

The Medical Practitioner

A Monthly Medical Journal

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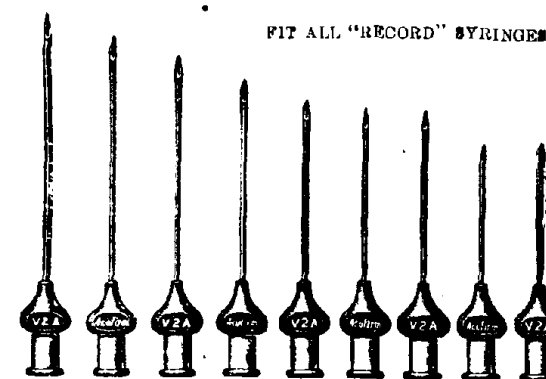
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REFORM OF THE MEDICAL COUNCILS.

(No. ii.)

We discussed in the last issue about the purpose and importance of Medical Acts and how in India the Medical Acts could not function satisfactorily. We shall briefly narrate what the defects are in the existing Acts and how they could be remedied.

The working of the Medical Acts depends entirely on the Medical Councils brought into existence by such Acts, and as the constitution of the existing Councils is highly defective, it is no wonder that they do not turn out work expected of them and consequently there is a tendency for the Medical Acts being treated as dead letters. As referred to by us in the last article on the subject, the provincial Medical Acts have all been copied from the British Medical Act, but not faithfully, the various sections undergoing such drastic mutilation as to nullify the very purpose for which the Medical Acts were passed. This was especially so regarding the constitution of the Council. In Great Britain, when the Medical Act was passed in 1858 and even this day, all the teaching medical institutions and the institutions where medical relief is given, were not and have not been directly under the control of the Government officials. In India almost all the teaching institutions and public hospitals are directly under the control of the Government. In Great Britain the Medical Council was constituted entirely from representatives of all the existing institutions and the Crown nominated

only five against such elected representatives and somewhere in 1872 there was felt a need to enlarge the Council by the addition of representatives from registered practitioners, three from England, one from Scotland and one from Ireland, and the President of the Council was elected from amongst the members from the date of the passing of the Act. In India the Medical Councils were constituted to make them additional official bodies and everywhere the members nominated by the Government were in majority except in Burma where though there are only four nominated members against five elected, the electorate has been so formed that amongst the elected element there should be those with British qualification in majority, three seats being allotted to the latter against two for practitioners who can not be registered in the British Register. Even amongst the elected minority members in the Councils, a larger bulk is returned from amongst Government officials, i.e., either from Assistant Surgeon or Sub-Assistant Surgeon cadre. Almost all the nominated members are naturally Government officials with rare exceptions, and even in these rare cases where the nominated member is a non-official, such a member is usually under the obligation of the head of the Medical Department being one who gets some monetary help from the Government to run the institution of which such a nominated member is in charge. So virtually the Council is subordinate to the President who is either the Surgeon-General or the Inspector-General of Civil

Hospitals. In some provinces, especially in Madras, the Government had little or no policy for the good working of the Council when they nominated the members. The most important duty of the Council was to regulate medical qualifications and control medical education, and for this purpose the Government ought to have nominated the heads of all the existing teaching institutions. This was not usually done and we could say, especially in Madras where nominations were done to serve an individual and not any public or professional purpose. Another serious mistake one could see in Madras was that even when nominations were made from amongst the members of the teaching institutions, they were made by the name of the person and not by the name of the position they occupied. For example, in Madras a member who at the time he was nominated was a Principal of a Medical College, continues as such ever after he retired as the Principal and consequently that Medical College goes unrepresented in the Medical Council. Apart from those who are in touch with the educational institution, it is desirable that the Council should also have such practitioners who are able to judge that the education imparted in schools and colleges is of a nature to be practically useful to those who undergo training for qualifying themselves to be practitioners. The presence of private practitioners would serve yet another purpose. The Medical Registration Act not only grants some privileges but also brings those who exercise such privileges under disciplinary control of the council. The experience gained by the practitioner in the profession will be very valuable when matters concerning infamous conduct are being tried by the Council. Evidently the want of private practitioners was felt even in a country like Great Britain in spite of majority of members of the General Medical Council being non-officials. The need for a large section of private practitioners in the Medical Councils of India should be all the more, especially as those coming from the teaching institutions are officials. So in India the Medical Councils should consist of those representing all the existing teaching institutions and an equal number of private practitioners, the president being elected from amongst the members of the council. There is no need for the Government especially

at present when almost all the teaching institutions are under their control. The strength of the Council should necessarily depend upon the scope and the latter has to be judged by the presence of teaching institutions in a province. The minimum strength should be five in provinces where there are no teaching institutions and the strength in bigger provinces having schools and colleges should be one or two from every teaching institution with as many private practitioners. Bengal will certainly have the biggest Council, the next biggest will be of Bombay. These are the only provinces which at present have larger number of teaching institutions than in other provinces, and it is but just that the Council should be proportionately larger in these provinces.

The members representing the teaching institutions should be elected, the voters being the past students of such institutions. The constituency for the election of private practitioners should be a common one and not compartmental as we have now. But so long as the different grades in the profession exist, there should be representation for the individual grades, the number of seats allocated to Graduates and Licentiates being proportionate to the strength of each class. There need not be any apprehension that the Licentiates would dump the Councils as almost all who are to be returned from teaching institutions will either be those with foreign qualifications or graduates. There is no need for representing those registered in the British Register. Practitioners with British qualifications are bound to be returned to the Council either from the teaching institutions or from amongst the graduates. The above arrangement will bring about more harmony in the Medical Councils in spite of the existence of different grades of practitioners because the Graduates and the Licentiates would choose from amongst their electorate only those whom they consider having mutual regard and sympathy without the inferiority or superiority complex perturbing their mind.

It will not be out of place to mention here the present tendency in some provinces for the recognition of the Indian Systems of Medicine. We are of opinion that these systems should be encouraged, but we are certainly against running separate institutions of indigenous systems of medicine, but they

should form part of the curriculum in all the existing Allopathic institutions. It is most disappointing that the ministers of the provinces who have been showing active sympathy for the indigenous system and rightly so, had not the courage to foster the growth of Indian Medicine on healthy lines. Bengal is just starting a separate Faculty of Indigenous system of Medicine; Madras is already running a School and a Hospital, and the fact that in Madras Allopathy is practised in this institution and even special clinics in Eye and Maternity work have been run by Allopathic doctors, has a most demoralising and injurious effect on both the systems, not to speak of the large waste of public funds to run Allopathic Departments in Indian Medical School, especially when the Government is running ideal and identical institutions in the City. If the Government recognises indigenous system, why should they feel shy to include such practitioners with those of Allopathic system in the same Register? There will be absolutely no need for dual Councils, Registers, and incidental expenditure if ways and means are found to impart training in indigenous systems in the way indicated by us. Medical Registers are published for public benefit to enable the public to find who is qualified and who is not, and if the Government recognised those trained in indigenous system as qualified, what is the harm in having them in the common Register? The practitioner of the Allopathic system will very likely resent to have the practitioner of the indigenous system grouped with him in the common Register, but so long as the Government recognised them as qualified, such a resentment will be merely sentimental. So it looks quite reasonable to include in the Medical Councils, practitioners of indigenous system also. It should also be made compulsory that no practitioner of whatever system is allowed to practise unless he is registered. It is only then that rank quackery may be controlled and even practitioners not qualified in the way the Allopaths are, could be brought under disciplinary control and less harm done to the public by unqualified practitioners. The existence of provincial Councils has not so far helped the public to put down quackery.

(to be continued)

Original Articles.

RECENT METHODS OF SURGICAL DIAGNOSIS

By LT. COL. F. J. ANDERSON F.R.C.S., I.M.S.
Principal, Medical College, Vizagapatam.

