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The Medical Practitioner

A Monthly Medical Journal

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THE Medical Practitioner

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VOL. III] JUNE, 1932. [NO. 9.

THE DECISIONS OF THE ALL-INDIA MEDICAL PROFESSION.

In one of our previous issues we gave an account of the gathering of medical men of all grades and denominations which met at Calcutta under the banner of the Indian Medical Association and dealt with the addresses of the Chairman, Reception Committee and of the President. From the detailed account which was available only this month, we could say that the deliberations of the Conference at Calcutta which followed these addressess, were really of high order worthy of the purpose for which the gathering met. Yet, we have to point out that all efforts were not bent "towards creating opportunities and that atmosphere of freedom in which alone original thinking and research can thrive at the best," though this was the ideal in view, as could be seen in the Editorial comments of the official organ of the Indian Medical Association. This ideal could only be realised if all obstructions in the way of the Independent Medical Profession are removed so that they live and thrive as an entity. As it is, we will not be far wrong in saying that though the number of private practitioners of all grades and ranks is found sufficient to answer the public demand, especially in bigger towns and cities in India, their chances to ensure opportunities of an atmosphere of freedom and research are so few that the existence of the Independent Medical Profession is not being felt. It cannot be said that such of those in the profession who are at the top and who guide the destinies of the profession at large by organising conferences of the magnitude that met at Calcutta last April are unaware of the causes that are at work preventing the Independent Medical Profession from occupying its rightful place for controlling the Public Health both in its preventive as well as curative aspects, as obtaining in other civilised countries. Unless and until the rank and file in the profession are above want, they cannot help or even co-operate with those at the top to bring about an atmosphere of freedom and research and it must be the primary duty of those at the top to see that the obstacles on their path are removed as expeditiously as possible. That the Conference did recognise the difficulties that are in the way of the independent profession is evidenced by the fact that the first resolution moved at the Conference was the disapproval of the custom of demanding countersignature of the government medical officers on certificates issued by private medical practitioners. This is certainly more than a "slur on non-official members of the profession." At the instance of Dr. V. Rama Kamath a resolution was moved at the Madras Medical Council protesting against the procedure of countersignature as it was against the spirit and principles enunciated by the Medical Registration Act. This subject was discussed at the Conference of representatives of Financial Departments of Government of various provinces at Delhi and it was decided that in the case of non-gazetted officers, their leave applications should always be accompanied by medical certificates and in case the Head of the department suspected the veracity of such certificates they could send the same to government medical officers for

a second opinion which should be issued separately as early as possible after the granting of the medical certificates by private practitioners. The Madras Government issued an order to the above effect, but there were occasions when the G.O. was not respected by the govt. officials themselves and the Surgeon-General, on complaints, had to interfere and we learn that the Surgeon-General has at last suggested to the Government to draw the attention of their departments to this G.O. What the Madras Government have done ought to have been done by the Government in other provinces and it looks as if the Government in other provinces have not taken any action at all regarding this subject. The remedy suggested by the G.O. is worse than the disease as it is plain that all concerned have not understood the underlying principle with regard to medical certificates. This is a privilege which a registered practitioner claims by virtue of his being registered under the existing Medical Acts. It is and cannot be a money-making concern as it is usually so now. Issuing of the medical certificates is part of the duties of a doctor towards a patient under his treatment. The doctor while prescribing medicines and diet should also enjoin on his patient the necessity of rest or change or both and the attending practitioner alone by the bedside experience could judge how much rest a particular patient requires to get well. Interference with this discretion by other medical men amounts to breach of medical etiquette as serious as it is interfering with the medical treatment, and nobody including the Government can connive at the breach of etiquette, involved in the baneful custom either of countersignature or a second opinion, especially if this opinion is given without consulting the attending physician. The existing Medical Acts seem to be dead letters regarding this breach of etiquette. We would suggest that some of the prominent members of the profession report about such breaches in the etiquette to their respective Provincial Councils and test the effect of such complaints.

The other important matter affecting the growth and prosperity of the Indi[an] [Medical] Profession is the most questionable privileges of private practice now claimed by the government medical officers. As has been discussed in these columns and elsewhere, more than once the medical officers in Government service were primarily allowed these privileges in the interests of the public and not in their interest, for, at the time the Government introduced in this country the Allopathic system of medicine there were not enough qualified practitioners to attend to the needs of the public in the exercise of the Allopathic system of medicine, and it is an irony that as private practitioners came into existence and have been increasing in number, those privileges instead of being removed or restricted, have assumed undue proportion. It is so in Madras and we discussed in detail the attitude of the Minister now in charge of the Medical portfolio in the last issue in these columns. It cannot be said that other cities like Calcutta and Bombay are free from these abuses. We are informed on good authority that in Calcutta the medical officers in government service are allowed consulting practice in the very institution they serve and that, during office hours. In the case of smaller officers private dispensaries, chemists' shops and research laboratories are being run. So on account of unwholesome and unequal competition the members of the Independent Medical Profession except a few at the top have not been able to come to that level as obtaining in other civilised countries where hospitals are run on voluntary system and those employed by Government are prohibited from private practice of the nature allowed to medical officers in India. In Madras the Government did even risk the efficiency of teaching institutions by allowing Principals of the Medical Colleges private practice which some years ago was prohibited to such officers. An All-India gathering is the best place where existing conditions in difference provinces could be discussed and the Government apprised of the dangers of such abuses. For, unless and until the Independent Medical Profession take their legitimate place as obtaining in other civilised countries, there cannot be a satisfactory solution of the medical relief of the public both rich and poor. So, these abuses have to be put down more in the interest of the public than that of the profession itself as it is not possible for any Government to supply paid medical officers to satisfy the needs of 350 millions in this country.

The other question not in any way of less importance is the subject of Ethics. We had occasions to meet at least a few prominent members of the profession and many in the rank and file, in important cities and to listen to the loud complaints of breaches of medical etiquette of all sorts. We realise that at times it is very hard, nay impossible to observe etiquette. The habits of the people and other existing conditions in India have been responsible for such breaches. But, we appeal to those at the top that they should make it possible even at the risk of losing income and show examples to their less fortunate brethren who usually suffer the most. We trust that the Indian Medical Association which stands for "maintaining the honour and dignity of the profession" will, when they organise the next Conference, include the above and the other most important items referred to by us in their discussion and find suitable solutions so that the Independant Medical Profession may grow and thrive, and further the causes for which the Indian Medical Association stands for.

If those who guide the destinies of the Indian Medical Association realise that all their efforts should be first diverted to bring about a contented and prosperous profession, then only the profession will be able to take care of itself, and there will be no necessity of wasting time on the passing of pious resolutions of the nature of at least a few, passed at the last Conference. The leaders in the profession know the tremendous influence of the British Medical Association and that of the American Medical Association and the solid work turned out by them in all matters affecting the welfare of the public and the Indian Medical Profession do know to their cost the influence wielded by the General Medical Council through our Rulers. All this has been possible on account of the existence of a homogenous medical profession with no castes and with no interference of a separate section in the profession, the State paid Doctors. So all efforts should be concentrated in bringing into existence a medical profession in India worthy of the purpose it should serve. There cannot be a better tide in the affairs of the Government than the one at present. It is just at this juncture of financial stringency the Government should be pressed and made to realise their responsibility in helping the growth of the Independent Medical Profession in this country. Madras has always been talking and at times crying hoarse into the deaf ears of the Government to effect economy in the hospital administration by having recourse to voluntary system of medical relief with the result that many supernumerary honoraries have been appointed both in the city and mofussil. But the system of supernumerary honorary medical relief will be nothing less and nothing more than a failure of the voluntary system. It does not help either the supernumeraries nor the Government. Calcutta and Bombay could, if they agitate in the way Madras has been doing, certainly achieve better results in this direction.

Resolutions on fourteen different topics (with a few subdivisions) were passed at the last conference and an year ago at Poona as many as forty-six resolutions were passed. The resolutions regarding Honorary system of medical relief, Drug farming, encouraging of Indigenous manufacturers of medicine, increase in the efficiency and duration of the medical course of the Licentiates were repetitions of the Poona resolutions; none of these pious resolutions produced any results excepting that on the Indian Medical Council Bill. The propaganda conducted against the Bill by the profession as a whole in the country has been so successful in bringing the Government to their sense of responsibility at least to a certain extent. The introduction of this contentious measure has been responsible in bringing about healthy fusion in the medical profession in India, which before the introduction of this measure was as divergent as the various interests existing in the profession and there was no hope of a union. The introduction of this Bill was certainly a blessing in disguise. The speeches made by several members of the profession of different grades from different parts of India and the sentiments expressed as feelingly as the occasion demanded on the discussion at the Conference of the Indian Medical Council Bill indicated without a shadow of doubt the spirit of union in the Indian Medical Profession as a whole in spite of existence of heterogeneity. This is because the communal

distinctions in the profession were given up for a common cause and it has been possible for the official organ of the Indian Medical Association to say :

"We require, also, to see that nothing is done to effect a clevage between medical Graduates and Licentiates. It was in fact highly gratifying to see the strong support given by the graduates to the claims of the Licentiates, not only in regard to the Indian Medical Council Bill but also in the matter of raising the Licentiates status and education."

Let the spirit now prevailing in the profession as indicated by the sentiments expressed above continue and the day will not be far for the dawn of Swaraj in the medical department. The communal strifes have been mainly responsible in India for the political slavery. Let it not be so in case of those whose avocation is one of healing.

The question of increasing the course of studies for the Licentiates is an instance in point to convince all concerned how futile it is to depend upon Government for reforms in the medical profession. Even the political rights for which our elders have been fighting for, were not got and will not be got, for the mere asking. The few were actually extracted and they can never hope to get more unless they have recourse to the same process of extraction. This process cannot be otherwise in the medical department. The Licentiates have been agitating for the additional course of studies ever since they came into existence. The Government have been showing sympathy ever since but in actual practice did quite the reverse of the show of sympathy. A couple of years ago the college of Physicians and Surgeons Bombay, framed regulations increasing the course of L. C. P. S. to five years but the Bombay Government at the instance of the Surgeon-General vetoed this reform. In Calcutta a few months ago a suggestion to the effect that the course of studies of the Licentiates should be increased seems to have been thrown out by the Surgeon-General in spite of the recommendations from the Council of the State Medical Faculty and Medical Registration, Bengal. Affairs in Madras have taken quite a different turn the result being the same. The Surgeon-General strongly recommended to the Government the necessity of increasing the course of the L. M. Ps. but the Government would not find their way, the excuse being financial stringency. So the resolution passed by the All India Conference at Calcutta on the above subject cannot be expected to have any effect. The fate of other resolutions will not be otherwise unless it be that the method of system of Government is changed and India gets the status of the Dominions.

REVISION OF SALARIES.

MEDICAL AND PUBLIC HEALTH DEPARTMENTS, MADRAS.

It is seen from the newspapers that the question of revising and fixing the pay of future recruitments to the Medical and Public Health Departments, is discussed by the Joint Secretary to Government on special duty with the Secretary and Deputy Secretary of the Local-Self Government Department and the heads of the Medical and Public Health Departments. The Chief Minister assured in the last session of the Legislative Council, that in future appointments of medical officers, arrangements will be made to restrict private practice to paid medical officers. We believe that in revising the scale of pay this point will be taken into consideration.

The full-time officers employed as professors, teachers, lecturers, or their assistants in the medical colleges and schools, the officers of the King Institute, Pasteur Institute and the Chemical Examiner's Office, the Surgeon-General, the Superintendent of the General Hospital, the Principals of the medical colleges and schools, the X-ray specialist—if he is a medical man—and the Personal Assistant to the Surgeon-General should be completely debarred from private practice of any sort. It is also necessary in the interest of discipline and education that the posts of the superintendents of hospitals should be combined with the posts of the principals of the colleges or the superintendents of the schools as the case may be. All civil surgeons and assistant surgeons attached to the hospitals in the Presidency town should be permitted only consulting practice and that also, if requisitioned by private medical practitioners. All government medical officers employed in mofussil stations may be permitted private practice in places where there are no qualified private medical practitioners and in other places they should be allowed only consulting practice.

The medical qualifications of civil surgeons, assistant surgeons and first class health officers are about the same. But the health officers are supposed to possess additional qualifications in Public Health. Similarly the medical qualification of sub-assistant surgeons is about the same as that of the second class health officers, but the latter are required to undergo special training in Public Health. We may leave out of consideration the assistant directors of Public Health, as their appointments are unnecessary and they may continue in the same scale as they are drawing now till their appointments become extinct in course of time. The civil surgeons are now employed in two kinds of appointments, viz., district medical officers, conducting inspection tour throughout the districts and civil surgeons in charge of civil stations without inspection work. We would similarly divide first class health officers into three grades :—(1) district health officers, corresponding to district medical officers (2) second class health officers in charge of municipal towns each having a population of 100,000, and (3) second grade health officers in charge of municipal towns each having a population from 50,000 to 100,000. The second class health officers are to be in charge of smaller municipalities and taluks.

In fixing the scale of pay of officers in Public Health Department, the following points should be taken into consideration. The medical officers except those that are completely debarred from private practice have scope for private practice to supplement their pay during service and can set up private practice after retirement to supplement their pension, while the health officers cannot practise medicine while in service and being out of touch with practice during their long service cannot set up private practice after retirement. It, therefore, stands to reason that the district health officers should get a little more pay, an amount sufficient to compensate for private practice than that of district medical officers and second grade health officers more than that of civil assistant surgeons and second class health officers more than that of sub-assistant surgeons.

Original Articles

CYCLIC VOMITING.

