

The Medical Practitioner

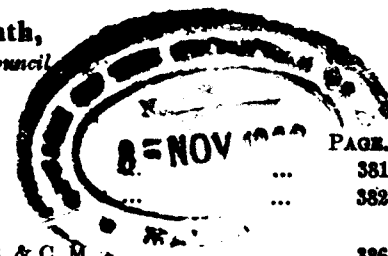
A Monthly Medical Journal

EDITED BY
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Retired Sanitary Commissioner, Travancore State.

AND
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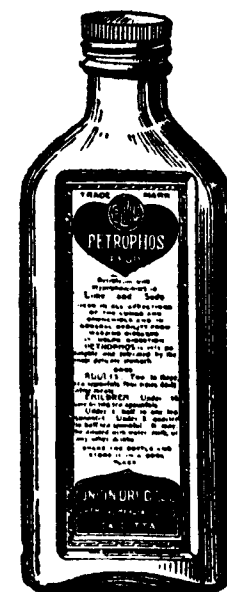


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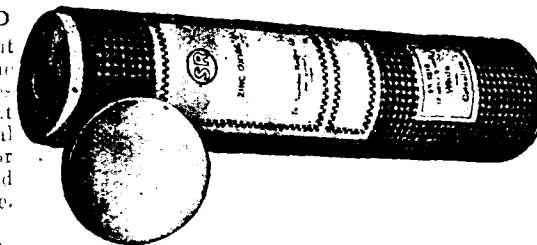
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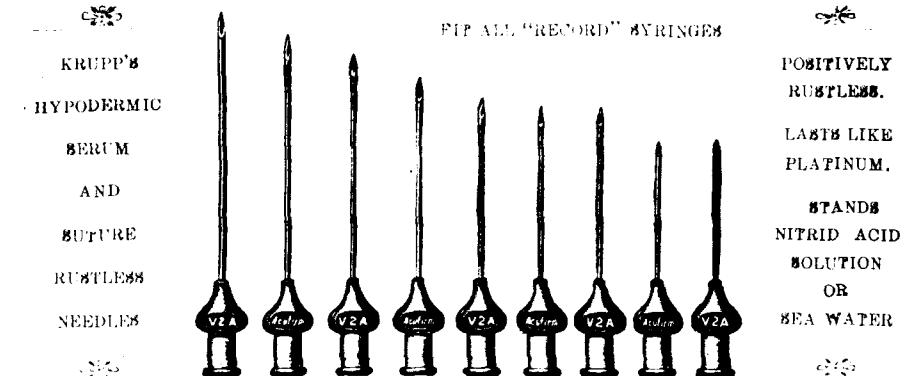
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VOL. III.]

SEPTEMBER, 1932.

[NO. 12.]

MEDICAL INSPECTION OF SCHOOLS.

The Conference of Medical Inspectors of schools was held on the 5th and the 6th ult. under the auspices of the Health Propaganda Board. The attendance was satisfactory and indicates the interest taken by the public on the medical inspection of schools. The Chief Minister, in opening the conference, said that the medical inspection of schools as at present conducted was not satisfactory and we feel sure that what he said was nothing but truth. The Chairman of the Board, Dr. C. Natesa Mudaliar, in his Welcome Address declared that the medical inspection of schools in the City of Madras with which he is evidently connected, was done satisfactorily. We know however instances in the city of Madras where, without actually examining the pupils, diseases were noted on the inspection cards. Further, while one medical inspector of certain schools in the city, had not returned a single case under "malnutrition"—a condition most common, as everybody knows, among children in Madras—another doctor had returned a large number under that heading as the result of his inspection in some other schools in the city. This shows clearly that something is wrong somewhere. Dr. Natesa Mudaliar has himself said that without separate accommodation provided in each school for medical inspection, it could not be done satisfactorily and that such accommodation was not provided in some schools in the city. Perhaps in the City of Madras the inspection is better done than in schools in districts, but even in Madras we are sure that

the inspection done is far from satisfactory. The President, Col. Webb, the Director of Public Health, has clearly pointed out the all embracing scope and nature of the activities of the Public Health Department, concerning the welfare of the people. We appreciate his remarks that, without troubling ourselves with what is being done in other countries where conditions may be quite different from those obtaining here, we should formulate a scheme with the materials available here and the means at our command. It is certainly bad, and indicates want of discrimination, to organise and conduct a scheme in one country in wholesale imitation of all the methods adopted in another country. We have been pointing out in our journal the anomaly and uselessness of such action and pointed out as an instance of such wholesale imitation, the organisation and the working of the Child and Maternity Welfare scheme in this province. Another instance is now forthcoming in the entertainment of health visitors for whose training applications are invited by the Red Cross Society. The utmost that can be expected under the present conditions obtaining in this province, is health visitors being allowed to visit the patients during confinements and during the ten days of pollution observed afterwards, in the rooms or the portion of the house where the delivery has taken place and have a talk with them, for a few minutes. At other times in most houses, the health visitors would not be admitted at all. Instead of wasting money in training health visitors, it may be usefully spent for other purposes in connection with Public Health. It is however

absolutely necessary to know what is going on in other countries in such matters, not with a view for imitation wholesale, but to understand the principle followed and the importance given to these subjects, so as to adopt them, if necessary, with such modifications as would suit this country.

In the paper on Medical Inspection of Schools, contributed to the conference by Dr. M. S. Krishnamurthi Ayyar, Retired Sanitary Commissioner of Travancore, and published in the previous issue of our journal, he has formulated a scheme involving little or no extra expenditure for the organisation of School Medical Service, by the employment of part-time medical officers recruited from private practitioners. The payment for these medical men may be met from the saving effected by the retirement of lay teachers in schools who are now teaching Hygiene and Natural Science, by the fees collected from pupils for medical inspection, from the money made available by the withdrawal of the Rural Medical Scheme in places where there are sufficient numbers of the school medical service men to take up the duties of affording medical relief to the rural population, and if necessary from a small grant by the Government. With such a school medical service of part-time medical officers, (1) Hygiene and Physiology and Natural Science may be taught in schools, (2) medical inspection of pupils conducted systematically and thoroughly, (3) school medical clinics opened and treatment given to such of the pupils as require it, (4) medical relief afforded to the rural population by supplementing at first and replacing in course of time, the rural medical organisation and (5) lastly the unemployment question among medical men solved to a large extent. The importance of the Public Health service, one of the chief duties of which is medical inspection of schools is well put by the late Dr. Rivers, in the following words: "There is little doubt that when the history of the medicine of to-day comes to be written, the greatest achievements will not be found in the operative procedures, in anti-toxins and the glandular extracts which bulk so largely in the estimation of the profession and of the

laity, but in the systematic developments of the public health service."

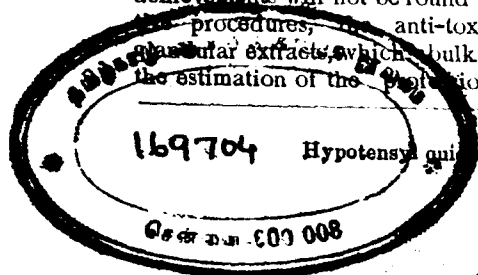
It was expected from the speech made at the commencement of the conference by Col. Webb, as the Head of the Public Health Department, which includes among its functions the medical inspection of schools, that he would himself arrange for a select committee to discuss the subject and bring to bear in the discussion his personal knowledge and experience gained in other parts of India and to formulate a practical scheme. Instead of doing so, he has in his address at the conclusion of the conference, advised the Health Propaganda Board to arrange for a select committee to formulate a scheme. Naturally the scheme so formulated, would be sent to him as the head of the Public Health Department and his remarks, chiefly based on his knowledge and experience would be passed on to Government, without any discussion with the members of the select committee and the Government in the probable absence of unanimity in the proposals, pass its own orders. We may be permitted to point out that the function of the President of the conference does not end with the hearing of the papers read at the conference, but continues till a scheme is formulated, after discussion, with the members of a select committee which may be appointed for the purpose, and that any select committee without the Director of Public Health in it will be of very little use and will not attract competent men to serve on it as members.

RURAL MEDICAL RELIEF SCHEME.

Soon after the Madras Provincial Rural Medical Association met in Conference at Madras, on 31-12-30, a request was made to the Hon'ble the Minister in charge of Public Health, in accordance with one of the resolutions passed at the Conference, to meet the representatives of the rural medical practitioners, so as to enable them to bring to the notice of the Government the several defects in the working of the scheme. The Minister consented to meet the rural practitioners' representatives and

it took two years and a quarter for the Government to arrange for a conference of the representatives of rural practitioners and the heads of the departments concerned with this scheme. Such a Conference met on 4-4-32 and was presided over by the Public Health Minister. The resolutions passed at the Madras Conference formed the basis for discussion. The proceedings of the Conference have been published in our columns, in April last. The Government Order on the subject passed on 28-6-32 has been published fully in our "Correspondence columns" elsewhere. It is clear from the G. O. that the Government have not as yet fully realised the possibilities and the usefulness of the scheme nor the purpose for which the scheme was inaugurated. It was conceded at the time the scheme was brought into existence that the rural population was not getting scientific medical relief, as qualified practitioners would not settle in villages and to encourage them to start practice in villages, it was thought that they should be encouraged by offering subsidies. Unfortunately the scheme has drifted to a condition that the subsidies are reckoned as salaries and the rural medical practitioners treated as another set of subordinates by the Taluk Boards to whom the management of the scheme has been entrusted by the Government. The hardships of the subsidised rural practitioners under the Taluk Board management have been very often the subject of comments in our columns both here and elsewhere and needs no reiteration. It cannot be said that the Government are not aware of the troubles to which the rural practitioners are subjected to. There has been a strong feeling amongst these practitioners that the scheme should be reorganised and the management taken from the Taluk Boards and for this purpose they proposed to the Government to constitute a committee consisting of officials and non-officials and representatives of the independent medical profession. The Government in their order have said that they would not agree to this proposal. The result will be that the scheme would continue to be worked as unsatisfactorily or perhaps worse than what it has been before. The Government ought to have granted this request immediately after the resolution on this subject was communicated to them and the conference

of the departmental heads and representatives of the rural medical practitioners might have discussed such a new scheme when it was presented by the proposed reorganisation committee. The 24 years which the Government took to summon a conference under reference might have been more usefully spent by the reorganisation committee to formulate a scheme worthy of the purpose of the rural medical relief. Attempts are now being made by those interested in the welfare of India to make the village as a unit of reconstruction. It should be so also in medical relief both preventive and curative and then only the programme of village reconstruction may be said to be complete. The Government did certainly lose a very good opportunity in not acceding to the modest and reasonable request of rural practitioners to constitute a committee for the reorganisation of the rural medical relief scheme. Quite recently the Hon'ble Mr. Munusawmi Naidu, the Public Health Minister, advised the students that passed out of Medical College, to concentrate their future activities in bringing about an ideal medical profession. It is very unfortunate that a person who preached this ideal to the students, could not avail himself of opportunities which he has by virtue of the unique position he occupies, in evolving a rural medical relief scheme which should be the unit of development of the medical profession as a whole. Earlier, another Madras Minister in charge of Education exhorted the passed students at the Royapuram Medical School to make up their mind to settle in villages in large numbers. May we ask both these Hon'ble gentlemen, in all seriousness whether it is possible in the existing circumstances for practitioners to settle in villages and eke out their livelihood? It is because of this uncertainty, the subsidised Rural Medical Relief Scheme was brought into existence. The subsidies now doled out are hardly enough for bare maintenance and it is expected of the practitioners that they should treat the necessitous poor, free. We agree that the Government cannot during these days of financial crisis afford to increase the subsidies. Even otherwise, it is not possible for any Government on the face of earth, to give free medical relief by paid agencies to all those who are in need of it. But if the Government is really anxious



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that the rural population should receive as much attention as was enjoyed by their more fortunate brethren in urban areas the Government should spend more money for medical relief in rural areas than in the urban, as in almost all towns there are enough number of independent medical practitioners who cater to the needs of the urban population. It is a hard statement, yet true, that independent medical practitioners depend for their livelihood, more upon the poor than the rich. The outpatient and impatient departments in town and city hospitals exist to-day more for the middle class and the rich than the necessitous poor. The poor population is a capital not only to the capitalists engaged in Industries and Trade but also to the professions, like the Medical and nothing serious will happen, if the Government close down the outpatient department of all state hospitals (of the type now existing) and divert the money spent on them to Rural Medical Relief.

The Government are unconsciously encouraging indentured labour by allowing unemployed or otherwise disappointed medical practitioners to settle in villages by the promise of a meagre subsidy with most humiliating conditions. They are not trusted as persons belonging to the "Noblest Profession". They are not allowed freedom of action even in rendering medical aid during epidemics. The G. O. says: "The suggestion of the deputation that the rural medical practitioners should be allowed to take initiative and do inoculation work without orders from the District Health Officer or the President Taluk Board cannot be accepted. It will be open to the Presidents of Taluk Boards or officers of the Health Department to utilise the services of the rural medical practitioners for inoculation work in connection with cholera or other epidemics." The Government seem to value prestige more than the lives of the villagers. Preventive measures to be effective should be applied before epidemics start in an area.

The Government would not permit the rural medical practitioner to make a choice of a midwife who, to be useful to the

public, have to work under the direct supervision of a medical man. The present day midwife, working under the rural scheme, is likely to be more a danger to the public unless she works under a qualified practitioner. The rural practitioner will be able to command better work and discipline if he is permitted to appoint the midwife.

It is not graceful for the Government to acknowledge its weakness which they have done in their order by saying that they are unable to take any action regarding the fixing of travelling allowances to the rural practitioners when they are required by the Crown to give evidence in Courts. If the Government who bring the courts into existence cannot interfere in this small item of granting uniform and reasonable allowances to rural practitioners, who can? The rural practitioners should be paid travelling allowances more than what is actually paid to state paid medical officers of his status as the latter draw handsome salaries.

Regarding leave, the Government decision cannot be said to be fair. The rural practitioner has been treated very much worse than the salaried officer of the Government, who earns one month's leave every year in addition to 15 days casual leave. The rural practitioner being a private individual, the question of leave cannot arise. He should be allowed to absent himself 30 or 40 days in a year, the maximum period at a time when he may be absent from the station being fixed at 7 days. The rural practitioner should himself make arrangements for a substitute. The condition that such a substitute should be acceptable to the Taluk Board President is not sound; it would have been wiser if the Government ordered that the substitute should be acceptable to the patients and this can be judged by the rural practitioner himself.

The Government have informed the Secretary Rural Practitioners' Association that the question as to the advisability of disbursing the subsidy through the District Medical Officer instead of through the Taluk Boards, is under consideration. We ask the Government why should not the

subsidy be disbursed direct to the rural practitioner?

The rural practitioners should be thankful for the small mercies granting them uniform allowance for duties during epidemics, fairs and festivals, but it has to be said that the allowances fixed are not adequate to the onerous duties expected of them.

The other items of the G. O. such as buildings for dispensaries, appointment of natives of a village as subsidised practitioners for the same village, are mere pious suggestions by the Government to the Taluk Boards, which, the Government cannot force on the local bodies in the existing conditions.

One most important item which perhaps the rural practitioners forgot to bring to the notice of the Government, is with regard to settlement of disputes between them and the Taluk Boards. As the scheme is worked at present there is no uniformity in the settlement of such disputes and it invariably so happens that the Taluk Board is both the complainant as well as the Judge and there are instances of some of the Taluk Boards flouting the G. Os. It is desirable that there should be a uniform procedure adopted with regard to the enquiries relating to such disputes and we would suggest that the Government Inspector of Local Bodies might be deputed for such work who should after conducting enquiries send his recommendations to the Government for its final decisions.