By the term Biopsy is meant the removal of tissue for pathological examination in order to establish or confirm a diagnosis. In practice biopsy is utilised in the following: A. Malignant disease, B. Tuberculous disease.

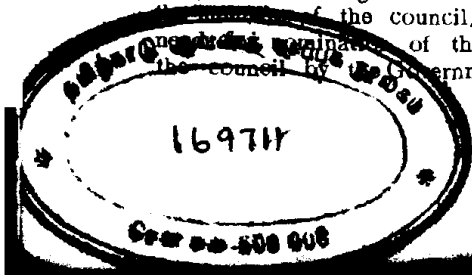
MALIGNANT DISEASE

My remarks will be limited to the two conditions in which biopsy is most practised to-day, 1. The Breast. 2. Mouth and Tongue.

1. THE BREAST: The local resection of a lump in the breast for microscopical examination is to be condemned during the seven days which must elapse before a pathological report can be obtained, the patient's chances have been prejudiced beyond remedy. Also as Sir Lenthal Cheate has pointed out many early cases are not diagnosed by the pathologist as malignant owing to the fact that a whole section through the breast is not examined, the usual practice being to take one small isolated part of the lump, which may only show those changes known as chronic interstitial mastitis. It is better to follow the method of Ogilvie and excise the whole breast in a plane which will have passed well beyond the line of possible extension. If after the breast has been examined, malignancy is diagnosed then the remainder of the radical operation, i. e., clearing the axilla, can be performed. Formerly as a first step to the operation a small portion of the lump was excised and submitted to histological examination after freezing; this was done in the Operation Theatre. Even by pathologists of repute it is found extremely difficult to give a reliable report on a frozen section. In practice it is found that those cases in which there is a doubt as to whether the lump is innocent or malignant, are usually malignant. It is considered good surgery to-day to perform the radical operation in such cases.

2. MOUTH AND TONGUE: At the Foundation Curie Paris, biopsy is performed at all

*Lecture delivered under the auspices of University Extension Board, Madras and contributed to The Medical Practitioner.



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cases as a preliminary to radium treatment. The late Dr. Birkett of the Manchester and District Radium Institute is not in favour of this procedure. He states that any interference with the lesion if malignant causes it to spread rapidly. It is much safer in practice to treat any suspicious swelling as malignant and use radium at once. In this connection the statement of Birkett is worth mentioning, "All ulcers of the mouth and tongue which persist for more than a week or two in-patients over the age of 30 should be regarded as potentially malignant and referred for expert opinion." If it should be necessary to have a biopsy in certain cases, e.g., when an epithelium of the dorsum of the tongue is superimposed on a chronic superficial glossitis, the diathermy cutting knife should be used taking a fairly large piece including some healthy tissue.

TUBERCULOUS DISEASE.

1. **JOINTS:** Diagnostic arthrotomy has been advocated by Girdlestone for those cases of chronic disease of the knee-joint in adults in which the radiological evidence is negative. The tissue removed should be submitted not only to histological examination but also to guinea-pig inoculation. If the tissue is examined by a pathologist practised in this work, the positive results obtained by him are higher than those obtained by guinea-pig inoculation. The specimen however requires prolonged examination before being pronounced non-tuberculous.

2. **GLANDS:** It is seldom necessary to do a biopsy for tuberculous glands, i.e., in the neck. These cases can usually be diagnosed with certainty on clinical grounds.

CHOLECYSTOGRAPHY.

When certain halogen compounds called 'dyes' are taken by mouth or injected into the blood stream they are carried to the liver and excreted into the bile. When these 'dyes' are in sufficient concentration in the bile the bile becomes opaque to the X-rays, and since the bile is concentrated in the gall bladder, it is possible for this structure to be visualised on an X ray film. The following description is obtained from a description of Graham's most recent practice at the Barnes Hospital, St. Louis,

U.S.A., which appeared last year in Guy's Hospital Gazette.

METHOD: Formerly the salt Sodium Tetraiodophenolphthalein was used but an isomer Sodium phenoltetraiodophthalein is now used which has the following advantages:

(a) stains the blood serum and therefore can be used as a liver function test.

(b) increased rapidity of excretion by the liver.

(c) smaller doses can be used.

INTRAVENOUS ROUTE: A known amount of dye is administered. The gall bladder shadow is not obscured by dye in the intestine. The test can be performed on a patient with nausea and finally is more accurate. Reactions very seldom occur if the 'dye' is given by the gravity method and not by the syringe method.

ORAL ROUTE: This method does not necessitate the patient's stay in a hospital or nursing home. He can take the 'dye' at home, this saves a good deal of time for the staff. The reaction is relatively slight or absent. Formerly violent vomiting was caused. I will not give the actual details of the technique, these can be obtained from any standard work.

LIVER FUNCTION TEST: According to Graham cholecystography is primarily a function test and not an anatomical one as most people believe. Sample of blood is taken half an hour after the intravenous injection of Sodium phenoltetraiodophthalein and the colour of the serum is compared with a standard solution. In a normal person 90% of the dye should have been removed from the blood by the liver. Jaundice alone does not cause increased retention of the dye unless infection is present. This might be used as a diagnostic test between jaundice of toxic origin and that due to malignant disease. This test of liver function is now used in determining whether a case is suitable for operation or not. If the blood serum shows a high dye retention then operation is postponed until the liver function has improved. In practice 35% dye retention after half an hour is taken as the safe upper limit.

VISUALISATION OF THE GALL BLADDER: By means of cholecystography the outline

of the gall bladder can be determined by X-rays. The interpretation of shadows requires practice, but the most reliable evidence is the absence of any shadow or a faint shadow. This poor falling indicates a pathological condition of the gall bladder. Certain gall stones, e.g., cholesterol and pigment stones, which have the same radiopacity as the surrounding bile cannot be demonstrated in an ordinary skiagram. After the exhibition of the 'dye' clear area or areas like gas bubbles are noticed in the gall bladder shadow; these are known as negative shadows. A very full description of the clinical application of cholecystography will be found in Anderson's article in "Clinical Interpretation of Aids to Diagnosis".

INDUSTRIAL "LAME BACK"

ETIOLOGICAL CONSIDERATIONS: 1. **PHYSICAL POSTURE:** It is due to the work of Goldthwait of Boston that the subject of low backache has been placed on an orderly basis. Formerly there was much confusion and I still find that the subject is improperly understood. I was fortunate in meeting Dr. Goldthwait in Boston who spent some three hours one evening in showing me his diagrams, sketches, etc. In his opinion many cases of backache can be traced to what he calls 'bodily mechanics.' Also by the build of a patient it is possible to foretell the type of strain to which he may fall a victim. Women are particularly prone to strain of the lower back due to the stretching and softening of the ligaments of the pelvis which occur during the later stages of pregnancy and during parturition. These cases are treated later as displacements of the uterus and many unnecessary operations are performed in an endeavour to fix the uterus in place, but without any effect on the backache. It is owing to the failure to obtain relief from their medical practitioner that so many of these people turn to quacks. In America there are two great classes of 'manipulators', 1. Osliopaths, and 2. Chiropractics.

1. **Osliopaths** ascribe all diseases to the interference with the blood supply. This interference is caused by pressure on the vaso-motor system in the region of the spine. This pressure is brought about by subluxations of the vertebra or 'osliopathic lesions.' Not only do these manipulators

attempt to cure carcinoma of the stomach, gastric ulcer, but also deafness and defects of vision.

