

The Medical Practitioner

A Monthly Medical Journal

EDITED BY

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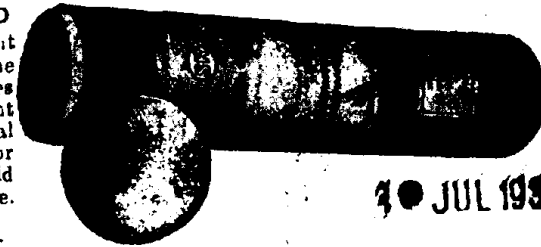
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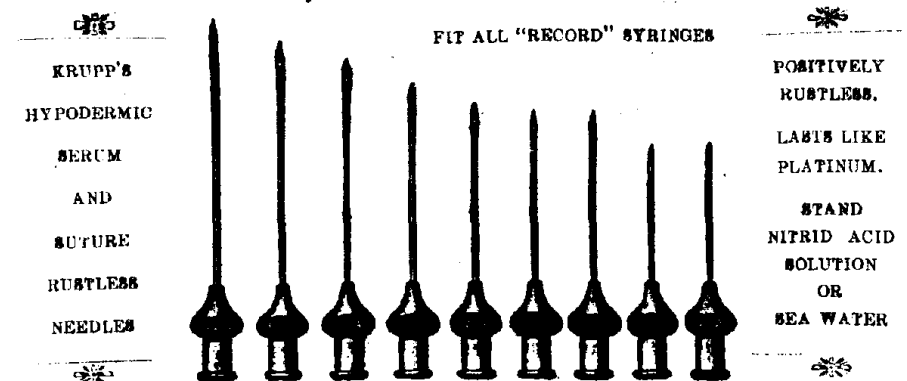
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VOL. III.]

JULY, 1932.

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ANTI-TUBERCULOSIS PROPAGANDA.

It is an unfortunate circumstance in this country that the medical profession is not in a position to take the lead expected of it in combating diseases. The causes are not far to seek. The system of medical relief under the direct control of the Government has been mainly responsible in hampering the profession to take its rightful place both in the prevention and the cure of human ailments. The lethargy of the profession in not coming forward to do its legitimate duties of prevention and cure of diseases is consequent on the usurpation of their functions by the Government. The recognised system of medicine being Allopathy, the Government who alone were responsible to introduce this system in this country depend upon their official advisers in the matter of medical relief and all schemes connected with this problem start from the official heads either of the Central or Provincial Government, whose tenure of office cannot exceed five years at the most, there being occasions when, within the space of one year, the office of the Surgeon-General was occupied by more than two. The chief adviser of the Government of India is the Director-General, Indian Medical Service, and in the provinces, the Surgeon-General or the Inspector-General. Consequently whatever comes out from the lips of these advisers takes the form of a definite policy of the Government and such a policy naturally undergoes changes with the changing of these officers, and consequently could not be uniform and consistent. Apart from the waste of materials in

the form of men and money, the schemes deteriorate, and do not take roots consistent with the development of scientific progress. This consideration apart, each province under a Surgeon-General or an Inspector-General, cannot at any time reckon more than a thousand medical officers under them of all ranks and grades. The Government in all provinces and also at the Centre feel the pinch of financial stringency and the tendency will be for a reduction of the paid staff. All told, it may be roughly said that there are about 12,000 medical officers under the Government in India, including those employed in Public Health Department, which works at one government doctor for every 30,000 of population. The Government have been relying so far on this number alone to do everything in their power to give medical relief both on the curative as well as preventive side and it is no surprise that India still continues to be a hot bed of diseases. Vested interests do not permit those in authority to entrust non-official members of the medical profession with duties and responsibilities legitimate to the profession. Qualifications, merit and experience do not count unless those possessing them are under the employ of the Government. Even those officials who are recognised as specialists and experts when in office lose their value the moment they retire. It has been so regarding Indians. There have not been many Europeans who, after retirement, have settled in this country and so it is not possible to say what value could be expected at the Government market for the opinions of such European specialists and experts. The result has been so far that with the increasing expenditure

for medical relief and public health department the mortality has not appreciably decreased to the extent one should expect.

Indians cannot be said to be less philanthropic than their brethren in other parts of the world and being less materialistic and more religious in their temperament, more money is spent in India by the charitably disposed citizens for religious purposes than for other purposes of public utility and the Government having taken the lead in the matter of popularising the Allopathic system of medicine, very few philanthropists are coming forward in helping the public with institutions for medical relief, medical research as is the case in other civilised countries. So the Government are forced to do what is being done by the public in other parts of the world with regard to curing and preventing of diseases with the result that the Government either at the Centre or in provinces have to run even non-official organisations with the help of their officials, such organisations being converted into demi-official departments. One such activity of the Government is now in evidence under the name of Anti-Tuberculosis propaganda.

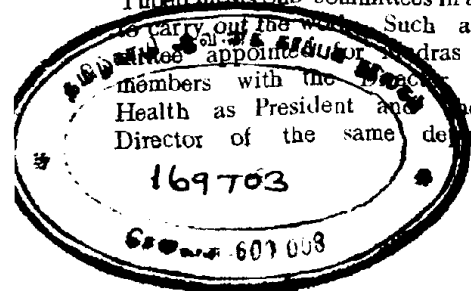
About 3 years ago, soon after His Majesty the King, George V, recovered from the serious illness the then Viceroy, His Excellency Lord Irwin made an All-India appeal for the King George Thanks-giving Fund, and was able to collect something over 9½ lakhs of rupees. A small central advising committee was appointed including amongst them the Hon'ble the Member for Education, Health and Lands and the Director-General, Indian Medical Service, to advise the Viceroy the best way of utilising the Fund. The Committee decided that an Anti-Tuberculosis scheme was most likely to be of real service to the people of India and the scheme had the Royal consent. The Viceroy, accordingly, decided to spend the amount for Anti-Tuberculosis propaganda and handed over the fund to the Indian Red Cross Society for carrying on the scheme. The Red Cross Society having drawn up the scheme, appointed Tuberculosis Sub-committees in all provinces to carry out the work. Such a Sub-committee appointed in Madras contains six members with the Director of Public Health as President and the Assistant Director of the same department as

Secretary; amongst the remaining four members, one is the Superintendent, Government Tuberculosis Hospital, Madras, the other the Chief Medical Officer M. and S. M. Ry, two M.L.Cs. and a lady social worker. The other Sub-Committees in other provinces are likely to be formed on the same principle. The Independent Medical Profession cannot, perhaps, have claims to be represented in this Committee. Prevention of diseases is the legitimate duty of the Public Health Department in this country and elsewhere and the Government in this country are mainly responsible for the treatment of the diseases also, and consequently if these two departments concern themselves with the running of the schemes of the nature under discussion the quantity of work turned out will be necessarily less than if such work was entrusted to persons outside such departments. It may be argued that the quality of the work might not be the same as it would be under Government experts. This may not be, as there are experts outside the Government departments who are professionally qualified to run such schemes and is it not possible for the Government departments to co-operate with others outside their Departments, and cannot the Government experts give the benefit of their expert knowledge to the non-official agencies? The Sub-Committee expects co-operation and help from all existing social and medical associations. If work of the nature the Sub-Committee has undertaken to do, is entrusted to agencies outside the Government Departments, there will come into existence responsible organisations which, in addition to doing what is expected of them would be able to offer healthy and constructive criticisms on the work turned out by the Government Departments in connection with the prevention and cure of diseases of the importance and magnitude as that of Tuberculosis.

Any amount of educative propaganda by whatever agency will not have the desired effect unless and until means and methods are found or devised to carry out in practice what is preached. Or else, the otherwise well-meaning propaganda will create a scare and will serve to create an atmosphere of fright and helplessness and frustrate the very purpose of such propaganda. Statements from experts that more than 90% of

the population have Tuberculosis are likely to alarm the public unless they are shown practical methods how to cure or at least relieve this 90% of the population and prevent the recurrence of this percentage of infection. Unlike plague, cholera, small-pox and such infectious diseases, Tuberculosis is one of the most, if not the most insidious infections to combat which the materials and agency should be of a permanent nature. The fight is as tedious as the course of the disease and the manifestations of the disease are as varying, demanding varieties of methods to combat them. The fact that no specific has been found out for this scourge and yet the disease could be arrested if not cured should make the task of Anti-Tuberculosis propaganda most elaborate. Early Tuberculosis offers the greatest hope of cure and every attempt should be made to bring the disease under intelligent treatment during this stage. So, the first and foremost duty of those who mean business in the Anti-Tuberculosis scheme should be to afford facilities to the members of the profession in the treatment of Tuberculosis to be able to diagnose and detect early cases; for when Tuberculosis advances to the point when the patient becomes aware of its presence, the disease has certainly far advanced and the chances of recovery are as far remote. Having procured the largest possible band of workers in the profession, the next task should be to treat the existing infected population. Arresting the disease in those who are infected goes a good way towards prevention of the disease also. So all attempts should be first concentrated to look after infected patients. It is conceded by all that Tuberculosis in India is a generalised infection and consequently the methods of arresting should be on the largest possible scale. In America, England, and other Western countries, where Tuberculosis played at one time great havoc, institutional treatment of patients has been responsible for bringing down the mortality due to Tuberculosis. Such institutions serve to train members of the medical profession and they are the proper and safe places to conduct research and collect statistics regarding methods of treatment including therapeutic measures. They are Tuberculosis Dispensaries, Hospitals and Sanatoria. The dispensaries are not meant for treating the patients but for detecting cases and act as bureaux to give

advice and guide the patients as to the future treatment either at home, in hospitals or in sanatoria. Trained nurses and social workers are attached to these dispensaries, whose duties are to visit the houses of those who are afflicted with the disease and advise them how to protect themselves from infection and create an atmosphere of optimism regarding the treatment of those who are infected and find out if the contacts in the houses of patients are infected and if infected give them the necessary advice regarding the course of treatment. Hospitalisation is the best method of treating fairly advanced and very advanced cases. The hospitals should be within easy distance preferably outside the city limits in airy and healthy places. There is no harm in having the hospitals within the city limits. Sanatoria treatment is ideal, especially for early cases, but very few could afford such treatment. There are not sufficient number of sanatoria in this country for the treatment of even the well-to-do. From all points of view, practical and effective methods of propaganda have to be conducted in India either in dispensaries or in hospitals. The incidence of infection being so extensive and knowing well the mentality of an average Indian towards hospital admission, home treatment seems to be the only method which has to be employed in the majority of cases. The conditions in this country are such at least at present that institutional treatment of Tuberculosis cannot be adopted on a scale sufficient to bring down the incidence of mortality to a marked degree, until and unless the Independent Medical Profession is in a position to run such institutions with the help of the public and the State. On account of unfair and unequal competition, that now exists between the state-paid practitioners and private practitioners, it will not be possible for the general private practitioners to run hospitals, much less, sanatoria, and it cannot also be expected that large numbers of practitioners would join hands with the state-paid ones in the work of combating human ailments. All the same, there is a via media by which help and co-operation of the general practitioners can be made available. There are some cities in India where the Government are running Tuberculosis Hospitals, and in other places such patients are treated in General Hospitals. Though it is quite



possible to detect early cases of Tuberculosis by well-trained eyes, ears, and hands, even before X-ray can cast shadows, one would wish to take advantage of existing methods for conforming diagnosis and watching progress. General practitioners cannot for reasons mentioned above afford to invest large sums of money on X-ray and other laboratory equipments. It should be made possible for general practitioners to avail themselves of X-ray and laboratory facilities free of charge. The Government expert wherever available should give free consultations when the general practitioners seek such advice in the institutions where such experts are employed. The full-timed Government experts should be allowed only consulting practice. If a private practitioner or a group of private practitioners come forward to run institutions for the treatment of Tuberculosis, the Government should recognise such institutions and give them grants at some fixed rate per patient treated in such private institutions the rate charged for each patient being subject to the approval of those who pay such grants. By this means, a fairly large number of patients might be treated outside their own houses, which, apart from giving medical relief to those who are afflicted, would prevent the infection to a remarkable extent. It costs the Government who run special Tuberculosis Hospitals at least Rs. 100 all told for each patient. If private practitioners are encouraged to run institutions for the treatment of Tuberculosis, the cost will go down materially as the pay, allowances and other incidental charges need not have to be incurred and with the amount now spent by the Government nearly four or five times the number could be treated. Apart from the point of view of relief and prevention, such institutions scattered here and there in important towns and cities would themselves serve the purpose of extensive educative propaganda; for, those who are entrusted with the institutions will do all in their power to make these institutions as popular and attractive.

It is admitted by all that the incidence of Tuberculosis infection is markedly more in infancy and childhood. In the Western countries and America, there are any number of Baby Clinics run by the members of the medical profession with the aid of public donations and in addition to inspec-

tion of school children, open air schools are being conducted on a large scale. In India Baby Clinics are a rarity and a few that exist are not under the control of the medical profession. The inspection of school children as it is now controlled and conducted by the Government is an eye-wash, and the retrenchment axe has made matters worse. Anti-Tuberculosis propaganda can never be effective unless means are found out to prevent Tuberculosis infection in infants and children. The educative propaganda that the Red Cross Sub-Committee intends doing in schools will never have the desired effect unless Baby Clinics and open air schools and such practical methods advocated in other parts of the world are brought into existence in this country also.

In fine, no propaganda is worth venturing except for the purpose of a show or advertisement, unless those who are entrusted with such propaganda take the medical profession as a whole in their confidence. In medical relief the biggest item of expenditure is the pay of the officers, and if honorary workers are encouraged to come forward to afford medical relief to the needy poor, more charitable institutions could be run with much less cost than it is at present. The solution for this problem is beyond the control of the members of the Independent Medical Profession. Yet it will be most creditable if the members take upon themselves work of the nature of a campaign against Tuberculosis which is a threatening national calamity. A Tuberculosis specialist says that out of five millions of deaths by Tuberculosis one million could be traced in India. There are solid memorable examples of leaders like Nehru, Das, Lajpat Rai and Tilak, who, in other spheres of activity, made tremendous personal sacrifice of their wealth and health and lay down their bodies as true martyrs for political freedom. They did not aspire for power or fame. Members in the medical profession are not wanting either amongst leaders or amongst the rank and file who have all the necessary qualifications to run medical institutions and govern them, and if institutions are brought into existence there will never be a dearth of votaries. Service is the watchword of the medical profession. Let it be also a motto and let not the members of the Pro-

fession be lethargic as they are now, allowing others to come in the field of their activities. There is nothing which a medical man cannot grapple, his profession is all-pervading; that is why he is called a 'doctor' which originally meant 'a teacher' or 'a learned man'.

"Let us then be up and doing,
With a heart for any fate,
Still achieving still pursuing,
Learn to labour and to wait."

THE ADMINISTRATION REPORT OF THE SANITARY DEPARTMENT OF TRAVAN. CORE FOR THE YEAR 1106. M. E.