We cannot conclude the subject better than by quoting a para from the Presidential Address delivered by Dr. M.S. Krishnamurthi Ayyar who presided over the Third Annual Conference of the Madras Provincial Rural Medical Practitioners, held in Madras in December 1930, the resolutions passed at that conference being the subject matter of the G. O. under reference. Dr. Krishnamurthi Ayyar said:

"Neither the terms of the Government order nor the steps till now taken in the administration of the scheme indicate whether the scheme is to be a preliminary to or an intermediate stage in the evolution of proper medical relief in rural areas or is to remain a permanent institution. If these medical men even to

the full extent now contemplated by the Government are to be subsidised permanently in villages for practice, the scheme will neither adequately meet the requirements of medical relief in the rural areas on account of the very large number of medical men actually required, nor will it satisfactorily solve the question of unemployment. The result will be more or less akin to the supernumerary honorary physicians and surgeons existing at present in the medical department and the creation of a small number of discontented quasi-state-paid medical men. The main objects of the scheme are evidently (1) to induce private practitioners to settle down permanently in villages where the scheme is in operation and (2) to make the villagers appreciate the advantages of the Western Allopathic system of medicine and resort largely to treatment under the system so that when the subsidy is withdrawn the private practitioners can support themselves by their earnings in private practice. To attain these objects, taking into consideration that, until the villagers begin to appreciate the treatment, the practitioner is not expected to get any remuneration worthy of the name from private practice, the rural medical practitioner should at least be given Rs. 100 a month with Rs. 50 for medicines and house rent for dispensary, and a midwife on Rs. 30 per mensem to assist him in maternity cases which require, on account of the high maternal mortality obtaining at present skilled assistance. The subsidy will have to be continued for at least five years as by that period the villagers will have had sufficient time to appreciate the treatment and the medical practitioner will have become known to them, thus facilitating his settling down permanently amongst them without any subsidy. In order that he might not be entirely dependent upon his private practice, the medical inspection of schools in the villages may be entrusted to him and the usual fee for inspection given him until a separate school medical service is organised. Even in the separate school medical service the private practitioners may with advantage be included as they will have the opportunity and facility for treating, in their capacity as family physicians the diseases detected in the inspection. In this way, villages or group of villages may be taken one after another for the operation of the rural medical relief scheme and all of them in course of time may be provided with private medical practitioners who will eventually work without any subsidy and constitute themselves as family physicians".

PANCREPATINE

RESTORES **1.F.D.** HEALTH

IN DIABETIC CASES

Original Articles

ENDOCRINOLOGY

BY

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

XXVI

*(Taken from the Berman gland
regulating personality).*

THE TYPES OF PERSONALITY (concl'd.)

COMBINATIONS AND PERMUTATIONS.

The types of personality sketched in the preceding articles—the thyro-centric, the pituitary-centric, the adreno-centric, the thymo-centric, the gonado-centric, and the parathyro-centric—are really prototypes, the great kingdoms of personality to which individuals can be assigned, by hall-marks which facilitate their classification. They may also be described as the pure endocrine types, which include a minority of a population. But the majority consists of dominant mixtures, groups which are the species and varieties of the greater classes. Combinations and variations of control among the adrenals and thyroid, pituitary or thymus, and so on, occur with effects that are sometimes additive, reinforcing a particular trait of the person, and at others conflicting and neutralizing. Quantitative variations of the same secretion may occur periodically in the same individual, which explains the multiplicity and complexity, the inconsistency and contradictions of conduct in a man or a woman at the different episodes and crises of life to a certain extent.

There should be a stable balance between the various endocrines, the stability expressing itself in the normal. There should be also a balance between the antagonistic elements in the same gland—for instance in the pituitary. The pituitary built of two distinct portions, the anterior and the posterior, is in equilibrium when the two are nicely adjusted. But the experiences, accidents and vicissitudes of life (pregnancy for example) will upset the balance. As such there will result changes of phy-

sique, conduct and character. Similar possibilities apply to all the other glands of internal secretion. In our ability to exercise a control over these disturbances of balance, to be developed in the future, is one of the great hopes for a chemical perfectability of human life and nature.

NATURE'S EXPERIMENTS VS. MAN'S.

The kinds of personality described as prototypes, and the variants and the fundamental facts supporting the view that they are the reaction types of the human beings one meets in everyday life, represent roughly a beginning of the work to be done. Putting into our hands a new powerful searchlight that penetrates the interiors of body and soul, a fresh attitude toward the complicated problems of Man in Society grows imminent. The normal and the abnormal become illuminated with an effect as if our retinas were suddenly to get sensitive to the ultra-violet rays, to which we are now blind. An apparatus is put into our hands which shows us not only a static condition at a given moment, but the whole life-process of an individual, normal or abnormal, his past and his future, the graph of his life-history.

Upon that fetish of the biologists, the struggle for existence, the struggle for survival, the struggle for possessions and satisfactions, for happiness, victory and virility; in short, for success as success is measured by the biologists, a searching spectroscope can play, with a yield for our understanding and control of life that will stand comparison with the astronomic analysis of the stars. Towards the process of adjustment and adaptation of the environment to the individual, as well as of the individual to the environment, attitudes will change from hopeless acquiescence in the inevitable to a complete self-determination of the self and its surroundings. The adventures of the personality, strung along on the episodes of his career, his friendships and sex relations, his mishaps and diseases and the final fate or fortune that overtakes him, be he normal, sub-normal, super-normal or abnormal, begin to become comprehensible and hence controllable.

Mycol gives good results in Intestinal Stasis.

SOME HISTORIC PERSONALITIES : THE INTERNAL SECRETION IN HISTORY.

According to the views of facts and guesses concerning human personality, as a body-mind complex, dominated by the internal secretions, outlined in the previous articles, biography and human history, as the interactions of biographies, become capable of interpretation from a new standpoint. If human life, in its essentials, is so much the product of the internal messenger system, we speak of as the endocrines, then biography should present us with a number of illustrations of their power and influence. What is the evidence that, as Huxley anticipated, "the introduction into the economy of a molecular mechanism which, like a cunningly contrived torpedo, shall find its way to some particular group of living elements, and cause an explosion among them, leaving the rest untouched" and the multiplication of such cunningly contrived mechanisms were responsible for these personalities, magnificent chemical compounds, with whose adventures historians are concerned.

NAPOLEAN.

There are a number of word portraits of Napoleon extant. He was definitely sub-average in height and at death he was about 5 ft. in height. His sharply outlined features and powerful lower jaw, combined with oddly small, plump hands, long, straight, black hair, and dark complexion, all point to the pituitary, with a secondary adrenal effect. His pulse was slow, according to his physician, rarely above 50 per minute. His sexual life, his libido was abnormal, curiously explosive in their appearance and manifestations, were his sexual impulses. Sexual rather than social attractions in women appealed to him. There was always trouble with his bladder and this also is connected with the pituitary. The other pituitary disturbances which tortured his life were certain 'brain storms', attacks of vomiting followed by stupor verging on unconsciousness brought on by outbursts of temper, physical over-exertion, mental strain or sexual excitement. It has been shown that such epileptic tendencies are present in subjects of pituitary disease, particularly those with pituitary instability. During his prime, his

intellect was mathematical, logical and rational and remarkable for a prodigious memory; such an intellect is a product of an extra ordinary pre-pituitary. That he never permitted feelings to interfere with the dictates of his judgment, a quality which rendered him the most unscrupulous careerist of history, must be put down to the insufficiency of the post-pituitary. Napoleon lacked a chemical trace of the religious instinct, his sympathy was nil, and his conquests were made possible only because he was blind to the suffering and misery, his greed for glory and domination. Post-pituitary insufficients of this type, patent or concealed, gradually become corpulent as they grow older. The increasing corpulency of Napoleon was commented upon by all observers. The findings after his death confirm the news that he was unstable pituitary-centric, and succumbed to pituitary insufficiency towards the latter half of his life. The post-mortem report of his body is as follows: The whole surface of the body was deeply covered with fat. Over the sternum, the fat was 1½ inches thick and 2 inches over the abdomen. There was scarcely any hair on the body and that the head was thin fine and silky. The whole genital system (very small) seemed to exhibit a physical cause for the absence of sexual desire. The skin was noted to be very white and delicate as were the arms and hands. Indeed the whole body was slender and effeminate. The Pubis much resembled Mons Veneris in women. The muscles on the chest were small, the shoulders were narrow and the hips wide, in other words, the typical feminization of the body which accompanies pituitary insufficiency, was found. The rise and fall of Napoleon followed the rise and fall of his pituitary gland in a thymo-centric personality. His characteristic features and conduct, on endocrine point of view, is summarised as follows by Earnest Nicole: "Napoleon could be regarded as a pituitary type with a well-developed ante-pituitary and poor post-pituitary. They would explain on the one hand, his organising and critical faculties, his statesmanship and mastery, and on the other owing to the badly functioning post-pituitary, we have his cruelty, relentlessness, and absence of all tender feeling. His general energy showed his thyroid to be good and his pugnacity marked his adrenal as efficient. At the end

of his life, the first gland to fail was the ante-pituitary and he became simple maudlin lacking in judgment, a different man from the one before whom all Europe had trembled a few years earlier. At death there seemed to have been, according to post-mortem record, a definite feminization of his organs. At all times his sex impulses had been erratic, sudden and more exclusively physical than in most normal individuals."

NIETZSCHE.

To the student of internal secretions, the most prominent feature of his face is the remarkable prominence of the supra-orbital arches, the bony protuberances from which the eye-brows spring. This is a definite pituitary trait. The eyebrows themselves are luxurious and slope to meet, the bony development of the face as a whole is sharp and clean-cut, the skull tends to be long and narrow and the chin is square. All these again point to a pituitary centered personality. The attack of sick headaches, migrane were so devastating that he wrote in 1883 that his life had been a complete failure and that he had in his eyes a dynamometer of his entire condition. The cause of his headache, might not be eye trouble but to pituitary struggling against the limitation of its bony wall. It is known that post-pituitary makes for instability of association between brain cells which must be at the bottom of originality and creative thought as well as phobias, obsessions, hysterias and hallucinations. Persons in whom the post pituitary predominates have a lively fancy and one is liable to suffer from the tricks of association. Nietzsche was poor in mathematics, and in the calm, cool, proportioned forward march of scientific thought in general. His most brilliant ideas came to him in flashes and gleams. That is why so much of his work has come down to us in the form of aphorisms and paragraphs. He was essentially a poet among the metaphysicians which again favours the conception of him as a pituitary centered with a dominant post-pituitary. Yet his incisive, critical faculty as well as his love of music, also document the super normal pre-pituitary. To sum up, the physique and physiognomy of Nietzsche, his migrane attacks, and the later fate which overtook him, his likes and

dislikes, his tastes, abilities and accomplishments followed from his composition as one pituitary-centered, with post pituitary domination, a superior thyroid and abnormal thymus. His adrenals were deficient, leaving him little reserve of emergency power.

DARWIN.

Darwin was tall and thin and his frame was naturally strong and large. His face was ruddy, and his grey eyes looked out from underneath deep overhanging brows and bushy eyebrows. The ears were large and prominent, the hair straight, the nose broad and well-developed. All these are distinctive pituitary traits. His chin was, square and firm common in pre-pituitary type. He was suffering from neurasthenia which is due to inadequate adrenals. Early morning was the only time for physical as well as for mental exertion. Evening found him thoroughly used up. Insomnia made him his prey. A curious sensitiveness to heat and cold distressed him. He lived the life of one with a hyper-functioning pituitary, the anterior dominating the posterior, a thyroid excess, and an adrenal much deficient, the combination settling the fate of a grand intellect in an invalid. When he was 60 years old, a marked change for the better occurred in his health. He was able to work more steadily, with less fatigue and distress afterwards. This is probably to be explained following the grand pause in him—the cessation of activity of the interstitial cells. After this event, the adrenals in the male nearly always function more efficiently and well-being is improved even though the blood pressure often rises coincidentally. In the relative vigour of that decade there is another bit of evidence that the adrenals had much to say over Darwin's life.

JULIUS CÆSAR.

Julius Cæsar was of slender build, fair complexioned, pale, emaciated of a delicate constitution, subject to severe headache and violent attacks of epilepsy. The concurrence of severe headaches and violent attacks of epilepsy is partly suggestive of pituitary origin for both. In his 17th year, he was already engaged to be married which proves his precocity. An overactive erratic pituitary could also be held responsible. Soon

after he was proscribed by the Dictator, Sulla, the first of a series of epileptic convulsions is recorded. Shock tries the pituitary as well as the adrenals. His sexual libido was of the quality that stimulated his soldiers to sing celebrations of his exploits. The first woman he was engaged, was only to be jilted. Cornelia his first wife, he divorced on the ground that Caesar's wife must be above suspicion. Matrimony committed twice thereafter landed him in the Divorce Court, he devoted himself to liaisons, with Cleopatra. This sexual hyperactivity is probably another pituitary trait. The compound of intellectual and practical ability he realised was of the rarest. It meant a most delicate balance between his pre-pituitary and post-pituitary, adrenals and thyroid. He was an orator, politician, historian, conqueror and statesman. That his thyroid functioned well can be deduced from a career which involved more than 300 personal triumphs and recognition from his native city. On horseback, riding without using his hands, he would often dictate to two or three secretaries at once. The masculine love of glory and ambition, expression of a well-working anterior pituitary, was combined with the effeminate echoes of an equally well-evolved post-pituitary. No prima donna was more concerned with the care of her skin, complexion and hair than he. The analogy extends even to superfluous hairs which he had removed, not by modern electrolysis, but by depilation with forceps and main force. The attendance at his bath would polish his epidermis, for his satisfaction until it resembled alabaster or marble. Cæsar was a pituito-centric of a certain type. His head was long, large and well modelled, eyebrows prominent, with tendency to meet, aquiline nose and strong chin.

FLORENCE NIGHTINGALE.

The species of life, Florence Nightingale lived, involving as it did struggle with a masculine world and conquest of it, implies the existence in her of certain masculine traits and marks, for the normal feminine psyche, is submissive rather than aggressive towards its environment, human and otherwise. At 25 years of age she was tall, very straight and willowy in figure, thick and shortish neck, brown hair, very delicate complexion, perfect teeth, perfect grace and

lovely appearance—she was like a saint. The long and oval face is of the post-pituitary kind. Then gradually the pre-pituitary gained an ascendancy so coloured her life with its masculine traits and altered her face as well as her disposition. At 38, she was quadrangular in outline and was acrid. At 1907 her figure was that of a round-visaged old dame who might be the peasant grandmother of two dozen descendants. Little patches of red over the cheek bones remind one of myxedema and indicate that toward the very end of her life her thyroid failed her, as well as her pituitary. Her personality was summarised as follows by E. Nicole:—

A pituitary personality with hyper-secretion of the anterior part; her endurance, organisation, foresight and will-power can all be ascribed to her ante-pituitary hyper function. Later in life her ante-pituitary failed her and from a lean, independent type, she changed into the fat, indolent and moody kind of an aging woman. Her loss of energy and stamina can be accounted for by an accompanying failure of her thyroid.

OSCAR WILDE.