2. **Chiropractics** incriminate the 'intervertebral' nerves. According to them all diseases and deformities are due to displacement of vertebra causing pressure on these nerves. The 'intervertebral' nerves carry 'vital force' from the spine to the various parts of the body, any pressure therefore will interrupt this normal flow. On physiological grounds both these schools have no foundation. There is a third class of unqualified practitioners, the bonesetter. Although the bonesetter is unqualified, he has earned a great reputation and more especially in the treatment of backache. He has discovered by practice that certain movements cure certain conditions without actually understanding the underlying cause. The public do not appreciate that there are many qualified surgeons who are able to deal with such cases and there are now several good text-books of 'Manipulation Surgery.' I believe Mr. Timbrell Fisher was one of the first in London to confine his attention wholly to this class of work. This subject has an added interest on account of the Workmen's Compensation Act. The common strains of the back are 1. lumbo-sacral articulation, 2. sacro-iliac articulation, 3. dorso-lumbar articulation. The reason is that these are the points of the spine most exposed to strain since they are the junction points between fixed and flexible portions of the spine.

LUMBO-SACRAL STRAIN. The articular processes of the fifth lumbar vertebra slide down into a position of full extension upon the sacral facets. The body weight is now transmitted to the sacrum not through the bodies of the vertebra but through the spinal arches. Such a movement narrows the intervertebral foramina and press on the fifth lumbar nerve. On extension also the soft parts are pressed between the spine of the fifth lumbar vertebra and the spine of the first sacral vertebra. There is pain across the back at the level of the lumbo-sacral articulation and perhaps tenderness over the fifth lumbar spine. Pain down the leg may be complained of so that this condition also is often wrongly diagnosed as sciatica.

SACRO-ILIAC STRAIN is usually brought about by some sudden unguarded move-

ment, such as slipping, when stepping out of a bath. There is a rotatory displacement of the sacrum on the iliac bone. Any movement which causes a pull on the strained articulation will cause pain, e.g., bending forwards with the legs straight. Tenderness will be elicited over the posterior superior iliac spines or over the great sacro-sciatic ligament. Pain is often widely distributed and may be felt down the back of the lower extremity as far as the ankle. Many of these cases are treated as sciatica.

DORSO-LUMBAR STRAIN: The twelfth rib may approximate to the transverse process of the first lumbar vertebra and cause compression on the twelfth nerve. If bilabial, there may be a girdle pain. One of the difficulties in the past in the recognition of the above sprains has been due to the reliance that has been placed on the X-rays. Medical men have argued that if the X-ray film is negative then there is nothing the matter with the spine. Nothing could be more fallacious; it is impossible by X-rays to show slight subluxations as for example in the sacro-iliac joint. Many X-ray films are wrongly interpreted because stereoscopic films have not been taken. Anatomic variations of the spine occur very frequently at the lumbo-sacral region. Such variations are very prone to produce strains—(1) the lesser stability of certain joints, (2) adventitious bursae which are found frequently are subject to traumatic lesions.

TREATMENT OF PNEUMONIA*

By LT. COL. J. M. SKINNER, I.M.S.

*Superintendent and First Physician
General Hospital, Madras.*

I propose to deal with the treatment of pneumonia and make such other remarks as may be useful.

A patient suffering from Pneumonia should always be treated in a room with the best ventilation possible and in this country, also the coolest room. Treatment in the open air, such as in tents with the sides fastened up, has been very successful in the military department, even in cold weather. Ventilation is of the first importance in the treatment of all respiratory diseases, the air so to speak can be regarded as an aseptic dressing to the lungs and bronchi,

and the less contaminated it is with microbes, the better.

The second point is that nurses should always be in charge of patients night and day; it is not too much to say that it is more important to have a good nurse than to have a good doctor. A good nurse will see that the patient does not waste his strength in any way, feed him, turn him over, sponge him, give him drinks, give him the sputum cup whenever necessary so that the patient will not perform any unnecessary movements but conserve his strength.

CLOTHING: Clothing should be adapted to the climate, warm in cold weather, thin wool or cotton in warm countries and should be so arranged that it could be removed easily; one or both sleeves should be slit right up to the neck, so that it could be removed or put on without disturbance of the patient for the doctor's examination.

REST: The patient must be kept strictly in bed; let the patient lie in whatever position he is most comfortable. Breathing is easier when the patient is slightly raised, pneumonia patients never want to sit up; if they do, it is a sure sign of some complication, such as Pericarditis.

DIET must be liquid on account of the difficulty in swallowing owing to the fast breathing. It should consist of milk, with or without sugar, and flavoured with cocoa, ovaltine, according to taste. If there is a tendency to distension of the intestines, it is better to substitute butter milk or whey and albumen, or Horlicks malted milk may be tried. Haliverol one to three drops may be added to the milk. It should be well mixed otherwise it tends to collect on the top and the patient gets the taste. This is to be given three times a day; this remedy is specially indicated where the patient is badly nourished. Plenty of fluid should be drunk either water or minerals; if minerals only after the gas has been swizzled off. Orange juice and water is also good. Free drinking should be encouraged in order to dilute toxins and to protect the kidneys.

SPECIFIC TREATMENT: Anti-pneumococcus serum 60 c.c. hypodermically. This should be given as early as possible. It is not necessary to type the Pneumococcus, seeing that 45% of the cases belong to

group 4 which is the commonest infection in old people; remaining 55% belong to group 1, 2, and 3.

PNEUMONIA IN YOUNG ADULTS: Of this 55% including most young adult patients 40% belong to group 1 and 2 which are the groups which react to the serum. Group 3 comprises a small number of cases often very severe on whom serum has no effect.

STIMULANTS: Brandy is often given. I think brandy should always be used unless there are contra indications. Results in the treatment of pneumonia are better in hospitals where brandy is used than in the hospitals where it is totally avoided. It is important that the brandy should be diluted; 2 teaspoons to two ounces of water every 2 hours is the usual amount for an adult. The object of diluting with water is to prevent the toxic action of the brandy as far as possible. By this means the patient will sleep better, be calmer and feel less uncomfortable. Delirium if present will be less or totally annulled. The skin will be moister, pulse slightly slower. If on the other hand, the patient sleeps badly, or becomes delirious or delirium increases or the pulse rate increases then the brandy will have to be stopped forthwith, and other stimulants substituted. The best brandy available should be used. What has been said of brandy applies also to arrack, which is often as suitable as brandy. Tinct. Digitalis or preferably Digifortis or Digalen 10 mms. doses every 6 hours or every 4 hours, according to the severity of the case. It is best to prescribe in drops as Tinct. Digitalis does not keep well in a mixture. If there is no nurse, and the patient's attendant is not likely to count the drops properly a mixture should be made, but for one day at a time only. Some doctors recommend giving 5 mms. of Digifortis or Digalen from the very beginning with the idea of getting the patient mildly under the influence of Digifortis so that if heart failure follows the patient can be sooner got under its influence. I think this is a very good plan. More recently it has been shown that many cases of Pneumonia do not die of heart failure, but of Vaso-motor failure. In such a case, Strychnine is the drug to use, but where the pulse is fast it should be combined with Digitalin.

When a patient is practically unconscious or the breathing is very rapid and he is very

ill, all medicine by the mouth should be stopped and patient treated with injections. For instance:—

Pituitrin	1 c. c.
Digitalin	1/100th c. c.
Strych. Hydrochlor	1/60th c. c.

dissolved in the Pituitrin—6th hourly. If there is much exudation in the Bronchi, atropine may be used instead of strychnine or in addition to it.

Pot. Iodide is frequently used in cases of Pneumonia (5 grs. t.d.s.)—the object being to break up the fine fibrous tissue in the alveolar exudate and to facilitate its absorption. I do not use it as a routine.

OXYGEN should always be used when there is the slightest trace of cyanosis or when the respiration rises over 40. In using it, the Doctor or nurse should be guided by the patient's state at the time. A routine order of 15 minutes per hour is not at all satisfactory; it is far better to give discretion to the nurse to use it whenever necessary. If the patient is at all cyanosed it should be continued until the cyanosis passes off or until the respiration is easier. The oxygen should be bubbled through water and the water should be warmed if the weather is cold. Alcohol is sometimes added to the water but I think it is better not to do this. I much prefer alcohol given by the mouth.