INTRODUCTION: The writer of this article has chosen this subject not because this disease is common in this part of the country or even throughout India. On enquiry it is learnt that very few hospitals in India had much to do with this complaint, and in this city hospitals no cases have been so far admitted in both the government institutions where there is special provision for treatment of children. The author in his practice of nearly 25 years came across only about 15 cases, the majority of them being in the City of Madras and a few, about 3 or 4, in the moffusil. The history of two such cases came to his notice quite accidentally in a casual conversation with a practitioner in government service, both ending fatally, and one of the two fatal cases happened to be a child of an eminent member of service, and till to the end of this case all those treating the child could not come to any conclusion about the cause of illness where there was no other symptoms except bouts of vomiting till a few hours before the death of the child, the last phenomenon observed being coma. Evidently this was a case where, if the child survived the first attack would have had a cycle of repetition of vomiting. Usually vomiting is classed under "Bilious attacks" by the laity and it is very likely that the few cases that do occur are either not cosidered grave at the beginning till at last the gravity of the situation leads on to hopelessness, ending in death. It is quite an accident that the author was able to observe repeated attacks of vomiting in a few of his patients, who always were children under 12 years, the one he had to treat last on 8-6-1932 being a boy 12 years of age having cyclic fits of vomiting for over four years. The object of writing about this disease peculiar to children is to apprise the profession about the existence of a grave disease in children which is likely to be neglected in early stages with the inevitable consequence of a fatal ending.

ETIOLOGY: Not being in charge of any hospital the author is not in a position to narrate any personal knowledge of pathogenisis relating to this disease in the way it is being written in text books excepting what was observed by him at the bedside while the patients were alive. A few years ago he remembers to have read an article on the subject in "The Lancet" and a brief reference was made in "The Clinical Medicine and Surgery" (American Journal) about a couple of years ago. In both these journals the disease was styled as "Cyclic Vomiting" of children. During the school days of the author he did not read about this disease in any of the classical books on the disease of children. Under the main heading "Bilious attacks so called, in children" and sub-heading "Cyclic vomiting", G. F. Still makes mention of this disease in his book on "Common disorders in children". In this book it is mentioned that the condition was first described by Dr. Gee as "fitful or recurrent vomiting" and since known as "Cyclic Vomiting". It is also evident that the condition is due to Acidosis or more correctly Acetonaemia implying a diminished alkalinity of the blood. This bears a direct causal relation to the vomiting. It must be a special form of auto-intoxication. In almost all the cases observed by the writer of this article the liver was enlarged though not considerably and the parents of the children were not healthy, the mothers being more sickly than the fathers. In two of the cases it is a strange coincidence that mothers have heart disease (mitral-regurgitation) both alive this day. Children below 3 years had ricketty diathesis and in such children there was in addition enlargement of spleen. There was no jaundice in all the cases. G. F. Still associates this disorder with a nervous temperament. He says, that the "children affected are nearly always unduly excitable, nervous children, or show more definite nervous symptoms, such as habit spasm or somnambulism; in two cases the attacks of vomiting were sometimes associated with convulsions. Dr. Gee noted a history of migraine in one or other of the parents in some of his cases, and my own notes show a similar occurrence in at least five of the series, and in other cases there was a history of "sick-headaches" in one or other parent which were probably of this nature. Like migraine, the attack of cyclic vomiting is sometimes preceded by premonitory nervous symptoms; in one of my cases, a boy, 10½ years old, was said to become very excited and to have headache just before the attack began; in another a girl, aged 11½ years was said to be specially irritable for two days before the onset of each attack; in others more general warnings were noticed, in sallowness of complexion, lassitude, and dark colour under the eyes."

"It seems probable that these cases are quite distinct from the recurring attacks of vomiting and malaise which I have already described as associated with dyspepsia and chronic constipation, but I think we must remember that no proof of this has yet been brought forward: for aught we can prove to the contrary, the difference may be merely one of degree not of kind; certainly differentiation at present is little more than an arbitrary distinction between mild cases, in which we think we can recognize sufficient cause for the attacks, and those more severe cases in which there seems to be no adequate cause. Both may be and probably are due to some auto-intoxication."

"During an attack acetone and diacetic acid can be detected in the urine, and sometimes the smell of acetone, a sweetish apple-like odour, in the breath in these cases of cyclic vomiting. At first it was supposed that this feature indicated some special form of auto-intoxication which differentiated them from cases of recurring vomiting due to other causes; this, however, has proved fallacious, for with severe vomiting due to any cause it is not uncommon to find acetonuria, and occasionally the acetone smell of the breath."

Regarding the incidence of sex and age the youngest treated by the author was 1½ years old and the oldest 12 years. Still's statistics are also quoted: "Of 100 cases 49 were boys, 51 were girls. In one family two children were subject to severe attacks of cyclic vomiting, and an

elder brother had attacks probably of the same nature; in another family two sisters were affected; in another family two brothers died in attacks. Out of 87 cases in which the date of the first attack was known, 74 began within the first five years of life; and of these, 11 began within the first twelve months, and 21 others within the first two years. One child had her first attack at ten days old, another at the age of 2½ months."

According to Still, milk-fat seems to be the exciting cause of the trouble. It is quite possible. Indian cows do not yield milk rich in cream as in England, and in almost all cases under the treatment of the author, the immediate cause was some indiscretion in diet not necessarily milk-fat.

The frequency of attacks was in inverse proportion to the age of the child the younger the child the more frequent the attack, ranging from a month to 4 months and at times even a year. G. F. Still says in his book that the frequency of the attacks varied from three in two years to once a fortnight.

SYMPTOMS: The fit of vomiting usually starts quite suddenly without warning. The child is drowsy from the very outset, complains at times of headache and in early stages there may be pain in the epigastrium. Bowels are invariably constipated. Vomiting is so severe that the child cannot retain even a drop of water. The stuff vomited is always in much larger quantities than the quantity of food taken by the patient. The contents coming out of the stomach are always bile stained, greenish-yellow, and in severe cases may even be tinged with blood. If of speaking age, the patient complains of something sticking in the throat and always attempts to pick it out by forcibly thrusting his fingers into the mouth and attempting to vomit. Even if no food is given, there is vomiting every 10 minutes for several hours and later every half-hour. Gradually the interval becomes longer depending upon the treatment adopted and if the patient gets worse in spite of treatment, the vomiting becomes more shallow, the patient getting restless, drowsy and apathetic, feeling always very thirsty. Delirium sets in at times, and in fatal cases Coma. The tongue is dry and furred, very red at the ends and tremulous. In comotose cases sordes appears on the lips, teeth and tongue. Eyes are sunken half-shut. There is a feeling of air-hunger just like, one would see in Diabetic Coma. There is usually acetone smell in the breath. It may be the first sign to be noticed at the very onset of the disease. Urine is scanty and highcoloured. It is stated by Still that at times a trace of albumen could be found. In the cases under the treatment of the writer of this article, no albumen was detected in all the cases. But acetone was invariably present. Fever is not a constant feature of the illness. If it is present at all, it never went above 102. F. At the commencement of the illness usually there is no fever but in cases of ricketty children who usually have slight enlargement of spleen, fever was present from the very onset. Respiration is at first of deep sighing nature and shallow and hurried later in the course of the disease. Pulse is slow and steady at the commencement and later on varies depending upon the general condition, getting feebler quicker and easily collapsible in bad cases.

TREATMENT: It will be always a safe and good rule if in all cases of vomiting not only in children but also in adults, the medical attendant closely observes the smell of the breath. The success or the failure of the treatment of children suffering from this grave disease (grave if neglected at the commencement) depends upon this most useful observation. The management of the case and its prognosis will be most satisfactory if the smell of acetone is detected at the very outset. It is not difficult as it resembles the smell of a ripe apple. Even otherwise it will be erring (if it be erring at all) on the safe side to give a few massive doses of Soda Bicarb, dissolved in water in all cases of vomiting. This is the only sure and safe remedy in the treatment of cyclic vomiting of children. The indications for treatment are only two, first to combat toxemia and secondly to maintain the strength of the patient. The former is met with by giving Soda Bicarb 15 to 20 grs. doses to children of 2 to 4 years of age, no harm in giving more but never less. It is sure to be vomited. Even then it will serve the purpose of lavage. At the same time large doses from 1 to 4 drachms of

Soda Bicarb should be given dissolved in 3 to 12 ounces of warm water by rectum, sending the same as high up as possible by means of a rubber catheter, to which is attached a piece of rubber tubing to the other end of which is fixed a glass funnel. The solution should be sent at a low level, never more than 2 ft. above the level of anus. Usually nothing is retained even in liquid or predigested form if given by mouth, till the vomiting is controlled, and it will be detrimental to the condition of the patient to risk food by mouth which will necessarily bring on more vomiting with the attendant tendency of an early collapse. So it is highly desirable that the anxious parents should be advised strongly not to attempt feeding the child by mouth till vomiting is checked. Next to Soda Bicarb the other safe drug which is most useful not only in checking toxemia but also in maintaining the strength of the patient is glucose. It should also be given by the rectum as frequently and as much as could be retained in the rectum in 10 per cent. solution, plain or mixed with rice or barley water. This will help in abating the insatiable thirst. Adrenalin is another remedy which has been found very useful not only in combating toxemia, but in maintaining the strength of the heart. It should be given hypodermically in small and oft-repeated doses, and never in massive doses; 2 to 3 minims every 2 to 4 hours is ample. Last but of first importance is the early administration of Insuline by the skin, which has been tried and found useful by the writer of this article. He has been using it for the last two years in treating two patients who have been under his treatment during the period and with very good results. It was the bedside observation of signs and symptoms and not any laboratory methods that served the author as the first 'tip' in having recourse to this most useful drug. The acetone smell in the breath coupled with a picture of an air-hunger victim often seen in Diabetic Coma that prompted the author to try it in a case which was almost collapsing in spite of alkalies, glucose and adrenalin. The result at the first trial was as succesful as it was most encouraging. It is since being given as a routine at the very outset, and the two children still under the care of the author have been able to leave their bed within a couple of days, whereas ordinarily they had to be there for at least a week. The children who were naturally horrified at the sight of the needle at the first trial, are now suggesting its use at the very commencement of the treatment. Apart from what was mentioned above regarding treatment, some of the drugs generally used for vomiting such as Bismuth, Iodine dilute Hydrocyanic Acid have been tried and not found useful. G. F. Still recommends in his book hypodermic injection of morphia 1/30 to 1/20 gr. for a child of 4-8 years. This no doubt checks vomiting, but cannot be safe, nor rational. All endeavours should be concentrated for the elimination of toxins, the very disease is nature's attempt to send the toxins out, by the mouth. So, morphia may serve the purpose of hiding the disease so to say, and may give a false idea of well-being. The physiological action of morphia being suppression of secretions in the body, it, instead of helping the patient will surely lessen the chances of recovery by checking elimination of the toxins also which are to be considered as unhealthy secretions in the body.

PREVENTIVE TREATMENT: This is certainly very hopeful and is as cheap as it is practicable. But in Indian houses even with the present day educated mothers the cheap method though safe is not appealing to the extent demanded by the disease, consequently the preventive measures have not been as succesful as they would certainly be otherwise. Administration of Soda Bicarb daily is all that is necessary regarding drug treatment, 20 to 30 grains twice daily for children of 4 to 8 years of age is all that is demanded. In addition to this the bowels should be kept regular. Constant purging is not indicated; mild laxative with a weekly dose of a few grs. of calomel or grey powder is the routine to be followed. Last but not of least importance is the management of diet, which should be light, nourishing and easily digestible.

Spices and pastry should be avoided. Mothers should be told that a few days before the actual attack sets in, there may

be unusual desire in children for eating voraciously. This should be prevented and if Soda Bicarb was not administrated till then, it should be given immediately after this symptom is observed. In a certain number of cases just the opposite symptom is observed that is either capricious appetite or no appetite. Even here the preventive doses of Soda Bicarb should be given forthwith. As the intervals of vomiting come even after a year, it is safe to administer this simple and cheap remedy for at least a couple of years.

PROGNOSIS: This entirely depends in the early recognition of the disease and the rationale of treatment adopted as indicated by symptoms. In the hands of the author only one case was fatal, which came under his treatment in a comotose state, the disease being diagnosed from the history of the cycles in vomiting. More than this, it will be too presumptuous to say, especially without a large record of cases, which is only possible for Pediatricians in big hospitals.

ENDOCRINOLOGY

BY

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

XXV

(Taken from Berman gland regulating personality.)

THE TYPES OF PERSONALITY—*(Contd.)*

THE THYROID PERSONALITY.

In childhood, the subthyroid or thyroid deficient, the type resembling the cretin is common. The peasant's face, with the broad nose and the tough skin, coarse straight hair, the undergrowth, physical and mental, persistant babyshness and a retardation of self control development, make up the picture. He needs an excess of sleep, sleeps heavily, needs sleep during the day, when awakened in the morning still feels tired and rather dull and restless, dresses slowly has to be coaxed or forced to dress, gets to school late nearly every morning, does badly at the school, reaction time, learning time and remembering time being prolonged as compared with the average and is lazy at home lessons. He perspires little even after exertion yet, fatigues easily, is subject to frequent colds, adenoids, tonsillitis and acquires every disease of childhood that happens along. Adolescence, the onset of menstruation is delayed. The secondary sex characters as they develop tend to be incomplete and to mimic those of the opposite sex. If this state continues even into adult age we find the following characteristics: (*a*) height below average, (*b*) tendency to obesity, (*c*) complexion shallow, (*d*) hair dry, hair line high, (*e*) eyebrows scanty either as a whole or in outer half, (*f*) eye balls deeply set, lack lustre, in narrowed slits, (*g*) teeth irregular, becomes carious early, (*h*) extremities cold and bluish and (*i*) circulation poor and subject to chilblains. Intellectually these people vary enormously depending upon which of the other gland will enlarge to compensate for the deficiency of the thyroid. If the growth of the skull has left a roomy Sella Turcica, for the pituitary to grow in, the intellect may be normal or even superior though energy is below par. If this is not possible and the adrenals have to predominate, a lower more animal and less self controlled type of mentality is produced.

In direct contrast to the sub-thyroid type is he who originally was hyperthyroid. During childhood he is quite healthy, thin, but strikingly robust, active, energetic, generally fair complexioned, with nose straight and high bridged, eyes rather poppey, teeth excellent, regular, firm, white with a pearly transparent enamel. These children are always on the go, never get tired, require little sleep, seldom will one of the classical childrens' diseases strike them, except measles perhaps; adolescence for them however, is more apt to be stormy and episodic, adjustment to the new world of people and things is much more difficult, wander lust is acute.