Dr. J.J. Chandy, the Sanitary Commissioner, has in his well-written report, sets forth clearly the working of his Department for the year 1106 M.E. The administration is evidently satisfactory in all aspects.

VITAL STATISTICS REGISTRATION.

Correct vital statistics are the fundamental basis for any administration of a well-governed country. In the matter of public health, it is absolutely necessary to have correct vital statistics, not only to determine the measures required for its improvement, but also to ascertain how far the measures taken have met the situation. That the Municipalisation of towns and introduction of panchayats in villages under contemplation now, cannot be expected to improve public health, are evident from the fact that vital statistics registration, the basis of public health, is very defective in municipalities, notwithstanding that special agencies are employed for the purpose. When the members of Municipal councils who are expected to be persons of some standing and attainments do not appreciate the importance of correct vital statistics, it goes without saying that the panchayat members with their standing and attainments not above those of village heads (or Parvaticarans) are certainly incapable of appreciating the importance and significance of correct vital statistics, and vital statistics collection under him will be worse than

Municipalities. From the figures collected by the Health Unit in Neyyattangari it is seen that in the Municipality of Neyyattangari the birth-rate was found to be 40.37 against 13.6 according to Municipal return, in Neyyattangari Pakuthi the birth-rate was 36.4 against 9.83 according to Parvaticaran's return and in the Balarampur Conservancy the rate was 34.8 against 29.6 returned by the Conservancy under the Sanitary Department. Thus it is clear that vital statistics collection is best done in conservancy town and worst in villages by Parvaticarans and bad in Municipalities.

The pointing out by the Sanitary Commissioner periodically of the unsatisfactory state of vital statistics collection in Municipalities to the Municipal authorities and the Government, and the Government in return drawing the attention of the Presidents to the remarks of the Sanitary Commissioner have become a routine formality and have no effect at all. If the Government only suspend or take similar drastic action against such Municipalities that show neglect even after the defects had been repeatedly brought to their notice, things would not have remained in the present condition. Before any steps are taken, particularly those that involve expenditure of money with the object of improving public health, it is quite indispensable that vital statistics collection and registration throughout the State should be placed on a better footing and correct statistics secured.

HEALTH UNIT.

From an article published in The Indian Medical Gazette of December last, it is seen that "after a bitter experience of a severe epidemic of cholera" the Government decided to reorganise the Public Health work and the Rockefeller foundation was approached and Dr. W.P. Jacocks of the foundation made a preliminary survey of the health condition and made a report. It is in pursuance of the scheme recommended in the report a Health Unit "which in many respects is unique in the whole of India" was organised in Neyyattangari. It may be pointed out here that the decennial census taken shortly after the prevalence of cholera does not substantiate the statement of the virulence of the epidemic. The population of Neyyattangari Taluk where the epidemic

ponent of the personality. Homosexuality as a cult has appeared correlated with the production of functional hermaphrodite by artificially creating the eunuchoid type of constitution. Among the Aztecs homosexuals were produced in quantity for religious purposes by a deliberate fostering of the eunuchoid constitution. They called them, the *Mujerados*. Their method consisted in making a healthy man ride a horse constantly until an irritable weakness of the reproductive organs ensued and a paralytic impotence followed. The exhausted testes would then atrophy, muscular tone and energy diminish, inclinations and habits become feminine. They assumed female clothing, manners and customs and treated as women. Their large breasts were said to be capable of lactation. In India, for the guarding of the harems among mussulmans, the castrated males, who clothe themselves as females are employed. Among the Phoenicians there was a similar sect known as the *Galli*, devoted to the worship of *Astarte*.

Whole families and races may show some of the signs of the eunuchoid constitution for generations. According to Darwin the growth of the beard and the hairiness of the body differ remarkably in the men of distinct races and even in different tribes and families of the same race. On the European Asiatic Continent beards prevail until one passes beyond India although with the natives of Ceylon they are often absent. Eastward of India beards disappear, as with the Siamese, Kalmuks, Malays, Chinese and Japanese. Throughout the American continent the men may be said to be beardless; but in almost all tribes a few short hairs are apt to appear on the face especially in old age. Hair being an adrenal cortex trait, it is to be inferred that hairless families and races are more eunuchoid and possess less of the adrenal cortex secretion than the more hairy—whatever the exceptions—there have been eunuch Generals in history—*Marces* who beat the Goths at *Nocera*, and *Ali the Gallant*, who commanded the Turkish Army in 1856—the eunuchoid generally runs to type in his mentality and on his sexuality. He is an introvert, his personality is shut in, he isolates himself from the world.

The lower eunuchoids exhibit a curiously child-like personality. Naively confiding,

communicating to all comers all their joys and sorrows, they ask diffidently for confirmation of their statements, and they pass quickly from tears to laughter. About sexual matters they are extremely timid. A moral innocence pervades their speech and conduct. Usually they have no true conceptions of crimes, of jealousy and passion. The occupations they go in for are those without responsibility, away from crowds, or observations, such as ship cooks, stewards, and so on. They marry to find a home, without the object of establishing sexual relations. Their simplicity has been extended in proposing to their wives to seek gratification from some other men. Concerning the children, sometimes, the offspring of these unions, scepticism as to the identity of the father is decidedly permissible. Still, in some cases the best evidence exists that fertility occurs. The vitality of children then is sub-normal and the mortality rose high. The eunuchoid tendency is transmitted. Variations and transitions of every kind are found among the undersexed eunuchoid personalities, depending upon the quality and degree of the secretion lacking. When there is an excess of these secretions, a turbulent, tempestuous, sexually sensitive temperament that may go on to *Satyriasis* or *Nymphomania* is created. Oversexed types of personality may therefore exist as well as the undersexed.

THE PARATHYROID CENTERED PERSONALITY.

It was only recently that the Parathyroid centered type was distinguished. The Parathyroid glands regulate the electrical condition of the lime salts of the body—a function which involves a number of important consequences; among them, the excitability of the nervous system and all the organs, the irritability of which is controlled by the nervous system, such as the heart, the stomach, the intestines, the sexual organs, hyperexcitability of one or other of these organs, known clinically as the *Visceral neurosis*, is one of the outstanding characteristics of the type. They complain and indeed suffer because of symptoms referable to the heart, the stomach, the intestinal tract or sexual organs. Such symptoms, the physician calls the cardiac, gastric intestinal or sexual neurosis because physical examination reveals no

organic defect as a cause or background for the symptoms. The patient is then told that there is nothing the matter with him and to forget about it. Unfortunately with this type of chemical personality, it is impossible to forget about it, because the nerve endings in various organs are only too insistent upon reminding their possessors of their condition, so that he is in the end made more miserable and unhappy because of the conviction that it is all his own fault and that he ought to pull himself together or that it was all up to himself. Their description applies to the type in whom the parathyroid glands are chronically insufficient and inefficient, leading to a chronic lack of supply of enough of Calcium Ions to the organs and tissues. That type—the sub-parathyroid—is by far more frequent than the other extreme, the hyper-parathyroid. When one speaks of the parathyroid centered personalities, one ordinarily means the sub-parathyroid type.

Even at birth it is sometimes possible to recognise the type. The baby is small, puny, has a certain indefinably anxious expression, and is obviously nervous from the moment of its entry into the world. These babies are so often under weight, because they are born somewhat prematurely. Being born a week or two a head of time, may make all the difference in the universe, as regards the future and the personality of the child. That is why it may be predicted with almost mathematical certainty that the parathyroid type of personality may be expected to develop in twins or premature babies unless something radical is done during the first year to compensate for the deficiencies with which such babies are ushered into the world. The deficiency may be explained thus: It is only during the last three months of pregnancy that a large surplus of the salts of lime, Iron and phosphorus is abstracted from the body of the mother and deposited in the body of the infant, to be used after birth as building material for the making of bone, muscle, and blood during growth. Every week of pregnancy until the very last, quantities of these salts are thus stored. If the infant loses even a week of this treatment by the mother, it enters handicapped upon its earthly trials and tribulations. It must grow, that is, it must make bone, muscle, blood

and nerve. Without enough of the substances of which to make bone, it may develop rickets. Without enough of the substances to make blood it may develop anaemia and without enough substances to muscle and nerve, it may develop the nervous and muscular excitabilities and irritabilities characteristic of the parathyroid type with manifestations varying from nervousness a hyper sensibility to people, ideas, foods, stimuli of all kinds, to actual tremors, convulsions, emotional upsets and crises. The parathyroid personality is often the matrix for the flowering of hysteria, and hysterical phenomena both in childhood and in later life. Such children will often show enamel defects of a spotted or linear character. They have poor teeth which decay easily and quickly. They are also difficult to adopt socially. They are not good mixers and therefore have trouble in getting along with other children in school, various protective reactions and devices developing which are diagnosed as peculiar "complexed phobias" and fixed reactions that may conceal the underlying disturbance in the parathyroid. During the second half of childhood, some of these children present a remarkable hallucinatory capacity that has become well-known to psychologists as the *Eidetic Phenomenon*. These were discovered by a schoolmaster—He observed that when a certain boy in his class was asked a question in Geography he would fix his eyes upon a part of the schoolroom as if he was looking at a map and then give the correct answer. When he was questioned closely concerning just what he saw he answered that all he had to do was to look upon the wall or the blackboard and that he could actually see the map necessary in all its details even of colouring. The phenomenon is named *eidetic*, because of the dominance of images in the clinical picture, the word "*eides*" meaning "image" in the Greek. The individuals blessed or cursed with this quasi-hallucinatory capacity are called "*eidetists*".

An *eidetist* can with an effort of recall, bring before him a picture, map, blueprint, page of reading matter, or any other visual representation, correct in all its details immediately after having seen it. The *eidetic* faculty must not be confused with the power to visualise although the power to visualise vividly and accurately might be called the first degree of

possession of the eidetic faculty. Neither is it the normal after-image, although the positive after-image when sufficiently sharp might be called a degree of the eidetic faculty. It is a phenomenon essentially beyond the control of its possessor so that images may return arbitrarily. They may then bother the victim to the point of obsession and at night produce terrors. It may not be limited to the visual field; it may also involve the senses of hearing and touch. One would wake up at night and hear a gong that was heard at a motion picture house. Another may in bed be maddened by the sense of crawling insects buried in the skin. All these may disappear by treatment with parathyroid. In young children this phenomenon is common. In the older children, the faculty tended to atrophy and finally to disappear after puberty. Sometimes it continues to function and then often makes a distinguished personage of its possessor. The explanation of the phenomenon consists in the existence of exaggerated hyper-excitability of their reflexes. The electrical excitability of their nerves were measured and found to be much increased as is the case in parathyroid deficiency. It is the lack of lime that is at the bottom of the symptoms. The endocrine background of the eidetic phenomenon is of two kinds, making it possible to distinguish two types—one is called the T type (the T standing for Tetany, the condition most characteristic of parathyroid deficiency) showing all the signs of parathyroid deficiency. The other is called the B type (the B standing for Basedow which is one of the German synonyms for Goitre) in which there are signs of hyper-thyroidism. Both hyper-thyroidism or sub-parathyroidism may cause a loss of lime salts from the body which is responsible for the peculiar nerve condition that makes for the eidetic phenomenon. The emotional instability, as well as the general sensitivity of the parathyro-centric may be changed during puberty because the sex glands have an effect on lime metabolism directly opposed to that of the parathyroids. However, because lime insufficiency when marked often interferes with the proper evolution of the sex glands, complicated mal-adjustments, physical and mental, may result in a complete breakdown of the personality during the period of adolescence which may attain the proportions of dementia

precox. On the other hand, there may be adequate compensation on the part of one or other of the other endocrine organs which enable the individuals to carry on and still retain their sensitivity, a condition which makes for the production of the artist, the neurotic and the introvert. These people are the perpetually restless, the eternally unsatisfied, and fastidious ones of the earth, hypersensitive and ultra-refined who always separate themselves from the mole or crowd, standing out from or above it. A typical uncompensated (sexually) parathyro-centric has the following traits: the slender physique looks even weaker than it really is, due to the peculiar pallor of the long featured face, striking because of its narrow stiffened upper lip and rather fixed unchanging expression. The temporal arteries become hardened early and the incongruity of the tortuous blood vessels standing out over the temples in relation to the youthful face is characteristic. Examination of these people shows an enlarged thymus and an abnormal Sella Turcica for the pituitary, but the dominant endocrine in the personality and in the clinical picture is the parathyroid. Maladjustments and symptoms are controlled when the parathyroid is controlled. And that is the test of the dominant or basic gland in any personality or clinical phenomena; the response to treatment of the key-gland in actual practice.

INFANTILE DIARRHOEA.

Practitioners throughout the world need not be told that one of the commonest and most fatal diseases in infancy is diarrhoea and the disease is responsible for the largest share in infant mortality during summer. Why the toll of death should be in summer has been so far a matter of conjecture. G.F. Still says that "each year mortality begins to rise in the month of July, reaches its maximum in August or September and subsides to what may be called its normal level about the middle of October." It is so in Madras more or less. The fact that the breast-fed infants suffer less than the artificially-fed from summer diarrhoea favours the idea that the organisms which may be the cause of infantile diarrhoea grow in large numbers in hot and humid season of the year and consequently the artificially-fed

children die in larger numbers, the chances of entry of bacteria into the system being more through the artificial food. The source of infection of the artificial food may perhaps be the household fly, but it has been found out by eminent workers in the west that in summer diarrhoea this source of infection cannot always be the cause. As the theory of bacterial origin of this disease will be better appreciated if it comes from eminent pediatricians having as reputable hospital practice, the observations of G.F. Still have been quoted:—"Hitherto it cannot be said that any micro-organism of the many which have been described in recent years as causal agents to infantile diarrhoea has been proved to bear a specific relation to the disease; it seems possible that infantile diarrhoea, even in its most epidemic form, may be due to many different micro-organisms. In some cases the bacillus enteritidis sporogenes described by Dr. Klein may be the cause, in others the diarrhoea may be due to streptococci, and according to the recent observations of Dr. Flexner and others at the Rockefeller Institute in New York, the Bacillus of Dysentery (Shiga's Bacillus or allied forms) would seem to be present in so large a proportion of the cases of 'summer diarrhoea' in America as strongly to suggest a causal relation. Another organism which has been found in many cases of infantile summer diarrhoea in some years in London, is a nonlactose-fermenting bacillus described by Morgan; the Bacillus Proteus has been thought to be the cause in some cases. The weak point in the specificity of any of these organisms is that none of them is found constantly in infantile diarrhoea, and that most of them are sometimes inhabitants of the healthy bowel. It would seem indeed that bacteria which normally inhabit the intestinal tract may under certain conditions multiply excessively and assume pathogenic properties."