TREATMENT OF ACUTE LOBAR PNEUMONIA BY ARTIFICIAL PNEUMOTHORAX

By J. J. KOCLAN, LANCET 2-1-32.

Procedure: (1) Preliminary medication one hour before induction with morphine gr. 4. (2) Through local anaesthesia with novocain down to and including the parietal pleura. (3) Very thorough asepsis during induction. (4) A preliminary fill of 400-600 c.cm. of air run in very slowly during the negative phase of the pressure swing cycle and with needle clipped off during the high positive phases. (5) A second fill 12 hours later of 300-400 c.cm. air. (6) If the pneumonic process is not completely controlled, a third fill of 100 c.cm. of air may be given in another 12 or 18 hours. (7) Simultaneous exhibition of a suitable diaphoretic and of Felton's serum in appropriate cases at the discretion of the operator. (8) Owing to the very profuse perspiration the comfort of the patient is much enhanced by warm sponging and nursing between blankets. (9) In cases where it is deemed inadvisable to provoke defervescence by crisis and a gradual fall by lysis is aimed at, 3 fills of 100-150 c.cm. at intervals of 6 hours might be given and further treatment judged by results.

The first and most obvious clinical result was that the induction of artificial pneumo-

*Lecture delivered under the auspices of University Extension Board, Madras and contributed to The Medical Practitioner.

thorax initiated a series of events almost indistinguishable from the crisis which normally occurs in this disease. The second conclusion is that this control of the pneumonic process is at first only temporary persisting merely as long as air remains in the pleural cavity. A striking feature of all the cases was the rapidity of onset of the artificial crisis; the fall of temperature was well established in two to three hours and the patient lost that appearance of acute distress characteristic of Pneumonia.

OBSERVATION OF THE CASE: During examination move the patient as little as possible; first of all the heart: the first sound is usually well maintained and the 2nd pulmonary sound may be accentuated; if the heart fails, first sound becomes feeble and the rate more rapid as well as the accentuation of the 2nd pulmonary sound. In severe heart failure the pulse is very weak, and fast and the first sound weak at the apex and the accentuated 2nd pulmonary sound disappears. This is of very serious import. Heart may also be dilated; the Blood Pressure if below 60 mm. diastolic shows a dangerous condition. Pulse above 140 and respiration above 40 also show the patient has entered the dangerous time. A Pulse Respiration ratio of 1-2 is also a sign of a severe attack.

LUNGS: The Doctor should always listen to the lungs on the normal side as well as the side affected; if the breath sounds there are exaggerated but normal in character, this shows that the unaffected lung is responding well to the strain. If however the expiratory sound is prolonged (evidence of some Emphysema developing) it shows that the lung is not bearing the strain as it should.

SLEEP: It is most important that the patient should get satisfactory sleep if possible. If there is much pain Morphine is by far the best drug to use. It should be given hypodermically $\frac{1}{4}$ or $\frac{1}{3}$ rd gr. or as a mixture containing Liq Morph. Hydrochlor. $\frac{1}{4}$ dram (equal to $\frac{1}{4}$ gr) or 1 dram. The injection is more certain and there is no risk of this morphine habit in such circumstance. Morphine should be used only in the early part of the disease and never if there is cyanosis, or much exudation in the bronchioles. If the patient is sleepless but without pain, Chloral—20 grs, Bromide—30 grs. will probably give satisfactory sleep or

Medinal $7\frac{1}{2}$ grs. If the patient is very restless or delirious, Sulphonal (20 grs.) is very good. Allonal 3 to 4 tablets is a good hypnotic.

Trouble might arise in the abdomen.

TYMPANITES:—This is dealt with by treating immediately the slightest trace of Tympanites is noticed. Milk diet may be continued, but it should be diluted and citrated. If this does not give a satisfactory result Horlicks may be tried or butter-milk or Whey and albumen. If the distension is sufficient to call for any drug, turpentine enema or turpentine stupes or both are the best.

Urine should always be recorded in Pneumonia; take care to see patient excretes a moderate quantity; watch should be kept on what the patient drinks, to see that he takes enough, also on albuminuria if present; if albuminuria is present, alkaline diuretics along with drinking of sufficient water may be prescribed. This is not necessary if the volume of urine is satisfactory.

COMPLICATIONS: a. Delayed Resolution. This is a matter which needs serious attention. 1. Pot. Iod. or the use of counter irritants, such as Mustard, Iodine, Cantharides, or antiphlogistine are not satisfactory, but the use of vaccine made from the sputum is the best method of dealing with this.

b. Abscess is only likely to occur in the aged, the badly nourished or in those suffering from chronic diseases, as Alcoholism Diabetes, Nephritis, etc. If the abscess is one sided, the best treatment is Pneumothorax. Liberal diet to maintain the strength and alcohol is required. Vaccines may also be helpful, starting with quite small doses, such as $\frac{1}{4}$ million. A stereoscopic X-Ray photograph should be taken to locate the abscess if surgical treatment is considered.

c. GANGRENE is also likely to occur in aged persons. Small areas of gangrene may liquify and be spat up without further harm. If it spreads, death is sure to occur.

d. EMPYEMA is chiefly a complication in children. The best treatment is aspiration which may be repeated. Continuous aspiration may be used as practised in the Hospital for sick children in London. An ordinary trocar is passed into the pleura and rubber attached with the lower end in a basin of Boric lotion. This can be left in position until the pleural cavity is evacuated.

Same practice may be tried in adults, but if not successful (as is probable) an open operation will have to be done.

e. **ARTHRITIS:**—Pneumococcal arthritis is a virulent form of arthritis, very prone to suppurate and disorganise the joint. It can only be diagnosed as Pneumococcal Arthritis by the fact that it occurs soon after an attack of pneumonia. Clinically it is characterised by extreme pain, and tenderness so great that the patient cannot even bear the weight of a single sheet on the joint. The only treatment likely to be successful is the immediate use of anti-pneumococcal serum. This will cause almost immediate subsidence of the pain. If the serum is not available the joint is likely to suppurate and the patient will probably get a stiff leg. Joints commonly affected are knees and ankles.

f. **NEURITIS:** There is nothing particular about the treatment of this—treat in the same way as any other form of Neuritis.

g. **ACUTE PERITONITIS:** Occasionally arises and should be treated as acute peritonitis by the Surgeon.

h. **ENDOCARDITIS:** If the patient already has Endocarditis, e.g. Rheumatism, the heart should be watched with extra care as patient with pneumonia is then apt to develop acute Infective Endocarditis (Malignant Endocarditis) which is invariably fatal.

Pericarditis sometimes occurs in children; attention would be drawn to this by the fact that the patient cannot lie down but has to sit up, which alone should call for a close examination of the heart. In such cases the fluid should be drained by tapping.

i. **MYOCARDITIS** is more likely to develop later; it is very important in the convalescing period to have the patient thoroughly rested before he is allowed to travel about. If he moves too early he is in danger of developing chronic myocarditis which will permanently limit his activity.

TREATMENT IN CONVALESCENCE.

One of the first things to do is to increase the diet; indications of this are—

1. Appetite. 2. Clean tongue. The diet should be increased by degrees; sudden alterations of diet are always upsetting. The patient should remain in bed until he feels

really well and the pulse returns to normal. Then he should be allowed to sit up, then walk about, and finally go out. It is always a good plan especially in elderly adults to advise rest and change of air for a month; during that time, he should lead an easy life—plenty of sleep and resting in the afternoon; after that there will be no danger of heart complications. Some tonic is always advisable, such as Easton Syrup, or in patients who are badly nourished, Cod liver Oil in one form or another. Some patients die at the crisis, and in weakly or elderly patients this is a time of great danger, especially if the temperature drops very suddenly. In such cases the patient is apt to die of collapse. A good nurse will always be at hand with stimulants. It is well for the doctor to give instructions in case he is absent at the time, as he probably will be.