During maturity the types are characterised usually by a lean body, a tendency to become thin rapidly under stress. They have clean cut features, and thick hair, often wavy and curly, thick long eyebrows, large frank brilliant keen eyes, regular and well developed teeth and mouth. Sexually they are well differentiated and susceptible, noticeable emotivity, a rapidity of perception and volition impulsiveness and a

tendency to explosive crises of expression are the distinctive psychic traits. A rustless inexhaustible energy makes them perfectual doers and workers who get up early in the morning, flit about all day, retire late and frequently suffer from insomnia, planning in bed, what they are to do next day.

Certain types of thyroid excess associates with the thymus dominant are peculiarly susceptible to emotional instability. They are subject to brain storms, outbreaks of furious rage sometimes associated with a state of semi consciousness. To emphasise the analogy to Epilepsy their attacks have been called Psycholepsy.

THE THYMO-CENTRIC PERSONALITIES (THE STATUS LYMPHATICUS)

During the second period of childhood i.e. from the point at which the permanent teeth begin to appear, every child may be said to be a thymus-dominated organism, because the thymus, holding the other endocrine glands in check, controls its life. That is why most children seem alike. Closer observation, however, reveals points of differentiation and signs of coming potencies of the other hormones. During the second period of childhood upto puberty these marks of the deeper underlying faces of the personality make themselves more and more felt. The thymus like a break that is becoming worn out, continues to function in a progressively weaker fashion, until, with the arrival of the gonadal internal secretion, its influence is wiped out. There is defenite degree of thymus activity during everyone's childhood, unless by its premature involution precocity displaces juvenility. Yet even during childhood there are certain individuals with excessive thymus action foreshadowing a continued thymus predominance throughout life. The "angel child" is the type; regularly proportioned and perfectly made, like a fine piece of sculpture with delicately chiselled features, transparent skin, changing colour easily, long silky hair, with an exceptional grace of movement and an alertness of mind.

They seem the embodiment of beauty, but somehow unfit for the coarse conflicts of life. They may look the picture of health, but they are more liable than any other children to be eliminated by tuberculosis, meningitis or even one of the common diseases of childhood. It is after puberty, when the thymus should shrink and pass out of the endocrine concert as a power, that the more complex reactions of personality emerge when the thymus persists and refuses or cannot retire. The persistant thymus always, then throws its shadow over the entire personality. To what extent that shadow spreads depends upon the strength of the endocrine glands and their ability to compensate or to stay inhibited. Whether or not the pituitary will be able to enlarge in its bony cradle seems to be the most important factor determining these variations. If there is space for it to grow, the individual may pass as normal although he will have difficulties throughout life he may never understand, particularly in sexual direction. If the pituitary is limited, the thymus predominance is more prominent and fixed and the abnormalitis become obvious both of person and conduct.

The anatomic architecture of the latter thymo-centric personality is typical. The reversion in type of the reproductive organs, the slender waist the gracefully formed body, the rounded limbs, the long chest and the feminine pelvic, strike one at the first glance. The texture of the skin is smooth as a baby's and some times velvetty to the touch; little or no hair on the face. They are often double jointed semewhere, flat footed and knock kneed. In women the manifestations are limited to thinness and delicacy of the skin, narrow waist, rather poorely developed breasts, arched thighs, and scanty hair with scanty and delayed menstruation. Or there may be obesity with juvenility if there is a repression of the pituitary secretion for one reason or another.

In their reactions to the problems, physical and psychic, of every day life, the thymocentrics are distinctly at a disadvantage. In the first place muscular strain, stress or shock is dangerous to them because they have a small heart and remarkably fragile blood vessels, which render their circulation incapable of responding to an emergency. In infancy they may die suddenly because of this, either for no ascertainable cause at all or because of some slight excitement like that attending some slight operation, a fall or a mild

illness. During the runabout epoch, they are unable to cope with the necessities of an active child's existence in playing with other children, puberty and adolescence are specially perilious to them. The persistence of the thymus after adolescence makes for an arrest of the end product arrived at by the process of puberty, masculinazation or femininization, that is, a partial castration takes place. Now, as the experiments of Steinach upon the transplantation of ovaries into males deprived of their testes and of testes into females deprived of their ovaries, have demonstrated the removal of the interstitial cells of one sex assists enormously in arousing the opposite sex traits that have been latent—homo sexuality. In a thymo centric, tendencies to homo sexuality and masochiasm appear.

The femenoid complex introduces again the character of the functional hermaphrodite, the mixed male-female. The sex difficulties produced on these people by the conflict between their conscious sex and their sub-conscious sex, the sex dual on the same mind, are comprehensible only from the view point of internal secretions. Homo-sexuality in one form or another, frank or concealed, haunts the thymo-centred and spoils his life. He wishes to live according to societies, remorselessly rigid expectations for virility and happiness. But his thymus condition forces him also to live for femininity and misery. That homo sexuality is not purely a psychic matter of complexes and introversion has been proved by observations of its development in animals with internal secretion disturbances acquired or experimental. What complicates his sex difficulties and makes social adjustments almost impossible is that his pituitary frequently cannot react to assist him. Often, as emphasised, it is bound in by bone on all sides and neither anterior nor posterior pituitary can adequately secrete for his needs. So, social instinct and the capacity for inhibition the ability to control himself, conceptually or somatically are poor. As a child it is difficult to train him along the lines of the elementary habits and customs. Into late childhood he is a bed-wetter, and steals and lies quasi-unconsciously. With so much against him, physical inferioritis, mental defects, moral lack of every sort, it is a little wonder that the thymo-centric die young. Infections hit them fatally. In the alcohol and drug habitue wards of hospitals, as well as in medico-legal cases of degenerates, gunmen and other criminals, the characteristic conformation and diagnostic stigmata of the thymo-centric are often encountered. Life treats them badly. Misunderstood and misjudged, they are hopeless misfits of society. If the pituitary and the thyroid can enlarge to compensate for their defects, they may become the queer brilliants, the eccentric geniuses of the arts and science. Should they not, mental deficiency and deliquency are their portion. Epilepsy then is sometimes their mode of escape from the terrors of an utterly foreign world. Should they survive all other hazards, suicide may still be their most frequent forte. Some of them, after a stormy life in the twenties become adapted to their surroundings in the thirties, because the pituitary gradually emerges and becomes dominant in their personalities. They are then recessive thymo-centrics. An increase in size, a broadening, together with a greater mental tranquility and stability, accompany the adaptation. Historically the thymo-centrics who combined brilliancy and instability played a great part as some of the famous adventurers and restless experimentalists.

Abstracts

How a doctor can enormously increase his income.

CASH PRACTISING.

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Physicians are the hereditary legatees of quite an assortment of blessing of doubtful value, handed down to us from the dim and hoary past, when priestcraft and the healing art were one, and the priest-healer lived on the voluntary offerings of his flock. Tradition is one of the hardest things in the world to live down because its roots strike deep into the minds of the people. Reluctance in asking for pay in real money for real service is one of the most deplorable inheritances wished upon us. Many physicians of this day are still in a state of metamorphosis between the old order and the new, holding fast with one hand to the vanishing glories of the past while reaching apologetically with the other for the elusive *sine qua non* with which to feed and clothe their families. It was all very well in the long ago, when the pitiless struggle for existence in which we are now engaged was not known to speak of the "noblest of all callings" and the "sure rewards of the Hereafter" but it takes *cash* nowadays and lots of it to provide for the necessities of life, not to speak of the luxuries, some of which even the commonest unskilled laborer demands and gets. Nothing is more pathetic than the picture, too often seen, of some fine old practitioner grown gray with many years of intelligent service to his fellowmen, tottering feebly towards his end, hopelessly, battling for a livelihood and unable to meet the constantly increasing cost of living. Ask any medical man who after twenty-five years of arduous work has failed to gain a competency why he is poor and he will tell you that he has always *earned* enough but has failed to collect.

It is not what we write in the ledger that counts, it is the cash that we have actually laid hands on. Obviously then, the greater the cash practice is to the whole, the greater the actual returns for our work. A little consideration of this subject will show that both the patient and the physician benefit by the custom of paying cash for services rendered. The physician's gain is evident. His freedom from financial worries and the irritation incident to the collection of bills, leaves his mind unhampered and free to give his best thought to diagnosis and treatment. The patient is benefited because payments are easier, there are no large bills to pay, and his Doctor is enabled to equip himself with books, instruments and apparatus necessary to keep up with the progress of the science of medicine. In other words, the cash doctor, all other things being equal, should be, and is, the better doctor. I maintain that all office practice should be cash, with a few exceptions which I shall note further on. The patient who goes to the office *knows* that he is going, and approximately what it will cost. He should be prepared to pay cash just as he does when he visits the Theatre, or Railroad Station, or Department Store. He does *not* pay cash simply because it is not the custom—custom born of tradition. Twenty-five years ago, in the 16th year of my practice, I began to ask cash for my services. At least two serious financial crises have visited this country in that time and I can truthfully state that my average losses have been less than 5 per cent, a much lesser loss than was incurred by any merchant in this community. During times of ordinary prosperity my losses have been practically nothing. Before I adopted the cash plan my losses were from 40 to 50 per cent. First-timers frequently came in to have a "thorough examination" made to "get an opinion," or to "have a diagnosis made," and at the end of a 45 minute session would blithely inform me that they had not come prepared to pay but would settle when the case was finished. What can a physician do under such circumstances but put on a pleasant mien for a bad play? There is a large handsome glass sign in gold and black across my door now which reads

OFFICE PRACTICE CASH.

Not a little shrinking unobtrusive legend such as I first intended to try out, but a bold, glaring pronunciamento, 3 feet long by 4 inches wide which announces to all

and sundry in a resonant basso profundo that this is a place where you pay. It was put up primarily for strangers and not intended for old trustworthy patients. To my great surprise the old-timers fell gladly into line, even though I gave them assurance that the new rule was not meant for them. They approved of it. They liked it. They said it made things so much easier. So far as I know I have not lost a single patient by enforcing this regulation. The result is that each day when my office hours are ended there is enough of the *quid pro quo* on my desk to take care of my overhead and a little more besides.

Frequently when I first glance over the persons in my waiting room I see a new face which after a while disappears without waiting to engage my services. On such a one the good old sign has unmistakably done its prophylactic work. This was one of those who would have stalked in with an important air for a "thorough examination," which would have meant another worthless entry into the ledger—nothing more.

There is of course, a free-list. What doctor does not have one? The poor we have always with us. As soon as a man qualifies as being unable to pay I proceed to give him the same attention as that accorded pay patients and make no charge whatever. He is made to know that he owes nothing and need never pay. Experience has taught me that if your poor patient goes away feeling that you expect him to pay some day, you neither earn his gratitude which is always worth something, nor are you paid in the end. Better charge it off and take a chance on its exchange value at the Pearly Gates.

Besides the poor there are others who receive gratuitous service. There are brother practitioners and their immediate families, one's own relatives, underpaid charity workers, religious orders, who have taken the vow of poverty, nuns, superannuated preachers and clergymen.

My most regrettable losses come from emergency cases. These, it seems to me, are the real *bete noir* of the busy practitioners' life. Accident cases are particularly obnoxious, breaking in as they do, unexpectedly on the regular office work. They seriously disrupt one's orderly routine, disarrange and soil the premises, fill the place with police officers, newsgatherers and curiosity seekers with no one to foot the bill. Later, follows a half day in court, a number of endless reports to be filled out. The finale comes when the patients shifts the responsibility to some Insurance Company and the Insurance Company disclaims any liability for the services. So far as I know no successful method has yet been devised for stopping this kind of a loss. A little more fairness and consideration on the part of the Insurance Companies would solve the problem and could perhaps be brought about if Organized Medicine would devote more of its energies to Medical Economics and the rights of the American Physician.

As to the outside or visiting practice it may be made to yield a cash return in the majority of cases, with almost no losses in the cases where credit is extended.

It may be safely assumed that no losses are incurred through patients who have always promptly met their obligations during a period of many years so that to demand cash from this group would be unnecessary and unwise. Strangers are not entitled to credit and have no right to expect it. No stranger enters a merchant's store and walks away with a bill of goods under his arm simply on a promise to pay. Here again we run afool of the old tradition that doctors must not ask for money, and the time-worn custom of paying the doctor last of all if there is anything left. Of course the doctors have themselves to blame. Centuries of misplaced leniency and complete lack of business methods have taught the people that they are perfectly within their rights when they demand medical service without pay. It is surprising to note that many, otherwise intelligent persons, believe that a physician is compelled by law to respond to every call whether he is paid or not.

How to overcome this evil?

Here is what I do. My office phone is "silent", i.e., it is not listed in the directory. All calls come through my home or residence phone. That is the clearing house for my activities. There the wheat is separted from the chaff. Trivial and unimportant messages I never hear about.

In this way I am spared annoying interruptions by nervous patients, agents, favor-seekers, panhandlers and that King of all pests, the friend who has time on his hands.

When a case is deemed serious or important my home calls my office and I answer promptly. When a new call comes in, the party is questioned in a friendly voice, as to the nature of the prospective patient's illness and its duration, whether any physician has been in attendance, and whether he has relinquished the case and been paid: also we wish to know the source of the call and by whom recommended. Then gently but in a business like way the statement is made that the doctor's custom is to practice for cash and that he must be paid at every visit. If the result of this telephone conversation is not satisfactory the call is not taken and I am not made aware of it. Peace of mind is what I value most.

Possibly I may have lost some desirable business through this method but, taking it all in all, it has proven pleasant and profitable. The new patient is impressed with the fact that the doctor is a busy man and that he puts a high value on his services. Those who object to this simple scrutiny of their credit are usually of a class hard to please and slow to pay, and therefore not a desirable addition to one's clientele.

The clinching argument in favor of my plea for a cash practice is the fact that for twenty-five years I have had no collector and never need one.

Medical Mentor, January 1932.

SPECIAL CONTRIBUTION TO THE MEDICAL PROFESSION.

OPINIONS GATHERED FROM PRACTITIONERS.