Whatever might be the theories about the bacteria being the causative factor it is fairly certain that either in this disease or in many other, organisms alone cannot by themselves bring about pathological changes unless there be other predisposing causes at work. Though the majority of children that suffer from summer diarrhoea, are the artificially-fed there are a few victims from amongst the breast-fed children also. There are instances where in the same house, infants

of the same age fed on the same artificial food did not simultaneously suffer from the same disease. Practitioners must have also come across serious cases of summer diarrhoea in infants who are looked after in ideal hygienic surroundings. It must also be within the experience of physicians that the disease is not peculiar to slum areas. The above observations tend to show that there should be some inherent fault in the metabolic functions of the babies which is the basic cause for bringing about the dysfunction of the gastro-intestinal flora.

It is common knowledge that children suffering from summer diarrhoea are either marasmic or are suffering from rickety diathesis, pukka rickets not being so common in this country. Signs and symptoms of scurvy may be seen in those few who have been fed on tinned foods. So, it is pretty certain that this disease attacks children who have been suffering from some deficiency disease or other or some deficiency is inherent in them without manifesting itself as any known disease. The immediate exciting cause may be indigestible food, exposure of the abdomen to chill either due to exposing the abdomen to cold draughts of wind or allowing infants to crawl with belly exposed on chill floors. Dentition irritation is yet another exciting cause. In the case of breast-fed children indiscretion of diet on the part of the mother and her dirty habits have been the main causes. Unclean feeding bottles and other utensils used in the preparation of artificial food and in the process of feeding are the most common exciting factors.

Summer diarrhoea of infants manifests itself as three distinct clinical conditions one merging into the other slowly or in quick succession, at times all the three manifestations clinically appearing together as one disease. These three different varieties may be differentiated as (1) Gastro-intestinal catarrh, (2) Gastro-enteritis and Colitis and (3) Cholera Infantum. The pathologist may distinguish many more divisions and sub-divisions but for the purpose of treatment such sub-divisions serve no purpose.

The signs and symptoms of infantile diarrhoea depend upon various causes at work. If the child is brought to the physician immediately after the onset of a fit of

vomiting or after a few motions the child may have a slight rise of temperature not above 101° F., and is slightly restless; crawls its leg towards the abdomen, indicating discomfort in the abdomen, refuses food and if coaxed to drink, the food is immediately brought out; the bowels are open 6 or 8 times a day and the stools contain curds, have an acid smell and are either watery or gummy, colour whitish yellow or green.

If the exciting cause, which is usually faulty food or a dirty bottle, is not corrected and if symptoms are not checked and controlled by judicious treatment, the stools get more greenish and mucoid showing that the mischief has travelled down to the colon. The child is more fretful, has fits of incessant crying indicating colic, strains much before and after passing stools and has prolapse of the anus which is excoriated and if the baby is a female the excoriation travels into the lips of the vagina and the child screams while passing urine. If the disease is still not checked, the motions get foul and offensive, tenesmus is more marked, the child is more restless, the temperature rises and ranges from 101 to 104° F. Still later, the mucoid motions become serous, watery and get more offensive, tongue coated and the baby tosses in bed, keeps shaking the head right and left, fontanelle depressed vomiting reappears and is more intensive rejecting even water. Later, urine gets scanty and the temperature shoots to 105 and 106° attendant with brain symptoms very much resembling meningitis and the child succumbs. If the child survives without developing high temperature or brain symptoms, gastrointestinal symptoms get more chronic and the child gets feeble and wasted, is mere skin and bones; oedema of the feet develops later and even general anasarca and eventually death.

In the third variety which is Cholera Infantum the symptoms are more acute, intensive, and exaggerated. Vomiting is extremely severe, the stools which are yellowish and watery to begin with, turn serous and resemble those of cholera. The temperature is varying; in some cases, the surface temperature is much raised and in others sub-normal. Respiration is quick and shallow, eyes are vacant and sunken, nose pinched, fontanelle depressed,

pulse feeble and quick or imperceptible. At the end the child may develop acute brain symptoms and hyperpyrexia and eventually succumb. There are cases which begin and end just like a case of cholera. Cholera Infantum is not always fatal. Sometimes most desperate cases recover. The indication for recovery is evidenced by a return of yellow colour in stools which become less frequent and the diarrhoea eventually ceases.

Complications may set in at the very commencement if toxic symptoms are marked and pronounced, and if temperature is high. Thrush is usually a frequent complication. At times, it develops into acute and extensive stomatitis and interfering with deglutition is the main cause for lessening the chances of recovery, the child being unable to maintain strength for want of food. Congestion of the bases of lungs is also very frequent in cases attendant with fever. Bronchitis and Broncho-pneumonia are the two other lung complications which are usually present. Keratomalacia at times sets in and the cornea may be eaten away within a few hours. Otitis Media seems to be a common complication in this, as it is in many other infantile affections. It may start afresh or more often flare up in one or both ears which were the seat of this trouble in the past.

Treatment of infantile diarrhoea requires judicious selection of diet and drugs. "Diarrhoea occurring in an infant in hot weather is to be regarded by the physician as a fireman regards a fire. The only way to prevent a calamity is to regard it seriously and use every effort to prevent its further development." Having realised the gravity of the case the indications and rationale of treatment should be well considered. The constitution of the infants under observation and the indications for treatment are so varying that the plan of treatment should be also varied. All the same the indications and rationale in all cases should be first to remove the exciting cause, control diarrhoea combat toxemia, support the strength of the patient and prevent complications. It will be always safe to stop milk in any form even of the mother in cases of breast-fed children, especially if the illness starts with vomiting. If the vomiting is severe, all diet should be stopped for at least four to six hours. Then allow drops of water and if these are

retained, warm, thin, sweetened arrowroot gruel may be tried in very small quantities, say 10 to 20 drops to begin with for a child six months old every half hour and then double the quantity every hour and still later, 2 to 3 drachms every hour and so on, to be gradually increased depending upon the irritability of the stomach. Barley water does not seem to have as good a binding effect. Rice water is a good substitute for arrowroot gruel and Indian children take this with much avidity. A handful of raw rice (preferably not machine made) should be fried to a yellow tinge and then it should be thrown into a vessel containing a pint of boiling water, and when the rice gets cooked, soft but not very soft, throw into the same water a good sized lemon, cutting it into four pieces. Then keep down the vessel covered for about half an hour. Strain away the rice and lemon pieces without squeezing them. The patients may be fed with this water in the same way as with arrowroot gruel. Marasmic children thrive well on raw meat juice prepared fresh every six hours. This should be given after acute symptoms have subsided. Whey does not seem to be so good and it has a tendency to irritate the bowels. Albumin water to a pint of which is added 20 to 30 drops of lime juice and a few drops of brandy to flavour agrees admirably with a few but not with all. It should be tried and if not agreeable should be given up. Excepting raw meat juice and that too in cases of marasmic children broth even weak is decidedly harmful as meat broths are favourite media for the growth of organisms. Whatever be the food given, it should be in very small and gradually increasing quantities as described above. The idea should be how much is retained and not how much is given. The utensils for feeding should be scrupulously clean. As the symptoms are controlled the diet may be a bit more liberal slowly adding milk to arrowroot gruel to begin with 1 to 3, then 1 to 2 and so forth. Milk may then be given if the stools are free from smell and mucus. It is desirable to mix the milk with lime-water, one of latter to four of milk or soda citras 1 gr. to each ounce of milk may be added. Fresh fruit juice (of orange) may be once or twice given during the acute stage and more liberally later. The juice of pomegranate fruit is ideal. The tongue and the lips should be kept

clean smearing the same constantly with glycerin boracic pure in older children and mixed with equal quantity of hot water in infants under six months. This will prevent the appearance of thrush. If food is not retained by stomach warm saline solution 4 to 6 ounces (one drachm Soda Chloride to a pint of water) may be slowly sent in through the rectum with the help of rubber catheter to which is attached a rubber tubing with a funnel at the top. It may be desirable to wash out the bowels first with the saline solution till the returned water is clean and then send in 4 to 6 ounces of saline solution high up into the rectum.

MEDICINES: If there is no irritation of the stomach and if there be a history of the child having been given undigestible food or passes curds in the stools, the bowels should be opened with 1 to 2 drchms dose of castor oil for a child one year old or it may have Pulvis Rhei co grs. 5. Later, if motions are yellow and watery, the following powders may be given: Calomel grs. 2, Soda Bicarb. grs. 5, Salol, grs. 5 to 8, Pulvis Creta Aromat grs. 10 to 15; make 8 powders, one every two to four hours in honey. If stools are gummy and mucoid Castor oil dr-1 to 1½, Gum Acacia grs. 30 to 45, Salol grs. 5, Spt. Chloroform mms. 10, Aqua Cinnamomi ounce 1; a teaspoonful every two to four hours depending upon the strength of the child. Gradually reduce the frequency of the dose to 3 or 4 times a day, then twice a day, and gradually stop after the child returns to the old diet.

In cases of severe vomiting and purging, as in Cholera Infantum, the following has been found to be very effective:—Chloroform pure dr-½ to 1, Tinct Zingiberis Fort dr-1, Spt. Camphor dr-1, Spt. Ammon Aromat drs-2, Spt. Aetheris nitrosi drs-2, Brandy ounce 1; 1½ drachms of this mixture should be added to an ounce of water which is rubbed with 10 grs. Gum. Acacia, and a teaspoonful of this diluted mixture given to a child one year old every two hours till the vomiting is controlled. At the same time if the motions are like rice water without any colour 1/8 to 1/6 gr. of Calomel and later 1/8 to 1/12 gr. of grey powder should be given with each dose of above mixture till the rice water stools become yellow. It is always harmful to give astringents and opium preparations in the acute stage when the stools are serous, watery or mucoid and offen-

sive. When acute stage has passed and motions are not offensive, astringents may be tried without opium. Indian babies do not tolerate opium. The safest opium preparation for infants is Tinct. Camphor Co. of which mms. 4 to 5 may be given to a child one year old in 4 hourly doses along with 5 to 8 mms. of Castor Oil in the form of emulsion. Small doses of Castor Oil have excellent astringent action on the intestines, and have a soothing effect on the intestinal mucous membrane. Very often nothing more than judicious administration of Castor Oil emulsion is needed to cure gastro-colitis. The next best astringent is Acid Sulp. Aromaticus in combination with another vegetable astringent in the form of Ext-Haemotoxyli liq to which if necessary may be added Tinct. Camphor Co. Acid Sulphuric Aromat dr. $\frac{1}{2}$, Ext. Haemotoxyli, liq drs-3, Tincture Camphor Co. dr-1, Spt. Chloroform dr-1, Syrup Gingiberis ounce I, Aqua Cinnomomi ad 3 ounces; a teaspoonful every two hours. If tongue is furred, Acid astringents are not well tolerated, in which case Bismuth salts may be tried in 2 to 4 grs. doses instead of Acid Sulp. Aromaticus in the above mentioned, mixture, mucilage Tragacanth q.s., being added to suspend Bismuth. Bismuth is not well tolerated by children if fever is present. Very often if Bismuth is prescribed when fever is present, it usually increases the temperature. Hare advocates Liq Arsenicalis in minute doses for combating vomiting and purging in Cholera Infantum. Liq. Arsenicalis 1 to 2 drops is mixed with an ounce of Aqua Cinnamomi and a teaspoonful of this mixture given every 15 minutes till 4 teaspoonfuls are given. The cases where the diarrhoea recurs after the withdrawal of astringents Hare recommends the following: Resina Podophyli gr. $\frac{1}{2}$, Liq Arsenicalis drops 3 to 6, Liq Calcis to make three ounces; the bottle should be well shaken and a teaspoonful of this mixture is to be given every 5 hours. In chronic cases of diarrhoea in children with rickety diathesis 4 to 5 grs. of Tannalbin in 10 to 15 drops of Cod Liver Oil twice or thrice after food has sometimes very good effects.

For combating toxemia in addition to the transfusion of the saline solution by the skin, brandy may be given with excellent results. In addition to its acting as a gene-

ral stimulant, it stops vomiting marvellously when all other medicines fail; especially in early stages if given mixed with water 10 to 15 mms. in a teaspoonful of water repeated frequently. Later it should be given in all cases of toxemia in smaller doses with food. Irrigation of the colon through the rectum is indicated when the disease is sub-acute and when the stools are offensive. It is also indicated in cases where there is great irritability of the rectum as is evidenced by tenesmus. The irrigation should be done once or twice in 24 hours using cold saline solution when the temperature is high and warm saline solution when the temperature is low. About 10 to 15 ounces of normal saline solution may be sent in slowly through a funnel and a soft rubber catheter and the contents may be made to return through another smaller catheter placed just at the entrance of the anus. The irrigation may also be done with a solution containing one drachm Acid. Boric or Borax to a pint of water to which is also added a drachm of Spts. Camphor and an equal quantity of Tinct. Benzoine Co. This, in addition to being an antiseptic, has a soothing effect on the mucous membrane and may also act as a diffusible stimulant.

BACTERIOPHAGE THERAPY: A race of Bacteriophage has been trained and cultured to destroy a large number of bacterial strains which usually cause intestinal troubles, including Staphylococci, Streptococci, Enterococci, Dysenteric, Coli bacillus, Para Coli bacillus, Pneumo bacillus and Para dysenteric bacilli. This Bacteriophage is available in the market under the name of Bacte Inteste Phage. It is sold in ampoules of 2 cc. and is to be given by mouth diluted with alkaline water. To a child one year old, the contents of one ampoule may be mixed with one ounce of water to which is added 3 grs. of Soda Bicarb to make it alkaline and two teaspoonfuls of this solution may be given every two hours till all the doses are given. It is necessary that during this period the patient should not be given any food and even after the last dose no milk should be added to the dietary and no other medicines should be given as these are likely to destroy the effect of the Bacteriophage. One or two ampoules may be given per day and if within 48 to 72 hours there is no marked improvement in

the condition of the child it is to be surmised that the Bacteriophage is not indicated. Children take Bacteriophage very well as it has no taste or smell and for this reason the therapy is worth a trial.

Abstracts

The Influence of Birth Control on the Incidence of Insanity.

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For many years hereditary taint in the family history was considered of vital importance in the causation of many types of insanity, especially those of the so-called functional group.

It is true that this factor was found to be present in a large proportion in this group. However, in many cases the most thorough search failed to reveal any hereditary taint in the family history. The older psychiatrists laid great emphasis on the hereditary factor largely because no other factors had been found which apparently were responsible for the occurrence of the disease.

Considerable emphasis was also laid on the mental factors in the causation of these mental disorders. These factors consisted largely of environmental difficulties such as grief, worry, anxiety, poverty, domestic difficulties and a host of others. Modern methods, however, have shown that heredity and environmental difficulties are not the sole causes of mental disorders. The study of eugenics has concerned itself largely with the hereditary factors, and as a result of these researches sterilization of the unfit has been advocated and laws to this effect have been passed in many states.