Oscar Wilde as a literary figure and artist, the poet of the "The Portrait of Dorian Gray" and "De Profundis" belongs without a doubt to the immortals. As a convicted criminal who served for two years at hard labour in Reading jails and afterwards, a prey to chronic alcoholism, died in obscurity in Paris; he still remains a subject of widespread conversation in private, and his crime a taboo to the public, mentionable only at the risk of arousing the terrible odium sexicum of the prurient majority. Some insight into his internal secretion heredity is necessary. His father with a long and broad face was a pituitary centered individual with a corresponding duplex incarnation in his face, the upper half strikingly spiritual, the lower half animal. His mother was a pituito-adrenal and in so far resembled her husband. But as in a woman, pre-pituitary and adrenal superiority make for masculinity, she must be classed as a masculoid type. She was socially aggressive and took part in the revolutionary movement of her time in

Ireland. Thus Oscar Wilde was the result of a mating of internal secretions acting in the same direction. The process may be compared to parthenogenesis. His mother when enceinte often expressed a wish that her child be a girl and when a boy was born she was disappointed. To compensate for this she brought up her boy a good deal like a little girl, and this must be attributed to her suppressed homo-sexual craving. Had her son been built along the lines of strong masculinity he would not have submitted himself to such treatment but he was a thymo-centric. Pituitary-adrenal plus pituitary-adrenal of his heredity should make two pituitary-adrenals according to elementary arithmetic and the rule of three. A cancellation of the two factors of the equation rather than addition seems to have occurred. The result was a persistent thymus superiority, with an instability of the other two main glands involved. His features exhibit all the traits of thymo-centric type. He was tall and corpulent. A high complexion seemed to give still greater width to his clean-shaven face. It was the unbearded face that one sees on coins. The hands were fleshy and plump. His voice, when under control was a beautiful tenor, and high pitched and strident when under the influence of passion or temper. Such a voice would be the product of a larynx remaining partly or completely in the infantile state, as in a woman's. That and the large breasts he is said to have had point again to the thymus-centered constitution. As happens in a number of thymo-centrics his pituitary must have attempted to compensate for the endocrine deficiency always present in them. The exceptional size of his head was a pituitary trait. Finding, possibly making, plenty of room for itself to grow, for some reason unknown, it reinforced the love of the beautiful that is a part of the feminine post-pituitary nature, with an intellectual ability and maturity that was at first all-conquering. In person he suffered for severe splitting headache due to the changes in his pituitary and this has a good deal to do with the absinth addiction he acquired.

*A PLEA FOR THE INTRODUCTION OF PSYCHIATRIC SERVICE IN SCHOOLS.

BY

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The trend of modern medicine has been in the direction of prevention, detection of diseases in their very incipient stage and treatment at this early period, when it would be easy to tackle and to be effective in the final results. Physical Hygienic principles have thus rightly become more and more familiar and popular in society and would in the long run tend to diminish the incidence of many preventable diseases and improve the health and efficiency of the community.

That Mental Health, in the sense that a person should function at his best, feel well adjusted in his environment and be a happy and useful member in the family, in his place of work and society at large, is as necessary as physical well-being, is still a novel idea, and it is not familiar that there are preventive measures for conserving mental health. Mental Hygiene aims at the study and understanding of the emotional, social and intellectual life of an individual and guiding it in the right direction. Many of the misfits in life, such as the neurotic, the unhappy, the discontented, the inefficient, the quarrelsome, the vagrant, the delinquent and the criminal are, according to modern psychological knowledge, looked upon as really mental invalids and attempts are made to unravel the underlying causes.

The health, happiness and efficiency of the adults, depend to a large extent on the type of habits they acquire from their training and experience during early life. Hence the guidance of the emotional life and the training in the control and regulation of the instinctive impulses which are started at home by the parents, must be carried on by teachers in schools, in addition to the training and development of the intellectual capacity.

*A paper read at the Medical Inspectors' Conference, held on 5th and 6th August 1932 under the auspices of the Health Propaganda Board, Madras.

It is by such intensive work at home and school in early years of life of an individual that wholesome personality traits, good character and healthy attitude to himself and his environment become established. Just like the Child Guidance Clinic, the school thus becomes an important centre of Mental Hygiene.

TYPES OF PROBLEMS TO BE DEALT WITH BY A MENTAL SPECIALIST.

Conduct disorders in pupils are not now considered as inborn wickedness. Erratic behaviour may be due to improper training, intellectual disability, emotional upset, mental conflicts of various types or physical ill-health itself. Thus it is considered as an outward symptom in the form of an abnormal reaction due to a state of mental ill-health and incapacity of the individual to adopt himself to his surroundings.

When ill-health occurs in this way, he is unable to respond to the demands of the school in its various phases of activity such as the scholastic, social, recreational, etc., and signs or maladjustment show themselves in various ways as restlessness, boisterousness, bullying, irritability of temper, nervousness, shyness, timidity, fears, anxiety, disobedience, obstinacy, deterioration of work, laziness, apathy and day dreaming, or even in more revolting manner as running away from home and school, lying, stealing, cheating and so on. It was usual to deal with such wayward behaviour with punishment of various types but modern Psychology teaches that in such cases it is necessary for us to unravel the deeper causes in the physical, mental and social spheres, by individual study and remove them, if any permanent good result is to ensue.

Adolescence is an unstable period for many a youth. This period of emergence from boyhood to manhood, with the rapid growth, changes in the endocrinal system and the urge to become independent, might show certain types of mental disharmony in unsteady youths. This may be in the form of abnormal emotional display ranging from apathy and depression, to over-optimistic, hilarious exhibition or of abnormal reactions to difficult situations by either developing a functional bodily or mental disability or retreating from the world of

reality to one of phantasy. The last is really a serious condition and must be nipped in the bud when early symptoms such as shyness, seclusiveness, over-studious habit without any recreational outlets, loss of interest in social life, absent mindedness, etc., develop.

These are a few of the problems that have to be tackled only by a specialist.

SUGGESTED METHODS OF HANDLING.

In all such cases, it is necessary that a detailed study of each individual should be made to get an idea of the underlying disturbing factors:—

A thorough physical examination including all laboratory investigations is needed to exclude all physical defects that might have upset the equilibrium. Thus it will be seen that rectifying of physical disabilities be they in the direction of malnutrition, discharging ears, enlarged tonsils, refraction errors, poverty of blood, etc., will not only improve the physical well-being but also steady the mental capacities and mechanism and thus rectify any disordered conduct. This is expressed in the well-known saying: "A sound mind in a sound body". But "A sound body only with a sound mind" has not yet become a familiar aphorism. There are many conditions of ill-health and chronic invalidism, in addition to conduct disorders, that might have no physical basis, but can only be traced to the abnormal working of the mental life of an individual, to be handled by a physician trained in psychology and psychiatry.

In the course of mental investigation, a full testing for the intellectual capacity is to be made, not only with the object of finding out the level of intelligence but also the special abilities and disabilities and peculiar reactions as carelessness, impulsiveness, suggestibility, unsteadiness and so on. A backward child as well as a superior one are probable subjects of report for unbecoming conduct. Such testing at the hands of an experienced Psychologist might reveal the cause of maladjustment and with suitable alterations the abnormal behaviour might disappear.

The most potent factor, to be considered, is the emotional life of the individual. Is he worried from any cause? Is he un-

happy at home? Does he suffer from jealousy? Is he teased by his school and playmates? Has he got an inferiority complex and if so why? Are his interests and ambitions thwarted? Has he got any sense of insecurity? Is he addicted to sex malpractice? Is he labouring under doubts, fears or mental conflicts of various types?

These and a hundred other mental problems which may all be causes for erratic behaviour or change in the personality, can only be dealt with by a patient and prolonged investigation by one trained in Psychiatry.

With a sympathetic and understanding attitude to the erring youth, he will gain his confidence and be in a position to advise suitably. He is better equipped to detect early symptoms and signs of mental breakdown and institute proper treatment.

In this process of investigation and adjustment, it is not merely the individual that is to be taken into account. The environment also plays an important part. It is therefore necessary that a full and intelligent description should be obtained about his life at home, social setting and economic status of the parents, inter-relationship of the different members of the family, the attitude of the teachers and other pupils, and playmates, and so on. Useful information of this type can be gathered through the agency of a social worker who has been specially trained. Such a person will also help in the tactful adjustment, by altering the environment, as far as possible, to suit the individual.

For purposes of economy and to prevent duplication of work, the personnel of the

clinic which can cater both to physical and mental needs, can be minimised to a staff consisting of a capable and earnest medical officer and a social worker, preferably, a woman with also nurse's training. Special training given to medical officers of schools as in the case of other fields of specialisation, will greatly enhance their utility. Amongst other necessary courses, training in Psychology including mental testing, Psychopathology and Psychiatry might be introduced, to enable them to handle cases requiring also mental investigation. A medical officer of this type will thus be in a position to look after the needs in both the physical and mental spheres. A permanent clinic in each school is a necessity if any good result has to be produced and the medical officer forms one of the permanent staff of the institution. In the case of smaller ones, his services may be shared by two or more institutions. He can also be utilised for giving a graded course of instruction in physical and mental Hygiene and delivering periodic lectures to teachers and parents.

With such individual care given for the bodily and mental disabilities and ample scope afforded by the school for the full development of their particular aptitude in their intellectual, social and recreational spheres, the physical and mental well-being of the future generation is ensured with wholesome personality traits and character, so that they grow to become happy and helpful members in the family, efficient and cheerful workers at their job and useful and respected citizens in society at large.

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Abstracts

IS THE DOCTOR'S BEST FUTURE IN THE CITY OR THE COUNTRY?

Why does the young physician choose to struggle in the City rather than prosper in the country? Why is the City crowded with physicians that it does not want while the Country is clamoring for physicians that it cannot get? The pros and cons of the City and Country—and what they offer and what they do not offer the recent graduate in medicine, are ably discussed by Drs. Bishop and Anderson in the two following papers:—Editor, Medical Mentor.

The article "Advocating the City," will appear in the next issue—Editor, The Medical Practitioner.

Advocating the Country

By

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"Is the Doctor's best future in the City or the Country?" This is a question of first importance, and it is most timely. Being of the country, by the country and for the country, I feel qualified to speak of its outstanding medical opportunities.

The pre-Pasteur and Lister age saw the family physician reach the pinnacle of his palmiest day, as it did the saddle horse and the carriage, the yard dog and the smoke-house, the American home and the private college. At this period the family physician was catholic in all things to all men. He held the hand of the sick until the last breath, and often said the last words at the grave. He knew the pleasures and the joys, the sorrows and the heartaches, the poverty and the prosperity of the people as no one else did. He was short on technical laboratory knowledge, but he knew the clinical symptoms of disease as no other medical age has known them. His brain, his heart, and his sympathy were his big stock in trade.

The microscope, the isolation of bacteria, the x-ray et al., ushered in the era of medicine on a scientific basis. Medical knowledge was multiplied a thousand times, and likewise the cost of medical education increased many times over and over. Soon came the era of specialization. The rich

in money were about the only ones who could enter the Pearly Gates of its Utopia. Specialization was carried beyond its degree of greatest efficiency. The specialist had an easy road of it for some time. He played golf in the afternoon, dined in the evening, danced in the early morning, slept in the forenoon and charged his patients fabulous fees during two hours in the middle of the day, to insure his reputation and efficiency. The whole tendency of the medical profession, led by the medical schools was to specialization. The graduates flocked to the city like candle flies to a lamp post. They poured in like ants into a sugar bowl until the city limits had to be extended. The country and small towns were left without efficient medical service. In order to obtain such medical service, and for many other reasons many thriving citizens likewise moved to the city. The faithful family physician picked up all the newer medical knowledge he could, and did his best to hold the lines, but his efforts were mostly in vain. He was looked upon as a back number. The most he could do was to herd his patients and carry them to the city to the specialist. Those were nice trips, but, fee splitting being such a crime, they did not pay unless some "pay as you go" man give him a few dollars on the way over.

The city is still overflowed with physicians, about one to four hundred and fifty, while the country goes wanting with one to fifteen hundred to four thousand. Fees became so high that the rank and file could not pay the price of the specialist, or the price of two if one had both legs broken or if one needed an extra consultant when a right arm specialist was called in to see a fractured arm on the left side of the body. The cost of medical care had thus become entirely too high for the masses of the people to meet. Something had to happen. It did. The same roads that led to the city are now leading back to the country. The decentralization of the medical profession has already begun. The greatest opportunity offered the graduate in medicine is now, and will be so especially in the near future, in the country, and the town of ten thousand and down. Economy demands that this be so. The people cannot travel to the city and pay the fees of the specialists, neither can they pay the

mileage of the specialist to come to the country. This is, further more, the machine age. We are having a hundred thousands deaths from accidents each year, and more than thirty thousand of this number are from automobiles. Many of these accidents happen out in the country, and the victims need medical aid at once. Both economy and the machine age are demanding better medical services in the country, in the small town. The patient can and will travel from five to twenty miles to see the physician and will pay a reasonable fee. The practical physician can thus, with the aid of a trained nurse, treat a good many patients and collect substantial money in moderate fees.

This is the age of the clinic for ambulatory patients and minor surgery, and of the hospital for the seriously sick. The same, or essentially the same, hospital service may be had in the country for about one half the cost of that in the city. "As a man thinketh in his heart so is he," and to go a little further, as a man breathes so he feels. The hospital in the country has better air to breathe. The food is fresher and better. Economical stress and social demands have given us a nerve-exhausted people. The hospital in the country, where the atmosphere is charged with the fragrance of flowers and the songs of birds, is the place of choice to treat such patients.

Socially, the country and small town offers quite a good atmosphere in which to live and rear a family. The city, generally speaking, drowns personality and inspires dependance, while the small town, develops personality and teaches the young to meet and master difficulties. The radio is here, the electric lines are being extended to every cross-roads, and the schools are usually very good. The quietude of the country gives the young person a chance to think and meditate, and to "tune in" and to receive messages of human interest, out of the air, that would, perhaps, never be appreciated in the bustle of the city. The country and the small town which were rejected a short time ago in favour of the city are ready to become again the corner stone of our civilization.

The medical profession has become too dependent upon the laboratory diagnosis. It is time to unify and utilize all the

medical knowledge, practical, general and special. The country now offers the best opportunity for medical observation and practical research work. Here you may know the heredity of the person affected, his economical status and his social relations much more thoroughly than in the city. You can study his anatomical make-up, his physiological reactions, his resisting power to disease, his reactions to stress and strain, and joy and pleasure. So, if you wish to develop power of observation and medical intuition, be wise, go to the country to practice medicine.

There are other reasons why you should practice medicine in the country. You will be more appreciated in the country. Your fees will be smaller, to be sure, but they will be multiplied in number, and every dollar will be activated with appreciation. It will bring you joy and happiness.

We are yet at the sunrise of a new era, that of preventive medicine and preventive surgery. The country offers better opportunities for this type of practice, because of personal friendship, personal interest and intimate knowledge of the patient. The day of referred surgery in the country is largely over. The people like to go to the man who can do his own surgery, more especially to the one who can tell them how to avoid much surgery. Think of the surgery that might be saved by good obstetrics in the country, the worst neglected field in medical practice. Think of the bunions that would never be if properly fitting shoes were worn. In the country you may begin the practice of preventive medicine and preventive surgery on a new order, according to definite plans. The country holds the best opportunities for this type of practice. The country will be more responsive. The country has greater need of it.

The biggest thing that challenges the medical profession to-day is the building of a human race in which the individual will have a bigger volume of life, as well as length of years, and a greater resistance to disease. Up to the present day, cancer has baffled the medical profession. The solution is not yet in sight. The early operation is not enough. Almost any

SPECIAL CONTRIBUTION TO THE MEDICAL PROFESSION.

An effective recalcifying Agent.