High Blood Pressure.

A COMMON COMPLAINT: There are few people above the age of 50 who do not suffer to some extent from troubles due to high blood pressure. Many go through the latter years of their lives without suffering much, but many of the symptoms that induce a man to think that he is "not so young as he used to be" are caused by his having a higher blood pressure than he used to have.

THE SOONER THE BETTER: Since old established cases of hyperpiesia are always more difficult to treat than recent cases and since there are no undesirable effects from Hypotensyl treatments, incipient cases of high blood pressure may with every advantage be given preventive courses of these tablets occasionally. This serves the double object of retarding the encroachment of hyperpiesic symptoms as well as maintaining that feeling of youthfulness and energy and the cheerful disposition so much prized by those from whom they are all too soon departing.

THE MISTLETŒ OR VISCUM ALBUM: This Mystic plant, amongst the Christian peoples, brings memories of the joys of youth. It seems rather significant that a scientific investigation of its medicinal qualities should disclose in it a remedy for one of the commonest ailments of old age—a high blood pressure. But truth is stranger than fiction, and such is the fact.

Mistletœ is of special value in reducing hypertension in cases of Arteriosclerosis, Atheroma, Gout, Nephritis, Eclampsia, Epilepsia, Hysteria and Albuminuria, as it appears to have some curative value against all those symptoms—Mistletœ has a sedative or antispasmodic influence on the Vaso Motor nervous system, but no depressing action on the heart. Arterial spasms are relieved, as are some other spasmodic affections of the central nervous system.

Viscum Album acts secondarily as a diuretic, thus again assisting to keep the tension normal, as well as to eliminate those products of metabolism, accumulation of which is so much trouble to those advanced in age.

THE LIVER IN HYPERTENSION: Many observers have associated deficient hepatic activity with arteriosclerosis and its concomitant hypertension. The first theory was that the liver was concerned with the elimination of waste and a deficient action of that organ permitted the deposit of nitrogenous materials, which ought to be eliminated, in the tissue of the arteries etc. While there is certainly a considerable amount of truth in that theory, it is for the moment rather eclipsed by the discovery of a definite blood pressure reducing factor in a special extract of liver. This hypopiesic principle is contained in Hypotensyl tablets, and is responsible in a definite measure for the dependable effects of this preparation.

THE SPLEEN: An extract of spleen prepared by a special process also contains a pressure reducing principle. This may or not be the same substance that is extractable from the hepatic tissue. The process of extraction is the same in both cases and the action seems to be the same, but should there be proved to be a difference of some kind after further study, then undoubtedly the advantage would be in using a combination of the two as thereby the physiological balance would be more natural.

A DEPENDABLE REMEDY: In the majority of cases a pressure reduction equal to 20 or 30 mm. Hg. will be found about four hours after a dose of Hypotensyl. The desired arterial pressure can be maintained by the regulation of the dose according to sphygmomanometer readings. Occasionally irregularities may occur, which are difficult to explain. For instance there may be greater tendency to spasm at sometimes than at others, necessitating larger doses to control the condition. Old established cases offer more resistance to treatment than cases in their initial stages. Other treatments need not be neglected where indicated. Constipation should be relieved preferably by Mycol, because Mycol contains the eliminant factors of the liver, and therefore answers to the

neglected but nevertheless beneficial 'liver eliminant' treatment of arteriosclerotic conditions.

THE DOSE: The usual dose of Hypotensyl is 3 to 6 tablets per day for three weeks, with an interval of one week at the end of that time.

The dose is best controlled by Sphygmomanometer readings, and an increased pressure occurring between courses of treatment should be taken to indicate a resumption of the remedy.

Calcium therapy in Dental conditions.

The enormous value of Calcium in dentition cannot be disputed by any scientist. The dictum "The best defence of the tooth lies in the laying down of a healthy enamel" has been pointed out times without number and still the truth of it is not realised so much as it ought to. It is in the fifth month that the calcification of the teeth commences in intra-uterine life. The greater part of the second dentition is present in its permanent form in the child's jaw by the end of the fifth year, although the teeth are not erupted. The need of Calcium in an assimilable form is felt very badly in these early stages. Pulmo-Calcium is the form of Calcium which answers all these requirements splendidly and hence if this is given to the system when it needs most, the dental surgeons are of opinion that tooth-pastes, mouth washes and other elaborate dental treatments can be done away with. When the system gets the amount of Calcium that it needs then the teeth are well-fortified against attacks by infective processes and acids. It is on this account that Pulmo-Calcium is so much valuable to pregnant and nursing mothers and also to young children

We know on authority that a child requires a quart of milk for the sufficient storage of Calcium and Phosphorus and for the proper development of its bones and teeth. When the child fails to assimilate that much Calcium and Phosphorus regularly and completely then the aid of Pulmo Calcium is most necessary. It is for this reason also that every pregnant and lactating woman should be prescribed Pulmo Calcium to ensure good teeth, blood and bone formation for the infant and to prevent dental caries and other decalcifications in her own body.

It is a fact admitted by many of the scientists of the present day that modern diets are more deficient in Calcium than in any other respect. The majority of the patients, children and adults, who present themselves for dental treatment are more or less suffering from a persistent and long-enduring Calcium imbalance and secondary anaemia. To begin with the treatment in the first place should be directed to overcome anaemia and then recalcification of dentine can be effectively treated by means of Pulmo Calcium.

Recent research has further shown that the development of the carious teeth seems to be more dependent on nutritional influences than on mechanical and hygienic reasons. It is stated above that the developing fœtus derives its supply of Calcium and Phosphorus from the mother. If the mother is deficient naturally the teeth and the bones of her offspring are much more deficient. Further certain changes occur in the teeth of these children which in later life become susceptible to caries. The importance therefore of the administration of Pulmo Calcium to lactating mothers can be easily realised. It not only gives the child healthy bones and sound teeth, but prevents dental caries in future life.

Further every medical man is aware that in rickets it is the calcium metabolism that is disturbed. As this Calcium is not well-absorbed by the intestinal tract and as it is not efficiently concentrated in the blood, defective deposition in the tissues follows. Now we know that rickets not only affect the bones but the teeth also and when specially they affect the permanent teeth, the results are more striking than when the deciduous teeth are involved. As a consequence the deciduous teeth become brittle and easily crumble down and the permanent teeth show irregular growth, pitting and have a very poor enamel. All these effects are not only found in the developmental period but also when the child is fully grown. Under these circumstances it is very advantageous to administer Pulmo Calcium not only to the mother but to the child as well.

It is very obligatory therefore to note that the effects of Calcium deficiency are insidious and in the majority of cases the warning symptoms may not appear until the calcium content has been very much reduced, though the organism may even be harmed by lesser degrees of Calcium deprivation. Hence it is advisable to prescribe Pulmo Calcium in all such cases of Calcium deficiency both as a curative and preventive.

Pulmo Calcium is the most effective means for administering Calcium internally both in children and in adults. It is a white tasteless powder containing the active principles of Phosphates, Carbonates and Salts of Lime and Magnesia. It is necessary to prescribe Pulmo Calcium over long periods of time in conditions mentioned above. This preparation will be most acceptable to children as it is tasteless, and readily mixes with water or with milk. It does not cause irritation of the alimentary tract nor does it produce constipation. Better results are always obtained when the preparation is taken with meals.

Dangers of Obesity.

The presence of excessive fat and the overburden on the metabolic processes and the consequent risks of fatty degeneration of the organs necessary to carry on the vital activities of life constitute not only a serious tax but a regular menace to the life expectancy of the individual. It is therefore high time that these facts are more generally realised. Obesity apart from its being an unsightly blemish and not in conformity with the prevailing fashion, overtaxes the vital organs of the body and causes fatty degeneration of certain of these organs replacing the active glandular tissue with the non-functioning fatty tissue. This effect is more marked on the heart, liver and kidneys and the inadequate functioning of these important organs is very serious. It is generally known that fat people resist acute infections very badly than those of normal weight. Again it is a fact borne out by statistics that the percentage incidence of Diabetes in the obese is much greater than amongst the thin. This may perhaps be attributed to over-indulgence in foods, particularly sweets. It has been found that 70 to 80 per cent of persons with Diabetes are obese and 50% of persons with high blood pressure are overweight. People with gall-stones, disorders of the heart, eczemas etc. are fat and the risks these persons are exposed to on account of over-weight are familiar to every physician.

In view of these facts and opinions it is the duty of the general practitioner to undertake to treat Obesity in order to avoid these subsequent dangers and also to promulgate education in the principles of rational eating and to give medical precept so that they may be acquainted with the real dangers of Obesity.

We have seen how overweight is dangerous to the human body but at the same time we must bear in mind that improper methods of reducing weight may be even more dangerous. Latterly we have come across many women who treat themselves with quack nostrums advertised in the lay papers while some adopt ridiculous dietary measures and suffer from extreme under-nutrition or ill-health.

Besides dietary restriction in the treatment of Obesity various drugs are available in the market which, though effective for the time being, carry enormous risks with them specially when used indiscriminately and without proper advice of the physician. The preparation Iodobesin however carries no risks with it and in many cases reported, has effected marked weight reductions without any changes on pulse-rate, blood pressure and the heart. So far we have not met with any case where any serious symptoms have arisen during and after the administration of Iodobesin.

The majority of cases of Obesity are associated with deficiency of certain of the Endocrine Gland secretions which require an extended course of treatment. Iodobesin, acting as it does on this glandular system causes the production of those elements of internal secretion which are deficient for the proper oxidation of fats and in this way brings about the desired reduction in weight in a rapid and harmless manner. It is however necessary that this product should be continued for a long time to get adequate results and should be noted that no deleterious effect either on the heart, stomach or nervous system need be feared on account of its administration.

Again small doses are more effective than heroic ones as reduction should be allowed to proceed slowly as the burning of the body tissues throws a good deal of toxic material in the circulation, which may result in a type of toxemia which may prove disastrous. Further, another advantage of Iodobesin is that no strict dietary regime should ever be observed during its administration and hence no supervision of a physician is needed.

This harmless pluriglandular product has been used in plenty of cases and permanent results have been obtained with it after a regular and steady use for periods extending over months. It is undoubtedly a rational treatment of Obesity as in it are included all dependable Gland Extracts with the addition of Colloidal Iodalbumen, which latter regulates alimentary metabolism by preventing any formation and accumulation of excessive fat in the organism.

We have seen the risks that fat persons run and we have also seen that in Iodobesin we possess a remedy which is safe and efficient. It is therefore upto the medical profession to prescribe it in all cases of Obesity irrespective of its causation. The exhibition of this preparation should be continued until we come to what is known as the demarcation point. This is easily discernible when after a continued drop in poundage with this treatment the patient maintains a steady weight, all other factors being normal. Timely and continuous administration of this product will therefore prevent a good many diseases which are the usual results of Obesity.

Constipation and how to treat it.

It is a truism to say that the effects of modern civilization are not only seen on the manners and customs of people but are even felt by the human system and the most common effect of this experienced by man is constipation. The ascending and the descending colon must be made to act regularly, otherwise it becomes a cesspool because of the absence of peristalsis. As a consequence the toxins are absorbed and are circulated in the system producing a number of diseases and affections. It is in the interest of the general practitioner and his patients therefore that he should know everything about constipation and its treatment, as he daily comes across numerous individuals who complain of constipation and whose other troubles can be traced to this chief complaint. It is absolutely essential for him to deal effectively with such cases.

The causes of constipation being varied one must be thoroughly acquainted with them when one aims at relieving the trouble. They may be enumerated briefly:

1. The mechanical stimulus which is necessary to bring about peristalsis of the bowels may be deficient,

2. There may be mechanical obstruction such as fæcal impaction, growth or any other organ as for example the uterus pressing on the bowels.

3. Excessive absorption of the liquid portion of the foodstuffs etc. causing dryness of the contents.

4. Weakness of the abdominal muscles.

5. Atonic condition of the colonic musculature.

6. Defective reflex action.

7. Intestines may be in a condition of spasms which may result in constipation.

8. There may be some psychological element which produces this condition.

In the light of these causes our plan of treatment should be based according to the individual requirements and it should consist of general management, diet and suitable medicaments. Regularity of the bowels by means of inculcating a regular habit of evacuating them is the first essential in the treatment of constipation. This evacuation, if defective, may be facilitated by regular moderate exercise. It is a good plan to have regular massage over the course of the large intestines, as it gives proper tone to them.

So far as the diet is concerned it would be advisable for him to take sufficient amount of cellulose, water and other foodstuffs which contain laxative principles. Most of the fruits contain these latter. Bread made of coarse flour does help in restoring the peristalsis of stagnant bowels. In prescribing a certain regime of diet attention should be paid to the fact that the bulky food residue causes a great amount of trouble to a patient with weak bowels. If we find that the lines of diet that we have indicated do not help the patient in any way in restoring the normal tone of the bowels recourse should then be had to drugs.

The choice of a medicament with which to relieve constipation without any drastic effects and with minimum of disturbance to the system should be the first consideration in the treatment and all these requirements will be admirably met by Mycol. This product efficiently acts against most of the morbid elements which are the chief factors in the causation of constipation. It stops the intestinal indigestion by means of the Bile Extract it contains. Secondly it changes the intestinal flora which are a source of proteolytic fermentations through the lactic ferments. Mycol thus acts as an effective antitoxin and it can be given in sufficient doses to deal effectively with the toxins in the intestines. It therefore not only overcomes constipation but disinfects the contents of the entire digestive tract. Again by reason of the presence of Beer yeast in it, it causes leucocytosis and thus fixes and adsorbs the toxic products of putrefactive, proteolytic and pathogenic bacteria.

In view of these pharmacological properties of Mycol it is a therapeutic agent of a very high value in the treatment not merely of constipation but other diseases of the gastro-intestinal tract such as enteritis, mucous and ulcerative colitis, food-poisoning and toxemia associated with intestinal stasis. Mycol combines in it the laxative as well as the protective properties and hence is indicated wherever a laxative action is desired as also in cases wherein dyspepsia, flatulence and abdominal distress, frequent symptoms of intestinal stasis and putrefaction, exist. In these cases it relieves stasis, overcomes putrefaction and restores the bowels to its original dynamic function.