While we admit the importance of heredity and environment in the causation of mental disorders, our studies in the last twelve years have shown that there are serious physical conditions which are of much more importance than the factors considered above. The physical disturbances have consisted largely of chronic foci of infection located in the teeth, tonsils, sinuses, gastro-intestinal tract, genito-urinary system in the male and

gynecological system in the female, and possibly in other organs.

The discovery of the relation of chronic foci of infection to systemic disorders in general has been a recent development in internal medicine. Because they gave the patient no discomfort, their existence was masked; their determination difficult.

There can be no doubt that the psychotic individual harbors many sources of chronic infection. The only difficulty is to locate these sources and to thoroughly eliminate them. The sources of infection as outlined above while they produce no local symptoms, by which the patient becomes conscious of their existence, do produce severe systemic disturbances in remote parts of the body. These disturbances are caused either by migrating of the bacterial organisms from these sources of infection to other parts of the body or by producing toxins which when taken up by the blood stream are carried all over the body and produce the deleterious effects.

It has been adequately demonstrated by the work at the State Hospital at Trenton that these sources of infection produce systemic toxemias and that these toxins in the circulating blood are carried to the brain and nervous system, thereby causing the so-called functional disorders. By removing these sources of infection and eliminating the severe systemic toxemias, many cases have recovered which would otherwise have become chronic. Formerly the psychotic patient was looked upon as physically healthy largely because these factors were not discovered, but a recent survey of some 500 consecutive cases in the functional group of mental disorders showed that there were 3550 physical disturbances, or an average of seven per patient.

In view of these facts, as stated above, one can easily see why eugenics offers very little hope of reducing the ever increasing ratio of insanity.

Statistics show that this ratio has increased fourfold the population during the last forty years. The population has increased 101-per cent and the insane in institutions has increased 420 per cent. So one is justified in stating that the study of the theory of the psychoses based on the hereditary and mental factors alone have been woefully inefficient in stemming the tide of this tremendous increase.

We who have been working on the physical factors, believe that in time these methods will become universal, and not only will many cases recover who now become chronic but that a full realization by the public and the physicians at large as to the importance of these factors will result in the elimination of many of these sources of infection in early adolescence long before the psychoses occur. It will take many years for these preventive methods to become recognized and used to the fullest extent.

But there is still another method which in view of our investigations would have a very pronounced effect on this increasing incidence of insanity, and that factor is birth control. One might well ask the question "what possible relation could birth control have to the incidence of mental dis-

orders?" As far as I know this subject has not been discussed in this connection before.

A recent investigation of the order of birth in 500 of the so-called functional types of mental disorders, which make up over 50 per cent of the patients in State Hospitals to day, shows the following startling facts. (See table 1) Cases in which the patient was the only child amounted to only 19 while the first child was found to be insane in only 65 cases. Thus only 5 per cent of this number were only children, and only 23 per cent of this group including the only child were the first children. In other words 77 per cent of the cases occurred in children who were born after the first child. Allowing the family two children, the result show that 154 belong to the group of the first and second children, or 40 per cent of the whole.

Table I.
Order of Birth. 500 Functional Cases.

Order of birth.	Only Child.	Family of																	Unknown.	Total
		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
Only Child.	19	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	19
1st	...	18	15	10	12	1	3	2	2	...	1	1	...	...	...	...	...	...	...	65
2nd	...	17	9	12	8	9	5	7	1	1	...	...	...	...	...	1	...	...	...	70
3rd	...	...	16	11	12	8	4	3	3	2	1	...	...	...	...	...	...	...	...	60
4th	...	...	...	12	7	10	10	5	2	0	3	2	1	1	...	...	...	...	...	53
5th	...	...	...	...	9	8	5	0	3	4	0	0	1	1	...	...	...	...	...	31
6th	...	...	...	...	...	9	3	0	2	2	0	2	1	...	...	...	...	...	...	19
7th	...	...	...	...	...	...	3	0	10	1	0	1	...	...	...	...	...	...	...	15
8th	...	...	...	...	...	...	...	8	1	1	2	0	1	1	...	...	...	...	...	14
9th	...	...	...	...	...	...	...	...	2	3	...	...	1	...	...	...	...	...	...	6
10th	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	3
11th	...	...	...	...	...	...	...	...	...	3	...	...	1	...	...	...	...	...	...	4
12th	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	2
13th	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	0
14th	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1
15th	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
16th	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0
17th	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0
18th	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Unknown.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	135	...	135
Total	19	35	40	45	48	45	33	25	26	15	11	8	6	5	2	1	...	1	135	500

1ST AND 2ND CHILD (LESS UNKNOWN)—40 PER CENT.

In analyzing the order of birth of the various children which later became insane, it is interesting to note that the percentage given in the Table 11 indicates the number of the order of birth in which the patient was the last child.

(Continued on page 337.)

SPECIAL CONTRIBUTION TO THE MEDICAL PROFESSION.

OPINIONS GATHERED FROM PRACTITIONERS.

Rational treatment of Diabetes.

The discovery and application of Pancrepatine for treating Diabetes Mellitus is one of the classical examples of the therapy of internal secretory disturbances by means of gland preparations. No physician has yet denied the effectiveness of this remedy, which is composed of the Extract of Pancreas and hepatic juice. The digestive enzymes and the internal secretions in the former are retained and the product contains exactly 26 cgms of the active principles.

It is no doubt a fact that Insulin is the remedy for Diabetes as it brings about an immediate decrease of sugar secretion in the body. The pathology of Diabetes is that in the metabolism of healthy people the cells have the sugar fixed in them, while in persons having this disease there is a deficiency of this fixing power and as a consequence the sugar re-enters the bloodstream and this goes in the intestinal tract. By means of Insulin this fixing power of sugar is once more restored to the organism. Despite this great power of Insulin it has some great drawbacks which prevent its universal use in each and every case of Diabetes. Besides its transient action, certain conditions such as a glycosuria of urine, diabetic restrictions etc., must necessarily be seen before it can be prescribed. Again the only route whereby Insulin can be administered is either the subcutaneous or the intravenous, which means lot of trouble to the patient and responsibility to the doctor. There is also a possibility of serious complications arising from its administration.

In view of these dangers in connection with the administration of Insulin the research workers have at last hit at a remedy which possesses all the virtues and none of the dangers and disadvantages of Insulin. This remedy is Pancrepatine which in a remarkable manner detains or arrests sugar elimination in the urine and the blood without producing any ill-effects. The pancreatic ferments in Pancrepatine

act in a specific manner on food and reduce it in such a way that the ingredient parts are decomposed and from these the organism obtains its valuable building material. These ferments also exert a special influence on the assimilation of carbohydrate material, an influence which is of great help in the removal of sugar from the body. Pancrepatine therefore supplies the organism the failing ferments as also the enzymes of the Pancreas. With the help of these the disordered metabolism is regulated. It influences the sugar tolerance very considerably. It decreases the feeling of thirst, increases the appetite and the accompanying manifold complications such as carbuncles, perforating ulcers, eczema and loss of weight tend to disappear under its regime. The digestive faculties are favourably affected and thus a physical improvement is clearly noticed in the general condition. Not only is there a rapid fall in the blood-sugar level under its influence but there is appreciable reduction in the urinary sugar. The disappearance of acidosis without any secondary troubles is prompt.

Pancrepatine is not a remedy which only abates the symptoms of Diabetes but does away with the malady itself. It aids the process of regeneration of the diseased pancreas. It, by means of the ferments in it causes effective stimulating as well as substitutive action on the diseased organ. The diseased or the injured pancreas is thus rebuilt and made to function normally. Thus the defective digestion and absorption are also corrected. The ferments of Pancrepatine, viz., Trypsin, Amylopsin and Steapsin aid proper digestion and assimilation and the normal course of metabolism is thus restored. These ferments are effectively activated by the help of hepatic juice. In severe and even in old standing cases there is reduction of glycemia, disappearance of glycosuria, the restoration of normal appetite and improvement of general health.

The most important fact that one must bear in mind in the treatment of Diabetes is that whatever the remedy employed certain dietary measures must needs be observed. On account of Pancrepatine, however, many of the privations to which diabetic patient was formerly exposed, have been reduced. The dietetic treatment

should aim at giving the patient sufficient calories in order to satisfy his needs of nutrition, to increase his tolerance to enable him to digest a large part of the food he takes and to administer Pancrepatine to utilise the remainder, which would otherwise pass undigested through the body. It is calculated that about 30 calories per kg. body-weight is necessary for the average person. By the daily addition of albumin and carbohydrates a diet can be built up which will be sufficient for the patients. First, albumin is added in the form of meat and then bread is given and the following days one should alternate with albumin and carbohydrates. Together with this, Pancrepatine should be given as it increases the tolerance of the patients. In general the albumin content of the food should represent $\frac{1}{2}$ to 1 g per kg of body-weight. The fat should be limited to 2 to 2½ g per kg. Carbohydrates and fats should be given in a fixed ratio bearing in mind the rule that 1 g of carbohydrate burns up 1½ to 2½ g of fat.

If together with this fare the administration of Pancrepatine is continued Glycosuria can easily be eliminated.

It is generally recognised that so long as the diabetic patient is on Pancrepatine regime he can take a reasonably full diet or adjust it according to his requirements. This enables him to carry on his daily work during the treatment. That low carbohydrate diet is a mistake has been proved beyond doubt by the observations of eminent scientists like Dr. Paulton. That every case of Diabetes can be given over 150 g. of carbohydrates per day is a fact. Patients thrive better and are much happier when they are on a high carbohydrate diet. This does not mean however, that reasonable limits should be neglected but attention should be paid so as to prevent undue rise in body-weight.

Pancrepatine is easily the best weapon in the hands of the general practitioner. It can be prescribed in the case of mild or medium diabetes. Diabetic coma and infantile diabetes call for more stringent measures and here Insulin is the remedy. It is necessary to inject large doses. Pancrepatine treatment can be indicated in Infantile Diabetes as with this therapy

hypoglycaemic conditions which are particularly frequent can be avoided.

Diabetic complications, specially the severe ones require also the aid of Insulin. But in these cases also the treatment can be successfully combined with Pancrepatine. If this is done no undesirable gastro-intestinal symptoms ever occur. The majority of cases that come in private practice are slight and medium and these are precisely the cases which respond very well to simple treatment with Pancrepatine, while the severe and the complicated ones indicate the use of Insulin.

The efficacy of the oral administration of these tablets has been proved beyond doubt by a number of successful clinical results. This treatment had often better therapeutic effects because of its pharmacological action of Glycogenisation. The formation of Glycogen in the liver is soon followed by hypoglycaemic effect. To summarise, the advantages of this product are:

1. It is an effective preparation of Pancreatic ferments and hepatic juice which can be taken by the mouth. It can thus replace troublesome and disagreeable injections and even does away with constant medical supervision.
2. Pancrepatine is harmless and it can be taken continually for a long time without fear of any harmful complications.
3. The functions of the stomach are not affected and no unfavourable gastro-intestinal symptoms follow its use.
4. No individual dosage is needed for every patient in the case of this product, as the reduction of sugar is almost regular.
5. The metabolic disturbances are set right by means of this remedy. Polyuria is also lessened.
6. The effects with this product are permanent.

Ovarian Therapy.

The progress achieved during recent years in the isolation of single gland products of internal secretion makes therapy with these glands not only possible but

effective. So far as the genital glands, either male or female, are concerned, Stronach was the pioneer who began his work of transplantations which merely consisted in obtaining the corresponding organs in their original condition. But now we have at our disposal standardised and purified Ovarian Extract which makes possible for the physicians to administer this accurately standardised hormone preparation of constant composition. This is known as Opocrin Ovary and can be given orally or intramuscularly.

Investigations into this Opocrin Ovary clearly indicate that it has a specific therapeutic action and if it is given in appropriate indications and correct dosage, it can produce good or even marvellous results. Whether Opocrin Ovary is given either by the mouth or intramuscularly it produces no ill-effects or disorders. This preparation mostly acts by substitution and its effect, particularly in amenorrhoea is in general more satisfactory the greater the number of periods which have occurred before the commencement of the treatment and the less the degree of any genital hypoplasia present. Wherever there is diminished ovarian function this product can safely be given. This treatment, should however be contra indicated in cases of hypogenitalism due to general disorders or inflammatory conditions of the genitals. After the treatment with Opocrin Ovary there is not only reappearance of the periods but their regularity, intensity, and duration is also ensured. Although there might be slight transitory enlivenment of the psychic condition in genital or general infantilism, this product has absolutely no effect in such conditions because of the positive constitutional weakness which exists from the very outset. However this preparation has a marked and decisive effect on the whole vegetative nervous system.

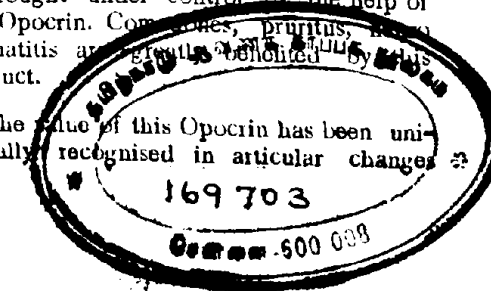
It is in the treatment of patients who are suffering from functional deficiency or absence of ovarian internal secretion that the value of ovarian therapy can be appreciated. The most common examples of this deficiency are vaso-motor disturbances of the menopause either natural or artificial. The administration of this product greatly benefited the patients and the symptoms disappeared entirely. It appears from this that Opocrin Ovary is useful in

patients in whom Hysterectomy has been performed. Another useful domain of the application of this product is functional Amenorrhoea or Obligo-menorrhoea in young women. The successful results obtained in the majority of cases should encourage practitioners to make a wide use of this product. The somatic symptoms which usually appear at the time of menstruation, such as dysmenorrhoea, migraine, exanthema, herpes genitalis are all benefited by the use of this Opocrin. In dysmenorrhoea and amenorrhoea this Opocrin supplies the bloodstream with the physiological stimulation of the ovary and thus effects an easy and a comfortable menstruation. The pain, fatigue and discomfort of dysmenorrhoea disappear. The Endocrine balance is corrected and this cyclical recurrence then takes place regularly. If dysmenorrhoea is due to displacements, adhesions, neo-plasms or any pathological changes, these Opocrins are practically of no value. These however offer a rational therapy in cases of sterility where there are indications of deficient ovaries and underdeveloped uterus. The effect on the cellular activity produced by Opocrin Ovary is remarkable and the patient soon after ingestion of this product becomes quite a changed individual. Instances of pregnancy following this therapy are sufficiently common to suggest that in cases of deficient ovulation this product has been of great value.

Further there are types of cases in which patients suffer from defective circulation of the external genitalia. This product has a specific hyperemic effect in such cases. The beneficial effect which Opocrin Ovary possesses in conditions of pruritus, kraurosis and other affections of the vulva is beyond dispute.