It is at present universally recognised that calcium possesses characteristic properties which extend on all cells in the organism. It is known that it prevents dispersion of colloids and by this means much permeability of blood-vessels is prevented. Calcium therefore effectively combats hyper-irritability resulting from mental strain or nervous exhaustion. The normal coagulability depends on the proportion of calcium in the body and that is the reason why calcium checks hemorrhages of all kinds. The growth of the tissues depends on the intake of calcium with the food and hence people who take food stuffs containing rich quantities of calcium grow quickly. Calcium plays a prominent role in the building up of osseous system. Experiments have proved that lack of calcium makes the bones thin, porous and brittle. There is a good deal of strain on calcium metabolism in pregnancy and lactation. It is therefore highly important that women in this period of life take appropriate amount of calcium.

In view of these facts we can easily imagine the diseases resulting from the deficiencies of calcium in the body. Dietetic methods alone would not be sufficient in cases where there is a tendency to eliminate calcium and where this process has continued for some time. Again the quantities of food needed to correct calcium metabolism would upset the stomach and besides the increased supply of calcium given this way would not be absorbed and hence the necessity in such cases of administering Pharmasol Collo-Calcium.

Collo-Calcium is a preparation of Colloidal Calcium Hydroxide in loose combination with organic colloids. It is designed for subcutaneous, intramuscular and intravenous injections so that the product may have speedy assimilation and prolonged action. It is also available in oral form. This latter is for those who prefer internal administration to injections, and is also meant to supplement the injection treatment. The marked therapeutic effects of Collo-Calcium are due to the fact that in this form calcium is rapidly assimilated by the

organism and if it is taken regularly it exercises a most beneficial effect on the condition of the patient in a remarkably short time. The healing of tuberculous lesion is rapidly induced by it. It helps further the recovery of appetite, improves nutrition and thus restores the strength of the patient. It ensures increased and proportionate supply of calcium, wherever it is deficient, in an immediately absorbable form. The excretion of lime from whatever cause arising is rapidly compensated for by this treatment. This ready absorption is due to the colloidal composition of the product and also to the organic colloids. This enables the patient to utilise the product to the best possible advantage. Regarding the therapeutic applications of this preparation it has really very wide domain. Injections or oral administration of Collo-Calcium are recommended for cardiac disorders, specially the combined use of Digibaine-Collo-Calcium treatment because of the analogous action of both the drugs. With this combination the tone of the heart muscle is restored to normal and the pulse rate is reduced.

Injections of Collo-Calcium are very helpful in preventing severe re-actions of Salvarsan. They also smooth away injuries that sometimes follow the administration of Salvarsan.

Collo-Calcium is of great use in checking diarrhoeas.

Pharmasol Collo-Calcium when injected is by far superior to other similar preparations in diseases of the skin associated with disordered calcium metabolism. A large number of chronic skin diseases such as Exfoliative Dermatitis, Psoriasis, Chronic Pruritus and Eczema can be brought under control with Collo-Calcium. In intractable types of Pruritus Ani improvement has followed the exhibition of this Pharmasol, when other medical and surgical measures have failed.

This Collo-Calcium therapy acts beneficially in anaphylactic conditions such as Bronchial Asthma of spastic nature, Hay fever, Urticaria, Angio-neurotic Oedema and Vaso-Motor neurosis. The recurring attacks of Urticaria have disappeared permanently by about 12 injections of Collo-Calcium.

Pharmasol Collo-Calcium can be of great service in Aneurysms when injected intramuscularly. This is because of its power of increasing the coagulability of the blood with a view of clot-formation in the aneurysmal sacs.

In Tuberculosis, specially of the lungs, definite improvement of the physical signs and symptoms has set in after injections of Collo-Calcium. The cough lessens, the sputum is reduced, pyrexia is much lowered, vomiting is stopped and there is a return of the normal appetite. The patient even gains in weight after a continuous treatment with Collo-Calcium. Because of the tendency of this product to deposit Calcium in Tuberculous centres, caseating lungs or even cavities in them have been successfully calcified by means of this therapy for a continuously long time. If it does not do this, it prevents the tuberculous bacilli from doing any further mischief, as it helps to build a sort of a strong impervious wall round them, so that they are completely isolated. Collo-Calcium therefore can be considered a valuable adjunct to any other form of treatment in Pthisis.

In severe cases of mal-nutrition and in other diseases resulting from calcium deficiencies a prolonged series of injections at intervals has given remarkable results and the general condition of the patient has much improved as can be found from a definite and sustained gain in his weight.

Another domain in which Pharmasol Collo-Calcium can be advantageously indicated is pregnancy, particularly during the last three months and in lactation. In these conditions the loss of calcium from the maternal organism together with the requirements of the foetus and the amount of calcium absorbed by the mother's milk—all these exceed the amount of calcium taken in by way of food. Hence the necessity of Collo-Calcium which helps to restore the balance of calcium metabolism. It also makes mother's milk richer in calcium.

If the mother suffers from the effects of calcium deficiency during pregnancy, the child also when it is born becomes a victim of the consequences of lack of calcium in the mother's milk. These consequences are manifested in disturbances of bone calcifi-

cation. Injections of Collo-Calcium are therefore absolutely essential to ensure adequate calcification of the teeth and the development of the bones of the child. This preparation is the most suitable during the last months of pregnancy and lactation for the prophylaxis of rickets and caries.

This colloidal preparation is most suitable for administration as it intensifies the calcium effect. It most admirably complies with the requirements of absorption and retention. Further a colloidal suspension of calcium will react much more rapidly than the ordinary precipitated form. This colloidal calcium is stable and can be kept almost indefinitely.

From these facts we can conclude that Pharmasol Collo-Calcium is a most suitably combined colloidal preparation in which calcium is readily absorbed and which gives a definite therapeutic action if it is given regularly and for a good length of time. There is hardly any doubt that this product will be of considerable service in all those diseased conditions arising out of calcium deficiencies and in those cases in which calcium contained in the food is not either sufficient or suitable in form for the needs of the organism.

Experiences with Benzo Bismuth in Syphilis.

It was Ehrlich who first inaugurated the treatment of Syphilis by means of Salvarsan. The science has not however sat still over that unique remedy, but has gone on experimenting and the result is cropping up of various anti-syphilitic preparations. It was Suzerac and Levaditi who found out the specific action of Bismuth on spirochaetes and since then numerous preparations of Bismuth have been on the market amongst which Benzo Bismuth deservedly occupies a prominent place. Benzo Bismuth is an organic preparation of Sodium of Thioxy-Bismutho-Benzonic acid. It is a homogenous powder without any sharp-edged crystals and therefore no mechanical irritation is felt by the patient when it is injected. The preparation is absolutely sterile and harmless.

From the experience of the profession with this product it can be stated that it is

of equal value as Salvarsan and other allied preparations, although it is admittedly slow in its results. It can be regarded as harmless to the whole organism. With this preparation erythema of a toxic nature never occurs nor has any dermatitis ever developed after its administration. At the most, rise of temperature may follow the first injection, but no reactions have ever been experienced after subsequent injections. A large number of cases of primary Syphilis with negative Wassermann reactions which had come under treatment and which were kept under observation for more than a year—all of them remained not only sero-negative but did not manifest any further symptoms. Primary Syphilitic cases with positive Wassermann received Benzo Bismuth thrice a week and further development of the disease was thus cut short and the serum reaction became negative. As regards cases in secondary stages a month's treatment with Benzo Bismuth entirely cleared the symptoms and the tendency to relapse in such cases has been reduced to a minimum. In tertiary and congenital syphilis although this treatment beneficially influences the symptoms, it has been decidedly slow in its results when compared to those of Sulfarsenol or Neo-Salvarsan. The serum reaction does not become negative as rapidly as under those preparations. The effect on the cerebro-spinal fluid was also similar to that of the arsenic preparation, but was slow. In fact Benzo Bismuth can effectively replace Salvarsan therapy and it may be freely used in all cases of Syphilis, but specially in those in which for some reason or other Salvarsan cannot be administered.

If we consider the method of treatment of Congenital Syphilis during recent years, we find that it is very difficult for many technical reasons to carry out the Salvarsan treatment. So far therefore as pediatry is concerned, we cannot afford to ignore Benzo Bismuth. When it is injected for a month and a half it is as powerful as any arsenic preparation and is excellently borne by children. Besides its specific action the children show under its regime an increase in weight and the hemoglobin content of their blood improves by 10 to 40 per cent.

It has been ascertained on the strength of the clinical experience gained during

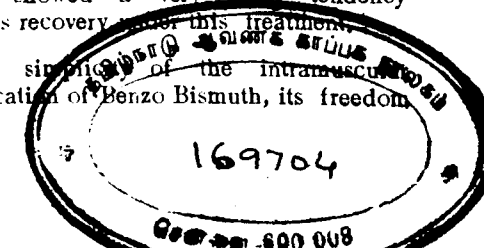
recent years that with Benzo Bismuth treatment the symptoms of every stage of Syphilis are effectively checked. Even neurosyphilis and meta-syphilitic diseases are favourably influenced by Benzo Bismuth. Spirochaetes disappear after the first few injections but the influence on the W. R. is slow, but it may be added that its action is of longer duration. Cases of primary Syphilis are brought under control by this product. In this stage Benzo Bismuth acts provocatively. The first injection gives some reaction but later slowly but surely the turning point sets in. This may be even after three or four weeks. This result is one which is most ideal as the slow success that is achieved is continuous and this continuity of the therapeutic result is permanent.

The florid symptoms of the secondary stage subside under this treatment after about six or eight injections. Hypertrophic papules and mucous patches of this stage answer promptly to this therapy. These patches take about 3 to 4 injections to disappear. Skin lesions of this stage are also favourably influenced. Benzo Bismuth can be employed with success in ulcers met with in this stage. Specific alopecia yields to this treatment. It has been found that positive W. R. of the secondary stage turns negative after nearly two months of this treatment.

Tertiary syphilitic symptoms improve strikingly and heal up under Benzo Bismuth. In this stage the positive serum reaction can be much more easily influenced and in the majority of cases it has been noticed that the reaction became negative even before the termination of the course of injections. In gummata and neurosyphilis of this stage remarkable results have been obtained with this preparation. One point of great importance in this stage is that Benzo Bismuth is of great use in diseases of the nervous system due to syphilis. The fact that it can be traced in the cerebro-spinal-fluid holds out great prospects and hopes in the treatment of these diseases. It can be said from experience that different cases of the tertiary stage showed a very good tendency towards recovery under this treatment.

The simplicity of the intramuscular application of Benzo Bismuth, its freedom

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from any toxic effects, its safety and sterility and above all its efficient action will undoubtedly pave the way for its wide use in general practice.

Two of the many cases treated with Benzo Bismuth have been given below:—

1. A domestic servant stricken with typical hard chancre came to consult me sometime in May last. The chancre was roughly of a fortnight's duration. The scraping taken from the sore when examined under the microscope showed typical Spirochaetes. Benzo Bismuth injections were advised and he took a course of ten injections. After this no Spirochaetes were found in the scrapings and the chancre had healed completely. All the further symptoms of the primary stage such as adenopathy etc. never came up and the patient was entirely free from the infection in a month and a half.

2. A patient E. C. aged about 30 gave history of having suffered from joint-pains and rash all over the body some four years back. He said he did not receive any adequate treatment for these being far away from the town. But these symptoms, he added, disappeared after taking some country medicine, which made him however salivate a lot. This might presumably be some mercurial preparation. He came to me for a swelling of the size of an orange on the inner side of the right thigh. He was not able to move the thigh without pain. The diagnosis was Gumma and the examination of the blood revealed a positive W. R. Injections of Benzo Bismuth were started and he was having three per week. After three weeks' treatment he was able to move his thigh without pain and the Gumma showed an appreciable diminution in size. After another course of ten injections the Gumma has much reduced in size and the W. R. was absolutely negative. After ten days' rest he was again given a course of ten injections and after this there was not the slightest trace of the Gumma. His blood was again examined and was found sero-negative. This case clearly proved the efficacy of Benzo Bismuth as the patient had exclusively that treatment.

Acne Suppurative.

The following clinical experience is presented with a view to introduce M.I.T.Z. injections as routine methods of treatment of Acne and other allied skin affections. It is anticipated that they will be of service to the profession, specially to those who specialise in skin troubles. It is particularly in those cases which are usually rebellious to treatment and which are therefore a source of trouble and worry to those under whose charge they are, that these M. I. T. Z. injections will be found of great service.

A young lad of about 24 came to me for treatment of Suppurative Acne all over his face. It was of about six months' duration. He had undergone treatment at the hands of various physicians. This had done him no good and he wanted to get well in the shortest possible period more for cosmetic reasons than anything else being quite a young man. I thought of injecting M. I. T. Z. ampoules and I gave him these intramuscularly every other day. Internally he was having Pharmasol Sulphur and from time to time some saline purgative. In all he had twelve injections. After the second injection when he found that there was no improvement he complained to me saying that the injections were doing him no good, but on the contrary his trouble had increased. And it was really a fact that his Acne aggravated a little and began to suppurate more and more, and gave him some pain also. This did not however disappoint me, for I knew that this was the result of reaction and that this meant that his condition was responding well to the treatment. After acquainting him fully with the facts and making him understand things, which is quite essential nowadays in general practice, I pushed on with the injections. At the end of a course of six injections, improvement started in right earnest. After an interval of a week I gave him another set of six. After this there was a decided improvement in his face and henceforth comedones which used to come were not so large nor did they show any signs of suppuration. He was advised to take after this Stannoxyl tablets and Pharmasol Sulphur, which he did. Locally he was applying lotions made of Sarcopitol. After a month and half of this treatment his face had become quite clear except for

a few dark blemishes and this improvement has been maintained so far. He is still taking Pharmasol Sulphur 2 drs. twice a day with his meals.

This is typical of the many cases I had occasion to treat with M. I. T. Z. injections. They have almost given place to Vaccine therapy of Acne, specially suppurative one, in my practice. I usually administer these in the deltoid muscle. There is, not always however, a little discomfort but that passes off and is rarely severe. Improvement, as can be seen from the above case, begins after a course of six injections and after finishing the full course the effect is generally well marked. These injections have a remarkable power of arresting suppuration and besides, at the conclusion of the treatment the patient feels better in general health which may be attributed to the hemopoietic properties of Manganese in it. This is however, not the case with the course of Vaccine treatment.

The introduction of M. I. T. Z. treatment in cases of Acne is in the writer's opinion most desirable. The suggested line of treatment for this variety of Acne, specially the refractory cases, will be it is believed helpful to others and will carry the conviction that in M. I. T. Z. preparation they have a product which effectively deals with Suppurative Acne.

Hysteria.

Although the word Hysteria is derived from the Greek word "Hystera" (Uterus) meaning a womb, recent views of the various medical authorities indicate that the disease is not necessarily of uterine origin. It is very difficult to accurately define the disease but it may be called an altered mental condition resulting from some emotional disturbance in which normal relation of thoughts and ideas are not properly appreciated. This means that the subject suffering from Hysteria has either a perverted or defective will and has her general sensibility altered or heightened. This is a distinct disease, but has been treated by both the medical men and the laity lightly, the reason being that the symptoms can be alleviated sooner or later by persuasion.

CAUSES: The chief predisposing factor in this disease is a neuropathic tendency which is more or less due to hereditary influences. Emotional disturbances of any sort and sexual errors are frequently the causal agents.

Various theories have been propounded with regard to the causation of the disease, but the majority of the writers do admit that the disease is in some way connected with the nerves and they attribute it to the weakness of the latter. But the cause or source of this weakness they have not yet been able to trace. Because of the fact that the medical men consider Hysteria to be a trivial ailment nobody has taken the trouble to investigate into the root cause of the malady.