Besides Mycol there are many drugs under the list of aperients which would relieve constipation but they only act temporarily and have depressing and debilitating after-effects. It is now more and more appreciated by the physicians that there is a difference in the pharmacological effects of these different preparations. While the drastic purgative scours the small intestines and disturbs alimentation, mild laxatives by only stimulating peristalsis bring about evacuation of the intestines. Mycol besides being a mild and effective laxative acting on the colon, soothes the inflammed and ulcerated mucous membrane of the intestines—witness its splendid therapeutic results in Ulcerative Colitis. It changes the intestinal flora and by mixing with the intestinal contents brings about proper digestion and assimilation.

Besides Constipation there are some applications in which Mycol treatment is greatly beneficial. We have seen from the foregoing remarks that Mycol is a powerful detoxicating agent. The choice of this preparation in toxemia is therefore determined by means of its power not only as a reliever of a severe constipation associated with it, but as a detoxicating agent. In mucous colitis it acts as a good soothing and sedative agent and by means of the lactic ferments brings about disinfection of the bowels. For a similar reason as also owing to the Bile Extract in it, it is said to be of high value in cases of Sprue. Again it has proved very useful in constipation of pregnancy. It gives generally easy actions, has very good influence on the nausea and lessens the chances of intestinal toxemias of Pregnancy. It would rather be preferable to take it in gradually increasing doses. As constipation is almost the rule in pregnancy, the benefit derived from the use of Mycol is apparent. Children with sluggish bowels respond well to Mycol treatment. It removes the toxins and restores the normal tone of the intestines. Thus by establishing regular habits general health is improved.

In cases however where constipation is the result either of retroflexion of the uterus or enlarged prostate or any other mechanical cause, Mycol cannot be of much use. It is advisable in these cases to resort to enemata.

Mycol therefore is a successful evacuant of the intestines. Not only does it aid digestion but relieves most cases of constipation to a surprising extent. It will therefore be seen that Mycol is of the greatest value in cases which present evidence of toxemia due to constipation. Even in cases of putrefaction accompanied by diarrhœa and foul smelling stools the use of Mycol will restore the stools to their well-formed consistency and will drive

away the foul odour. It cannot be emphasised too much that instead of merely evacuating the bowels with drastic purgatives it is much better and more rational to administer Mycol in cases of constipation because :—

1. It helps to form a soft homogenous mass which slips easily past the bends and kinks of the colon without friction and delay.

2. It restores the normal responsiveness of the mucosa and induces a habit of regular defæcation.

3. It is a good antiseptic and inhibits fermentations in the intestines.

A unique experience with Pharmasol Trimine.

A patient of about 40, a man of position came to me for multiple ulcers on the penis with a developing bubo in the right groin. Prior to seeking my advice he had consulted several other practitioners, but the treatment they had adopted had presumably done him no good. After diagnosing the case as one of soft sore I advised him to wash the ulcers with Potassium Permanganate lotion and to dust them with Dermatol. The developing bubo would not allow him to walk well and gave him a lot of trouble and pain. He was not able to stay at home for long, as he occupied a very responsible position in his office nor could he attend the office with a limp. What he wanted therefore was a speedy cure. Pharmasol Trimine was tried, which I used to give him twice weekly intramuscularly. I began with 1 cc and at the end of the week I injected 1½ cc. After these two injections the ulcers began to show rapid improvement and the course of the bubo, which was about to suppurate was arrested and the pain was very much less. He was able to walk then without a limp. Thus he could attend office after a week. I completed the course of six injections i.e. in all he received 10 cc. of the Pharmasol Trimine. This completely cured his ulcers and the bubo also was aborted after two weeks. Pharmasol Trimine was, as is evident, employed in this case with great benefit. Through this medication not only was opening of the bubo and subsequent troublesome dressings avoided, but the cure was so speedy that the patient could attend to his duties within a week. It is well-known that once a bubo is opened it takes a long time to heal and therefore it requires dressings which necessitate the patient to stay at home or walk limping. All this was eliminated in this case and the patient, a man of high social status, showed his gratitude to me for he was able to escape social obloquy, because of immediate relief and absence of limping.

An unusual experience with Septicemine.

I was called to see a female patient about 30 years old. She had rigors, fever, vomiting and diarrhœa. I found that the temperature was 104°. I diagnosed the case as Malaria and gave a diaphoretic and Quinine mixture. The next morning I was told that there was no temperature at all. In the evening however, fever again rose to 103.8° with rigors and pain in the joints. For three days things went on like this and the fever chart resembled that of Malaria. Later the temperature continued to rise every evening in spite of massive doses of Quinine. I suspected then some serious trouble and sent the blood for report, which revealed that the leucocytes were 12,300, Eosinophiles 2%, Lymphocytes 17%, Mono-nuclear leucocytes 3% etc. The diagnosis made was Meningococcal Sepsis. A calomel purge was given at the start and milk-diet was prescribed. A mixture containing Hexamine, Acid Sodium Phosphates and Bromides was then given and at the same time an intravenous injection of Septicemine was administered. The latter was repeated every 4 hours until 3 ampoules were injected in the day. There was a rise in temperature but it was only 102.8°. Some efflorescences on the extensor surfaces of the arms and legs were noticed. Next day lumbar puncture was made, which greatly relieved the stiffness of the neck. The rash also disappeared. Septicemine injections were continued as on the previous day. The bacteriological examination of the spinal fluid showed the presence of Meningococci. It was evident at this time, I thought, that the patient was losing ground as on the evening of the next day of this treatment there was a profound rigor and a certain amount of collapse.

The same treatment was continued the next day and in the evening I found that there was a turn for the better. Her general condition much improved and although the temperature rose, it continued at a lower range. On the fourth day only two injections of Septicemine were given. The picture had now changed and I found that she was obviously improving and was in no immediate danger. The blood examination showed that leucocytes numbered 7000, Non-segmented nuclei 30%, Eosinophiles 2%, Lymphocytes 20% and Mononuclear leucocytes 3%. After four days I began to inject only one ampoule of Septicemine. From the seventh day the temperature fell and from the next day onward it remained normal. The injections were then discontinued. The general condition and appearance instantly improved and in a couple of days she appeared to be completely out of danger. The temperature has since remained normal, she has now put on flesh and has regained her healthy appearance.

It is obvious from the above case that with Septicemine success has been obtained in a condition which at times drags on interminably or which ends fatally in spite of all therapeutic measures. The following facts can be deduced from this remarkable case.

1. The preparation, Septicemine, has caused no irritation to the kidneys.

2. The introduction of this antiseptic treatment in the blood seems to be very beneficial.

3. The large doses of this preparation have not produced any untoward effects.

Stannoxyl.

Extracts from Standard Literature.

The Following Excerpts from the Medical Literature clarify the Clinical Usages of Stannoxyl.

Furunculosis : Frouin, A. and Gregoire, R : The Action of Metallic Tin and the Oxide of Tin in Staphylococcus Infections, Compt. Rend. Acad. D. Sc. 164: 794 May 4, 1917.

The authors treated fifty cases of furunculosis, which may be summarized as follows :

There was given per os. 0·5 to 1 Gm. of metallic tin or a mixture of metallic tin and tin oxide. In all the cases the furuncles disappeared in from five to fourteen days and did not recur, the patients remaining free from lesions of this nature for periods up to six months. Prior to the administration of the tin several of the patients had received, without relief, the usual forms of treatment, including various types of vaccinotherapy.

Furunculosis-Hudelo, M. L.: Treatment of Furunculosis by the Method of R. Gregoire and A. Frouin, Bull Et Mem. Soc. Med. D. Hop. De Paris, 41 : 705 May 24, 1917.

At the request of M. Frouin, the investigator has used this method in some ten patients with obstinate furunculosis, the most typical of which he records.

"Our observations confirm the clinical results obtained by Gregoire and Frouin. After several tablets daily of tin or tin and tin oxide the furuncles regressed, were resorbed and the skin cleared up. The treatment is well tolerated and is without gastric or intestinal disturbances."

The local treatment consisted simply in washing the affected area with sterile water and the application of dry dressings. In the opinion of Hudelo, tin and tin oxide present an easy and remarkably effective method of treating furunculosis, the tendency of which to recur and to resist therapeutic measures is well known.

Osseous Suppuration, Furunculosis : Gregoire, R. and Frouin, A. : Action of Oxide of Tin and Metallic Tin on Infections Due to the Staphylococcus, Bull De l'Acad De Med., 77 : 704, May 29, 1917.

Knowing that the tin-workers of Beauce do not suffer from boils, Dr. Gregoire, assisted by Albert Frouin, a chemist of the Pasteur Institute, put the matter to test.

They studied the effects on the staphylococcus growing in culture media, and succeeded in proving that both metallic tin and its oxide are definitely antagonistic to the staphylococcus. Animal experimentation as well demonstrated that tin is definitely anti-staphylococcal. The conclusion of these investigators is quoted directly.

"We have shown: (1) That metallic tin and tin oxide are absorbed in the digestive tract: (2) that these substances are harmless to the organism; (3) that tin and its salts have a therapeutic effect on experimental septicemia due to the staphylococcus; (4) that tin and its compound have a bactericidal action upon cultures of the staphylococcus and directly influence the virulence of these organisms. These facts warrant the employment of tin and its compounds in diseases due to the staphylococcus".

The investigators recorded the results they obtained in the treatment of furunculosis and in two cases of osseous suppuration which followed war wounds.

FURUNCULOSIS: In furunculosis the efficiency of the treatment was manifested very promptly. The disappearance of furuncles took place usually in from five to eight days. In one case of generalized furunculosis, attended by M. Hudelo at the Broca Hospital, the treatment required fourteen days.

Gregoire and Frouin described two cases which they said gave a faithful picture of the fifty cases which they have treated.

M. F., artist, 32 years of age, had been suffering from furunculosis in the region of the neck for four months. Sulphur, vegetarian diet and other measures had been without results. At the time the patient came under their observation in June 1914, he had two furuncles in the process of development. They were swollen and very painful. They administered 10 tablets of 0·5 Gm. of a mixture of tin and tin oxide. In about ten days the boils had disappeared, and there was no recurrence in the course of a year.

B., mechanic, aged 45 years, stated that for four or five years he had one or two attacks of furunculosis each year. He had taken purgatives of various kinds repeatedly and had employed a number of local applications. In June 1915, he had two furuncles on the inner aspect of the thigh. He was given the usual dosage of tin and tin oxide. At the end of the second day pain had disappeared and the boils were softer and less voluminous. By the fourth day there was a striking diminution in the size of the boils. Only a small, painless, indurated, violaceous nodule remained. By the sixth day one could see only a little thickening of the skin and a slightly violaceous discoloration. In 1916 a new furuncle started to develop, but under the influence of the treatment disappeared in four days.

OSSEOUS SUPPURATION: One may be permitted to hope, state Gregoire and Frouin, that the action of tin will inhibit the development of the staphylococcus in acute osteomyelitis, for this is a furuncle of the bone, as Pasteur has said. In two cases of chronic osseous suppuration following war wounds, Gregoire and Frouin witnessed interesting results.

Case 1—A laboratory boy, wounded in December, 1914, with comminuted fracture of the tibia, had submitted to several surgical operations, at which fragments of bone were removed. He was discharged from the hospital in November 1915. About this time a chronic form of suppuration set in. Staphylococci were present in the pus. Several sequestra of bone were discharged. In March 1917, he was given I gm. of tin and tin oxide daily for eighteen days. The suppuration ceased about the twelfth day and did not recur.

Case 11—Following fracture of the femur in September 1914, several sequestra of bone were discharged. The patient left the hospital in May, 1916. There was a chronic suppurating fistula. In January, 1917, the tin treatment was started the patient receiving 1 gm. daily for twenty-five days. There was no more suppuration after the sixteenth day. The patient continued, however, to take about ten doses of tin and tin oxide each month. There has been no recurrence of the suppuration.

"The results obtained are highly encouraging. While the number of patients is small, they seem to confirm the specific action of tin against the staphylococcus."

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.**

Feet—Sweating of—Swelling and tender: In old persons Arsenic Tri Iodate 1/60-1/40 grain three times a day. In old standing cases Tinct. Hamamelis ½ to 1 dram three times a day. The best local application for sweating is Salicylic Acid and Borax half to half in water and Glycerine to be rubbed over both morning and evening (Hare).

Formaldehyde one part of the commercial 7 per cent solution mixed with 4 parts of water to be applied over the part (Hare).

For Fetid Sweating: Creolin 1 dram, Hyd. Ammoniata grs. 10, Acid Salicylic grs. 10. Petrolatum molli 1 ounce to be applied as an ointment (Hare).

Felon: Concentrated solution of Silver Nitrate if painted over will abort it (osler).

A gauze moistened with saturated solution of Mag. Sulph and Glycerine (equal parts) to be applied and bandaged. The dressing to be changed daily (P. M).

Fractures: Non-union: Testicular secretion is useful and also Thyroid and Pancreas (E.S).

Froehlich's Syndrome or disease: A combination of Thyroid 1 gram, Pituitary 3 grams and Thymus grams 2, three times a day (Sajous).

Pituitary Gland (Leonard Williams).

Furunculosis in Diabetes: The following ointment is useful: Boric acid 4 parts, Precipitated Sulphur 4, carborated Petroleum 30 (Joslin).

Freckles: Camphor 1 gram, Acid Salicylic grams 2, Lotio Hyd. Perchloride in Spt. Vinum Rectificatus 1 in 1000 grams 50, apply thrice a day. (Andrews).

Bismuth Oxi-chloride 2 drams, Hyd. Ammon ½ dram. Aquae Rosea 1 ounce, Ol. Limonis mm. 2. This is called Bleaching cream. (Andrews).

Galactoria: Abnormal secretion of milk, Iodide of Potassium or Ergot, or Chloral or Antipyrin with Belladonna pigment externally (Hare).

Gall Bladder: Inflammation of: Hot application over the hepatic region; Hexamine by the mouth and also Sodium Salicylate or Sodium Benzoate.