PROGNOSIS: The prognosis can only be given from day to day, for pneumonia is the most uncertain of diseases. Never give up a case however bad and never be too optimistic when all seems right, for the case with a good prospect of recovery may become desperately ill in a short time. Good signs are a moist tongue, clear voice, bright, intelligent expression, placid listfulness, ability to sleep, and loud cough. Unfavourable signs are an unduly anxious expression and appearance of distress, temperature over 105 (especially in the later stages), a pulse rate of over 130, irregularity of the pulse, weakened first sound at the apex, with an accentuated second pulmonary sound, early cyanosis, rapid respiration (over 40) continued digestive disturbance, feeble cough with absence of expectoration, insomnia and early delirium. Children between 2 and 10 often do well. The wiry person does better than the full-blooded young adult.

SOME ATYPICAL PNEUMONIAS: 1. Apical pneumonias in the adult are frequently streptococcal and the prognosis in such cases is more serious. In half such cases the left apex is affected and then pericarditis is more apt to occur. Meningitis may make diagnosis a difficulty, but the pulse respiration ratio and other signs of pneumonia and the presence of a normal cerebro spinal fluid under pressure settles

Papaya tablets relieve dyspepsia.

the question. In children apical pneumonias do as well as basal.

2. Massive Pneumonias, in which the exudation extends into the bronchioles, cough is often absent and when present is apt to be paroxysmal. The prognosis is worse than in ordinary lobar pneumonia.

3. Influenzal pneumonia begins with an ordinary pneumococcic pneumonia, but chest pain is slight or absent, the temperature is more irregular and the distribution of the lesion lobular rather than lobar and the leucocytosis is absent. The sputum tends to be more muco purulent or purulent instead of the rusty type and the chlorides in the urine are not diminished, and the temperature approximates the hectic type. The pulse is frequently of moderate rate, Cya-

nosis is early, Pulse and respiration not much changed and respiration rate relatively slow and pronounced. The prognosis is very grave.

4. Tuberculous pneumonia. The onset and cause in the first week is identical with that of ordinary pneumonia. The temperature then tends to be more irregular: sweating is excessive at night. Haemoptysis occurs rather than mere rustiness: crisis fails to occur but the temperature slowly falls and with the onset of caseation sputum increases and tubercle bacilli are found. They may be found quite early. The prognosis is very grave but death is not inevitable.

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Abstracts

CASE OF THE MENTALLY DEFICIENT CHILD.

"The plane which a country has reached in culture and civilisation may be gauged by the treatment she metes out to her human wreckage." This is an essentially true statement as wreckage may breed wreckage; and herd instinct rather than mere sentimentality must dictate such a humanitarian policy. Much however, in India has to be learned about social responsibility as public opinion still remains unformulated on many departments of social work. During recent years, however, progress has been made in certain branches, as for instance in the care of the *physically* sick. Hospital appeals have become a well-known feature and a certain number of schools exist for physically defective children who may be deaf and dumb or blind. Nothing as yet is being done for the *mentally* sick beyond the provision of mental hospitals for certified lunatics but no separate arrangements are made for lunatic children. It is indeed time for inquiry to be made into the whole problem.

At the present juncture no official figures appear to exist from which any definite estimate can be made as to the actual incidence of mental defect in this country. According, however, to an article published in the Quarterly Bulletin of the Indian Association for Mental Hygiene, it appears that by taking the mean incidence of mental defectives of all grades in England as 8.57 per 1,000, and applying the same ratio to the population figure in India, the total number of mentally defective persons in India must reach the staggering figure of 2½ million for whom not one iota of help is at present available.

TEMPORARY DETENTION.

It is, however, possible to do something to outline the problem presented by the mentally defective child at least in this presidency. During the past five and half years the Children's Aid Society have had some experience of the problem in the Umakhadi Remand Home. Every year sees the admission of an average of 700 children for temporary detention under the Bombay Children Act and every year tends to see an increasing number of mentally

defective children admitted, for whom nothing of a constructive nature can be done. Such children are nearly always brought in as destitute and their destitution is easily accountable. Owing to their mental condition they may be turned out on the street as good riddance or, becoming uncontrollable, they wander away and get lost.

In the gravest cases of mental defect, it is generally impossible to trace relatives owing to the inability of such children to make any coherent statement. Where mental defect is of such high degree that certain faculties are absent, application is made for certification under the Lunacy Act and subsequent removal to a Mental Hospital where, however, no facilities are available for specialised treatment. In the majority of cases, however, certification is impossible and two courses of action alone remain. Either the child is sent back to his parents or committed to an ordinary school. Neither practice is of any constructive good. The average parent of poor degree is unable to look after a mentally defective child and frequently such a parent objects to take charge and has to be ordered by the Juvenile Court to remove the child.

UNWILLING PARENTS.

Three such cases went through interesting development. An epileptic boy who has handed over to his mother by the court was later found to be kept chained up in his home. Chains were the only means by which the wretched mother could safeguard her son against his traunt habits. In the other cases of small mentally deficient boys picked up on the streets of Bombay and restored to unwilling parents, both were again picked up within a month of their first admission and had again to be restored to their unwilling parents.

Frequently mentally defective children, turn out of upcountry homes, wander down to Bombay and get arrested under the Bombay Children Act. In such cases location of the upcountry parents is practically impossible and such children have to be committed to some school. The presence of mentally afflicted children in ordinary schools must be detrimental to those who are normal and no constructive good can be gained for the defective children who require special treatment. At the present

Notes on Therapeutics, Diagnosis and other Medical Subjects.

The use of Calcium in Skin Diseases.

Podolsky, in the *Prescriber* (Vol. XXVI, p. 221, July, 1932), reminds us that among the various remedies which have been tried in the treatment of skin disorders calcium occupies an important place. It has been known for some time that many cutaneous lesions are accompanied by a disturbance of calcium metabolism. The fundamental work on the relation of calcium to skin sensibility is that of Klauder and Brown, who found that a high calcium and low potassium content in the skin meant lowered irritability, and *vice versa*. Subsequent investigations have confirmed these conclusions. How calcium acts in skin lesions cannot always be determined accurately; but in the majority of cases its influence can be traced to one of its three well-known basic properties: moderation of nerve excitability, lessening of cell permeability, and limitation of transudation phenomena.

The most remarkable action of calcium in skin diseases is the relief of itching. Karrenberg, who has used calcium gluconate extensively and intensively in dermatoses—in eczema principally, but also in lichen and dermatitis exfoliativa—insists on this point. Downing and Blumenfeld, who have applied calcium particularly to the treatment of pruritus (toxic dermatoses, neurogenic) have confirmed this.

Next comes the limitation of transudation. Karrenberg has found that calcium seems to be particularly indicated in acute exudative processes, and the more acute the condition the greater the action of calcium. He used calcium gluconate (known commercially as Calcium-Sandoz), a water soluble salt which has the advantages of being suitable alike for intravenous and intramuscular injection and for intensive oral administration. Karrenberg insists on the necessity of high doses in order to get results. He seems to be partial to the intramuscular mode of administration. In acute cases, an intravenous injection of 10 c.c. of 10 per cent. solution was given in the morning and the same amount intramuscularly in the evening. It has been found that in quite a few cases one

injection of calcium gluconate brought about a subsidence of tension, burning and itching. Local treatment, of course, also helps greatly. It is well to remember that in those cases in which calcium exerts a marked benefit, relief from disagreeable symptoms is accomplished when the calcium is utilised by the body in the shortest possible time, and the way to get calcium into the body is to inject it in the blood stream. After relief from the itching has been obtained, intramuscular injections may be substituted. The treatment may be continued orally. The oral administration has also value by itself, particularly in the chronic state of eczema. Stokes summarised the main points of the so-called eczema problem when he advised this line of treatment. "Use the X-ray sparingly, the quartz lamp often, autohaemotherapy oftener, calcium in large doses oftenest."