Skin affections occurring during pregnancy or as a result of diminished ovarian activity can be cured by means of this preparation—Skin troubles such as Acne Vulgaris, Acne Rosacea, Eczema etc. coming during puberty or at the change of life can be brought under control by the help of this Opocrin. Comedones, pruritus, dermatitis are greatly benefited by this product.

The value of this Opocrin has been universally recognised in articular changes.



such as arthritis which are the result of the cessation of the ovarian function.

Obesity which forms a symptom complex of ovarian deficiency can be easily reduced by this Opocrin Ovary.

The other conditions in which Opocrin Ovary can be tried with benefit are sexual frigidity, kraurosis, hyperemesis Gravidarum, epilepsy at the menstrual period and vasomotor disturbances.

One of the striking advantages that Opocrin Ovary offers over other crude ovarian products is that when it is given orally there are no non-specific irritative effects. When it is injected there is absolute freedom from pain and side-reactions. Its chief advantage however is that it makes adequate dosage of this substance possible. Because Opocrin Ovary is a standardised preparation, there is absolutely no disappointment after its use as is the case with other products of similar nature which have relatively small content of the active hormone in them. Another advantage possessed by this product is that unlike other gland products this is not acted upon by the gastric juice in the stomach because of the special coating employed for the tablets which liberate fully in the small intestines. So the assumption that this product is destroyed in the stomach is not true.

Opocrin Ovary has produced successful results during recent years. It provides a therapeutic agent for sterilising the internal secretion supply as well as for substitution effects. It is really a valuable therapeutic aid in the treatment of disturbances of menstruation as also troubles of ovarian insufficiency.

Aminobiase in Phthisis.

I was called to see one Mrs. S. V., aged 34, a Hindu female from South India. She was suffering from fever and cough for many months and had taken treatment from a number of physicians apparently with little or no benefit. I found the patient pale, very anaemic and very much emaciated. She weighed 75 lbs. and her height was 5 feet. Her chest measurement was 24". On auscultating the lungs I found the back of the right lung consolidated and was just beginning to caseate. Moist rales and crepitations could be distinctly heard. The

left lung was much better although rough breathing and a few rales here and there could be heard at the back of the apex. The pulse was rapid and weak. Dyspepsia troubled her much and would not allow her to eat well. She occasionally complained of night-sweats and her temperature in the evening ranged from 100° to 102°. Her expectoration was difficult and troublesome. Having diagnosed it as a case of Pulmonary Tuberculosis I started her on Aminobiase injections, giving her one intramuscularly every 4 days. In addition to this she was having cod-liver-oil and Cognet's capsules. After five injections some progress for the better was perceptible. A general feeling of well-being was experienced by the patient and the temperature, which rose a little on the day of injection, ranged between 99° and 100°. After ten injections of Aminobiase the patient had made considerable progress towards recovery. There was slight increase in weight, expectoration was much easier and by far less and the night-sweats showed a marked abatement. The temperature rarely went above 99° and at times was quite normal in the evening. The state of general health much improved and the patient who was diffident and apathetic before began to feel that she would soon get better. She was at this time advised to take as much fresh air as possible and sleep in the open with proper protection to her lungs etc. After ten days of complete rest the course of Aminobiase was again started. The injections were given at the same interval as before. After 20 injections were over the night-sweats had stopped entirely and there was very little cough. The temperature was at times 99°. She now weighed 80 lbs. but the anaemic condition had not entirely disappeared. The defective appetite was considerably stimulated and she was able to take about 2 seers of milk every day and a moderate nourishment. After a break of ten days she had another course of ten injections. The patient was very much better after this, though she could not be said to be quite free from the disease. Gastro-intestinal disturbances were never observed after this. There was increase in body-weight by 3 lbs. The amount of irritable coughing diminished and the volume of sputum grew considerably less. The rales and crepitations abated and could be heard only here and there

in the right lung and none in the left. The course of the disease was very much arrested. The temperature mostly was normal. This defervescence has lasted up to this day and she was recommended to leave Bombay and she has gone to Miraj and there she is feeling very much better.

The results obtained in this case with Aminobiase were most gratifying throughout. In conjunction with cod-liver-oil, Cognet's Capsules and other hygienic and dietetic measures Aminobiase has proved very effective and has reduced much of the suffering of that unfortunate woman.

A tonic and a restorative.

A Bania patient aged 28 who had suffered from Chronic Malaria for over two years had come to me asking me to recommend him a good tonic. He was feeling very weak, had no appetite and was not able to digest well. He was so to say "Going to pieces" as he told me. I decided to try Fer-Ma-Pho in this case. He finished two sample bottles that I gave him and according to the results achieved with it, I found it a very good restorative. The immediate benefit that he received from this tonic surprised me most. I could find that there was a sense of returning vitality in this patient and a healthy desire for food. After a month of this Fer-Ma-Pho regime he was able to increase his weight by six pounds. This patient is still taking the tonic and considers it an excellent one on account of the rapid improvement that he got with it.

From this it appears that Fer-Ma-Pho is a tonic of considerable value in cases of general debility following a long-continued pyrexia. The increase in weight in debilitated patients is most marked after its administration. It is easily taken on account of its palatability. It is superior to other ordinary Iron and Quinine tonics in that it does not constipate the bowels. It is rapid in action and is very valuable as a general tonic. My experience with this tonic, which I have narrated in the preceding lines should encourage other practitioners to prescribe it with every confidence in convalescent cases.

Felsol in Asthma.

The claims that Felsol has made of its wonderful efficacy in Asthma have been proved by the following two clinical results.

1. A Hindu lady aged 45 had been suffering from Asthma for a number of years. She used to get the attacks at the interval of every two or three months more in the cold season and the monsoon than in summer. These attacks used to last for about 10 to 15 days. She had all the characteristic symptoms of Asthma. These periods of attacks she dreaded very much because of the frequent suffocations and laboured and painful breathing. Pot. Iodide, Stramonium, Tr. Lobelia Aetheris and all the usual expectorants and vaso-dilators were prescribed. They afforded her however very little relief and I therefore tried my hand at Felsol. She was given the usual remedies but at the same time she was instructed to take Felsol, one powder three times daily one hour after food. After the first three days the gradual improvement that set itself was quite obvious. The attacks of suffocation became very much less every day and the asthmatic complaint which formerly extended from 10 to 15 days lasted only for a week. After the acute attacks had passed off I advised her to take only Felsol, which she was doing for the last three months. In the first week of her freedom from the acute complaint she was taking three powders per day, in the next week only two, one in the morning and one in the evening and in the third week only one in the morning. After that she had an interval of a week's rest. Again she continued Felsol treatment on similar lines for the next two months. After this treatment not only the usual attacks which recurred every two or three months became few and far between but even the physical signs in the lungs disappeared. The rhonchi which used to be heard before had vanished and the former emphysematous chest gave place to one of normal size. After this I saw her only last month and she told me that she felt quite well and that she had no attack of Asthma after completing the treatment and the slight coughing, which was very persistent, has also disappeared.

2. I was sent for once in the middle of the night to see a male patient well on the wrong side of forty. When I went there I

found that he had an attack of Asthma. His breathing was laboured and distressed. He had paroxysms of coughing and was gasping for breath. He could hardly speak. I was told by the relatives that he was in that state for nearly three hours and was quite unable to sleep and rest in bed. I prescribed three powders of Felsol and asked him to take each at the interval of two hours. In addition to this I also gave him the usual anti-asthmatic mixture. I left instructions to finish the three powders first and then continue the mixture. I was told next morning that the patient felt much better after taking the first powder. The breathing which was so troublesome had become easy and when he had finished the second powder he felt much more comfortable and the paroxysms of coughing had stopped and he could lie straight in bed and a little later he slept very soundly.

Needless to say that he did not take the third powder. I advised him to take it and also the mixture I had prescribed. After this acute attack had passed off I kept him on a course of Felsol for three months. Not only is he free from the complaint now but he breathes freely, feels comfortable and walking, which entailed lot of fatigue formerly, had become a pleasure to him. He sleeps well and feels that weakness which he was experiencing formerly, has disappeared. He has a very good appetite. In short now he is enjoying life thoroughly. This sort of thing has lasted for seven months during which period he had not a single attack of Asthma.

StannoxyL

EXTRACTS FROM STANDARD LITERATURE.

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

ACNE AND FURUNCULOSIS:—COMPTON, ARTHUR: THE TREATMENT OF STAPHYLOCOCCUS INFECTIONS AND ACNE (METHOD OF FROUIN AND GREGOIRE), LANCET, 1: 99 JANUARY 19, 1918. THIS ARTICLE WAS REPUBLISHED IN SUBSTANCE IN JOUR. ROY. ARMY MED. CORPS, 30: 515, MAY 1918.

"In the present paper I propose giving an account of confirmatory results obtained

by me with StannoxyL, kindly placed at my disposal by M. Frouin, in the treatment of seven cases of staphylococcus infection."

A lieutenant, aged 40 had two angry-looking boils on his neck. Scars on the neck and scalp from previous boils were plainly visible. Culture yielded growths of Staphylococcus aureus. "After two days' treatment with StannoxyL the tense feeling complained of in neck had practically gone and the condition was greatly improved, while two days later the condition had quite cleared up. No return two months later. The patient took in all only some 20 comprimés (tablets) of StannoxyL."

Another case was that of a civilian, aged 17, subject to boils more or less since the age of 13. When seen, on September 2, 1917, he was suffering from a boil on the left side of the neck about the size of a large bean. "A boric fomentation was recommended to clean and soften the boil, and on September 4th a culture was made of the pus. A pure growth of staphylococcus was obtained. Internal treatment with StannoxyL was begun on September 4th, and local dressings of dry boric lint were applied to the boil. Five days later the condition had entirely cleared up and there was no evidence of fresh boils. Treatment was discontinued. In all 20 tablets of StannoxyL were taken."

A similar experience is recorded in five additional cases, one being a case of acne which required prolonged treatment. This patient took about 410 tablets of StannoxyL from June 23 to September 26.

"That StannoxyL appears, therefore, to afford a sure and efficient method of general treatment for such staphylococcal infections as furunculosis and acne would seem to be proved by the above cases, confirming as they do the results already obtained in France by Frouin and his co-workers. The rapidity with which in these diseases the infection comes under control is suggestive that, here at least, there is in the metal a curative agent at work, acting probably as in the corresponding anaerobic in vitro experiments of Frouin and Gregoire; in which case it would be by producing a soil unfavourable for the growth of staphylococci."

MIXED INFECTION OF TUBERCULOSIS.—COMPTON, ARTHUR: THE TREATMENT OF STAPHYLOCOCCUS INFECTIONS BY STANNOXYL. MIXED INFECTION OF PULMONARY TUBERCULOSIS, LANCET, 11: 234, AUGUST 24, 1918. THIS ARTICLE REPEATS THE SUBSTANCE OF AN ARTICLE BY COMPTON IN BULL. DEL. ACAD. DE MED. 78: 622, NOVEMBER 27, 1917.

"In view of the fact that the staphylococcus is more or less constantly met with in the microbial flora constituting the mixed infection of pulmonary tuberculosis, it has occurred to me to test the influence of StannoxyL on this condition. The present paper deals with three clinically definite cases of phthisis so treated.

"These three cases—one of bronchopneumonia (tubercular) and the other two of pulmonary tuberculosis—are of particular interest. As cases they constitute a record of the first attempt, so far as I am aware, to combat by means of StannoxyL the mixed infection of pulmonary tuberculosis. In all three cases under the influence of StannoxyL treatment the temperature sooner or later fell to the region of normal; in three weeks for the first, in four weeks for the second and in two weeks for the third. At the same time, a corresponding improvement occurred in the general condition; the plus and respiration rates became more nearly normal, the sputum expectorated steadily became less, the appetite improved, and the patients put on flesh. Considering, therefore, the results achieved in the above three cases—the publication of their notes to-day seems justifiable. These therapeutic studies, and those already published on furunculosis, constitute a complete confirmation of Frouin and Gregoire's original in vitro observations. The more the conditions of culture in the body are anaerobic, the more the StannoxyL would appear to act by rendering the soil unfit for staphylococci to live and survive."

SKIN DISEASES.—HUDELO, MONTLAUR AND DROUIN: ON THE RE-ENFORCEMENT OF THE ACTION OF CERTAIN MEDICAMENTS BY THE ADDITION OF LIPOIDS (TIN ASSOCIATED WITH COLLOIDAL LIPOIDS IN THE TREATMENT OF FURUNCULOSIS AND STAPHYLOCOCCUS INFECTIONS BULL. ET. MEM. D. HOP. DE PARIS, 42: 977, OCTOBER 25, 1918.

The authors have long experimented with various therapeutic measures in the treat-

ment of skin diseases, especially furunculosis, pyodermatites, sycosis, acne, etc. They have had a large experience with Wright's vaccines, but the latest method tried has been both the simplest and by far the safest. They added lipoids to the preparation employed by Frouin and Gregoire. Their clinical experience includes forty-five patients with various staphylococcus infections.

FURUNCULOSIS—"The new treatment in this condition is truly a triumph in medicine. Of the thirty-seven cases treated all were completely relieved with seven subcutaneous injections at most and more often with five or six injections. The process as observed was as follows: (1) Very rapid disappearance of pain, often by the day after the injection. (2) The peripheral inflammatory zone was effaced by the second day. (3) The elements causing suppuration were destroyed and the lesion dried up without the exudation of pus or of serous fluid and this usually with the third injection. Usually by the third or fourth day evidences of suppuration disappeared. Local treatment other than a dry dressing is not indicated. Some of the patients have gone eight months without recurrence. There were no untoward results."

SYCOsis—Of three cases of sycosis, two were very fortunate in outcome. One was completely relieved after six injections having shown marked improvement from the time of the fourth injection. The other case was favourably influenced, all pustules drying up in three days, but an impetigo remained upon which the first had no effect; this was corrected by local treatment in ten days. The third case was treated with disappointing results until microscopic examination supplied the explanation—the skin revealed a trichophyton infection.

PYODERMATITIS—In one case, a rag-picker had the disease for several years, as in the course of his occupation he was continually reinfected. He was relieved by seven injections in sixteen days, the lesions drying up after the first injection.

HYDROSADENITIS—This patient had an axillary abscess on the right side. The affection was of two years' standing. It was impossible for the patient to raise his

right arm. The abscess showed marked suppuration. In two days after beginning the injections the pus collected and the abscess opened, discharging a pus-like fluid. The wound healed after six injections.

ACNE—In four cases of acne cure was rapid and complete. "Tin exercises an undeniable anti-staphylococcic action and is superior to other medicaments whose contact with the skin may for the time being interfere with cellular metabolism.

KOO - KOOMIN

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

Contains ingredients both Indigenous and Allopathic.