When purgative is necessary Calomel at night, followed by Soda Sulph or Mag. Sulph concentrated solution in the morning (M.T.T).

Gall Stones: Said to be more common in females than in males and due in some cases to insufficiency of Thyroid; Belladonna is better than Olive Oil; Thyroid is useful after the acute stage. If the pain is very severe morphine should be given by injection and also hot fomentation (Leonard Williams).

Cholelith is good.

N.B.—Pain in the right shoulder is a sign of Gall Bladder disease. Intradermal injection of Cocaine into the Gall Bladder region (the gall bladder is situated behind the top of the 9th costal cartilage) causes disappearence of the pain of gall bladder disease or biliary colic within a few minutes and also relaxation of abdominal muscles (Burger).

General Paralysis: The treatment by intravenous injectien of Trypanosmide to be given in weekly doses in solution of 3 grams in 10 cc of sterilised water over a period of 10 weeks. Contra indicated when there is atrophy of the optic nerve (I.M.G).

Instead of injecting malarial parasites non-specific foreign proteins are equally effective and simple and not attendant with danger (T.N).

Hexamine about 30 grs. daily is good (M.A).

Gingivitis: Pure Trichlor Acetic Acid to be applied for 30 seconds once a week. In hypertrophic Gingivitis, Ferropyrin in wool to the pockets once a day. For ulcerated Gingivitis local application of Liq. Arsenicalis, Vin. Ipecac 3 drams and Glycerine 2 drams (M.T.T).

Iodo Glycerol which contains Zinc Iodide grs. 15, water 10, Iodine grs. 25, Glycerine 50 to be applied with cotton wool (Osbourne).

Giddiness: In old persons whose digestion is not disturbed and who have no organic disease, Codliver oil with small doses of Quinine is good or Ergot and one of the Bromides (Hare).

Notes on Therapeutics, Diagnosis and other Medical Subjects.

CURRENT MEDICAL LITERATURE
CLINICAL MEDICINE AND SURGERY.

The Pituitary Gland in the Etiology of Cancer.

It is known that the anterior pituitary is concerned in the promotion of growth. It is also known that in malignant disease the anterior pituitary hormone is present in the urine in sufficient quantity to give rise to a positive Zondek-Aschheim reaction. The same phenomenon is observed in pregnancy—considering pregnancy as an abnormal growth. Comparing pregnancy with a malignant growth, the difference is that the first is physiologically controlled whereas the second is not.

The question of the controlling factors in such conditions has been investigated by Dr. W. Susman, of Manchester University, Eng., whose finding are reported in Brit. Med. J., Oct. 31, 1931. The hypothesis was made that the factors were endocrine, but more especially, on account of certain available data, that the controlling hormone was that of the posterior pituitary lobe. From histologic examination of the pituitary in cancer cases, Susman found: (1) that the anterior pituitary was overactive and was stimulating growth, (2) that lesions of the posterior pituitary probably affected the quality and quantity of the posterior secretion and that by so doing, in cancer cases, the growth-restraining influence was inadequate.

Susman further found, experimentally, that in cancer cases there probably exists an unbalanced state in several of the ductless glands which permits the development of the new growth, especially an increased demand for carbohydrate, giving rise to abundant and enlarged islands of Langerhans in the pancreas.

Putting the theories into effect in experimentally-produced cancer in mice, Susman observed that in these animals the feeding of glucose (dextrose) in abundance has a stimulating effect in producing epitheliomas and that, within limits, the administration of pituitrin has a checking influence on malignant tumors, thus so far veryfying the theories.

The clinical application of the experimental findings was carried out in a limited number of cases.

In established superficial cancer cases (breast, skin), in which the patients were put on a diet low in carbohydrates, with injections of 0·5 cc. to 1·00 cc. of pituitrin twice daily (in some cases 0·25 cc. to 0·5 cc. of theelin once daily were added), it was seen that the growing edge of the tumor disappeared and that the tumor tended to keratinize and separate. In a crucial test case—a slow-growing epithelioma of the dorsum of the foot—the tumor began to separate after 14 days; in 6 weeks a probe could be inserted beneath it at several points and the microscopically proved epithelioma was successfully removed without any obvious cutting.

There is nothing, however, to prove that such cancerous tumors will not recur. The findings show, tentatively, that treatment based on the hypothesis laid down, has so far been successful. Life has been prolonged; the tumor has disappeared; all patients look and feel better.

The injections are not made into the tumor, but subcutaneously in the abdomen at some distance. The first clinical reaction is intense pain in the tumor, beginning at its growing edge; within some days the growth retracts and becomes covered with a scab; gradually it disappears, as noted above.

The Sexual Factor in Prostatic Hypertrophy.

In Am. J. Surg., July, 1931, Dr. E. W. Hirsch, of Chicago, stresses the frequency of prostatic hypertrophy among the Caucasian race. He does not believe that this difference lies in an anthropologic or geographic basis, but rather, in the main, because of the Caucasian's cultural code, which tends to repress the natural outlet of sexual energy.

Prostatic congestion is the price often paid for ignorance regarding the physiology of the sexual organs. The most logical method of preventing prostatic hypertrophy is periodic massage of the congested prostate or a sexual life which is compatible with age, inclination and general welfare of the patient.

Chemical Removal of inoperable Breast Cancers.

Over one hundred years ago, Canquoin, of Paris, devised a technic in which zinc chloride was employed as an escharotic for the removal of malignant tissues.

In Med. Herald, Physic. Therap. and Endocrine Survey, Aug., 1931, Dr. C. W. Strobell, of San Diego, Calif., states that this method, with revised modern improvements in technic, has been found successful in cases of inoperable cancer of the breast in women.

Following anesthesia (hyoscine and morphine) the breast skin, facia, and nipple structures are removed with sodium hydroxide, the denudation extending to and including the axilla and axillary nodes being enucleated with the same agent. Zinc Chloride is then applied to the breast according to the indications, the dressings confining the zinc strictly to the surfaces on which it is placed.

The zinc chloride devitalizes the tissues and changes them to a leathery consistency, which is pared away to give place to a fresh application of zinc chloride. This is done from day to day. In the course of a week or so the devitalized layer will be thrown off at the line of demarcation. Skin grafting is done following healthy granulation.

This treatment can be carried out at the patient's home.

In 1921, the author reported upon 40 cases so treated. All these were ulcerous, necrotic, hemorrhagic and metastatic, beyond the possibility of surgical intervention. The average survival of 20 of these patients following the zinc chloride treatment was over 2 years, and many were still living at the time of the report. In 6 cases there was recurrence. The other 20 patients died within the first year following treatment. The authors statistics at present extend to 80 cases.

Adrenalin in Tetany.

A correspondent of the British Medical Journal, Dr. J. A. Emslie, tells, in the July 25, 1931 issue, of a boy, aged 13, who had been subject to asthma but entirely free from it for the previous year, developing tetany as a result, apparently of over-exertion (football, cricket and sprinting). He was promptly relieved by an injection of 0·25 cc. of adrenalin (epinephrin) solution 1:1000. The case is described thus:

"Corpopedal spasm was pronounced, the muscles of the trunk were also affected, and Chvostek's sign was present. The arm reflexes, abdominal reflexes and knee-jerk were all exaggerated. The pain was very severe particularly over the upperpart of the chest and over the cardiac region. In appearance he was very gray, and appeared to be breathing rapidly and deeply. The respirations were 50 per minute, and the pulse rate was 140. The heart sounds were perfectly normal and the apex beat was within the nipple line. There was no laryhgeal spasm and no signs of asthma. Expiration and inspiration were unimpeded."

The epinephrin was administered because of the asthmatic history. The effect is thus described:

"About twenty seconds after the injection he said he began to feel better, and the pain was getting less. In sixty seconds he was very much better, the pain was gone, and he felt relieved in every way. The deep breathing still continued and the spasm remained; now and again he would have a great shudder, and sometimes smaller shivering attacks, but by another half-hour the condition passed away and he felt himself again."

Results of Tonsillectomy and Adenoidectomy.

An intensive evaluation of the results of tonsillectomy and adenoidectomy, in a small group of children operated upon, has been made by Drs. T. K. Selkirk and A. G. Mitchell, of Cincinnati, and the findings compared with other studies of a similar kind reported in the literature.

In Am. J. Dis. Child., July, 1931 these authors say that, on their study of children three years after tonsillectomy and adenoidotomy, there was a lessened incidence of

colds, nasal obstruction and sore throat, while sinus infection, headache and "growing pains" were increased in frequency.

As a criticism of their personal study and that of many others, they note certain modifying factors to which no attention or too little attention is paid. These are: age, sex, race, heredity, financial class-season, effect of adenoidotomy alone, length of observation after operation, source from which the history and other data are obtained, incidence of tonsillectomy in the community at large and the suitability of the control group. The neglect of a consideration of these factors often invalidated the conclusions.

There are several methods of approach in the evaluation of results, the method of choice varying with the symptom studied. The method of studying a large number of symptoms and pathologic conditions simultaneously usually results in superficiality. Seperate and intensive studies of a single symptom in relation to tonsillectomy have been made mainly on the rheumatic syndrome and probably offer the best means of approach in studying other symptoms.

Many of the symptoms and conditions popularly supposed to be associated etiologically with diseased tonsils are those in which the natural course and incidence, regardless of the effect of tonsillectomy, are not known. Many of them, too, are affected by other factors than tonsillectomy in an as-yet-unknown manner. It would seem that the conclusions drawn from some of the studies which are widely quoted as showing the effects of tonsillectomy are decidedly open to question, because of failure to consider other factors in evaluating the results.

Hot bath Treatment for Deafness.

A case of chronic and increasing deafness was greatly improved by immersion of the patient for 10 to 15 minutes in hot baths, to which a pound of commercial epsom salts had been added.—Dr. Jas. Adam in Brit. M. J., Apr. 11, 1931.

News and Comments.

A New Medical Act: The Burma Medical Council have under their consideration a draft of a Medical Law for Burma on the lines approximating to the Medical Law in Siam. The idea seems to be to bring under the control of the Council all practitioners, indigenous and otherwise, as well as compounders, ward-assistants, masseurs, etc. The title of the proposed legislative measure is "The Medical Act of Burma." The Council constituted under the proposed Act will be a Department of the Ministry of Health.

Evidently there seems to be 26 sections in the Siam Medical Act of which the Executive Comittee of the Burma Medical Council have incorporated in their draft only 24 Sections. The first three sections deal with the title and meaning of terms used in the body of the Act. Section 4 gives directions as to the formation of the Medical Council under the Act. It is contemplated to have six offiicial and six or nine non-official members. The former representing (1) Medical Department (General) (2) Medical Department (Educational), (3) Public Health Department, (4) Army Medical Department, (5) Faculty of Medicine in the University of Rangoon (6) Corporation of Rangoon (Health Officer). The non-official members are to be elected two or three from each group of medical practitioners (1) British qualified, (2) University Medical graduates and (3) Licentiates. So, if two members are to be elected from each of the groups there will be 12 members in the Council and if three are to be elected from each of the above, the number in the Council will be 15. The Inspector-General of Civil Hospitals is to be the official President. The tenure of office for members has been fixed at three years and that of the President is life-long. The Act provides for a Licensing Board composed of (1) The Inspector-General of Civil Hospitals, (2) The Chief Veterinary Surgeon to Government, (3) The Professor of Dentistry, Medical College, University of Rangoon, (4) a delegate to represent the Pharmaceutical firms in Burma, (5) a delegate to represent the Burmese Say Sayas, (6) The Health Officer, Rangoon Corporation, and (7) The Superintendent, General Hospital, Rangoon. Provision has been made for the co-option of Civil Surgeons to the Licensing Board for deciding granting of licences in the mofussil.

The functions of the Council are much the same as those of the existing Medical Councils and of the Licensing Board are to deal with all questions concerning the training, etc. of unqualified practitioners. Both have disciplinary powers the Medical Council over qualified practitioners and the Licensing Board over the unqualified practitioners and they should report their decisions to the Minister. It is made obligatory that neither the qualified nor the unqualified could practise unless they are registered by the Medical Council or the Licensing Board as the case may be.

The Medical Act proposed in Burma will be certainly more effective in checking and controlling quackery than the existing Provincial Medical Registration Acts. Qualified practitioners at present could practise without being registered, and consequently such practitioners could behave at times worse than quacks and there is no legislative provision to force qualified practitioners to register themselves so as to enable them to practise medicine. So, the proposed measure in Burma is certainly an improvement over the existing Medical Acts. Medical Councils came into existence in all civilised countries not so much to provide employment or to secure special privileges to qualified practitioners, but primarily to protect the public from unqualified practitioners and bring the qualified under the control of a Council with statutory powers to exercise such control. The existing Provincial Medical Acts do not at all serve the purpose effectively. It will be worth the while of other Provincial Medical Councils in India to amend the existing Acts on the lines adopted by the Burma Medical Council.

There are some defects in the proposed Burma Medical Act. Though the Licensing Board is brought into existence by the Act, there seems to be no relationship established between the Medical Council and the Licensing Board. It is quite necessary that the Medical Council should be represented in the Licensing Board adequately. There is no need for the Health Officer of the Rangoon Corporation to be in the Medical Council, as a seat to represent Public Health has been provided for otherwise. Likewise the presence of this officer is uncalled for in the Licensing Board also. Nor is there a necessity for the Superintendent of General Hospital Rangoon, to be in the Licensing Board. It may be desirable that the Licensing Board is always a nominated body, nomination being made by the popular Public Health Minister. Co-option of the Civil-Surgeons could also be done away with, as such co-option will not be practicable. Provision may be made that the unqualified practitioners may apply for license through the District Medical Officer or the Civil Surgeon of the locality. The electorate for the selection of representatives of the Independent Medical Profession to the Medical Council should not be compartmental as it is now. There is no need of special representation of any class of practitioners. Provision should be made to elect nine private practitioners from amongst the non-official registered practitioners in the Province, and for this purpose the whole Province should be divided into practicable electorates which should be given the power of choosing one or two representatives to make up nine non-officials to represent the profession in the Medical Council. There will be no fear of the British qualified practitioner not being in the Council as the six nominated seats in the Council will certainly be filled in by such practitioners in government service. It is desirable that the President of the council should be elected, govt. officials not being debarred to stand for election. Suitable sections should be added to bring the Medical Council to an efficient level incorporating as many clauses as are now existing and a few more if necessary to bring the same to the level of the Medical Councils existing in other civilised countries. Provision should be made for an appeal to the High Court in the case of the registered practitioners or 1st Class Magistrate or District Session Judge in the case of unqualified practitioners against the decision in connection with disciplinary cases againt such practitioners. These are a few important suggestions we wish to make so as to make the proposed Act serve the purpose expected of it; the criticisms cannot be considered

to be complete as we have not with us full materials to do justice to the subject.