Since after experimentation and research it has been concluded that the disease has nothing to do with the uterus, the next organ to which we can trace it is the ovary. In ninety percent of women having hysterical diathesis it will be found that one or both the ovaries are more or less tender or at times even painful. If we observe a patient during or after an attack it will be noticed that the ovaries are tender during or before an attack and that the tenderness has passed off after the attack is over. Therefore after due consideration of all probable causes we have come to the conclusion that the mischief is in the ovaries which are usually found congested or inflamed in this affection. Whenever there is a mental emotion of any kind, the blood rushes to the ovaries and the whole of the nervous system is irritated and thrown into fits and seizures and the patient remains in this state till the rush of the blood in the ovaries subsides. Now we shall see how the ovaries are the causal agents. The chronic inflammation of the ovaries in hysterical women is due to slow and oft repeated attacks of congestion brought on by mental emotions of a peculiar nature. The ovaries are left in a state of congestion each time after such an emotion is experienced by the patient and this congestion helps to maintain a general but gentle irritation of the nerves, which when it attains sufficient strength bursts out in the form of fits. When the patient becomes a victim of such repeated fits, after some time her whole nervous system is so much strained

that the slightest irritation sends it into commotion and the result is the hysterical attack.

SYMPTOMS: As a general rule hysterical patients are highly emotional, irritable and at times even irrational. The patient may be in good general health though she may have hysterical diathesis. Want of proper appetite and digestion is very common and constipation is almost the rule. These patients generally complain of flatulence and eructations and there may be at times vomiting with or without nausea. Heart is mostly normal, though palpitation is complained of. The pulse-rate, as a rule, is not disturbed. Other physical symptoms consists of sighing, sobbing, sneezing, laughing or crying. Vaso-motor and trophic disturbances are also common.

As regards the sensory symptoms we find that headache is often complained of specially in the back or top of the head. Pain on pressure is almost common over the ovarian and the inframammary regions. These are what are known as "Sensory Stigmata" of Hysteria. There may be pain of a diffuse character in the eye, ear or the nose, but is most common in the throat where a ball-like sensation is felt which is described as "Globus Hystericus". Patches of Hyperaesthesia and anaesthesia are found in various regions of the body. The tendon and superficial reflexes are in many cases exaggerated. Hysterical contractures and convulsions are very common during the acute attack. These attacks have certain stages which can be recognised. In the beginning there is a sensation of a ball rising from the stomach to the throat, which has been called "Globus Hystericus." This is followed by the epileptic stage. The patient in this stage throws her limbs in an irregular and wild manner. The back is arched and rigid and there may be first tonic and then clonic movements. This stage is succeeded by the emotional stage in which the patient laughs, cries or is angry according to whatever emotion happens to possess her at the time. After this the patient quiets down and may then go to sleep.

Sometimes the hysterical spasms are quite mild. They come on suddenly. The patient falls on the ground and she assumes a rigid attitude and the limbs are

thrown about. This attack lasts from a few minutes to an hour at the most.

Some writers describe ocular symptoms of Hysteria such as Amblyopia, Hemianopsia or contraction of the visual fields. All these are however quite uncommon.

TREATMENT: From the above remarks concerning the causation and symptoms we must look out for such preparations as would strengthen the nerves in general so that they will be able to resist effectively the irritation caused by the overflow of the blood to the ovaries. Again we must have a remedy which will tone the general system to resist further the attacks of this disease.

To get these results we have fortunately three preparations which serve very well in this troublesome malady. The one that comes first to our mind is Elixir-Bromo-Valerianate which is a combination of Strontium Bromide with tasteless Valerian and Syrup of Orange. It acts effectively as a sedative, antispasmodic and analgesic in this disease. Thus it calms down the patient suffering from this functional nervous affection. The association of Valerian with the Bromide has obtained for this preparation greater pharmacological activity and a sure therapeutic action. Experience has shown that in the Elixir-Bromo-Valerianate the sedative effects of halogen are satisfactorily combined with the tonic effects of the Valerian and the result therefore is an effective calming down and balancing action on the entire nervous system.

Supplementary to this Elixir treatment in Hysteria is the administration of Lipocerebrine which provides on the pressing needs of patients suffering from such psychosis. This means that with Elixir Bromo Valerianate we can calm down symptoms and thus lessen the suffering of the patients, while with Lipocerebrine the tonic building up the whole system can be carried on. One can only realise the necessity of this supplementary treatment when one takes into consideration the excessive losses suffered by the organism when the patient is subject to repeated attacks of Hysteria. Lipocerebrine is the rational treatment in such cases as it makes up for such losses by supplying the organism with phosphorised lipoids. Further, by accele-

rating the exchange process between different cells it brings the organic tissues to their normal condition. The defensive powers of the organism are thus increased. Besides the nerve cells regain the elements which are necessary to their life and which are lost during the various stages of this disease through Lipocerebrine. The nervous system in general is thus acted upon in such a way that it not only calms down but a tonic action is brought to bear on it. We have therefore seen that by means of the combination of Elixir Bromo Valerianate and Lipocerebrine treatment in this disease, we can succeed in getting sedative and calming down effect to which is added the neuro-trophic, blood-making and diplastic action. After a month of this combination treatment considerable relief is obtained in the hysterical fits and disturbances and the nervous system regains its tone, which is a great advantage to the poor and exhausted condition.

Another advantage derived from this double treatment is that the patient tolerates this Bromide treatment wonderfully well when it is combined with Lipocerebrine in spite of its being administered for long periods. Again Lipocerebrine overcomes the depressing action of the bromides and

enhances their calming and moderating influences on the nervous centres.

Another product which can be advantageously indicated in this diathesis is Opocrin Ovary in view of the fact that it has a direct selective action on these glands as also on the nerves in general. We will notice that after some days of this treatment the ovaries become much less tender than before. The Opocrin reduces the inflammation of the ovaries, which is usually present in these cases and removes their tenderness. Thus it acts on the hysterical spasms and may reduce their strength and frequency. The fits subsequent to this treatment, which must necessarily be mild, become few and far between.

The Medical man, it is gratifying to note, has in the combination of these preparations a remarkable means of treating Hysteria with full confidence. Several severe cases have derived great benefit from this treatment, while many have been completely cured. In chronic cases the cure has been slow but certain. In short this is a complete and a very useful treatment in Hysteria and it may also be used in various other psychosis and neuro-pathological conditions.

ANNOUNCEMENT.

As published in previous issues The Oriental Research Laboratory has introduced a Specific for Eczema and allied skin lesions called ZAMA. The specific has been tried and found very effective in Eczema occurring at all stages, specially in infants and elderly people where the disease is usually obstinate and baffles the usual medication. The cost of ZAMA is 12 annas a cup; 20 per cent. discount will be allowed to the readers of "The Medical Practitioner" if they book their orders through **The Medical Practitioners' Service Bureau, Vepery, Madras.**

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person has potential cancer cells, cells that are not just right, a mole, a wart or a blemish. We have the non-blight pear tree, why not a cancer-free human organism? We may have to set the hereditary sails that will produce such a human being one or two or a half dozen centuries down the route of time. Physical efficiency may be acquired by the proper diet, exercise and rest; and this stored-up, physical power may be transmitted to the offspring, in our opinion; the same may be said of mental power. We have lost sight of the importance of a critical study of the human organism since we have started, through the laboratory route, to chase the germ that attacks it so laboriously. The more perfect the human body, from the largest organ to the minutest cell, the more resistant will it be to disease, the greater will be its physical endurance, the more gigantic its mental capacity, the more towering its moral courage, and the bigger its soul within. Herein lies the real problem of the medical profession. All glory and honor to the real specialist, but the solution of this big problem does not come to him in the sense that it does to the general practitioner of to-day. It is going to be largely the work of the broadly educated practitioner who has a professional mind, a medical soul, and a missionary heart. The human organism must be studied in its entirety. It must be studied in all of its relations, and over a long period of time. This opportunity, the biggest of all, comes especially to the practitioner in the country. This is the call of a big man to a big opportunity.

The country not only offers big opportunities to the "small" man, it offers the

same opportunities to the "big" man who is activated by the seed of service in his soul, and who wants to settle down and make a reasonable living by honest hard work, and help solve big problems for the profession. The country is also a wonderful teacher, a wonderful school for post-graduate work. Every teacher in a medical school should spend three months in practice each year between Yellow Rabbit and Vinegar Bend, to really acquaint himself with clinical symptoms of a cross section of country humanity to give him an insight into our real medical problems. He would then probably quit teaching his students away from the country where they are so badly needed, and where their opportunities are bigger and more numerous.

To epitomize, then: The medical profession has become too much centralized, which has increased the cost of medical care beyond the reach of the masses. The country needs more of the right type of medical practitioners. Financially speaking, the country offers better opportunities than the city to the right type of man. It is more appreciative of medical services. It offers greater opportunities for practical research work, for preventive medicine and preventive surgery, and in the big problem of developing a superior human organism—one more resistant to disease, more powerful in intellect and more capacitated for service. Decentralization of the medical profession will not only solve the high cost of medical care but will enable the physician to prosper as well.

(Medical Mentor—April 1932).

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Notes on Treatment of Diseases.

N.B.—These notes are intended to supplement the treatment given in ordinary text books and are neither expected nor possible to be exhaustive.

Gonorrhoea : ACUTE : Immediately following exposure, urination, momentarily interrupted several times by closing the meatus with the finger, a thorough washing of the glans penis and prepuce with soap and water and an instillation of 20 drops of 5 per cent. freshly prepared Protorgol solution into the open lips of the meatus by means of an eye dropper, will usually prevent the development of gonorrhoea even though the gonococci have been deposited on the meatal surface. When a patient presents himself within a few days of exposure with slight discharge made up in the main of squamous epithelium and showing gonococci, he is given a 3 oz. bottle of 5 per cent. freshly prepared solution of Protorgol and is directed to inject by means of a cannulated urethral syringe, the first three inches of the urethra every two hours during the day and twice at night urinating first in each instance and dropping a few drops into the open lips of meatus before making the injection. The injection is confined to the meatus three inches by pressing the penis at or behind the penoscrotal juncture between the little and ring fingers of the holding hand. When the bottle of Protorgol is half empty, it is filled with distilled water, this procedure being carefully repeated for five days. The degree of inflammatory reaction is characterised by a thin, slightly blood-stained serous discharge. There should be no severe pain after the first injection or other sign of hyperacute inflammation. The gonococci usually disappear at the most within 24 hours. Often after 5 days even in the absence of gonococci there may be present a slight mucopurulent discharge best treated by astringent injections.

Internally at the commencement Copaiba oz. 1, Liquor Hydroxide Pot. drs. 2, Ext. Glycer. Liq. drs. 1½, Spts. Ether Nitrosi oz. 1, Oleum Gaultheria mms. 25; one tablespoonful after each meal, or (1) Santal Flava drs. 1½, Gum Acacia drs. 1½, Urotropine dr. 1, Tinct. Hyosyamus. drs. 2, aqua ad ozs. 6; one ounce three times a day after food.

Hydrastine Hydrochloride grs. 5, Protorgol grs. 5, Glycerine drs. 1½, aqua distillata oz. 1. Irrigation with this solution four or five times a day which should be held in the urethra for five to fifteen minutes is good before the second week of infection. If there is much pain and severe irritation at urination, instillation into the urethra by means of an eye-dropper of a 4 per cent. solution of Cocaine a few minutes before urination markedly diminishes the burning (Hare)

In males in the acute stage the abortive treatment before the formation of pus is as follows:—20 mms. of one per cent. solution of Protorgol or 1/2000 of Colloidal silver is instilled into the urethra with hypodermic syringe and the penis is held erect and sealed with Collodium Flexile and the patient given 1½ pints of barley water. After three hours the seal is removed with acetone and this treatment is repeated every six hours.

In established cases after the formation of pus, irrigation with a solution of Blenacrol has a penetrating power in the mucous membrane of the urethra, the other solutions of merit are: Silver Nitrate 1/10,000, Flavin Compounds 1/3,000 to 1/5,000, Mercury Oxycyanide 1/4,000, Picric Acid, 0.5 or 0.2 per cent., Zinc Sulphate, Copper Sulphate and Lead Acetate. (The Medical Practitioner).

Intramuscular injections in the gluteal region of one per cent. solution of Manganese Butyrate 1 to 1.5 cc. on the first day and on the fifth day have very good effect. Rheantine an anti-gonococcal vaccine is useful in simple cases of gonorrheal infection uncomplicated with the presence of other organisms. Heterolysine is very effective during the decline of the disease when the gonococci become scarce and diplococcus Fallax and other organisms keep on the urethral discharge. Local treatment should not be commenced when there is oedema of prepuce, acute prostatitis and marked posterior urethritis. In addition to the vaccine treatment Sulfarsenol is used with very good results; so also sterile injections of milk 10 cc. twice a week intramuscularly. Trimine a colloidal preparation containing Manganese, Iron Zinc, in one cc. doses intramuscularly every three days works as an alternative to the system and cuts short the attack of gonorrhoea.

Notes on Therapeutics, Diagnosis and other Medical Subjects.

SILVER AND GOLD THERAPY.

(ORARGOL.)

It is becoming more and more recognised during recent years that the course of a disease can be considerably shortened and that the resistance of the organism can be increased to a great extent by means of colloidal preparations of Gold and Silver. It was customary formerly to increase the resistance of the patient in such affections as Influenza, Typhoid, Sepsis, Pneumonia etc. by supplying him with antigens or antigen-forming bodies. This enabled the individual to cope with the toxins of the disease in a better way. There are vaccines which are very useful and which act by stimulating the specific antibodies in any given infection. It has been considered at present that it is more advisable to raise the whole bodily resistance to disease than to merely stimulate the formation of specific antibodies because these latter take a good deal of time to form. Proteins, specially milk, was used for this purpose which produced some reaction, a rise in temperature and general symptoms of anaphylaxis. This has given place more recently to Colloidal preparations of Gold and Silver, which are more important than proteins in that they bring about good stimulation and that the reaction is considerably milder but more effective.

One such product is Orargol which is an electrically prepared alloy composed of 10% gold and 90% silver. It is a colloidal suspension of these two metals and is standardised and sterilised by tyndallization. Being a combination of Gold and Silver, Orargol is much superior to either of the metallic colloids used alone. Its powerful anti-infectious action is due to the fine state of sub-divisions of the colloidal particles of the two metals. It does not cause any violent reaction. Being isotonic it can be injected without any previous preparation of the patient.

Orargol is useful in all acute infections as it brings about a sort of non-specific protein therapy in diseases of this nature. It protects the organism from the pathogenic agent in the very early stages of the disease. The course of the disease is cut short

and the high temperature soon comes down. At the same time the subjective symptoms improve considerably. It has been demonstrated that the action of Orargol on the organism is a double one—on the phagocytes as well as on the leucocytes. The preparation when introduced in the organism increased phagocytosis in the blood. From the third to the fifth day after the injection the phagocytic activity reaches its maximum, which indicates that during this time the functions of the hemopoietic organs or of the reticulo-endothelial system are activated, on account of which large amounts of phagocytes are mobilised. The number of leucocytes also increases after a course of this product. We can thus see that after the injections of Orargol the organism is prepared to attack the pathogenic bacilli no sooner they enter it and if these latter have already gained entrance, the organism is thoroughly capable of mobilising its large reserves of leucocytes and phagocytes. Orargol therefore produces a stimulus, which activates the whole of the defensive forces of the organism. In accordance with these facts it has been proved that Orargol is particularly useful in diseases of acute infectious origin.

As can be gathered, from the above remarks Orargol is a remedy designed to stimulate the vital forces of the body and is therefore exceedingly useful in a variety of diseases caused by infectious processes. The wide range of its applications is therefore obvious. It is recommended in Influenza, Pneumonia, Broncho-pneumonia and Sepsis. Good results have been obtained with it in Typhoid Fever, Epidemic Encephalitis and other similar infections.