LESSENS THE VISCIDITY OF EXPECTORATION
SOOTHENS THE MUCUS MEMBRANE.

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

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

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

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

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

Apply for Literature :

THE ORIENTAL RESEARCH LABORATORY,
Vepery, MADRAS.

Stockists :

THE MADRAS DRUG STORES,

88, Nyniappa Naicken Street,

P. T., MADRAS.

Table II.

2nd and last child	...	...	...	17 out of 70 (24 per cent.)
3rd and last child	...	...	...	16 out of 60 (26 per cent.)
4th and last child	...	...	...	12 out of 53 (22 per cent.)
5th and last child	...	...	...	9 out of 31 (29 per cent.)
6th and last child	...	...	...	9 out of 19 (47 per cent.)
7th and last child	...	...	...	3 out of 15 (20 per cent.)
8th and last child	...	...	...	8 out of 14 (57 per cent.)

It will be seen from this table from the second to the fifth child which were the last children in the family the range is from 22 per cent to 29 per cent or an average of 25 per cent. The sixth child being the last child occurred in 47 per cent while the seventh dropped to 20 per cent and the eighth was 57 per cent.

It can easily be seen from Table I that the case where the patient was the last child constituted the largest number when compared with the other orders of birth.

It would seem that these figures should give us some food for thought. One would naturally ask, "why is it that a large proportion of the mental cases occur after the birth of the first child, or after the birth of the first and second children?" Irrespective of these reasons, which are largely hypothetical, from a mathematical stand point, one can show that had these families represented, limited themselves to two children, 60 per cent of our cases would have been eliminated. In view of these facts it appears to me that if we cannot make any inroads on the increasing ratio of insanity by other methods, that birth control offers a very sure method of decreasing the number of insane patients admitted to the institutions. As a large number of patients admitted are indigent cases and are supported at the expense of the state, it can easily be seen what a saving could be effected if birth control was recognized and allowed to these classes of individuals.

Just a word or two regarding the factors which may influence the development of mental disorders in children born subsequently to the first and second child. While we do not lay great stress on the existence of insanity in the family, we do feel that there are inherited conditions which must be recognized. There can

be no doubt that a large proportion of our population to day suffers from chronic infection in the teeth, tonsils, and other organs. It is also true that all of these patients are not insane but we do know that chronic infection accounts for a great many of the incurable diseases today, such as found in the heart, kidneys, liver, intestinal tract and genito-urinary system.

One must find a reason why the nervous system is attacked in some cases and not in others. We have two factors to consider here. One is the virulent and specific type of infection and the other is the patient's resistance to this type of infection. Assuming that the mother harbors chronic foci of infection in the teeth and tonsils, for instance. She may not become insane and she may not at the time show any marked physical disease. However, from our knowledge of the action of the toxins from these sources of infection, we are justified in considering that there must be a certain degree of systemic toxemia existing in the mother.

Dr. Graves of Birmingham, England, has suggested that these toxins act as sensitizing agents by their action upon the unborn child. In other words a child born under such circumstances will be more susceptible to the effects of a chronic infection than a child born without these factors. There seems to be good and logical reasons for accepting this hypothesis. It certainly would explain why certain members of the family are more susceptible to infection than others. It is certainly a fact that if the mother continues to have children in rapid succession, especially where poverty exists and the lack of proper care, she will become more depleted as time goes on, and her powers of resistance become lessened through overwork, child-bearing and the care of these extra children. It is reasonably true to assert

that had the number of offspring been limited the mother would have time to recuperate and care for the early children in a much better way than could be possible under the other conditions. Poverty in itself could not be blamed for the causation of insanity, but improper nourishment and care in the early years of life would certainly provide an ideal soil for invasion of the infection developing later on in the life of the individual.

This method of birth control to decrease the number of insane in the country would not be necessary if it could be possible to rid the mother of these chronic sources of infection before she reached the childbearing age. But there is little hope that these modern ideas will be adopted soon enough to influence this generation at least. So then we can only state that by birth control 60 per cent, at least, of the types of insanities which become chronic could be eliminated.

(*Medical Mentor, July-October, 1931*).

Notes on Treatment of Diseases.

N.B.—These notes are intended to supplement the treatment given in ordinary text books and are neither expected or possible to be exhaustive.

Gastric Ulcer: Parathyroid 1/10 grain three times a day.

Chlorotone is effective.

Resorcin in 2 to 5 grain doses before each meal in pills or capsules is effective. Bichloride of Mercury 1/60 to 1/30 grain before meals promotes cicatrization of the ulcer.

For vomiting in Gastric Ulcer, Cocaine gr ¼ with Bismuth Subnitrate is useful.

For Hæmetamesis 1 dram of Adrenaline Hydrochloride 1:1000 or solution of sub-sulphate of iron in 3 minimum doses, every half an hour.

Insulin 5—10—15 units given for 1st three days before meals followed by carbohydrate food; then 20—40—50 units daily in two injections. The duration of the treatment is 3 to 4 weeks (J.A.M.A.).

Calcium Lactate 15 to 30 grains with Parathyroid 1/10 grain three times a day and every second or third day two units of Collip's Parathyroid intramuscularly.

In marked alkalinity with high blood pressure Hydrochloric Acid Dil or Phosphoric Acid Dil may be given. (E.S.).

Bismuth Sub-gallate 10 Gms, Bismuth Sub-Salicylate Grs. 40, Mag. per Hydroxide Grs. 50; one gram of this powder to be taken three times a day before meals, followed by Soda Bicarb after meals.

Glycerine ounce 1 to 4 with 5 to 10 grains of Bismuth Sub. Nit.

Sodium bi-borate 2 to 5 grains dissolved in water in proportion of 1 in 200 may be given.

Tinct. Belladonna mms. 5 to 10 in one ounce of water or Olive oil before meals.

Soda Bicarb ounce ½, Mag. Carb, (Pond) Bismuth carb each ounce 1, a teaspoonful of this to be taken every two hours in the day and repeated at night. Diet: milk 3 pints a day to be continued for one week and then the medicine to be taken three times a day for three weeks and then only at bed time (P. G. M.).

Glucose 50 parts, Alcohol 50, Calcium Chloride 0.3, Soda Bicarb 3, Sodium Chloride or Bromide 4, Distilled water 100 to be given as enema of 250 cc and for the relief of pain, Orthoformin in 2 gram does also relieves pain (Rudolf).

Calcium Carbonate is the best antacid and it may be given in tablets of 10 grains with 1/40 gr of Oil of Cinnamon (J.A.M.A.).

Subcutaneous injection of Atropine in doses of 0.5 to 1 cc of 1:1000, twice daily over a period of one to six weeks (J.A.M.A.).

Intramuscular injection of milk (boiled) from 0.5 to 3 cc is good both for Duodenal or Gastric Ulcers (J.A.M.A.).

A mixture of 2.5 gm of powdered Agaragar and 10 gms of Pulvarised Gelatin, 4 gms of Mag. silicate and 10 gms of Sugar; a tablespoonful of this in a cup of water 3 times after food.

In the irritable condition of the stomach, Bismuth Subcarbonate grs. 15, Soda Bicarb grs. 7½ an hour before meals (E.S.).

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

Emetine 1 grain intravenously daily for 4 days and then 1 to 3 injections per week (E.S.).

Gastric Mucin 30 grains in tablets (C.M.S.).

Intramuscular injection of Pepsin to which Sodium Benzoate is added to remove the acidity and costicity of Pepsin; 1 cc of 10 per cent solution of Pepsin first given to test the tolerance and then 2 cc given daily for 15 days.

Modified Sippy treatment:

8 A.M.	Olive Oil ½ oz.	Milk 6 ozs.	Sodi Bicarb grs 10, Magnesia Pond grs 10 in Aqua 2 ounces.
10 A.M.	Tinct. Belladonna m 5, Aqua 1 oz	Milk 6 ozs.	Bismuth Carb grs 10, Sodi Bicarb grs 10 in Aqua 2 ozs.
12 Noon	Olive Oil ½ oz.	Milk 6 ozs.	Sodi Bicarb powder in Aqua 2 ozs.
2 P.M.	Tinct Belladonna m 5.	Milk 6 ozs.	Bismuth Carb powder in Aqua 2 ozs.
4 P.M.	Olive Oil ½ oz.	Milk 6 ozs.	Sodi Bicarb powder in Aqua 2 ozs.
6 P.M.	Tinct. Belladonna m 5	Milk 6 ozs.	Bismuth Carb powder in Aqua 2 ozs.
6 P.M.	Olive Oil ½ oz.	Milk 6 ozs.	Sodi Bicarb powder in Aqua 2 ozs.
10 P.M.	Tinct. Belladonna m 5, Aqua 1 oz.	Milk 6 ozs.	Bismuth Carb etc. in Aqua 2 ozs.

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Notes on Therapeutics, Diagnosis and other Medical Subjects.

*A NOTE ON THE TREATMENT OF PULMONARY TUBERCULOSIS WITH SANOCRYSYN IN THE SMALLER DOSES.

BY

RAO BAHADUR DR. M. KESAVA PAI, M.D., &
DR. K. VASUDEVA RAO, M. D.,
(Government Tuberculosis Hospital, Madras).

Ever since Moellgaard introduced Sanocrysin for the therapy of Pulmonary Tuberculosis, the drug has been tried by clinicians all over the world in the treatment of the disease. The results however have varied considerably in the hands of different persons, the percentage of benefit having varied from 20 to 100, though a few clinicians, especially in France, have condemned Sanocrysin as of no definite value.

These vast variations in the results have resulted from one or more factors, chief of which are (1) the nature of cases selected, (2) the dosage employed, (3) the applications of other forms of treatment like pneumothorax simultaneously adopted, (4) the method of classification of the cases to which the treatment was applied, and (5) the judging of the results by different clinicians.

From experimental and clinical data Moellgaard advocated large doses for the human subject, 50 to 100 cgr. intravenously but later observers advocated much smaller doses, viz., an initial dose of 5 to 10 cgr. slowly increased to 50 to 60 cgr. The total quantity injected in one course has been as a rule 4 to 6 grammes extending over a period of about 3 months.

The disadvantages attending the treatment with Sanocrysin especially in the practice of a hospital are (1) the cost of the drug which is rather too prohibitive for its more general use, (2) the liability to severe reactions and complications, e.g., Sanocrysin shock, haemoptysis, albuminuria, stomatitis, intestinal catarrh, dermatitis, etc., some of which are often of a most annoying character necessitating the intermission or even the stoppage of the treatment and

causing severe disappointment to the patient as well as the doctor.

This preliminary note on the treatment of 30 cases of pulmonary tuberculosis with the smaller doses of Sanocrysin will be of some interest as it will be helpful in getting over the above-mentioned disabilities to a considerable extent, if it could be demonstrated that the therapeutic effect is not appreciably lessened by the modified treatment, the cost is considerably decreased and the complications very much lessened if not prevented.

Of the 30 cases treated, 4 were in the I stage, 7 in the II stage and 19 in the III stage. 17 were of the exudative and 13 of the fibrosing type. 18 had tubercle bacilli in the sputum and 12 showed no bacilli. The group of cases selected could, therefore, be said to be a fair sample of the various grades and types of the disease. The initial dose injected was usually $\frac{1}{2}$ cgr. and successive doses increasing by $\frac{1}{2}$ cgr. were given at intervals of about a week till a maximum of 4 to 5 cgr. was given. The total maximum quantity given in any case for the whole course was $77\frac{1}{2}$ cgr., the minimum $7\frac{1}{2}$ cgr. and the average was 38 cgr. This quantity as compared with the average of 5 grammes given by us on previous occasions has lessened the cost of the drug more than 13 times, at the same time lessening the various complications met with in the series treated with the larger doses. In a paper read at the Seventh Congress of The Far Eastern Association of Tropical Medicine at Calcutta in December 1927 ("The Role of Gold Salts in the Treatment of Pulmonary Tuberculosis" by M. Kesava Pai and P. K. Gunasagaram. Transactions of the F.E.A.T.M. VII Congress-1927-p. 77) the results of 43 cases treated with the larger doses of Sanocrysin were given. These showed that 87% benefited in the exudative series and 68% in the proliferative.

In another paper, communicated by one of us to "The Madras Medical Journal" in October 1928, on "the efficiency of Sanocrysin treatment in the different types of Pulmonary Tuberculosis" by M. Kesava Pai, Madras Medical Journal-Vol.X-No. 4-p. 172) the result of 84 cases treated with the larger doses of Sanocrysin were given as follows:

Table I.

Type of Case.	Number Treated.	Arrested or much improved.	Improved.	Percentage benefited.
Exudative	49	18	8	53
Proliferative	35	15	8	66

Of Dr. Frimodt Moller's series, of 58 cases, 66% were much improved and 22% improved, making up a total of 88% benefited. ("The Sanocrysin treatment of Tuberculosis with special reference to Indian patients"—C. Frimodt Moller—Indian Medical Gazette—July 1927.)

An analysis of the present series of 30 cases treated with the smaller doses shows that of the 17 exudative cases 14 showed much improvement, 5 some improvement

and 1 was unaffected. Of the 13 proliferative cases, 7 were much improved and 6 showed definite improvement. In 27 out of the 30 cases the temperature came down steadily during treatment. 22 increased in weight, 3 remaining stationary and 3 losing. Thus 29 out of the total of 30 cases benefited by the treatment.

A comparative tabular statement of the results obtained from the two methods viz., the larger and the smaller dosage with Sanocrysin is given in Table II.

Table II.

Results of Sanocrysin Treatment in Pulmonary Tuberculosis.

	Exudative.		Proliferative.	
	Arrested or much improved.	Improved.	Arrested or much improved.	Improved.
Larger dosage (1928)	37%	16%	43%	25%
Smaller dosage (1932)	65%	30%	54%	46%

Whilst we do not consider that the two series are strictly comparable to each other, we are publishing these results as a preliminary note, indicating that the treatment of Pulmonary Tuberculosis with Sanocrysin, in the smaller doses has the advantage, particularly in hospital work, of

far less cost, much fewer complications, and much less liability to the stoppage of treatment, due to kidney and other troubles, coupled with therapeutic results, which compare favourably with those obtained by the older method of larger dosage.

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* A paper read at the Indian Science congress last January,

News and Comments.

Medical Education:—The Madras Branch of the All-India Medical Licentiate's Association should be congratulated on their having conceived the idea of a public meeting on the subject of "Medical Education" with the Hon'ble the Minister of Public Health as the President of the meeting. The meeting came on the 16th instant at 6 P.M. and Dr. K.C. Paul, M.D., one of the Honorary Physicians recently appointed to the staff of the Government Royapuram Hospital, read a paper on "Some thoughts on Medical Education." Though the meeting was otherwise largely attended, it has to be said that with the exception of the Superintendents of two Medical Schools and one or two lecturers from each of these two Schools, others who are engaged as professors and lecturers were conspicuous by their absence, including the Principal, Madras Medical College, and the Superintendents of the two special Hospitals which are also the teaching centres in the City of Madras.