In dermatitis herpetiformis with extensive patches and intense itching, calcium injected by the vein has caused the disappearance of the very troublesome itching, with gratifying relief to the patient. After relief of the itching, intramuscular injections may be substituted until the bullae disappear. The treatment should be continued as a prophylactic measure for two weeks or so by daily administration of calcium gluconate in 60-grain doses three times a day. The same regime may be used in the treatment of lichen ruber planus. An intravenous injection will quite readily control the intense itching within an hour. Intramuscular injection may then be substituted until the itching has completely disappeared. One injection a day given in the evening, is sufficient. The powder or tablet form of calcium gluconate may be given over a period of two or three months, and almost invariably very good results will be obtained. In arsenamine dermatitis calcium gluconate, used in the same way as in dermatitis herpetiformis, has given excellent results. Lichen ruber annularis may be attacked in a similar manner. Often after two intravenous injections the itching stops and the lesions become flat. Neurodermatitis also may be greatly benefited by calcium therapy.

Acne is believed by many dermatologists to be not merely a local disease but a systematic metabolic or endocrine disorder. For this reason calcium may be logically

CLINICAL NOTES AND PRACTICAL SUGGESTIONS A reliable anti-malarial remedy.

Apart from Quinine which is rightly considered an unsurpassed and a specific remedy for Malaria, still Arsenic has held its own in the treatment of this disease. The combination of these two therefore will be an approved and an effective therapeutic agent in the treatment of Malaria. Quinarsine is such a combination and treatment with it serves two purposes, one of which is to destroy the parasites and the other is to ensure such a condition of the whole system that the future ravages of Malaria, whether they are subtertian, tertian, or Quartan, are effectively counteracted. Quinarsine therefore is of particular value in the after-treatment of Malaria.

Quinarsine is a great advance in Malaria therapy and it therefore merits the attention of all clinicians because of the endemic character of this affection and of the former means of treatment which hitherto proved either toxic or dangerous. Quinarsine has been available either in pill form or ampoules, and it remains unaltered in any sort of climate. This remedy is a combination in which double salt Quinine, which must form the basis of all anti-malarial treatment, is combined with double salt of arsenic. This is in the white glass ampoule which is labelled as A, while the B-ampoule contains Sodiiaryl Cinnamoarsinate, an active and energetic medicinal substance which acts as an effective adjuvant to this anti-malarial treatment. The combination is decidedly more active than either of the substances employed alone. Exhaustive clinical observations have amply demonstrated that this medicament is an active gametocidal agent with certain, uniform and invariable action. The main quality of this product is its ability to serve as a good prophylactic and also as after-treatment of Malaria. Its use can be advocated strongly in persons who reside in malarial districts as also in those who are likely to be infected. After malarial attacks it is equally remarkable in its effects as it prevents future attacks and resultant anæmias. The invigoration of the

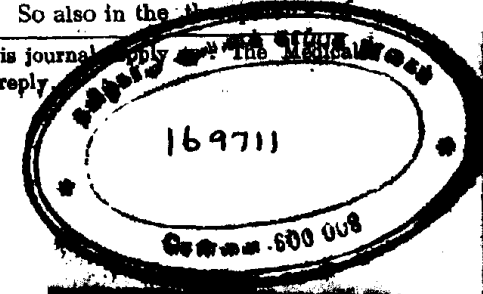
organism by means of this remedy considerably aids recovery. After the acute attacks within a few days of the institution of this treatment the patient regains his strength; the appetite returns and the general well-being of the patient is attained. It can therefore be advantageously injected in weakness, debility, anæmias and emaciation resulting from persistent malarial attacks. All these effects are due to the happy combination of Quinine and Arsenic which acts much more effectively than cacodylates and other forms of arsenic.

Clinical evidence has proved beyond doubt that Quinarsine is more effective in preventing relapses and recrudescences in all types of Malaria. This product has been found of particular value in cases where Quinine has been found insufficiently active or effective. Whereas Quinine acts only upon the ring-forms, Quinarsine is an established gametocidal remedy. A course of twelve injections of this preparation is effective in the majority of cases in freeing the circulation from parasites and gametes of all the three forms of plasmodia. With the oral administration of Quinarsine pills the effectiveness is much increased in these Plasmodium infections. Soon after this treatment further development of the parasites is much less. After one course of injections the number of parasites in the blood is much reduced and after another course only some isolated plasmodia, which are neither adult parasites nor sexual forms, are observed. The after treatment of cases of Tertian Malaria can be effectively done by means of this product as it attacks the rings during the quiescent stages first, then the asexual forms and lastly the gametes. All these disappear from the blood after a month's treatment. The asexual developmental forms are then rarely found and spleen enlargement is also reduced. In subtertian malaria the rings of Plasmodium Falciparum soon disappear together with the gametes after a month of this treatment. In these cases the blood-picture also shows remarkable changes. The red-corpuscles increase, the white corpuscles remain unchanged while the haemoglobin content always rises. In Benign Tertian the system is so prepared that further attacks are almost impossible. So also in the

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Malignant Tertian. After the acute attacks have been treated recrudescences of this worst type of Malaria have been prevented by the administration of Quinarsine. Conclusive evidence has also been obtained from a number of clinicians in this direction. After a series of attacks of Malignant Tertian the patient is treated with Quinarsine and it has been noticed that no relapses have occurred for more than a year. In fact the patient acquires some degree of immunity. It is thus evident that Quinarsine acts as a sterilising agent on human carriers of gametocytes which are likely to produce malaria infection.

The injections of Quinarsine can be prescribed with benefit in Anæmias and debility that follow malarial infections. In Quinarsine the tonic effects of Quinine are effectively reinforced by the double salt of arsenic and hence it constitutes the most effective remedy to combat successfully the general debility caused by malarial parasites. The excellent effects of this remedy have been experienced in Malaria anaemia with complications such as intestinal disorders and jaundice. This combination ensures ready absorption of its constituents and hence the maximum effects are felt by the organism in these affections.

Pregnant women who are disposed to malarial attacks can be treated with Quinarsine with impunity. Administration of one ampoule of Quinarsine every other day does not incite labour pains neither is there any stimulant action on the uterus. Hence there is hardly any danger of abortion. Again the product is well tolerated by pregnant women whose general condition is much improved after the full course of treatment.

The conclusions that many clinicians have arrived at are that Quinarsine fulfills all the conditions required of any preventive and prophylactic anti-malarial treatment. Its excretion being slow the immunity to this disease attained by the individual lasts for months. It certainly prevents relapses, its administration is painless when given intramuscularly and its toxicity is nil. The product has no effect on the kidneys or the leucocyte count. Dizziness, buzzing in the ear, haemoglobinuria and albuminuria—all these by-effects are conspicuous by their absence. The tastelessness

of Quinarsine pills is a point in its favour which is particularly realised when the patients are little children. The effects are more lasting and there is no nausea after taking the pills. The use of this preparation can be made in all cases where there is idiosyncrasy to Quinine. In Blackwater fever it can be used with advantage. Quinarsine treatment can be safely given in all classes of patients irrespective of their constitution and physique. There are no toxic symptoms even after daily and continuous use of this product. It prevents relapses with a certainty that can never be doubted. From all these advantages we can safely say that Quinarsine is a great advance on the ordinary Quinine treatment. The effectiveness of Quinarsine as a prophylactic has been mentioned above. While Quinine only destroys the asexual forms leaving the sexual ones in the blood, which is a source of infection to the surrounding population, Quinarsine destroys both the forms and hence its value as an effective prophylactic. Quinarsine therefore has proved itself to be a reliable prophylactic and preventive remedy for Malaria of a very definite effect. It ensures absolute freedom from relapses and it is hence considered of great value in the after treatment of Malaria of all forms, and types. It must be emphasised here that because of its particular combination viz. double salt of Quinine with that of Arsenic and Sodiiaryl Cinnamoarsinate that it possesses efficacy and certainty of action as an anti-malarial remedy, a fact which should encourage its wider use than at present. The above remarks are well borne out by the following case in which nothing but Quinarsine was injected as an after-malaria treatment.

