessed M. D., F. R. C. P., M. S., or F.R.C.S. qualifications. Dr. Kamath pointed out to the Surgeon-General that it was too much to expect a standard in the qualifications of Honorary Physicians and Surgeons in the teaching institutions when in the same institutions the paid officers of the Government do not possess the qualifications enumerated by him and all the same such officers whether amongst the I.M.S. or Provincial Service have been acquitting themselves splendidly doing full justice to the work entrusted to them. That being so, it was desirable that the same principle should be adopted in the appointment of Honorary Surgeons and Honorary Physicians in this country where the standard of medical education has not come to the level of the standard obtaining in Great Britain. It was desirable both in the interest of the practitioners as well as that of the Government during these days of financial stringency that advantage should be taken of the best available material, taking into consideration merit and service of an individual more than mere academic qualification. After all, Dr. Kamath said, the public expect persons to be treated and not the diseases.

With regard to the appointment of a licentiate as Honorary Sub. Assistant Surgeon in the Government Royapettah Hospital, Madras, the Surgeon-General said that the appointment of honoraries in that hospital did not base on the recommendations of the Government Committee on Honorary Medical Officers, as the recommendations of this Committee were still under the consideration of the Government and the recent appointments that were made in that hospital depended upon the present existing rules.

The deputationists thanked the Surgeon-General for his patient and sympathetic hearing and retired with a feeling of satisfaction that the Surgeon-General would recommend to the Government what he expressed as his views on the items of discussion that took place during the interview.

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### "THE PRESENT DAY MEDICAL PRACTICE IN THIS PRESIDENCY.

Lecture by

MAJOR. N. M. MEHTA, I. M. S.

The above was the theme of an interesting lecture which Major. N. M. Mehta, I.M.S., Civil Surgeon, Coonoor, delivered at a meeting of the All-India Medical Licentiates Association (Nilgiris) held on 21-2-32 at 3-30 P.M. at the Pasteur Institute, Coonoor.

Major. Mehta gave a lucid description of the state of the medical profession in foreign countries and deprecated the idea of water-tight compartments existing in the profession in the Presidency. His experience in other parts of India like Bengal and Bombay was that the profession in those parts commanded more respect and better status in public life than in the Madras presidency. The members of the profession were to be blamed for this state of affairs. They could easily pass over difficulties and raise their status if they were to form an excellent organisation to back up the profession. That organisation should be entirely for the mutual benefit of the medical men, but at the same time they should make it a point to serve the varied interests of the public as well. The motto of the members, irrespective of qualifications, must be to live and let live the members of the brotherhood in the profession.

## Reviews

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### URINE ANALYSIS

BY

BYOMKES DAS GUPTA.

BENGAL MEDICAL SERVICE, LATE DEMONSTRATOR OF PHYSIOLOGY, DACCA MEDICAL SCHOOL AND LATE TEACHER OF PHYSIOLOGY, CHITTAGONG MEDICAL SCHOOL.

Examination of the urine is one of the most important items of clinical work with which a general practitioner should be well acquainted with. It is useful not only in detecting diseases but also their causes, course and prognosis. Dr. B. Das Gupta's book deals with analysis of urine in a systematic way. Having spent major portion of his life in two medical schools, he must have had exceptional opportunities of knowing the up-to-date methods employed in the examination of urine. This is evidenced in the book. The several chapters dealing with the analysis of the urine have been well arranged and the subject treated in a methodical and rational way. The usefulness of the book is enhanced on account of the four appendices dealing with the formulæ of the solution and reagents and other details such as conversion tables etc.

This little book will be very useful to the final year students in the medical schools and colleges and junior practitioners specially to those settled in rural areas where the practitioners cannot always depend upon senior consultation. The book is neatly printed and is available for sale at Messrs. Butterworth and Co., (India), Ltd., 6, Hastings Street, Calcutta and their branches at Madras and Bombay.