INFLUENZA : Dangerous attacks of this affection accompanied by high temperature can be cut short by means of Orargol injections. The subjective symptoms improve considerably. These results are due to the fact that an artificial immunity is created by means of these injections by means of which the patient is able to fight successfully with the disease.

PNEUMONIA AND BRONCHO-PNEUMONIA : The injections of Orargol either every day or every other day are able to bring down the temperature in these cases and at the same time we find complete abatement of the subjective and the objective symptoms.

SERUM: It is particularly recommended in this condition both as a prophylactic and a remedy. The earlier it is given the better the results obtained. It is an excellent means of directly attacking the cause of the infection when introduced in the bloodstream.

TYPHOID FEVER ETC: In these acute infections the temperature falls immediately and the general condition becomes satisfactory and the symptoms subside gradually. In fact these injections help the patient to mobilise his own defences and thus he is able to overpower the bacilli.

In children where it is not desirable to inject, Orargol oral should be indicated and successful results are obtained in Measles, Pneumonia and other acute infectious fevers in infants and children.

Favourable results have been reported with Orargol in Ear, Nose and Throat affections. This product is infinitely superior to milk injections which are in most cases followed by strong protein shocks. If the reaction at all occurs with this remedy it is very mild.

NASO-PHARYNGITIS: Orargol, when applied locally in this disease, acts almost as a specific.

TONSILLITIS: The inflammation frequently disappears after second or third injection.

SINUSITES: In acute infections of the accessory nasal sinuses Orargol has been found very valuable. The injections are given alternately for at least a week. It can also be used after operations on these sinuses or the mastoid as routine daily injections to prevent further trouble.

COMMON COLDS: Colds in the head either acute or chronic are amenable to this form of treatment. In Coryza where there is a tendency to inflammation Orargol can be instilled with good results.

HAY FEVER: Orargol is of great value as an anti-anaphylactic in this affection.

EYE-AFFECTIONS: Orargol has often served well in not very severe inflammations of the conjunctiva and the iris. It has in conjunctiva with the usual therapy caused the infection to abate rapidly in several cases.

The object of Orargol therapy is to increase as far as possible the natural power

that the body possesses of defending itself against infectious attacks of all kinds. It therefore creates so to say a sort of a "Non-Specific" immunity. Generally after one or two injections a marked and a striking improvement is noticed in the condition. The clinical reports lend support to the view that the disease usually pursues a favourable course after the administration of Orargol. The effect of this treatment is that in the beginning—even after a single injection—the general subjective symptoms lose their severity and then the general improvement starts. The objective pathological signs disappear either at once or after a short interval. The use of Orargol is recommended not only in complicated cases but also in acute infections without any complications, so that the latter may be prevented or avoided. In refractory and protracted cases, Orargol may be injected daily so that they may soon be brought under control.

The following points in favour of Orargol strike one forcibly and should inspire confidence in the general practitioner so that he can make a frequent use of it in a variety of infections that he has to deal with every day:—

1. After Orargol injection, either intramuscular or intravenous there is complete absence of any undesirable reaction. Orargol is so harmless that it can be given to infants. Few preparations possess this unique quality and hence Orargol entitles distinct preference.

2. The convenient method of administration is a great advantage.

3. Nothing contraindicates the use of this remedy. Sooner it is employed in the disease, the better the results.

Orargol has proved in the hands of several physicians a very useful remedy in acute infections. With its help, specially when used in the early stages of the disease, the acute infections can be cut short, complications are avoided and recovery is hastened. Orargol is both economical and handy. The intramuscular and intravenous administration of this product does away with the treatment by means of other drugs. It is therefore an indispensable product in the armamentarium of a general practitioner.

News and Comments.

Indian Medical Council Bill: All sorts of rumours are afloat about this ill-fated Bill. Some say the consideration of the subject will not be taken up during the current session of the Assembly, while others are almost sure that the Bill will be taken up for discussion during this session and that a few members of the Assembly have tabled amendments to remove the objectionable items, such as non-inclusion of the Licentiates and other diploma holders and to make the Council a really democratic institution. It is also reported that amendments have been given notice of to include a few sections conferring certain rights and privileges to those who are to be registered in the All-India Register in the matter of issuing certificates and claiming fees for services rendered and appointments in all departments under the Government requiring qualified medical men. Evidently the Government did not include in the proposed Bill provisions for such privileges is their intention to bring about this measure was not the same as it used to be in other civilised countries where such acts were brought into existence for the benefit of the public. The Government did not find a need for such and similar clauses as the proposed medical council was only to take the place of the Inspector, originally proposed by the Government under the dictation of the General Medical Council, and the Assembly members of the Council rightly turned down that proposal. Now that the Government constitute a medical council, a bigger machinery which would require nearly a lakh of rupees for running expenses to serve no other purpose than that for which the Inspector was proposed at first, it will be most humiliating, if the Hon'ble members agree to the proposal of the Government, which will serve only placating the General Medical Council. We appeal to all the non-official members of the Assembly to reject the Bill in toto. There is no hurry for the passing of the Bill, especially at this juncture when the whole constitution of the country has to undergo a change in the near future. On financial grounds also the consideration of the Bill has to be given up.

Provincial Medical Councils: When so much fuss is made by the Government

of India for the urgent passing of the Indian Medical Council Bill, the Government in the provinces evince no interest in the working of such existing Councils in the provinces. Our readers are familiar with the activities of the Madras Medical Council. The Medical Registers which are the only evidence of registration of practitioners have not been published year after year at the prescribed time. The Register for 1924 which ought to be ready in January 1925 was published in November 1925, for 1925 in November 1926, for 1926 in January 1928, for 1927 in February 1929, for 1928 in March 1930, for 1929 in April 1931, for 1930 in December 1931 and the Register for 1931 has not been published till now. The affairs of the office of the Registrar of the Medical Council were the subject-matter of a special meeting which was at first summoned in the month of June and, for reasons known only to those who are responsible for the running of the Madras Medical Council, postponed to September. Then it is reported that the September special session was postponed to October on the score of economy, so that both the statutory meeting to be held in October and the special meeting could be conducted at the same time as a matter of economy with regard to travelling allowances which would have to be paid twice otherwise to the mossul members. A couple of days later, another notice seems to have been sent to the members calling in the special session on the 20th instant, no reasons being ascribed for the cancellation of the previous notice. The President has powers to summon special meetings of the Council on his own accord or if seven members of the Council call upon him to do so, but whether he was power to postpone a meeting once summoned seems to be questionable. This is perhaps possible so long as the President of the Medical Council is the Surgeon-General with a non-elected official majority and even a few elected members being subordinates of the Surgeon-General. Another department of honourees has also been brought into existence now, and there is fear of even the non-officials becoming quasi-officials at the time of voting.

It is stated that the Government of the United Provinces have ordered that the

Council should meet only once and not twice a year as is provided for in the U. P. Medical Registration Act. The reason seems to be retrenchment. The Act does not provide any section empowering Government interference in curtailing the meetings provided for in the Act; yet, the U. P. Government have gone out of the way. Such actions on the part of the Government or the head of the medical administration clearly indicate the lack of zeal with which the existing medical Acts are worked.

Second Opinion on Medical Certificates:

Our readers are aware that about two years ago, the Madras Government passed orders doing away with the procedure of counter-signatures by state paid medical practitioners on the medical certificates issued by private practitioners. This the Government did as a result of a resolution passed by the Madras Medical Council which condemned the counter-signatures on medical certificates being against medical ethics. Before the passing of this order, there was a conference of the representatives of the provincial Government at the seat of the Central Government, and it was then decided that in case of non-gazetted Government officers, a medical certificate should always accompany a leave application and in case the head of the department suspected the veracity of a certificate, he should obtain immediately a second opinion from a state-paid doctor. We pointed out in these columns that this new procedure was as objectionable if not more as the old procedure of counter-signature. Issuing of medical certificates to patients is part of the treatment and the attending physician alone could be the best judge to recommend the necessary rest or a change for the patient and it is certainly against medical ethics to have this part of the work done by a state paid practitioner who was not in charge of the patient. To cure all these ills, a resolution has been tabled by Dr. V. Rama Kamath which will be taken up for discussion at the September special session of the Madras Medical Council, requesting the Government to treat all registered medical practitioners whether in service or in private practice alike in the matter of issuing medical certificates. We trust that the Medical Council would be pleased to guard the interests and prestige of the profession

which is under their statutory control; or else they will be condemning themselves.

Bombay Medical Council Election: After publishing in our July issue, the news of an election in the Bombay Medical Council of two candidates to represent the Licentiate Group in the Bombay Medical Register, we learnt that there was an election also to choose four candidates to represent the Graduate Group in the same Register. Drs. M.N. Talati and R.A. Amesur have been elected for the Licentiate Group, the former heading the poll with a large majority. Drs. G.V. Deshmukh, Dr. P.T. Patel, Sir N.H. Choksy and Dr. R.N. Ranina are the successful candidates amongst the graduates, Dr. G.V. Deshmukh heading the poll. We offer our congratulations to the representatives of both the sections and wish them a life of usefulness in the field of their activities. In this connection, we wish to bring to the notice of our readers that the Bombay Licentiate did acquit themselves admirably well in solidly voting for Dr. Talati, by which action they have showed their approbation to the action taken by Dr. Talati against Dr. N.H. Choksy the latter having made most unpalatable and unjustifiable statements against the Licentiate in the lay press. In matters like this, public opinion has to be valued more than the verdict of courts.

High Mortality of Parsi Infants:

The startling news published in the Bombay dailies that infant mortality is higher in the Parsi community in Bombay should open the eyes of those interested in child welfare and maternity work. The Parsi community is certainly far more advanced in present day civilisation than any other Indian community in Bombay, and that there should be a higher death-rate in that community denotes that the causes of death must be due to false ideas of Western civilisation, more than want of education on the part of mothers. This fact is also borne out by standard books on Obstetrics, which show that obstetric operations have been invariably in direct ratio to the advancing modern civilisation. That, "the proper care of girls during childhood contributes greatly to the solution of the problem" of reducing the death-rate in infants and mothers, is one of the conclusions arrived at by the Committee on maternal

and infant mortality appointed by the Ministry of Health in England in 1928, presided over by Sir George Newman. "Changes in social life are necessary to raise the standard of health and physical development of the women of the nation" is yet another conclusion arrived at by the same Committee. The present tendency in India is that the women-folk amongst the so-called educated classes usually copy their Western sisters and when the Western experts denounce the social customs amongst women in England, it should be the aim of those interested in child welfare and maternity work in this country to make it plain in their programme that our girls should not blindly follow the Western customs in social life, which has been declared by medical experts to be chief causes of maternal and infant mortality in England.

Madras Medical College Day: The Ninety-eighth anniversary of the Madras Medical College was celebrated on the 1st instant at the College premises before a large gathering of students and professors. The Principal of the Medical College would have gained much, both for himself and for the students and lost nothing by making the function more public inviting to it the members of the profession who are not less interested than himself in the welfare either of the College or its students. The lengthy Progress Report which he read before the audience over which the Hon'ble the Minister of Public Health presided, is a document known to the students and to the professors and such a Report should also go to the Minister through the Surgeon-General; and as such, the reading of the Report before a gathering which does not include in its members of the medical profession outside the medical college, is not likely to interest the audience consisting only of the students and the professors of the College and the Head of the Medical Department. All the same, it has to be said that the Medical College anniversary celebration was a more serious function as it ought to be, than the one that was held at Royaparam for the same purpose. From the speech made by the Hon'ble the Chief Minister by way of advice to the students, it looks as if, the Minister has realised the necessity of building up of a "good medical profession" in comparison to the splendid "medical service". We

trust that the Public Health Minister will take advantage of another such function to show ways and means to realise his hopes of building up an independent medical profession. His past policy with regard to medical administration in this province, cannot justify any hopes of the Minister being of use to the profession to realise the advice which he has put in the young brains of the students that passed out from the Medical College whom the Minister advised to depend upon independent means and not on service, to eke out their livelihood.

An Irony: One of our Rangoon contemporaries, while welcoming the new Inspector-General of Civil Hospitals of Burma, makes an appeal to him to bring about certain reforms in Burma viz., increase in the course of studies in the medical school, providing more hospital accommodation and bringing into existence a sanatorium for the treatment of tuberculosis-responsibilities which the members of the independent medical profession should take upon themselves and for which we presume journals conducted by the members of the independent medical profession are being brought into existence. In a country like England where the medical relief is entirely in the hands of the independent medical profession and where there are splendid organisations of the nature of the British Medical Association to guard the interests of the profession as a whole, doctors have begun lamenting over a threatening slump in the medical profession; and it is said that "Harley Street men" are "unable to pay rents." Medical practitioners in this country including Burma should concentrate all their attention in organising themselves in all matters of medical relief without the help of the Government as they should have realised by now that in spite of inadequate facilities in the state hospitals, which are at present entirely in the hands of the state-paid practitioners, the members of the independent medical profession find it hard to keep the angry wolf out of their door. We do not mean any disrespect to the Inspector-General of Civil Hospitals of Burma, but we only wish that the members of the independent medical profession in Burma and elsewhere, to realise the urgent need of organisations for self-help.

L.M.Ps. Grumble: It is stated that the Government have recently appointed honorary clinical assistants in the Government Royapuram Hospital from amongst the graduates only; and the L.M.Ps. fear whether they will have any chance to serve as honorary clinical assistants in an institution like the Royapuram Hospital where they are being trained as students, as the Government Committee on honorary medical relief have recommended to the Government their exclusion to be employed as honoraries in teaching institutions. It was hoped after the replies given by Col. Croly, the then officiating Surgeon-General and later, by Major-General Sprawson the permanent Surgeon-General with the Government of Madras, to a deputation which met them on behalf of the L.M.Ps. that the Royapuram Hospital would be open to L.M.Ps. for service as honoraries in the City of Madras, in addition to the Government Royapettah Hospital.

Correspondence, Reports etc.

THE INDIAN MEDICAL COUNCIL BILL.

(By Dr. K. S. RAY).

The importance of this measure lies in the fact that the future progress and well-being of the medical profession, medical services and medical education in India will be dependent on this Council.

Indian medical men approve of the formation of a medical council, and their opposition to the Bill would seem inexplicable until a careful scrutiny is made of its provisions. It will be found that the Bill has been cast on such lines as to defeat the real purpose of such a Council and the revised Bill makes no material advance on the former.

In the first place, the preamble to the old Bill circulated for opinion made it clear that the main object of the Bill was to win back the recognition of the British General Medical Council. Accordingly, the constitution of the Council was framed in such a way as to appeal to the General Medical Council, the official and I. M. S. elements were deliberately given predominance in representation and the independent medical practitioners, who stand to be most affected

were allowed only meagre representation, while the Licentiate were granted neither representation nor registration. The president was to be nominated by the Governor-General in Council. In fact, out of a total of 28 members, only some 12 were to be elected, and even of the latter the provisions of the Bill practically ensured the return of quasi-official or official dominated representatives. This undoubtedly offered an ideal constitution from the point of view of the General Medical Council (who, by the way, in their own case would not accept a nominated President), for it reduced the independent practitioners to impotence and ensured the control of the I. M. S. Indeed, it is taken for granted that the Director-General of the Indian Medical Service would always be nominated President and with the other nominated representatives would carry all before him. In turn, his amenability to the G. M. C. could be depended upon, so that the real arbiters of medical policy and services in India, and also the fate of independent Indian medical practitioners, would be the G. M. C. through the I. M. S. The disguise was too thinly veiled to deceive anybody.