A young man of 25 working in a Government office in Bombay was a victim of frequent malarial attacks during the greater part of the last year. He was so worried about it as it interfered with his regular attendance at the office and also debilitated him to such an extent that he often felt tired and exhausted at the end of the day. When he came to me for advice he was looking very pale and anaemic with a slightly enlarged spleen. According to him his weight had considerably gone down. I decided to try Quinarsine in this case. I began with the ampoule A which I injected

in the deltoid. On the third day the injection of ampoule B was given. Thus every other day alternate ampoules were administered. The total dosage was 24 ampoules. There was neither any pain at the site of injection nor was there any tendency towards abscess formation. After this course not only did he become free from any malarial attack but his general condition improved remarkably. This was revealed by the examination of the blood, which showed increase of red-corpuscles and also of the haemoglobin percentage. His paleness and exhaustion disappeared after this treatment and he was able to attend to his duties regularly and without any fatigue. Spleen was no longer felt. It is now more than four months that he has taken Quinarsine and has not had so far a single attack of Malaria nor did he suffer from that troublesome headache which worried him very much and all this in spite of the fact that he resides in the same malarial locality. This case fully confirms the preventive action of Quinarsine.

Prevention and treatment of colds.

That the prevention of common cold will reduce enormously the incidence of the majority of infectious diseases has been substantiated by clinical evidence of numerous physicians. Respiratory and other diseases find a means of entrance into the human organism through a cold. This cold, which is very often considered insignificant and trifling, is a great debilitating affection which saps the vitality of the human organism. If this is true it stands to reason that in preventing and curing these colds we are effectively resisting the attacks of Influenza and consequent respiratory affections, which at present has been found to be due to a minute filter-passing organism which is almost identical with that which causes cold. This bacillus known as Micrococcus Catarrhalis has been found in the nasal secretions when B. Influenza (Pfeiffer's organism) has been absent. This latter plays its part only later and then produces various respiratory complications.

Another theory that determines whether the organism is able to resist these infections or not is the acid-balance of the body. This latter is disturbed in these conditions

which are known as allergic diseases. This balance or equilibrium is maintained by the powers of conservation of the individual. This disturbed acid-base equilibrium known as acidosis is usually met with in many common colds. In fact this acidosis in its minor form is present in a variety of manifestations of ill-health. Formerly reliance was mainly placed on alkalis in the treatment of these infective states but now this is replaced by Kinectine, a hectinate of Quinine, to which common colds and its relatives Influenza, Hay-fever etc. yield with remarkable rapidity.

In Kinectine, we have an effective means to correct these disturbances of the acid-base equilibrium. It supplies those substances which are drained away from the body and thus the equilibrium is maintained and the resistance to the infection is enhanced. Kinectine can be considered as the 'First line of defence' and it is therefore the preventive remedy at its best.

As a prophylactic against colds, Kinectine can be used with benefit as it ensures that the causative micrococci are rendered harmless. It can be employed also as a curative when the incipient symptoms of cold first appear. Many of the patients experience prompt relief after forty-eight hours after the commencement of the treatment. As a preventive against diseases of the upper respiratory tract Kinectine is by far superior to vaccines. It is found in a large percentage of cases safe, convenient and effective.

In catarrhal conditions of Influenzal nature, Kinectine may be used both as a prophylactic and a remedial agent. It cuts short the duration of these common diseases in a marked degree by aborting them in their initial stages. The general symptoms of an attack of Influenza with the usual marked disturbances soon disappear. Fever abates quickly and subjective symptoms such as headache and pains in the limbs subside at the most within two days. That there is a feeling of well-being after two or three days of this treatment is undeniable; but too early cessation of treatment is not advisable as there may be relapses of this affection. Further administration of this remedy regularly is sure to prevent these relapses. After the disappearance of the acute symptoms this point viz. of continu-

ing the treatment for some time afterwards must be borne in mind.

Good results are also obtained in acute coryza and acute and chronic rhinitis. In these cases Kinectine acts with remarkable promptness. The discharge stops, the heaviness of head disappears. The nasopharyngeal catarrh present in these conditions is soon brought under control and thus the commonest source of further infection of the respiratory passages is cut short at its very commencement.

In hay-fever where the acid-base balance is disturbed and where there is lowering of alkali reserve the usefulness of Kinectine has been in many cases demonstrated. Lacrymation, nasal catarrh, sneezing and even pharyngeal spasms—all these disappear within 3 or 4 days of this treatment. The treatment should be continued for a week more and after that the patient can expose himself with impunity to the pollen dust etc.

It is thus claimed that Kinectine is held to be a specific for colds, coryza and influenza in its early stages. At the commencement 3 tablets of Kinectine should be administered 3 times a day, one in the morning, one in the afternoon and one at bed-time, for three consecutive days. Later the dose should be reduced to two tablets and this should be continued for a week to ensure absolute cure. Kinectine has no harmful effects nor does it produce any disturbances. Children tolerate it well but half of the dosage mentioned above should be recommended.

Unlike other antiseptics and local applications which are generally employed in colds, nasal catarrh and similar other affections, Kinectine has the capacity of destroying bacterial life without any injury or damage to the mucous membranes. This medicament has no temporary contact with the diseased surfaces, but when swallowed it passes through the blood and reaches the diseased mucous membranes and then deals radically with them. This is therefore a decided advantage over mere surface treatment. Again as in catarrhal vaccine treatment no niceties of technique are essential nor does it cause any troublesome reactions or after-effects.

To summarise:—

1. Kinectine is undoubtedly valuable in the treatment of colds and other catarrhal conditions of the upper respiratory passages.

2. If taken in the early stages of Influenza it aborts the attack in the majority of cases.

3. It relieves the symptoms and promotes a feeling of well-being within two or three days.

4. It is well-tolerated and leaves no after effects.

Clinical Results with Elixir-Bromo-Valerianate.

1. This was a case of a patient who was addicted to masturbation in his early twenties. This dirty habit was so much ingrained in him for so many years that it had absolutely left him a nervous wreck. As a consequence he was suffering from neurasthenic disturbances and his chief symptom was irritability on the slightest pretext due probably to asthenia of the nervous system. Three years of this habit had left him psychically impotent. Although the anatomical and physiological condition of his sexual apparatus was quite normal, still he felt very shy and timid and downcast in the presence of women. This fact greatly demoralised him and increased his neurasthenia. Added to this he suffered from insomnia. All these causes contributed in making his general condition worse and worse. The patient had taken various treatments without any tangible results. When he came under my care I advised him to take Elixir-Bromo-Valerianate. He started taking it but he found very little improvement after finishing one bottle. When he had exhausted half the contents of another one, positive results in the form of regular sleep, improvement in general debility and outlook began to manifest themselves. He continued taking the treatment and when he had finished the third bottle the feeling of debility and the neurasthenic tendency was to a great extent overcome. The morbid outlook gave place to a bright and normal one and his shyness and timidity before the other sex vanished. The nervous manifestations decidedly improved after this. The total number of bottles that he took was four and at the end of this treatment, which lasted more than two months, he was absolutely changed. He slept well, had normal appetite and felt quite fit. Later I gave him 12 injections of Hypercytol, one every alternate day. This worked in him very well and the depression, nervous irrita-

bility and exhaustion—all these disappeared and he felt absolutely normal. He became fit in every way and was able to enjoy once more all the amenities of life as before. It can be seen from this case that after the sedative action of Elixir-Bromo-Valerianate the tonic effects of Hypercytol were very much marked.