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*List of postings of Sub-Asst. Surgeons and 2nd class Health officers for the month of February 1932.*

| No. | Names of Sub-Asst. Surgeons. | From | To |
|---|---|---|---|
| 1 | Dr. K. Krishnamurthy | Govt. Hd. Qrs. Hl. Nellore | L. F. Dy. Kovur. |
| 2 | „ V. Narasinga Rao | L. F. Dy. Kovur | C/o P. D. B. Nellore. |
| 3 | „ B. Satyanarayana Naidu | L. F. Dy. Chandragiri | C/o D. H. Officer, S. Arcot |
| 4 | „ C. Doraiswamy Mudaliar | Engineering College Dispensary, Guindy | C/o Special Officer Madura Municipality. |
| 5 | „ G. Krishnamurthy | Leave | Govt. Hl. Rajampet. |
| 6 | „ B. Subba Rao | Govt. Hd. Qrs. Hl. Rajampet | Govt. Hd. Qrs. Hl. Cuddapah. |
| 7 | „ R. Shanmugam Pillai | Group Leprosy Officer South Arcot, etc. | Group Leprosy Officer, Tanjore etc. |
| 8 | „ S. Sankara Rao | Group Leprosy Officer Chittoor etc. | Group Leprosy Officer, Salem etc. |
| 9 | „ N. Sundara Rao | Govt. Hd. Qrs. Hl. Coconada | Govt. Hl. Rajahmundry. |
| 10 | „ M. Dattariya | Govt. Hd. Qrs. Hl. Chittoor | C/o P. D. B., N. Arcot. |
| 11 | „ M. Lakshmanan | L. F. Dy. Arcot | Govt. Royapuram Hl. Madras. |
| 12 | „ A. Kandaswamy Pillai | Govt. Hd. Qrs. Hl. Salem | L. F. Dy. Kulittalai. |
| 13 | „ K. Vallaba Rao | Govt. Hd. Qrs. Hl. Berhampore. | Same Hospital. |
| 14 | „ Vasa Narasimham | Govt. Hd. Qrs. Hl. Berhampore. | Munl. Branch Dy. Berhampore. |
| 15 | „ V. Krishna Rao | Munl. Branch Dy. Berhampore. | Govt. Dy. Sompeta. |
| 16 | „ G. Suryanarayana | Govt. Dy. Sompeta | L. F. Dy. Ichapuram. |
| 17 | „ G. Ramanujaswamy | Govt. Dy. Narayanapatnam | C/o P. D. B. Vizianagram. |
| 18 | „ J. Ponnuswamy Pillai | Govt. Hd. Qrs. Hl. Salem | C/o P. D. B. Salem. |
| 19 | „ C. Achyuthan | L. F. Dy. Yercaud | C/o P. D. B. Salem. |
| 20 | „ A. V. Kunnikannan | L. F. Dy. Ettapur | Govt. Hd. Qrs. Hl. Salem. |
| 21 | „ K. Simhachalam | Hd. Qrs. Hl. Masulipatam | L. F. Dy. Tiruvur. |
| 22 | „ O. Krishnan Nambiar | Leave | Hd. Qrs. Hl. Salem. |
| 23 | „ T. Perraju | Leave | Govt. Royapettah Hl. Madras. |
| 24 | „ O. S. Venkataraman | Govt. Hd. Qrs. Hl. Coimbatore | Asst. Port Health Officer Nagapatam. |
| 25 | „ T. S. Dakshinamurthi | L. F. Dy. Nattam | C/o C. M. C. Bodinayakkanur. |
| 26 | „ M. Viraswamy Naidu | Mul. Dy. Bodinayakkanur | C/o P. D. B., Madura. |
| 27 | „ A. Govindankutty Nair | Govt. Hd. Qrs. Hl. Trichinopoly | Govt. Hl. Kumbakonam. |
| 28 | „ K. V. Subba Rao | Special Asst. Agent Narasapatam | Govt. Hd. Qrs. Hl. Masulipatam. |
| 29 | „ P. K. Narayanan Nambiar | Govt. Hd. Qrs. Hl. Coimbatore | Leprosy Officer Group. IV. |
| 30 | „ N. P. Subramania Ayyar | Govt. Hd. Qrs. Hl Coimbatore | C/o P. D. B. Coimbatore. |
| 31 | „ B. Narayana Murthi | L. F. Dy. Chetput | C/o I.G of Prisons, Ootacamund. |
| 32 | „ B. Narayanamurthy | Plague duty, Vaniambadi | C/o P. D. B., N. Arcot. |
| 33 | „ V. N. Narayana Ayyar | L. F. Dy. Chetput | C/o D. H. Officer, N. Arcot Dt. |
| 34 | „ P. K. Raman Nambiar | Govt. Hd. Qrs. Hl. Calicut | C/o P. D. B. Malabar. |

*List of posting of Second Class Health Officers for the month of Feb; 1932.*

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| [illegible]liah | Asst. D. H. O. East Godavari | Municipal H. O. Proddatur. |



Pancrepat[illegible]e is preferred for oral treatment of diabetes.

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