We trust the Burma Medical Council will elicit public opinion and the opinion of the Medical Profession before they recommend this useful measure to the Government for introducing the same in the Burma Legislative Council.

Medical Council Election U. P.: As time will have it, soon after the hotly contested election in the Punjab is over, there comes another election in the sister province of U. P. There seems to be heat waves in elections also and the Punjab heat has travelled to U. P. and the All India Medical Licentiates' Association is also much in evidence in U. P. as it was in the Punjab. In fact the Punjab election was fought on the issue of validity of the right of nomination of a candidate on behalf of the All-India Medical Licentiates' Association. In U. P. the plank used so far to our knowledge is "who is better fitted to represent the Licentiates—a Government servant or a member of the Independent Medical Profession?" The contest is between an honoured officer of Government and a member of the Independent Medical Profession. The candidates as well as their supporters happen to be prominent members of the All-India Medical Licentiates' Association.

It will not be out of place for us to mention that the seat which is now contested has a significance of its own. Till recently there were only two seats for Licentiates—one to represent the service and the other the non-service, but there is no restriction regarding the candidates themselves who could be either from service or out of service for both. A few years ago, the Licentiates in U. P. agitated to be given three seats in the U. P. Medical Council instead of two on account of their larger number. The Medical Council, U. P. was against this and also the Government. The representative of the private practitioners amongst the Licentiates in U. P. Dr. Kunj Beharilal Varma, resigned his seat thrice and got re-elected without contest thrice on the issue of the Government refusing to allow three seats for the Licentiates. Till at last the Government yielded and amended the U. P. Medical Registration Act, making provision for a third seat to the Licentiates in the Medical Council, adding one more seat to represent the private practitioners.

So, strictly speaking, the present seat should be filled in by a member of the Independent Medical Profession though there is no restriction provided in the Act prohibiting Licentiates in service to represent them. In addition to the existence of castes due to differences in the medical education of the members of the Medical Profession, there are also sub-castes—service and non-service practitioners. Though in other civilised countries Medical Councils exist for the profession as a whole and not for groups representing several qualifications in the Medical Profession, it has been the misfortune in this country that even Medical Councils cannot be free from communal strifes.

The Medical Councils exist for public safety. They grant certain rights and privileges to the members of the profession who come under their control, such rights and privileges having nothing to do with service or non-service problems in the profession. So, whatever might be the justification for the representation of members of the profession belonging to different classes in the medical profession in India, it is preposterous that the elections are run on the service and non-service tickets. When the whole country is struggling hard under the yoke of officialdom it is most unfortunate that a few enlightened members of the medical profession should be blind to the sufferings of the country as a whole in other spheres of life and are trying though indirectly to perpetuate officialdom in Medical Councils. It therefore stands to reason that every attempt is to be made by all concerned either in the Licentiate group or elsewhere in the profession, to agitate by all possible means to see that the Medical Councils are deprived of the control of the officials as expeditiously as possible, whatever the candidates, their supporters or their agents might say for the time being in the interests of the candidates they represent. We appeal to the voters of U. P. to keep an open mind and not be deceived by the one or the other candidate on account of their position in life or other circumstances but be guided only by the most important issue, whether a government servant could represent non-government members of the profession, especially when the President of the Council and the majority of members in it are the creatures of the Government. It is not possible even for the boldest man in service to oppose or speak against the official views so long as he continues in service or even after, when he draws pension from the Government for his maintenance. So, the duty before the voters is clear. They should choose only one, who, they honestly and conscientiously believe, will act as a bold and fearless spokesman in the U. P. Council.

It will not be out of place for us to mention here that the laws, regulations and G. Os. guiding elections in general are obligatory also with regard to elections pertaining to Medical Councils, and it is surprising how the U. P. Government countenances the part played by men in service in the elections. It is also not conducive for the happy growth of associations if prominent members amongst them take advantage of their position in such associations in fighting elections, which do not concern the interest of the association as such. It is necessary that such bodies should prohibit the office-bearers of these associations not to make use of their titles of the offices they hold during elections.

Madras Medical Registration Act to be amended: Elsewhere in the Correspondence columns we have published the Bill to amend the Madras Medical Registration Act (Act IV of 1914) as introduced by Mr. Daniel Thomas M. L. C., and the changes suggested in the Bill by the Select Committee appointed by the Madras Legislative Council to consider the Bill. It is evident from the perusal of the amendments suggested by the Select Committee that the existing Act has been made more lax. As the Act is at present, the profession knows that no good purpose has been served by the introduction of this measure excepting to add one more responsibility to the Surgeon-General having the control of yet another office under him. The practitioners do not enjoy equal rights and privileges by virtue of the Act nor has there been any improvement on the ethical side of the profession. The Bill is sure to make matters worse. If a qualified and registered practitioner could associate himself with a qualified and unregistered practitioner and also with practitioners belonging to the other system of medicine without any sort of restraint, there will be more room for quackery and other questionable methods of practice which neither could be detected and if detected, would be difficult to prove. From our experience of the working of the Medical Registration Act, especially in this province, where even the routine of formal registration of practitioners is being delayed, medical registers not being published yearly on account of which the practitioners and the public are being put to a lot of inconvenience and hardships, with no enjoyment of equal rights and privileges by the practitioners and no legislative measures to prevent quackery, it is very likely that neither the public nor the profession might evince any interest in the Bill now on the anvil of the Madras Legislative Council. If the provision in the Bill permitting registered practitioners to get their names deleted from the register whenever they want and get themselves re-registered whenever they wish is passed, it is very likely that the existing medical register will gradually get thinner and thinner and will at last disappear altogether.

Madras Medical Council, Extraordinary Session: Our readers are aware that the clerk of the Madras Medical Council was suspended and handed over to the Police on a charge of alleged misappropriation of the Council money. The clerk was arrested in the third week of February and it is rather unusual that the Police should take such a long time and have not as yet charge-sheeted the alleged offender. We learn that the clerk was let off on bail immediately after arrest. What transpired in the Police Commissioner's office nobody knows except the clerk and the Police. In the meanwhile the President of the Council called in an extraordinary meeting of the Medical Council on the 6th instant, and we are told that the extraordinary meeting has been indefinitely postponed. Nobody knows why. Certain legal obligations do not permit us even to make surmises which usually journals make to interest their readers. The life of "The Medical Practitioner" depends upon the existence of the Madras Medical Council and as the Council exists for the Medical Profession, we are bound to treat our readers with full and accurate information about the affairs

before and after the arrest of the clerk and the part played by those to whom is entrusted the working of the Medical Registration Act. The news may perhaps grow a bit old, but it being of a startling nature might not lose its interest.

Sermon from the Dock: Persons who are accused of grave irregularities could do better justice to themselves and to the associations which entrusted them with responsibilities with which also came in money, if they kept quiet till their innocence is proved. Money certainly makes many things and if, as alleged by those responsible to run the associations whether they be rank and file or office-bearers, certain irregularities were found, attempts should be made to set them right instead of preaching a sermon from the Dock about 'strength in unity' and while doing so implicate those who have nothing to do in the affair. It is not always the majority view is right. Those in office usually wish to continue to be so and they are naturally in a more advantageous position than those who are not in office. The Indian Medical Journal is an official organ of the All-India Medical Licentiates' Association. It should serve all who subscribe for it. When those in office obstruct the aggrieved to place their grievances before all those who are members of the Association, through their official organ, they have no other go but to apply for help to others to give publicity to their grievances. The Punjab and the Delhi delegates to the Dharbanga Conference sent us a statement immediately after the Conference met, last Christmas, but we waited sufficiently long till April expecting that this matter would appear in the official organ. Having learnt later from those who made the statement that even some of the resolutions passed at Dharbanga have been suppressed from publication in the Indian Medical Journal, we had no other go except publishing the statement referred to above in our columns. We now learn that by adopting this course we have incurred the displeasure of a few who instead of explaining the charges against them either privately or publicly have chosen the course of preaching sermons asking all concerned to close their eyes against all irregularities in the name of 'unity.' The charges alleged are very serious and well worth the consideration of those who have the interest of the All-India Medical Licentiates' Association at their heart. The All-India Licentiates' Association is a registered body and though there may not be official courts to charge people for breaking morals, those concerned cannot absolve themselves from the legal responsibility at least in money matters.

Profession Honoured: The Medical Profession had its share of the honours conferred by the Government in appreciation of services rendered. Rao Bahadur Dr. M. Kesava Pai, M.D., Director of the Tuberculosis Institute and Superintendent Tuberculosis Hospital, Madras, has been conferred the title of O.B.E. He is the first to get this distinction amongst the Civil Surgeons in the provincial cadre and perhaps the fourth in the Medical Department, the other three being members of the I.M.S. Dr. P. K. Warrier, Personal Assistant to the Surgeon-General with the Government of Madras, is honoured with the title of Rao Bahadur. He is the sixth amongst the recipients of such honour in the provincial cadre. Dr. M. Muhammed Ali, now working at the King Edward Memorial Hospital, Secundrabad has been conferred the title of Khan Sahib. He is the only member in the Subordinate Medical Department who has been fortunate to be conferred with the title of Khan Sahib.

We offer our hearty congratulations to the above members of the Medical Profession and wish them a long life of usefulness.

Democracy in Excelsis: It is rather hard to believe, yet it happens to be true that the Government has asked the Superintendents of the boys and girls medical schools in Madras to convene a meeting of the students and get their opinion for the fixing of percentage for passes in medical examinations. The present percentage seems to be 33 and there is a move to raise it to 40 and gradually to 50 to bring the standard of medical education to the level now demanded by the profession. The proper persons to be consulted in such matters are the elders in the profession and not certainly school boys who with all their earnestness and zeal, would certainly like to get out of the school as easily as possible, such a desire being quite human. There are persons and associations whom the Government might have consulted.

Mysore Medical Association: We are in receipt of the Address delivered by the President, Mysore Medical Association, at its Fourth Annual Conference which met early this month at Mysore. The Address, which is interesting, is worth the attention of our readers, especially so as Dr. S. Subba Rao the President of the Mysore Medical Association is also the Senior Surgeon with the Government of Mysore who run an up-to-date Medical College and a School. We wrote to the President to send us a copy of all the proceedings of the Conference in full so as to place them before our readers. And as we did not receive the same as yet, we regret we had to withhold publishing the Presidential Address with the excuse that the topics concerning the medical profession in India can never exhaust themselves nor be stale.

A Bargain: We cannot congratulate the Madras Government for the bargain they had with the Government of Travancore in selling away the right of selection of candidates for admission in the Medical College, at the rate of Rs. 1,000 a student for six Travancore students who would be selected by the Travancore Government, four of whom being male and two female. The Madras Government have evidently earned Rs. 600 on each student every year; for if the selection was made by the Principal, Medical College, Madras, assisted by the Committee, they would have got only Rs. 400 for each such student. The Principal of an institution is the only right person who could judge the capacity of candidates for admission in that institution, and he only can judge which of the candidates who have applied for admission are likely to be fit for the career in the College. The Government of Madras being run on communal lines, there is a committee which safeguards the interests of the communities and helps the Principal in the selection of candidates. One more member might have been added to the committee to safeguard the interests of the Travancore Government for the money they pay. This arrangement would not have vitiated the time-honoured principle of selection of candidates by the head of the institution. This apart, the Madras Government's action would have been less irresponsible if they notified in time about the change of procedure for admission of Travancore students, as non-publication of this change in the policy of admission will certainly prejudice the chances of admission of the candidates who, in spite of enhanced fees, applied direct to the Principal, Medical College, Madras. Such students seem to be nearly 37, a fairly good number to make a choice of six. As it is, more candidates from Travancore will pour in as they have to pay only Rs. 200 to the Travancore Government and not Rs. 400 to the Madras Government as was being notified by the latter. The Government of Madras cannot absolve themselves of the moral, if not legal responsibility for the change of procedure in the matter of selection of Travancore students, contrary to their original notification. They ought to have made it a condition in the bargain that the Travancore Government should select the candidates from among 37 applicants who applied to the Principal, Medical College, Madras direct in accordance to the original notification. Can money make authorities blind? By-the-bye what about admission from Travancore to the Medical Schools?