Dr. Paul is a young graduate of the Madras University; after passing the M.B.B.S. Degree examination spent some time on medical studies in England, returned to Madras, and in 1930 was appointed as an Honorary Assistant Physician in the General Hospital. He passed the M.D. Degree Examination of the Madras University last year and is now one of the Honorary Physicians on the staff of the Royapuram Hospital; Madras, an institution where Licentiate medical students are having clinical training. So Dr. Paul must know all about University Education at least in Madras, system of medical education in Great Britain and the few months of his activities at Royapuram should have naturally inspired him to do his duty by himself and to the profession, especially the Licentiate Section of it. Naturally, the lecturer had not much to criticise about the University medical education as obtaining in this province, at present, and his 'thoughts' concentrated on medical education in schools including the School of Indian Medicine. He justified his preliminary remarks about the professional equipment of about 200 medical men yearly trained and sent out from the medical colleges and schools, and declared that scar-

cely 30 per cent. of those passed out had "the minimum professional attainment." How far his statement was correct and how the learned lecturer arrived at this percentage was not discernible, in the subject-matter of his lecture. Such a statement made by a practising lecturer about his brethren in his profession in a mixed audience in a public lecture would certainly be resented to by the 70 per cent. of the practitioners whom the learned lecturer found wanting in "minimum professional attainment". The lecture as a whole was a tell-tale of old events about which the Licentiate have been crying hoarse ever since they were brought into existence by the Government of this country. They never grudged to study Biology, Chemistry and Physics in the way the present M.B.B.S. did in the colleges, nor was the idea of a higher preliminary education equivalent to Intermediate was repugnant to them. The fact that amongst the candidates that sought admission into medical schools this year there were at least a few graduates and a large number of Intermediates, would convince all concerned that the fault of not raising the preliminary educational qualification was on the heads of those who were in charge of medical education. The condition of 50 per cent. of marks as a minimum for a pass in the medical schools was in existence some years ago. How it dwindled to 33 per cent. and who was responsible for the lowering of the percentage we have yet to find out. Dr. Paul found no virtue in the system of medical education in the School of Indian Medicine and said that the education was unfair to students as well as to the public. He proposed that the Government School of Indian Medicine may be converted "into a research institute for the purpose of incorporating everything good in the indigenous systems".

Four speakers followed the lecturer in expressing their views on the subject, viz., Major Mahadevan, Superintendent, Royapuram Medical School, Dr. Miss. Lazarus, Superintendent Lady Willingdon Medical School for Women, Captain Nimbkar, Honorary Ophthalmic Surgeon, and Dr. Rama Kamath, one of the Editors of The Medical Practitioner, and each of them spoke on the items of medical education with which they were interested

most. Major Mahadevan was not for closing medical schools and wished to increase the course of studies and the percentage of marks for a pass to 50. Dr. Lazarus stressed on the necessity of raising the preliminary educational qualification so that those who passed out from the schools did their work to the best of their capacity. She deprecated the idea of consulting medical students regarding the raising of the percentage of marks for passing the examinations and said that the elders in the profession should be the best judges in the matter. She was of opinion that there were many things to learn from the Indian system of medicine and it was worth while to conduct research in the system on scientific lines. Captain Nimbkar was for abolishing the medical schools for women and pleaded for mixed schools of boys and girls. He pointed out that a large amount of savings could be effected by entrusting medical relief and medical education to Honorarys. Dr. Kamath said that so long as the Government depended upon the advice of one man, the Surgeon-General, both in the matter of medical relief and medical education, nothing could be expected by way of reform to bring the profession to a level as obtaining in other civilised countries. He deprecated the attitude of the Government in patronising only one system of medicine, i.e., Allopathic, to the detriment of all the other existing systems in this country. He suggested that the policy of the Government should be to see that those who practised medicine were qualified in the system which they practised, and that schools in all systems should be conducted not by the Government but by the practitioners of such systems, the Government at the most giving grants to such institutions if need be. He was of opinion that it was not possible for any Government in any country to supply a sufficient number of medical men for medical relief, unless the members of the Independent Medical Profession took upon themselves the responsibility of treating not only the rich but also the poor. It is not so much the increase in the course nor the percentage of passes that should interest educationists in the medical profession, but it is the quality of training with which they should concern themselves the most; and nobody else could do this work, he said in conclu-

sion, except the members of the Independent Medical Profession.

Four resolutions were passed at the meeting which appear elsewhere in the Correspondence columns.

The Hon'ble the Chief Minister as soon as he occupied the chair made a few preliminary remarks and said that he was very anxious to level up differences in the medical profession and that he was in entire sympathy with the wishes of the Licentiate for increasing the course of education and hoped that the audience would discuss the matter in all its bearings and give him their considered opinion. The Minister at the end of the discussion expressed his satisfaction at the frank and independent criticisms on the methods and policy of the Government. He hoped that when time came for the representatives of the Independent Medical Profession to associate with the Government members in a Committee which he would appoint at an early date, that the representatives of the Independent Medical Profession would exhibit their views in the same independent spirit as they did that evening. He regretted to know that the nominees of the Independent Medical Profession did not do their duty properly in the Government Committee on Honorary System appointed some time ago, by giving expression to the views of the associations they represented. He would give them another chance to go through the system of honorary medical relief as he intended to appoint another Committee with two members of the Government and two members of the Independent Medical Profession, and hoped that these two representatives of the Independent Medical Profession would voice forth the views of the Associations they represented in an effective way. He wanted the audience to realise that he could not act independently. The Government wanted to be assured that the object of a particular reform could be achieved and they naturally depended upon the quality of the agitation from the profession towards that end. He gave out that in future the honorary posts would be filled in by open advertisement. He said that the Independent Medical Profession should create public opinion which was necessary to make the change acceptable to the patients. He agreed with Dr. Kamath that the control of

medical education should be in the hands of the representatives of the profession. He exhorted the members of the profession to voice forth their opinion repeatedly and effectively so as to induce the Government to hand over such control to them. He desired that the profession should be well-organised so that the Government might rely on the profession as a whole instead of their paid professional advisers. He was glad that the profession as a whole was in favour of raising the percentage of marks for passing, in the case of Licentiates to 50. In conclusion he assured the profession that every well thought of proposal from them would receive the consideration of the Government.

Though the subject-matter of the lecture was medical education, the discussions that followed and the opinions arrived at and the opinions gathered by the Hon'ble the Minister were more on side-issues concerning medical education than on the subject proper. The defects in the medical education as a whole were not touched upon by the lecturer and much less by the speakers that followed him. It is quite possible that the subject is such a vast one and the minds of those who spoke were so full that they did not know where to begin and where to end. Yet we are glad that the popular Minister was given an opportunity of knowing the views of the profession and having a heart to heart discussion with at least a few of the members of the medical profession, and we trust that the Minister would not give room for resentment on the part of the profession by not counting upon their opinion in future. We wish to point out to him that for knowing the views of the profession he should depend more upon the medical journals and individual opinions of the members Independent Medical Profession than on lay newspapers where matters of professional nature could not be discussed as openly as in the medical journals as such discussions in lay press are considered as unethical.

Save us from our Friends: This is what the Licentiates would say if they read the Editorial in the Bombay Medical Journal, the official organ of the Bombay Medical Union, wherein an appeal has been made to the Licentiates to stand aside and

be contented with their registration in the provincial Register. Dr. K.K. Dadachanji, the Secretary and Manager of the Bombay Medical Journal of which Dr. M.D.D. Gilder is the Editor-in-Chief, while condemning the Government of India on the proposed Indian Medical Council Bill at a recent meeting of the Bombay Medical Profession in Bombay said: "We know the Licentiates have been described as the back-bone of the medical profession in India. Viceroy, Governors, Directors of the Indian Medical Service and others have praised the services of the Licentiates in peace and war. They are also registered as duly and legally qualified on the Provincial Medical Registers. It is now sought to degrade them by exclusion from the Central Register. It is a grave injustice to them and it is against the interests of the people of India." And the whole profession in Bombay which is reported to have been represented in large numbers at that meeting did not say a word against the views expressed by the President of the Bombay Medical Union, of which Dr. M.D.D. Gilder is one amongst the most influential members, being himself the President of the Union last year. If the views expressed in an official journal of an association are usually considered to be the views of the association itself, we ask the members of the Bombay Medical Union with all earnestness whether its organ could voice forth the views on behalf of the Union against the views publicly expressed by their accredited leader. Amongst other things, we find in the Editorial under reference a desire expressed on behalf of those who "have gained the highest degrees and diplomas of British Universities and Colleges" whose "number has increased considerably and is rapidly increasing," to take the place now occupied by the I.M.S. It looks as if the holders of the diplomas and degrees of British schools and Universities wish to take advantage of a situation at the cost of the largest section of qualified practitioners now practising in India to get into power which is now being enjoyed exclusively by the members of the I.M.S. If this is the national and patriotic spirit pervading amongst the leading members of the Bombay Medical Union, it will be worthwhile for them to set their house in order before impeaching the Government of India

in the strongest terms possible for the breach of faith committed by them regarding the Indian Medical Council Bill, which action Dr. G.V. Deshmukh, the President of the meeting of the Bombay Medical Profession declared to be "not only unfair but dishonest."

An All-India Protest: Following the lead given by the Bombay Medical Profession, the several Branches of the All-India Medical Licentiates' Association throughout India are reported to have passed four resolutions which appear elsewhere in the Correspondence columns of this issue and which are worded exactly the same way with the exception of a few modifications to suit local conditions. We have received proceedings of such meetings from various branches, Bombay, Ahmedabad, Delhi, Madras, etc. and we regret we are unable to publish the full proceedings of such meetings for want of space in our columns. We trust that the patriotic representatives in the Assembly as well as in the Council of State would protect the national honour by rejecting the All-India Medical Council Bill in the form it is now presented to these Houses for the only purpose of placating the General Medical Council, Great Britain.

Mysore Medical Conference: The Mysore Medical Association held its fourth annual conference this year in the Intermediate College Building early in June last, the session commencing on the 2nd and closing on the 4th of the month. The increasing usefulness of the annual conference was evidenced by the large number of scientific papers read and discussed at the session, of which 13 were in Public Health, 19 were on medical subjects, and 22 were on surgical subjects. The business meeting was conducted under the chairmanship of Dr. H. B. Mylvaganam, F. R. C. S. (Eng.), Vice-President of the Association, and important resolutions were passed. There was an annual dinner at the close of the session. Dr. S. Subba Rao, the President of the Mysore Medical Association and who is also the Senior Surgeon with the Government of Mysore presided over the Conference throughout except at its business meeting. In his address he traced the growth of the medical profession in Mysore, which eventually brought into existence a medical school and a college in the province both of

which are gradually being recognised by the Indian Provinces. He deplored the existence of two standards of medical qualifications and wished that the L.M.P. course be abolished once for all, in which case there would be a larger number of highly qualified medical practitioners who would eventually take up the work from the official members of the medical profession in State hospitals. He was against the baneful practice of the rich members of the public being served in the charitable institutions under the Government at the cost of the poor. In conclusion he exhorted those who passed out from the schools and colleges to take to private practice and not to depend upon the Government for their maintenance. He pointed out various fields of activities for a private practitioner who in addition to being the family doctor may engage himself in the manufacture of drugs and pharmaceutical preparations including the preparations of vaccines and other biological products which was at present done in somewhat a large scale only in Bengal.

All sound and good advice. Dr. Subba Rao has always been of a progressive nationalistic temperament in spite of his wearing the official cloak. He enjoys a unique position being the Head of the Medical Department in a Native State, and we wish he gives expression to his ideals by inaugurating solid progressive reforms in the State during his regime which may well be copied by the sister provinces in India.

Child Welfare in Calcutta: It is reported that the Ramakrishna Mission has inaugurated a child welfare scheme of a comprehensive nature in Calcutta. It will not only conduct pre-natal and infant clinics but undertake training of nurses and midwives. This scheme at the present stage hopes to serve a population of 36,000. There is no doubt that under the selfless workers of the Ramakrishna Mission with the influential devotees of the Mutt at the helm of the scheme, the work undertaken by the Mission will not only be useful but will also be a success in itself. We wish to point out to the Ramakrishna Mission and also others who are engaged in the social work in India that such otherwise well-meaning schemes are likely to have adverse effect on the growth and prosperity of the medical profession. In America and other

civilised countries where such and similar schemes are worked out by the lay public there have been complaints by the members of the profession that social workers usurp the legitimate duties and functions of the profession though in good faith. It should be recognised by all concerned that unless the profession is prosperous it is not possible for it to do any work on scientific lines. The fact that the Government institutions engaged in medical relief have been a serious handicap for the progress of the members of the Independent Medical Profession should be taken note of by all who are anxious to do social work in the field of curing and the prevention of human ailments. In institutions which are expected to give medical relief it is not possible nor practicable to differentiate the poor from the rich and it always happens that the poorest do not get relief from such institutions as the middle-class and the rich, and consequently such of the members of the public who are in a position to pay and have to pay for the services rendered are likely to take undue advantage of philanthropic institutions which will mean less work and consequently less income to the members of the profession who have to depend upon private work for their maintenance. The best, safest and at the same time cheapest method of doing social work in the matter of medical relief would be to induce every qualified practitioner, male or female, to do his or her part of the duty towards the country by rendering such free service as it is possible for them in the exercise of their profession and by this means there will be as many charitable institutions as there are members of the Independent Medical Profession and the social work could be done on the largest possible scale without interfering with the legitimate duties of those who are expected to do the professional work of the nature the Ramakrishna Mission contemplates to do with the help of a few members of the medical profession who are at the top. If the Ramakrishna Mission and such holy associations could think of managing institutions of the nature started in Calcutta, they could more easily and with less expense serve not only 36,000 but the whole population of Calcutta and elsewhere if the members of the Mission take upon themselves the task of visiting members

of the medical profession apportioning them charitable work to the extent they could and rendering them such help as the Mission could do and recommending to the practitioners really poor and the needy. It is a matter for serious thought why free social service is not being rendered in other spheres requiring technical skill, such as in Law, Engineering, etc., where poor people are certainly at times as helpless as they are when suffering from acute diseases and the medical profession alone should be chosen as an exclusive sphere for doing free social service. We are painfully conscious of the lethargy and the indifference in the medical profession but the cure of this disease in the profession lies in the hands of the public. The public and the profession are now in a vicious circle, and we appeal to both to help each other to get out of this circle, or else sooner or later the growth of scientific profession will come to an end or at least stop at a certain stage.