Indian medical men contend that the primary object of such a Council should be to control and improve medical education in the country, to maintain a high standard of medical ethics and that it should be utilised to give medical men the privileges consequent on registration, such rights as immunity in law in certain cases, the right to recover fees etc., which medical men enjoy in other countries. The chief need in India is to establish a uniform standard of qualification in medicine, but the Bill treated medical education and the rights of medical men as merely incidental to the purpose of placating the G. M. C. Whereas the first need is to set our own house in order the Bill neglects our own house to look abroad to Great Britain. Rightly, Indian medical men will not accept such a condition, for to do so would be to sell the birth-right of the Indian medical profession. While they certainly wish to see Indian medical degrees recognised by foreign countries, including the British General Medical Council and are also willing to recognise their medical degrees, they are not willing to sacrifice the interests of Indian medical education and the privileges of Indian medical men on

the altar of the General Medical Council. The Bill, in fact, went so far as to make the recognition of British medical degrees in India a *sine qua non* to its enactment, without any corresponding assurance of recognition of Indian medical degrees by the G.M.C. The Indian medical men stand solidly for reciprocal treatment, but they stand even before that for the rights and privileges of their profession in their own country.

One of the reasons advanced for not granting representation to Licentiate on the Council and for keeping them out of the All-India Medical Register was that their inclusion would preclude the recognition of Indian medical degrees by the G.M.C., since the standard of the Licentiate was considered to be too low. This attitude is certainly in keeping with the Government's intention to placate the G. M. C. at all costs but it is certainly not in keeping with the real purpose of a Medical Council, and it is useful to recall that the British Medical Act gave registration to all practitioners, even dentists, from its very inception. The Licentiate forms the largest medical element in the country, in the closest touch with the people. They have for long clamoured for improvement of their education and status and to deny them representation and registration would be to retain them at the tender mercies of the Provincial Councils of Medical Registration, wherein the official element repulses all their efforts at advancement. Their exclusion from the privileges would be not merely a crime, but it would introduce and perpetuate an invidious sectionalism between graduates and Licentiate, between whom Government would succeed in driving a wedge to the interests of neither.

Contemplation of these issues leads inevitably to the conclusion that the Bill merits only one fate, namely total rejection at the hands of the Assembly. We want Medical Swaraj as much as any other Swaraj, rather than place on India such an infliction as this Bill contemplates we would await the decision of wider constitutional issues. As a matter of fact, we have done without an Indian Medical Council so long that the delay of another couple years or so would make little difference. The heavens that were expected to fall upon

withdrawal of the G.M.C.'s recognition of Indian medical degrees have not done so and will not do so. To say that the interests of Indian medical practitioners abroad are thereby jeopardised is not true and in any case the interests of a handful of practitioners abroad must not be allowed to vitiate the interests of thousands at home in our own country. The only reason for hastening the Bill through the Assembly will be found in the desire to secure its passage before any new constitutional reforms are introduced, so that the position of the General Medical Council and I.M.S. elements might be safeguarded while large autocratic powers still rest in British hands. But Government should be warned of the reaction that would follow upon the enactment of so grossly unpopular a measure.

Having regard, however, to constitutional developments, we think the time is singularly inopportune for the passing of such a Bill. For a long time the idea of a central controlling agency was held up by provincial ministers, so zealous of their provincial powers that they resented any hint of infringement. With a larger measure of provincial autonomy in the future, they are likely to be even less amenable to the suggestion, but in any case things are so much in the air at present that it is impossible to say how a Medical Council formed now would stand to be affected, financially or otherwise by constitutional changes. That being so, the wisest course would be to postpone consideration until constitutional and political issues are settled. It would not do to pass an Act to-day, which in a short time may have to be seriously overhauled. As we have said before, this little further delay would cause no inconvenience or harm. It would on the other hand be a decided gain.

So far as the I.M.S. are concerned, Indian medical education has been in their hands over the last eighty years and it speaks volumes against them if, as a result of their efforts over this long period, the General Medical Council find themselves unable to recognise Indian medical degrees. On their record one could hardly recommend that important interests such as Indian medical education and policy should continue in the control of I.M.S. and it is high time that Indians were afforded a chance

of proving themselves where the I.M.S. have failed.

THE ANDHRA MEDICAL CONFERENCE.

The idea of the ANDHRA MEDICAL CONFERENCE, if I am right, was first conceived of by the members of the medical profession at Rajahmundry in the year 1928. The first or the preliminary session was held under the presidency of Dr. U. Rama Rau in the same year and delegates from all parts of the Andhra attended it. A constitution committee was formed and was asked to frame a constitution, and to submit its report to a special session of the conference. It was also further agreed that this conference should hold its session at least once a year, and that each district in its turn may invite the conference. The regular session as well as the special session were invited to be held by the West Godavari District. So the special session was held at Ellore in the latter part of the same year and the constitution with the necessary modifications was adopted. Later, according to the above understanding the next regular session was also invited and held at Ellore in April 1929. Ever since the country being engaged in the political struggle the idea of the conference fell to the background. Ever since, if we follow the precedent of inviting the conference the choice of inviting the conference has been of either the Vizag or Kistna Districts, which has not been utilised.

Ever since the last conference much water has flown down the Godavari. There were so many changes in the country. The medical politics have also changed. The B. M. C. has withdrawn the recognition for the Indian medical degrees. The All India Medical Bill which is vitally concerned with medical profession in India has been introduced into the Assembly and has been referred to a select committee also. As could be gathered by the news papers there is every likelihood of the Bill as approved by the select committee being considered by the Assembly and passed into law either in the next session or special November session.

It has been made clear by the Indian Medical Association at its last annual session at Calcutta to the medical profession and the public the shallowness of the Bill as sponsored by the Government and also the

fact that it was only done so to placate the British Medical Council. There is very little chance of the Bill being sufficiently amended before it is passed into law, unless proper steps are taken and an agitation on constitutional lines is made. The Indian Medical Association has shown in its reply to the Government about this Bill how it has to be substantially amended before it is acceptable to the medical profession in India. It has even appointed a committee to canvass public opinion, and also that of the Assembly members in its favour. Other associations and prominent individuals who can speak for a large majority of the medical profession of India have condemned the Bill in unqualified terms. So it is but suicidal unless the Andhra Medical profession also passes its verdict upon the Bill and lends its helping hand to the Indian Medical Association like a true friend, in its hour of need.

Besides this, there are equally other matters of importance vitally concerned with the medical profession, such as the honorary system of service in state hospitals, the question of raising both general and medical educational standards of the Medical Licentiates, the necessary of discontinuing by the Government of requiring a second certificate when one is already granted by a private practitioner, etc., which require our close consideration. The proper ground for considering these is the Andhra Medical conference. It is better it is held early before it is too late (i.e. before the All India Medical Bill comes for consideration of the Assembly). It will be more useful if it can be held in a central place in the Andhra to facilitate the largest number of delegates to attend.

Before I close, I appeal to the medical profession in the Andhra and put them a question whether they are prepared to be lulled into inactivity and indifference when the honour of the Indian medical profession is at stake, or whether they rise to the occasion as one man to help themselves and to keep banner of the prestige and honour of the Indian medical profession flying unfettered by any extraneous interference.

S. SATYANARAYANA, L.M.P.,
Ex-Secretary of the Tanuku
Medical Association.

SYPHILITIC PERIOSTITIS.

(Of Right Third Metatarsal bone complicated with Fracture: Treated with operation and Glycerodine—5% colloidal Iodine—injections).

Kali Charan aged 19 years son of L. Har Sarup Vaish of Meerut city.

Previous History. Condyloma at the anus and prepuce about eight years age and his father had also suffered from Syphilis before his birth.

About November 1927 he happened to take river baths twice daily for three days and after that he noticed a swelling on the right foot upto the ankle which would disappear during night and reappear in the day and the boy was walking about as usual. In this condition he went on for nine months when he consulted a bone setter who after doing some massage on the foot stood upon it. The boy at once felt as if something had given way and he felt extreme pain which continued till a fortnight after that and the swelling did not disappear even during night as before. He consulted a medical man who thought that it was a case of fracture which had united and gave him Glycerin Bellad for external application but the inflammation did not diminish. Three months later, a swelling appeared on the dorsum of the foot in the middle line and after poulticing it for a few days he consulted another medical man who opened it and on probing found that a bare bone was felt. He advised the patient to seek admittance in the District Hospital where he was operated upon after a week by the Civil Surgeon under chloroform anaesthesia and some pieces of bone are said to have been removed. The patient had no pain for four days after the operation, but after that, intense pain with swelling started which was continuous all the twentyfour hours and the patient had no sleep. Finding no relief he left the hospital after a week. He then consulted two more doctors but his pain was so intense that he could not sleep for another three days. After that he consulted me on 24th December 1929.

PRESENT CONDITION. The left foot was swollen nearly double the original size with a small wound on the dorsum. The probe passed two inches deep into the wound but no bone was felt. I advised wet Boric dressings, covered with gutta percha tissue,

of the entire foot upto two inches above the ankle twice a day and gave him a subcutaneous injection of Glycerodine (5% colloidal Iodine) 1. cc. on 24th and 25th December 1929. Five hours after the first injection the intense pain in the foot got less and he could sleep that very night comfortably. The swellings of the foot gradually became less and pain altogether disappeared in four or five days. As pain again reappeared after a week, he was given injections of Glycerodine on 2nd, 4th, and 7th January 1930 which relieved the pain but a swelling with fluctuation formed near the old wound and he began to get rise of temperature upto 101° F.

OPERATION. On the 8th January 1930 I operated on his foot under Chloroform anaesthesia and removed pus from the superficial swelling and the wound was enlarged to a length of about 5" and deep down to the bones, the tendons were found inflamed and sloughing and the central portion of the third metatarsal was missing with irregular and necrosed pieces at both ends. Both the ends of the 3rd metatarsal were removed from their articulating surfaces and all sloughing tissues scraped off and two counter openings about 3" long were made on both sides of the foot and wet boric dressing applied as before. As the case was septic with inflamed and sloughing tendons with symptoms of toxemia, the foot up to the ankle was kept immersed in hot boric lotion for an hour daily before changing the dressings and he was given subcutaneous injections of Glycerodine on January 9, 11, 12, 14, 16, 17, 18, 24, 27 and February 1, 10, 12, 21 and 23 till the wound completely healed up and his general condition improved considerably. He had no trouble since then upto the month of August 1932 i. e. two years and eight months after the operation and after recovery has been carrying on the profession of a hawker.

INFERENCE:—(1) Complete removal of the diseased bone was the operation of necessity. (2) Glycerodine injections acted as analgesic in relieving the pain of the septic foot even before the operation. (3) After the operation, Glycerodine injections activated the tissues to combat the toxemia due to the septic condition of the foot and this bring about improvement in general health and condition

of the wound. (4) As the patient had no further complications for more than two and half years after healing of the wound, it shows Iodine (as Glycerodine injections) acted as a specific for the tertiary condition.

Meerut.

KUNJ BEHARI LAL VARMA.

MEDICAL CERTIFICATES.

On 19-8-32, a patient of mine, Mr— B.A. Reserve Clerk, G.P.O. Madras, was operated on for Hematocele of the right sack.

On 20-8-32. I gave him a medical certificate in the prescribed form recommending a month's leave.

On 28-8-32, my patient received the following note from his superior officer.

"His letter dated 20-8-32. The medical certificate submitted by him has been forwarded to the Surgeon First District for second medical opinion. He should appear before the Surgeon for medical examination at once."

I leave it to the medical profession to judge whether a patient who has been operated on for Hematocele, would be in a fit state of health to move about and appear before the Surgeon or any medical body within eight days of the operation. Being the medical attendant in the above case I strongly advised the patient to take absolute rest in bed till he was declared by me to be fit to move about. The officer in the postal department without knowing the serious consequences that would result if the patient was disturbed within a week after the operation, disregarded the medical opinion of a registered medical practitioner and issued an order to my patient to appear before the Surgeon for second medical opinion at once. When the heads of departments in the Government doubt the medical certificates issued by registered medical practitioners and compel their subordinates to appear before another medical man for second medical opinion without knowing the seriousness that would result to the patient's health, I am inclined to question the authorities in the medical administration as follows. How far the medical certificates issued by registered medical practitioners are valid? Does not the registered medical practitioner fall low

in the eyes of the public when his certificates are doubted, disregarded and sent for second medical opinion to another medical man who sees the patient for the first and the last time? Is it worth while to be designated as registered medical practitioners when their opinions are disregarded by lay men? In this connection I wish to bring to the notice of the Government that the recent G.O. discontinuing the practice of countersignature is practically unobserved by their officers by following the method of submitting registered medical practitioner's certificates to other medical men for second opinion. This is most humiliating to the dignity of the medical profession in general and to the registered medical practitioners in particular.

Madras.

U. D. GOPAL RAO.

[Comments on this subject appear on page 400 —Editor.]

TANUKU MEDICAL ASSOCIATION.

(1) This Association heartily supports the resolutions suggesting the improvement of the standard of L.M.P. etc passed at a meeting at Madras by the public under the presidency of the Chief Minister under the auspices of the Madras Branch of the All India Medical Licentiate's Association held on July 18, 1932. (2) (i) This Association welcomes the announcement of the Chief Minister to appoint a Committee to examine the system of honorary Medical service and suggests that this Committee shall have at least one representative of the Andhra Medical practitioner elected by them. (ii) In case election is not feasible he must be one selected from the mofussil districts. (3) This Association is of opinion that the committee on the honorary medical system should recommend and define clearly the various duties especially of the honorary clinical assistant and Assistant Surgeon. (4) This Association feels that the rising of the minimum standard of L. M. P. examination from 33% to 50% should be gradual and should not affect the present batches of students, for in the opinion of this Association neither the teachers who coach the students nor the students who appear for the examination will all be prepared for such an abrupt rise in their standard. (5) This Association congratulates Dr. P. K. Koshy, Professor of Anatomy in the Madras Medical College, on his being awarded the

F. R. C. P. Diploma by the Royal College of Physicians of Cambridge, he being the first South Indian to get it. (6) This Association places on record the valuable services rendered by Dr. Rao Sahab M. Seshadri Reddi, L. M. S. and Dr. Miss R. Mathew as members of this Association.

THE DISTRICT MEDICAL ASSOCIATION, TRICHINOPOLY.

A monthly clinical and business meeting of the District Medical Association Trichy was held at 4 P.M. on 20-8-32 in the Hd. Qrs. Hospital Trichy. About 40 members were present. Dr. S. Padmanabha Sarma M.B.C.M. the D. M. O. and President of the Association presided. Drs. S. Dhanammal and T. Gnanayya of Srirangam were "At Home". Operated cases of Appendicitis were demonstrated followed by discussions in which Drs. Sarma, T.S.S. Rajan, T. V. Swaminatha Sastry and P. A. S. Raghavan took part. The minutes of the last general body meeting was read by the Secretary and passed. The proceedings of the last Executive Committee meeting were ratified. It was resolved that the Association be equipped with its own crockery set for its 'Tea parties'.

P.A.S. Raghavan,

Secretary.

GOVERNMENT OF MADRAS.

LOCAL SELF-GOVERNMENT DEPARTMENT. PUBLIC HEALTH.

G.O. No. 1388 P.H. DATED 28TH JUNE, 1932.

Medical Institutions—Rural—Resolution of the Third Rural Medical Practitioners' Association and certain of their grievances—Orders passed.

G. O. No. 1388 P.H. dated 28th June, 1932:

The Secretary to the Rural Medical Practitioners' Association in sending to Government a copy of the resolutions passed at the Third Conference of the Rural Medical Practitioners' Association held on 31st December 1930, requested that the Association might be permitted to wait in deputation on the Hon'ble The Chief Minister to represent their grievances. Accordingly a conference consisting of the Hon'ble The Chief Minister, the Director of Public Health, the Surgeon-General, the Deputy Secretary, Local Self-Government Department and the Secretary and some members of the

Rural Medical Practitioners' Association was held on 4th April 1932 and 5th April 1932. The Government are pleased to pass the following orders on the resolutions of the Third Rural Medical Practitioners' Conference.