L. M. Ps. and M. B. B. S. Course: We have been publishing in these columns all available information regarding the admission of L. M. Ps. to the M. B. B. S. degree Examination. In addition to the publication of the Regulation on this subject passed by the Madras University, the Notification for the admission of L. M. Ps. to the M. B. B. S. degree course was published in the April issue. On both the occasions the conditions before and after admission were clearly mentioned as far as we could from the available information and when individuals wrote to us we suggested to them to get authoritative information direct from the Registrar, Madras University. The Academic Council in their original recommendation laid down as preliminary qualification the Intermediate in Arts of this University or an examination accepted by the Syndicate as equivalent thereto; later when the regulation came before the Senate for final adoption, an examination accepted by the General Medical Council for entrance to the medical course was added to the list of preliminary qualifications. Whether this was done on the suggestion made by us in these columns in

March 1931 and referred to later we are not sure. Cambridge School Certificate with credit in 4 subjects in English, Mathematics, a language other than English and an additional subject from among Botany, History, Geography, Physical Science, Natural Science, Latin, Greek, Hebrew, French, German or other language accepted by the University (in England) for Matriculation is the standard required by the General Medical Council. If a candidate fails to get 2 credits for the first chance, he may get the other 2 at the second but not after. Some L. M. Ps eager to get M. B. B. S. Degree managed to pass the Cambridge Examination last December but almost all of them are reported to have passed only with 2 or 3 credits and such of them who applied to the Syndicate for admission for the M. B. course have been refused. We learn that there is a move to permit admission to candidates who passed the Cambridge Examination with 3 credits. We have information got from the Registrar, General Medical Council, that under no circumstances would the General Medical Council agree to credits in Cambridge Examination less than four. If the Syndicate agrees to 3 credits it will only serve the purpose of throwing dust into the eyes of a Body in England whom they did not dare to displease by permitting the L. M. Ps admission to M. B. B. S. Degree without a preliminary qualification as demanded by that Body. If this could be done, it stands to reason that they could as well do away with an imposition of an additional preliminary qualification. That the L. M. Ps should have 2 years additional course in professional subjects useful in the exercise of the medical profession nobody would complain, but the Madras University demanded from the L. M. Ps more than what the Foreign Faculties in Medicine did i.e. the L. M. Ps should be of five year's standing, a condition not demanded by any of the English Examining bodies. At the time when the Regulation came in for discussion before the Academic Council on the proposal of Dr. Guruswami Mudaliar, the seconder of this proposition, Prof. K. V. Rangaswami Ayyangar, expressed "that an L. M. P. who had five years' practice and had undergone two years in the Medical College could be considered to possess sufficient general knowledge as to fit him for a higher degree and that to insist on a qualification in general knowledge would be unfair." But nobody including the seconder was as much magnanimous as the occasion demanded in not pressing that an additional preliminary qualification was unnecessary. We understand that this subject is likely to be discussed by the Syndicate in the near future. May we remind them of the sensible arguments put forth by Prof. K. V. Rangaswami Ayyangar on 14—3—31 at the meeting of the Academic Council and do away with clause 2 in the Regulation requiring the L. M. Ps of 5 years' standing to pass any additional entrance examination which will serve only as an additional hardship with no advantage for gaining additional knowledge in professional subjects which they have to study. Such a decision will be consistent with the spirit of the times and will certainly not lower the standard of M. B. B. S. degree. In the mean while we would advise the candidates to make their studies more intensive to enable them to get credit in 4 subjects and be prepared to endure what perhaps might not be cured.

A Bombay Meeting: The following are the resolutions passed unanimously at the Meeting of the Bombay Medical Profession held on the 6th June 1932, under the Presidentship of Dr. G. V. Deshmukh, M.D., F.R.C.S., L.M. & S.

(1) This Meeting condemns the Indian Medical Council Bill as introduced in the Indian Legislative Assembly on the 23rd March 1932, as a breach of faith committed by the Government of India with the Medical Profession of India inasmuch as it differs radically both in principle and in details from the Bill which was circulated by the Government for professional opinion on the 31st August 1931, and is absolutely unacceptable to the profession, whose unanimous demands for its amendment have been flouted. This Meeting appeals to the Members of the Indian Legislative Assembly and of the Council of State to refuse permission for the first reading of the Bill. (2) This Meeting resolves that the Indian Medical Council Bill Committee, appointed by the last meeting of the Bombay Medical Profession, consisting of Drs. G. V. Deshmukh, President; K. K. Dadachanji, General Secretary; and Mrs. Dossibai Dadabhoy; S. B. Gadgil, M. D; D. Gillder; S. N. Navalkar; P. T. Patel; S. J. Popat; N. V. Purandhare; V. G. Rele; D. D. Sathaye; J. E. Spencer and H. N. Tilak, with power to co-opt, is hereby empowered to take necessary steps to ensure the rejection of the Bill, and in particular, to canvas the votes of the Members of both Chambers of the Central Legislature, and further to send representatives to Simla for the purpose when the Bill is on the anvil. The Committee shall continue to function till such time as it considers necessary. (3) This Meeting hopes that all Medical Associations in India will realise the breach of faith committed by the Government of India with the profession, and will take necessary action in the matter, and in particular, will individually canvas votes of the members of either Legislature residing in their Province in favour of rejecting the Bill before its first reading. (4) This Meeting resolves that the President be authorised to send copies of these resolutions to the Members of the Central and Provincial Legislatures, the Department of Education, Health and Lands, Government of India, the Local Governments, all Provincial Medical Councils all Medical Associations, Sympathisers and the Press.

The resolutions speak for themselves. We appeal to the profession in other important cities and towns to follow the example of Bombay and keep on the activities of protest against the government action till the proposed Indian Medical Council Bill is withdrawn or amended to suit Indian conditions.

Transformations: With reference to our comments in these columns in the last two issues about the three new appointments in the Madras Medical Department a prominent member of the Provincial cadre has sent us a communication for our information with a request not to publish the same. He begins his letter by saying:

"It is inconceivable how the Head of the Medical Department who is himself a medical man should be a party to bring about these appointments and had transformed to use your own expression, a Professor of Chemistry into a Physician and Surgeon. How his proficiency in Chemistry was a test for his efficiency in treating human beings, not only with drugs but with knives, scissors and other dangerous instruments, would be an intelligent interpretation on the floor of the Legislative Council to test the efficiency of medical administration at present. The other two appointments cannot be said to be so glaring."

He suggests to us that this matter should be brought to the notice of His Excellency the Governor of Madras who alone would be in a position to set at naught the individual opposition here and there in the department which he thinks was the sole cause for putting square men in round holes. Our correspondent proposes (1) the Chemistry Professor to be sent to the department of Chemical Examiner to the Government, (2) the officer brought back to the medical department from the sister department to be made Civil Surgeon for Agency Division, (3) and the Ex-Professor of Pathology to be posted to Royapuram Medical School as Assistant Superintendent and Pathologist, Royapuram Hospital without disturbing the present lecturer in the subject who might continue to be so. The suggestions are reasonable and can never be risky to the public safety. It may cost the Government a little over the Budget to pay these and keep them in the positions proposed. The Government should adjust themselves to make up for the drifting policy so far adopted in the medical department in creating new appointments without any thought of the future.

Review.

The Burma Medical Journal: Under the Editorship of Dr. R. S Dugal assisted by a Board of six doctors this Journal has been recently brought into existence in Rangoon. The ideas expressed in the Editorial columns 'Ourselves' and elucidated further under the caption "Bugbear of medical politics," to remove any misapprehension in the minds of those who are in service, are certainly laudable. The state of the medical profession in India is such that there is room for propaganda in all matters concerning the profession, and for this purpose, the Burma Medical Journal did not come into existance [illegible] under the leadership of one of the recognised and prominent [illegible] in the city of Rangoon, the new [illegible] will justify its existance.

Correspondence, Reports, etc.

BILL No. 28 OF 1931.

A Bill to amend the Madras Medical Registration Act, 1914.

WHEREAS it is expedient to amend the Madras Medical Registration Act, 1914; And whereas the previous sanction of the Governor-General has been obtained to the passing of the Act; It is hereby enacted as follows:—

1. This Act may be called the Madras Medical Registration (Amendment) Act, 1931.

2. It extends to the whole of the Presidency of Madras.

3. The following proviso shall be added at the end of section 16 (2) of the Madras Medical Registration Act 1914, (hereinafter referred to as the said Act):—

"Provided that no medical practitioner shall be removed from the register on the ground of his adoption of a theory of Medicine and Surgery not in accordance with the accepted views for the time being; or of his association with a qualified practitioner of Indian Medicine such as Ayurvedic, Unani and Siddha or with a qualified Homeopath or an unregistered practitioner so long as that unregistered practitioner,

(*a*) is possessed of the qualifications mentioned in the Schedule, and

(*b*) is not a person whose name the Council has refused to register on account of any offence or infamous conduct noted in the last paragraph of section 13."

4. The following shall be added as sub-section (3) to section 16 of the said Act:—

"The Council shall direct the removal of the name of any registered medical practitioner from the Medical Register, on application by the registered medical practitioner to the Council for the removal of the same."

BILL No. 28 OF 1931.

(BILL AS AMENDED BY THE SELECT COMMITTEE.)

***A Bill to amend the Madras Medical Registration Act,* 1914,**

For certain purposes.

WHEREAS it is expedient to amend the Madras Medical Registration Act, 1914, **for the purposes hereinafter appearing;**

AND WHEREAS the previous sanction of the Governor-General has been obtained to the passing of this Act;

It is hereby enacted as follows:

1. This Act may be called the Madras Medical Registration (Amendment) Act, **'32.**

2. (1) To sub-section (2) of section 16 of the Madras Medical Registration Act, 1914, **the following proviso shall be added, namely:**

"Provided that no medical practitioner shall be removed from the register on the ground of his association, in any professional respect, with a qualified practitioner of Indian Medicine such as Ayurvedic, Unani and Siddha or an unregistered practitioner **if such** unregistered practitioner—

(*a*) is possessed **of any** of the qualifications **described** in the Schedule, and

(*b*) is not a person whose name the Council has refused to register **under the second proviso to section 13 or whose name the Council has removed from the register under this sub-section.**

Explanation.—The expression 'qualified practitioner' shall for the purposes of this proviso mean 'a practitioner qualified under rules made by the Local Government in this behalf.'

(2) In the same section, after sub-section (2), the following sub-sections shall be added, namely:

"(3) Nothing in sub-section (2) shall relieve a registered practitioner of any obligations or code of ethics which may be imposed upon registered practitioners generally by the Council.

(4) Any registered practitioner may make an application to the Council for the deletion of his name from the medical register, and the Council may, on such application and subject to such rules as may be made by the Local Government, direct such deletion. Any such practitioner may apply for fresh registration under section 13."

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

No.	Names of Sub-Asst. Surgeon.	From	To
1	Dr. O. Krishnan Nambiar	L. F. Dy., Kavaripatnam.	Govt. Hd. Qrs. Hl., Calicut.
2	„ V. N. Narayana Ayyar	Plague Duty Vaniyambadi.	L. F. Dy., Thiruvattipuram.
3	„ S. Kanthimathinathan	Govt. Hd. Qrs. Hl., Coimbatore.	Govt. Hd. Qrs. Hl., Salem.
4	„ P.V. Ananthanarayana Iyer	L. F. Dy., Chunampet.	Govt. Hd. Qrs. Hl., Palamcottah.
5	„ D. Raja	Govt. Hd. Qrs. Hl., Madura.	Govt. Hd. Qrs. Hl., Palamcottah.
6	„ B. B. Mitra	L. F. Dy, Aska.	L. F. Dy., Serugada.
7	„ Nandakishora Pathaik	L. F. Dy., Serugada.	L. F. Dy., Aska.
8	„ Abdul Aziz Tusi	Leave	Govt. Hd. Qrs. Hl., Chittoor.
9	„ Md. Ayub Khan	Leave	Govt. Hd. Qrs. Hl., Cocanada.
10	„ A. V. Suryanarayana Naidu	Govt. Hd. Qrs. Hl., Berhampur.	Govt. Hl., Chicacole.
11	„ K. Kamaraju	Govt. Hl., Chicacole	Govt. Hl., R. Udayagiri.
12	„ P. V. Applanarasayya	King George Hl., Vizagapatam.	L. F. Dy., Chipurupalle.
13	„ P. Adinarayanamurthi	L. F. Dy., Chipurapalli.	Govt. Hl., Venkatapur.
14	„ J. Pappayya Raju	Govt. Hl., Venkatapur.	Govt. Hd. Qrs. Hl., Cocanada.
15	„ K. S. Rangaswamy	Leave	C/o D. M. O., North Arcot.
16	„ M. V. Rajasekhara Rao	Leave	King George Hl., Vizagapatam.
17	„ A. M. Krishnan Nambiar	Leave	Govt. Hd. Qrs. Hl., Mangalore.
18	„ G. V. Raghava Rao	Govt. Hd. Qrs. Hl., Masulipatam.	Govt. Hl., Bezwada.
19	„ G. Lakshminarasimham	Tanjore Medl. School.	C/o D. M. O., Ganjam.
20	„ C. Suryanarayana	Govt. Hl., Amalapuram.	L. F. Dy., Rampachodavaram.
21	„ M. Duraiswamy Naidu	Govt. Hd. Qrs. Hl., Madura.	C/o P. D. B., Madura.
22	„ M. Varuntharumperumal	L. F. Dy., Illuppur.	L. F. Dy., Jayankondasholapuram.
23	„ K. Natesan	Leave	L. F. Dy., Jayankondasholapuram.
24	„ U. Raman Kutti Nayar	L. F. Dy., Pulicat.	C/o P. D. B., Chingleput.
25	„ T. S. Kasturi	L. F. Dy., Sattiyavedu.	C/o P. D. B., Chingleput.
26	„ R. Sivaramamurthi	L. F. Dy., Vinukonda.	Govt. Dy., Chintapalli.
27	„ P. Sekhara Menon	Leave	Govt. Hd. Qrs. Hl., Madura.
28	„ I. Iswara Rao Naidu	Govt. Hd. Qrs. Hl., Guntur.	L. F. Dy., Vinukondo.
29	„ C. Subramaniam	Municipal Hl., Nandyal.	L. F. Dy., Siruguppa.
30	„ M. Rama Rao	Leave	Govt. Hd. Qrs. Hl., Cocanada.

List of posting of Second Class Health Officers.

1	Dr. P. Narayana Reddi	Leave	Munl. H. O., Kurnool.
2	„ N. A. Sundarajulu Naidu	Rural Sanitation H. O., Vizagapatam.	Munl. H. O., Adoni.
3	„ C. Ramachandra Rao	Munl. H. O., Adoni.	A. D. H. O., East Godavari.
4	„ M. S. Govindarajulu	Munl. H. O., Kurnool.	H. I., Usimalpatti Range.
5	„ V. S. Natarajan	H. I., Usimalpatti Range.	H. O., Rameswaram.
6	„ A. Venkatachalam	Rural Sanitation H. O., Kistna.	Pushkaram Festival duty, West Godavari.
7	„ T. U. Thavu	A. D. H. O., Chittoor.	Pushkaram Festival duty, East Godavari.

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