U. P. Medical Council Election:

Our readers are aware as reported in these columns that there was an election to fill in a new vacancy in the U. P. Medical Council to represent the private practitioners from amongst the Licentiates and that there was a keen contest between Rai Sahib Dr. Lekhraj Singh, a Licentiate in government service and Dr. Indra Narain Sexena a private practitioner. We suggested to the voters that it was safer in their interest to vote for an independent practitioner though the U. P. Medical Act did not object to a Licentiate in government service to represent the Licentiates in private practice. We are glad to learn that Dr. Sexena has been elected with a thumping majority. We congratulate Dr. Sexena most heartily and wish him a life of usefulness in the U. P. Council.

Bombay Medical Council Election:

Treading on the heels of the U. P. election there will be an election of two members to represent the Licentiates in the Bombay Medical Council, the sitting members retiring due to efflux of time. There seems to be as many as six candidates in the field and we have as yet no information who these are excepting one Dr. M. N. Talati who must be well-known to the members of the Bombay medical

profession being the person who filed a criminal case for libel against Dr. Sir Choksy. A joint appeal signed by the sympathisers and admirers of Dr. Talati has been sent to us for publication which is published in the "Correspondence" columns elsewhere. The appeal speaks for itself. It has been a custom amongst the office-bearers of the All India Licentiates' Association to use the influence of their office during such elections, rather a baneful practice which has to be discouraged in the interest of healthy rivalry. The mere fact that a particular candidate is one of the office bearers of the Association cannot by itself be the only qualification which the voters have to take into consideration. The Bombay electorate is certainly a larger number than the members of the All India Licentiates' Association in Bombay. The local interests, the capacity of the candidate and his past public as well as private career should be taken note of by the electors and they should judge for themselves if the past record of the candidate they intend selecting justifies their choice. It is always safer to depend upon the past activities than the future promises of the candidates. The solitary fact that the candidate is a member or office bearer of the All India Licentiates' Association cannot by itself be a certificate though it may have its own face value. The Licentiates in Bombay know their lot and their hardships. Members of the medical fraternity in Bombay outside the Licentiates' fold did not want them to be recognised as registered practitioners when the Bombay Medical Act was on the anvil in 1912. In 1932 though the Bombay medical profession passed an unanimous resolution to include the Licentiates within the purview of the Indian Medical Council Bill there is one Dr. Knight in Bombay who openly declared in his Press that the Licentiates are not worthy of being registered in the All India Register and the Bombay Medical Union has shyly done an act of injustice through their official organ making a show of an appeal to the Licentiates to stand aside from the Indian Medical Council Bill. These solid facts have to be taken into consideration and not the sweet words of the candidates or their agents who will be nowhere after the election. We trust the Bombay electorate will make the best choice.

New Admission of Medical Students: We learn that 160 students have been admitted in the Government Medical Colleges at Madras and Vizagapatam, 110 into the former and 50 into the latter and the selection was made out of 265 applications. In addition 12 seem to have been selected from amongst the Licentiates to qualify for the M.B.B.S. Degree, out of which 4 are Sub-Assistant Surgeons belonging to the Madras Medical Department, one from Travancore service and the rest are private practitioners. Of the 10 that have so far joined the College one is an Intermediate; one is a B.S.Sc. of Nagpur and the rest are candidates who have passed the Senior Cambridge Examination with credit in three subjects. In the Medical Schools in the City of Madras one for boys and the other for girls, 60 have been admitted in the Royapuram Medical School, and 20 at the Lady Willingdon Medical School; and four more are likely to be admitted in the latter School. It is reported that there were nearly 400 applicants for the Royapuram Medical School. Out of the 60 boy students admitted into the Royapuram Medical School 12 have passed one or two parts of the B. A. Degree Examination, 14 are Intermediates, 19 are School-Finals who have passed one or two parts of the Intermediate examination and the remaining are S.S.L.Cs.

From the applications received for admission both in the Colleges and in the Schools it looks as if the applications for admission are more for medical school education. Yet it has not been possible for the Government to admit proportionately more into the schools on account of the abolition of the Coimbatore Medical School a few years ago and of the Tanjore Medical School quite recently. Comparatively there have been less number of applications for admission into the Medical Colleges. This is evidently due to the fact that the Government cannot entertain Civil Assistant Surgeons as they were doing before the days of retrenchment. To be a private practitioner it is cheaper to be trained at the medical school than at the college, and hence it is that more candidates applied for admission into the medical school though they knew that the chances of getting into service as Sub-Assistant Surgeons were far remote these days. The medical schools were originally

started to bring into existence assistants to help than for training medical practitioners as such and the colleges for training independent medical practitioners; want of sagacity on the part of the Government who are at present solely responsible to run both these institutions has been the cause of the turning of the scales with the result that the institutions which were originally meant for training assistants have now to supply a large number of independent medical practitioners and the ambition of the students from the colleges has been more for government service. It is therefore incumbent on the part of those who are responsible for medical education that the education imparted in medical schools is consistently progressive to suit the existing conditions. The fact that amongst the candidates for admission in to the Royapuram Medical School there were a large number of intermediates many of whom being rejected on communal and other grounds such as proportionate representation of districts, should be taken into consideration as a justification for raising the preliminary medical qualification to Intermediate standard.

One more new appointment : New appointments in this Province at least in the Medical Department do not at times depend upon the necessity of such appointments but many extraneous circumstances most significant of them being to find an appointment for somebody who has otherwise no work due to the drifting policy adopted elsewhere. About three years ago, when the Government proposed the creation of a special Professor of Medical Jurisprudence in the Madras Medical College,

during the Budget Debate, one of the members pointed out on the floor of the Legislative Council that there was no justification for such an appointment and that this work should be entrusted to the Police Surgeon who should be an officer not under the control of the Police Department as it is now in this City, but should be under the control of the Surgeon-General. Though the Government came forward with this proposal as far back as three years, they got on without this special appointment, and it is really surprising that they ought to have thought of sanctioning this new job when the retrenchment axe has cut many out of job and likely do so even in the future. It is said that this new Professor has to teach Medical Jurisprudence in the three medical institutions in the City, one College and the other two schools and it will be certainly a tedious task for a medical man to run from one institution to the other teaching the same subject all through. Medical Jurisprudence is a subject which is to be handled by a medical man far advanced in service and who has had extensive and varied experience in medico-legal work. In the cities of Bombay and Calcutta the police surgeons are not under the control of the Commissioner of Police and are not only in charge of the health of the police forces but are doing also medico-legal work. We trust that sooner or later the Government will follow the policy adopted in the sister provinces with regard to this appointment, minding only the interest of the profession and public service and not the interests of the individuals who are forced to aspire for such new appointments when they are created.

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Correspondence, Reports, Etc.,

APPEAL TO LICENTIATES. BOMBAY MEDICAL COUNCIL ELECTION.

Brethren,

We, the undersigned, Licentiates in Bombay, beg to bring to the notice of our brethren in other parts of the Bombay Presidency that two representatives have to be elected from amongst the Licentiates to represent them in the Bombay Medical Council and that the election is to take place in the month of August 1932. In making this appeal to you, recommending the name of Dr. M.N. Talati as a candidate for one of the two seats, we wish to point out to you that we are inspired by no other motive than the welfare of our class. The majority of you, will, we trust, be aware of a libel published by Sir Nasarvanji Choksy in the columns of The Times of India degrading us as a class unfit to practise the noble profession in competition with our more fortunate brethren in the same fraternity. It must be to your knowledge that Dr. M. N. Talati on his own initiative sacrificed his time and money for upholding the prestige of our class by instituting a criminal prosecution against the Bombay Knight, Dr. N. Choksy. Unfortunately the case was thrown out on technical grounds. Our brother, Dr. Talati has not lost heart on this account and is doing all that is possible for him to fight out this case elsewhere. He is now in correspondence with the Bombay Medical Council through its President, who has been requested to take up the case of the Licentiates who have been lowered in the estimation of the public by Sir N. Choksy, and consequently disciplinary action should be taken against Sir N. Choksy for the breach of ethics in defaming a class as a whole, who are as good registered practitioners as Sir N. Choksy or anybody else. If, with our help and support, Dr. Talati is returned to the Bombay Medical Council, he would be in an advantageous position to fight out this case against Sir N. Choksy who happens to be also a member of the Bombay Medical Council. The fact that the two representatives of ours who are now in the Bombay Council have not taken so far any initiative regarding this libel against us is yet another point which we wish to bring to your notice in putting forward the claim of Dr. Talati.

It will not be out of place for us to mention that representation in Councils cannot be and should not be a matter of honour but it should be an act of judicious discrimination on our part of the choice of representatives who would serve us and guard our interests in the Bombay Medical Council and elsewhere. The recent action of Dr. Talati in fighting for our cause, should be a testimonial requiring no additional comment on our part in recommending him to the rest of our brethren in other parts of the Bombay Presidency, for his choice to represent us in the Bombay Medical Council. We have requested him to send his nomination and he has consented to stand. If his candidature is not opposed and he is unanimously elected by us, it will prove effectively that his action against Sir N. Choksy has the unanimous approval of our class and the chances of the success of Dr. Talati in the libel case will be assured. We trust one and all of you will approve our action and return our friend, Dr. M. N. Talati unanimously to the Bombay Medical Council.

L. P. CLERKSON,

H. B. NARAYANA RAU AND OTHERS.

ALL-INDIA PROTEST.

Resolutions passed at the public meetings held under the auspices of the various branches of the All-India Medical Licentiates' Association on the 3rd July, 1932.

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, besides it intends to divide the noble profession of medicine into two sections permanently by providing a "Register of higher grade of Practitioners" only and as such, 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 Committee appointed by the Standing Com-

mittee of the All-India Medical Licentiate's Association in connection with All-India Medical Council Bill should co-operate with the Committee of Bombay medical profession appointed for the purpose and is empowered to take necessary steps to ensure the rejection of the Bill, and in particular, to canvass 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.

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 canvass votes of the members of either Legislature residing in their Provinces 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, and Local Governments, all Provincial Medical Councils, all Medical Associations, Sympathisers and the Press.

RESOLUTIONS PASSED AT THE PUBLIC MEETING
HELD UNDER THE AUSPICES OF THE MADRAS
BRANCH OF THE ALL INDIA MEDICAL
LICENTIATES' ASSOCIATION HELD ON 16-7-32.

The following resolutions were adopted:
"This meeting strongly recommends to the Government of Madras that the course

of instruction imparted in the Medical Schools in this Presidency be raised to 5 years forthwith.

(1) This Meeting is strongly of opinion that the minimum preliminary qualification required for admission into the Medical Schools should be strictly adhered to; and that the minimum percentage of marks to be obtained in a subject for a pass in the L.M.P. Board Examinations should be raised to fifty.

(2) This meeting is of opinion that the preliminary qualification in general education prescribed by the University of Madras for an L.M.P. to undergo a course of studies for the M.B., B.S., Degree Examination is not necessary, in view of the fact that the four years' training undergone in the medical school and the period of five years' standing as an L.M.P. (as also prescribed by the University) sufficiently warrants the acquisition of the necessary high standard of general knowledge; and therefore requests the University of Madras to remove this bar against the aspiring L.M.Ps.

(3) This meeting authorises the President of the Madras Branch of the All-India Medical Licentiate's Association to communicate the above resolutions to the Government of Madras, to the Surgeon-General with the Government of Madras, to the University of Madras and to the President Board of Examiners, Royapuram Medical School, Madras.

NOTICE.

The summer vacation exodus is in full swing and thousands are flocking to the hills in search of relaxation and pleasure.

Many vacations however, are doomed to end unhappily through illness and accident, and physicians will be called upon to treat innumerable traumatic injuries of the muscles, tendon sheaths, bursae and synovial structures about the joints: sprains, abrasions, lacerations, dermatitis caused by poisonous plants, sunburn, etc.

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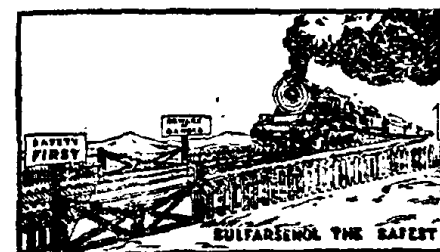
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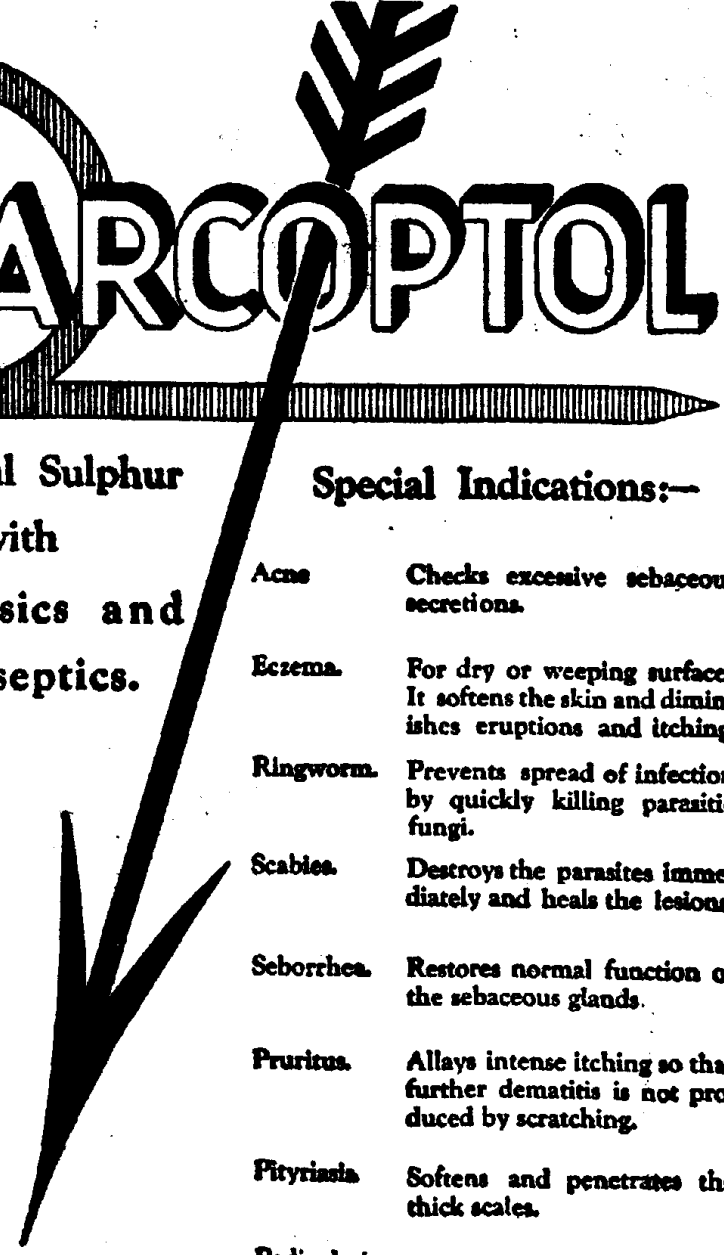
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