(1) RESOLUTION I: Constitution of a Committee to reorganise the Rural Medical Relief Scheme: The Government do not consider it necessary to constitute any such Committee.

(2) RESOLUTION II: Deputation to the Hon'ble the Chief Minister. The Government have granted the request.

(3) RESOLUTION III (i): Unit of medical relief. The matter was not pressed by the deputation as it was one with which they were not directly concerned.

(ii) Increase of subsidies: In view of the present financial stringency the Government are unable to consider the request of the Association for an increase in the subsidies to rural medical practitioners and midwives. They have however no objection to the Taluk Boards paying additional subsidies to them from their own funds.

(iii) Building for dispensaries. In G. O. No. 1431 P.H. dated 10th August 1931 the Government have stated that the Taluk Boards are competent to incur expenditure from their own funds on the construction of buildings equipment and staff, etc., in respect of rural dispensaries. The Taluk Boards are advised to provide accommodation for rural dispensaries and for the residence of the rural medical practitioner on such conditions as may be agreed upon.

(4) RESOLUTION IV: Natives of the place to be given preference in the appointment of rural medical practitioners and midwives: The Presidents of Taluk Boards are advised to give preference to the natives of the place in appointing rural medical practitioners and midwives.

(5) RESOLUTION V: Dispensaries not to be opened where there are already medical practitioners. The present policy of Government is not to sanction the opening of rural dispensaries in places where private practitioners have already settled down.

(6) RESOLUTION VI: Control over midwives: The deputation pressed for the grant of powers to rural medical practitioners to appoint midwives and desired that midwives should work under the control of rural medical practitioners and take instructions from them. The Government are not satisfied that a case has been made out for the grant of powers asked for. They however consider it necessary that midwives should attend the rural dispensaries during office hours when they have no midwifery work and that they should be under the general control of the rural medical practitioners. The Taluk Boards are therefore directed to issue necessary orders to the midwives in the rural dispensaries.

(7) RESOLUTION VII: Purchase of drugs by rural medical practitioners and increase in the supply of medicines when the average

attendance increases. The deputation did not press the matter.

(8) **RESOLUTION VIII:** Travelling allowance to rural medical practitioners attending Courts. Government are unable to take any action in the matter, as the rules on the subject are framed by the High Court.

(9) **RESOLUTION IX:** Mileage for epidemic duty—(i) Inoculation work: The Government consider that the rural medical practitioners should, if required, attend to inoculation work after dispensary duty. The suggestion of the deputation that the rural medical practitioners should be allowed to take the initiative and do inoculation work without orders from the District Health Officer or the President, Taluk Board, cannot be accepted. It will be open to Presidents of Taluk Boards or officers of the Health Department to utilise the services of rural medical practitioners for inoculation work in connection with cholera or other epidemics. In modification of the orders in G. O. No. 1955 P.H. dated 7th August 1930 the Government recommend that for this work, the rural medical practitioners should be paid remuneration at the rate of nine pies per case of inoculation subject to a minimum of one rupee per day and a maximum of Rs. 5 a day in addition to the travelling allowance for journey if any beyond five miles. The Government subsidies should not be withheld for the days during which the rural medical practitioners are called away for epidemic duty.

(ii) Fairs and festivals: The Government consider that it should also be open to Taluk Boards or the health authorities to requisition the services of the rural medical practitioners for duty in connection with fairs and festivals and that the rural medical practitioners should be paid a daily allowance of Rs. 5 and travelling allowance for journey, if any, beyond five miles. The expenditure involved should be met by the local authority concerned.

(10) **RESOLUTION X:** Nomination to Local Boards. The New Act (Madras Local Boards Act) does not contemplate nominations.

2. General: Leave to rural medical practitioners. The Government consider that the continued absence from duty for more than three months should be a ground for terminating the agreement and that the period of casual leave now limited to 15 days should be converted into leave of absence for the same period without any limit as to the number of days for which a rural medical practitioner can be absent at a time. The Government have however no objection to the granting of leave for more than 15 days, provided the President, Taluk Board finds a substitute or the rural medical practitioner himself arranges for one acceptable to the President to run the dispensary during his absence. The maximum period for which the subsidy is admissible while no one is on duty at the dispensary is limited to 15 days in a year.

3. The Secretary of the Rural Medical Practitioners' Association is informed that the question of disbursing the subsidy through the

District Medical Officer instead of through the President, Taluk Board, is separately under consideration, and that orders will issue in due course.

(By order of the Government, Ministry

Local-Self-Government)

(Sd.) S. G. SENGODAIYAN,

Deputy Secretary to Government.

Reviews.

THE SEXUAL SIDE OF MARRIAGE

BY M. J. EXNER, M. D.,

CONSULTANT TO THE AMERICAN SOCIAL

HYGIENE ASSOCIATION.

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When the importance of correct breathing, correct posture, correct eating, etc. is recognised and the subjects are taught in schools, the most important function, viz., sex life, important not only to the contented and happy life of men and women, but to the advancement of the human race is neglected and the treatment of the subject is considered indecent and immoral. However, things are changing now, and several books have been written on the subject. Dr. Exner has, in his work under review, treated the subject fully and frankly with a freshness and vividness not usually found in other publications on the subject. The facts and figures given in the book besides being useful and interesting, are thought-provoking. Reproduction is brought on by fission, budding, sexual union with the two sexes in the same individual and bi-sexual with the two sexes living separate and possessing different characteristics. For proper evolution and advancement of the race, not only the conjugation of germs from the male and female is necessary, but also the environmental influence during the gestation period in the mother's womb on the embryo. It is the chief and sacred duty of a man and a woman to leave behind them children well born and well brought up and better fitted up to carry on the progress of evolution to a higher level, that at which it was left by them. Conception, therefore should be so regulated with respect to the health and economic of the parents, as to secure the best off-spring under the best conditions. It is a sin both moral and criminal to beget unwanted and ill-fitted children who would bring on the degeneration of the race and entail a burden on the public to maintain them at the sacrifice of money and energy required for the bringing up of desirable children. Birth control, or in the words of Dr. Exner, "birth regulation" is absolutely essential. Dr. Exner says about the use of contraceptives, "It is in many cases desirable that during the early days of marriage a measure be chosen which is applicable to the man and does not require 'fussing' on the part of the wife." We would say in consideration of the conditions sexual, economical etc. under

which Indian women live, that the contraceptives should be always used by husbands only.

Unsatisfied sexual life brings on in women not only psychoneurosis including hysteria, but also, though not always directly, bodily affections, from which a large portion of the Indian women suffer. The proverbial cantankerous, and quarrelsome temper observed among Indian mothers-in-law, especially widowed, towards their daughters-in-law may be due to the unsatisfied sexual life lead by them.

It is our opinion that a course of instruction in sex life should be given for all students, boys and girls, before they leave schools and colleges. We will recommend Dr. Exner's book under review to all persons, males and females, who are married or intend marrying.

THE BRITISH EMPIRE LEPROSY RELIEF ASSOCIATION,

INDIAN COUNCIL.

(SEVENTH ANNUAL REPORT—1931)

The Seventh Annual Report of the British Empire Leprosy Relief Association for the year 1931 has been published. It shows a

record of good work, "To rid the country of Leprosy" in spite of the financial depression which might have materially affected the funds of the Association. The development of the programme of the Anti-Leprosy campaign is bound to be as slow and insidious as the onset and the progress of the disease itself. It is said in the report that according to the last census the number of Lepers is "far in excess of that recorded in the 1921 census and that the survey conducted last year in Madras by the Survey Party of the Association has revealed that even the figures of the 1931 census fall far short of reality." This does not speak well of those who are in charge of the Public Health departments in India. It is the legitimate duty of these departments to conduct surveys not only of Leprosy but many other social diseases. In spite of the difficulties, many of which might have been solved if the members of the Independent Medical Profession were taken into confidence by the Leprosy Relief Association, the work turned out by the Association is really creditable and we congratulate all concerned in the success that has been achieved so far in the campaign against Leprosy.

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No.	Name of Sub-Asst. Surgeons.	From	To
1	Dr. D. Satyanarayana	Govt. Hd. Qrs. Hl, Ellore	c/o I. G. of Prisons, Ootacamund
2	" R. Venkatakrishnayya	L. F. Dy. Sattenapalle	Govt. Hl., Rajahmundry.
3	" V. Gnaniah	Govt. Hd. Qrs. Hl. Chingleput	Govt. Hl., Conjeevaram.
4	" H. M. Hande	Govt. Hl., Conjeevaram	L. F. Dy., Sriperumbudur.
5	" V. S. Srinivasan	L. F. Dy. Sriperumbudur	c/o P. D. B., Chingleput.
6	" K. S. Rangaswamy.	Govt. Hd. Qrs. Hl., Vellore	c/o P. D. B., Kurnool.
7	" M. V. Subbs Rao	Leave	Govt. Hd. Qrs. Hl, Guntur.
8	" S. Arunachalam	Forest College, Coimbatore	Govt. Lawley Hl, Coonoor.
9	" V. N. Narayana Ayyar	Govt. Hd. Qrs. Hl, Vellore	c/o D. H. O. Coimbatore.
10	" C. Suryanarayana	Leave	Govt. Dy., Sompeta.
11	" V. Krishna Rao	Govt. Dy., Sompeta	c/o Civil Surgeon, Vizag. Agency.
12	" R. Krishnaswamy Ayyar	Leave	L. F. Dy., Musuri.
13	" T. N. Devaraja Ayyar	L. F. Dy., Musuri	Govt. Hd. Qrs. Hl, Trichinopoly.
14	" A. Achuthan	Lawley Rd. Dy., Coimbatore	L. F. Dy., Bhavani.
15	" T. Maduramuthu Pillai	L. F. Dy. Bhavani	Lawley Rd. Dy., Coimbatore.
16	" K. A. Raghavan	Govt. Hd. Qrs. Hl, Chingleput	Govt. Dy., Tiruvallur.
17	" N. S. Sundaram	Leave	Govt. Hd. Qrs. Hl, Cuddalore.
18	" G. Suryanarayana	Govt. Hl. Adoni	c/o P. D. B., Bellary.
19	" S. Hanumantha Rao	L. F. Dy., Kurugodu	Govt. Hl., Adoni.
20	" S. V. Krishna Rao	Govt. Hd. Qrs. Hl, Ellore	L. F. Dy., Kovur.
21	" B. Jayaram	Leave	L. F. Dy., Puttur.
22	" M. Appalaswamy	L. F. Hl, Nowrangpur	King George Hl., Vizagapatam.
23	" Ch. Swami	L. F. Dy. Puttur	Govt. Hl, Kalahasti.
24	" G. K. Kuppuswamayya	Govt. Hl, Kalahasti	L. F. Dy. Sullurpet.
25	" G. V. Raghava Rao	Govt. Hd. Qrs. Hl, Masulipatam	c/o Civil Surgeon, Vizag. Agency.
26	" P. Varadarajulu Naidu	L. F. Dy, Cumbum	Wellesley Sanatorium Jail, Bellary.
27	" A. Venkataramana	Wellesley Sanatorium Jail, Bellary	c/o P. D. B., Kurnool.
28	" N. S. Sundaram	Govt. Hd. Qrs. Hl, Cuddalore	Central Jail, Salem.
29	" C. Narayana Menon	c/o Special Asst. Agent, Parvathipur	Govt. Hl, Tellicherry.
30	" M. Kunjunny Menon	Govt. Hl, Tellicherry	Govt. Dy, Possara.
31	" L. Jagannadha Rao	Govt. Dy, Koyyur, Vizag. Agency.	Govt. Hd. Qrs. Hl, Guntur.
32	" N. Srinivasacharya	Govt. Dy Poosara	Govt. Hl. Penukonda.
33	" Md. Abdul Hakim Jeddy Sahib	Govt. Genl. Hl, Madras	Govt. Hl. for W. & C., Egmore. Madras.
34	" P. S. Vaidyanatha Ayyar	Govt. Hd. Qrs. Hl, Trichy	L. F. Dy, Tirukkalkundram.
35	" N. S. Raman	Govt. Hd. Qrs. Hl, Salem	c/o P., D. B., Salem.
36	" P. Balasundaram	L. F. Dy., Denkanikota	Govt. Hd. Qrs. Hl, Calicut.
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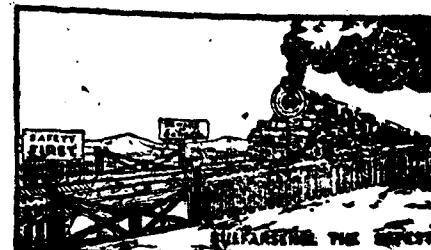
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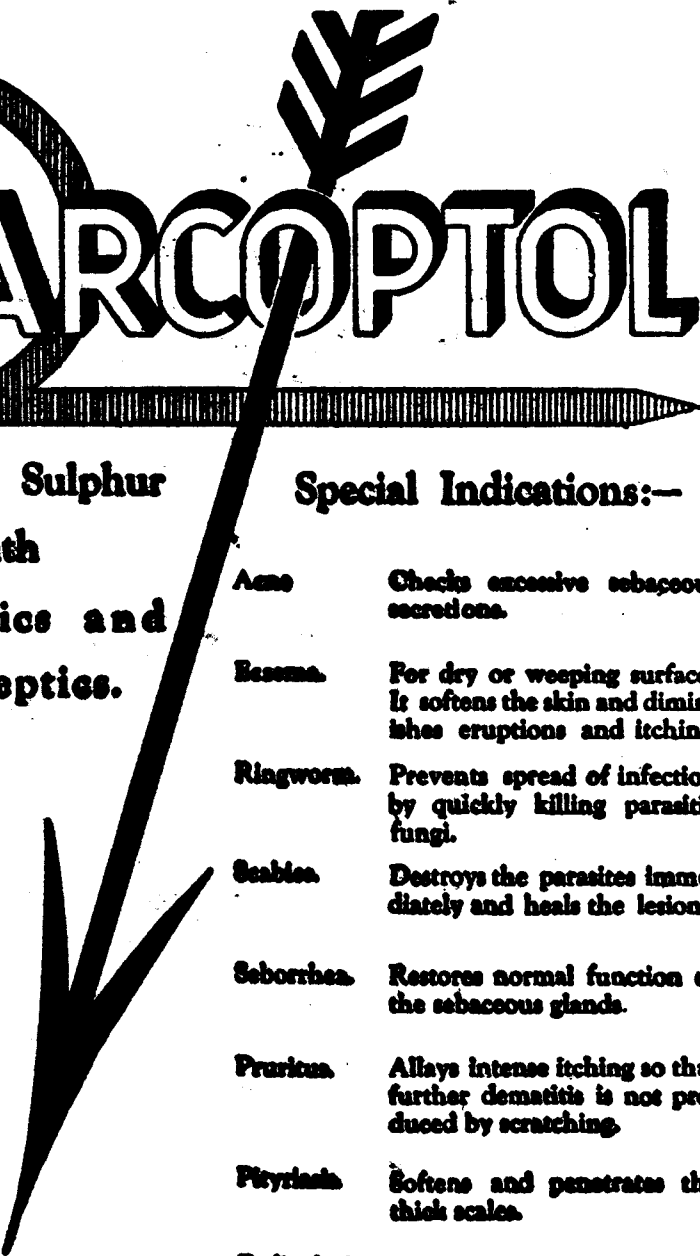
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