2. The patient was a young woman of about 30 who had been suffering for a long time from hysterical attacks and a state of intense depression. Her anxiety about anything and everything was purely imaginary. She suffered from insomnia and constipation and there were at times such periods when she was most anxious and agitated. She was irritable, suffered from lack of will-power and was unable to concentrate on anything. On the top of all this sometimes she got hysterical attacks at the slightest disturbance. During these attacks, which lasted at times for one or two hours there was Opisthotonos, meteorism, hysterical globus and at the end either crying or laughing. The patient's general state was bad due to want of adequate nutrition. There was again history of chlorosis and dysmenorrhoea. The effects of Elixir-Bromo-Valerianate were very marked in this case. After two months of this treatment the false sense of fear and anxiety passed off. The state of depression, though persisted for some time, soon ceased. She was able to sleep well at night and her bowels were more or less regular. In the third month the improvement became more pronounced and she was able to take interest in life and engaged herself in various domestic activities. There were also seen notable effects after the fourth month in the hysterical syndrome which was considerably attenuated. Hypercytol injections were also administered in this case as the patient's general state was far from satisfactory. Progressive improvement was observed here too after the fifth injection. The blood-picture improved considerably and there was return of normal appetite and digestion. Her pallor disappeared and her physical strength and capacity for work increased. This result was obtained after twelve injections.

Treatment of renal diseases.

Endocrine therapy offers valuable resource in the routine treatment of various diseases. This can be said with great emphasis with

regard to the kidney substance which has been used with remarkable success in renal disorders. There is at present a good deal of evidence of a conflicting nature with regard to the internal secretory function of the kidneys; but the majority are of opinion that the kidney elaborates a hormone which brings about favourable results in kidney affections. It has been experimentally proved that the administration of the extracts of fresh kidneys or its dried substance increases nitrogen elimination and symptoms of uraemia are thus prevented. Some explain that the value of kidney therapy lies in the fact that it stimulates and increases the antitoxic properties of the renal substance. Again there are others who maintain that the kidney stimulates the action of the granules that are segregated. This is necessary to eliminate those toxic substances, which are inadequately transformed and which cannot be excreted without discomfort or harm to the cell-membrane. Whatever may be the correct theory the fact remains that one of these may be the correct basis of the present-day renal Opothrapy. All these theories and researches have made possible the production of Opocrin Renal which puts the treatment of all kidney affections on a definite and sound basis. Opocrin Renal contains the vital substance of the cells of the renal cortex and of the convoluted tubules. It possesses therefore the enzymes and internal secretions by means of which it enables the kidneys to restore their normal functions. These hormones and internal secretions are in such active and unchanged state in Opocrin Renal that it secures for the disordered kidneys those very elements which it needs most and provides those biological reinforcements which enable the kidneys to perform their normal activity.

Opocrin Renal has today become the one dependable remedy for overcoming kidney diseases. This is so to say nature's own Endocrine product which helps the organism in a most natural way. It helps to remove the burden from the inflamed kidneys and makes them to function normally. Unlike other diuretics it does not stimulate the overtaxed kidneys, but helps diuresis in a most natural physiological way. Thus it affords much-needed rest to the over-taxed organ and the normal activity of the organism is rapidly restored. The patient is soon able to pass normal amount of urine with a normal specific gravity. The amount

of urea and other usual ingredients in it are in a short time on the increase, and blood and other pathological casts tend to diminish until they disappear altogether. Other concomitant symptoms such as oedema is lessened and blood-pressure, if due to renal disorder, is lowered. Even albumen tends to disappear from the urine if the treatment is persistently followed. Opocrin Renal supplies, in short, the adequate hormonal assistance needed for the organism to recover. It gives the patient with renal trouble every chance to come back to normal life. It is therefore always advisable, as soon as the diagnosis has been made, to institute Opocrin Renal treatment, ampoules if the case is urgent and Opocrins in chronic cases. The sooner it is applied, the more effective it is.

Turning to indications we find that there is a vast field for its application. In fact there is hardly any renal affection in which this Opocrin cannot be employed.

ACUTE NEPHRITIS: In this disease Opocrin Renal can be prescribed with advantage. With a suitable diet and complete rest in bed the disease can be easily overcome. The kidney cells which undergo inflammation and destruction in this disease are soon brought back to normal. This reformation is effected by these Opocrins which travelling through the blood reach the damaged kidney-cells. It is needless to say that the symptoms, such as Oedema, passage of blood, albumin, casts etc., which are the result of these pathological changes soon pass off and the patient approaches the normal.

CHRONIC INTERSTITIAL NEPHRITIS: Opocrin Renal, although it cannot be considered a specific in this disease, helps a great deal in improving the renal condition and general well-being of the patient. Together with salines and diuretics Opocrin Renal, about 6 per day, will bring relief to the patient and remove much of the strain from the affected kidneys. The treatment however is mainly dietetic which should consist of milk, eggs and green vegetables. Warm or hot baths should be recommended as a routine as they help to promote the activity of the skin.

CHRONIC TUBULAR NEPHRITIS: The treatment is almost the same as that of the Interstitial type. Besides rest and milk diet the patient should keep himself warm by

means of woollen under-clothing. Some advocate lean-meat diet. In conjunction with cathartics Opocrin Renal should be exhibited. While the former assists in preventing and lessening Oedema the latter supplies the essential natural enzymes to the system which helps in the elimination of its nitrogenous waste products. That is not all that this Opocrin does in this disease. It also helps to rebuild the renal cells by means of its internal secretion. Thus not only effete matter is eliminated but there is regeneration of the kidney tissues. Balneological treatment is also helpful as it promotes free diaphoresis. If this treatment is carried on there will be together with the amelioration of the symptoms absence of all pathological findings in the urine.

GRANULAR OR ARTERIO-SCLEROTIC KIDNEY: Opocrin Renal can in this affection prevent further progress of the disease. It is always advisable to exhibit this Opocrin before the patient shows any symptoms of renal insufficiency. Opocrin Renal replenishes the internal secretions and the hormones which are defective in this affection. This latter is due to the pathological changes in the kidney cells because of the altered blood-supply. Thus all the resultant symptoms of this disease such as high blood-pressure, cardiac failure etc. are prevented. Thus if we are able effectively to overcome the tissue changes in the kidneys the general condition of the patient will be much improved. Opocrin Renal performs one important function in this disease and that is, by means of its internal secretion it regulates the kidneys and causes them to perform as far as possible their natural functions. Together with this it also prevents renal degeneration. Four Opocrins per diem are usually sufficient to accomplish this result. The treatment must be continued for long with occasional breaks.

PYELITIS: This is another affection in which Opocrin Renal can be of great assistance. After the acute symptoms have subsided and the temperature has become normal it is advisable to prescribe Opocrin Renal about six per day. The Opocrins prevent besides permanent injury to the kidneys further recurrences of the disease.

URÆMIA: Here too Opocrin Renal proves very useful. It prevents terminal stages of uræmia and also Oedema by adequately maintaining the renal function.

Besides these disorders Opocrin Renal can be employed with success in suppression of urine and anuria where it increases diuresis and lessens albuminuria and dropsy. It is always preferable to use ampoules in these affections.

Another field of wide application of this Opocrin is PREGNANCY.

It is commonly known that kidneys in this condition are overworked and as a result of the strain, the kidneys sometimes undergo pathological changes. Opocrin Renal would be a rational and better therapy than drugs in this condition, as it would maintain the normal structure and function of the kidney. We shall take some of the common disorders prevalent at this period.

ALBUMINURIA: Urine examination should be carried on as a routine in a pregnant woman from time to time. If albumen is present in it and that too more than a trace, it at once calls for the application of Opocrin Renal. Six to eight should be given daily. Along with this the patient should be kept on a liquid diet and her nitrogenous intake should be restricted as far as possible. This would be quite sufficient to bring the patient to normal. If the condition does not disappear soon larger dosages should be employed. In the majority of cases expectant mothers have gone to full term after this treatment with healthy infants who later on thrive.

If ECLAMPSIA is threatened treatment with Opocrin Renal should at once be commenced. We know that Eclampsia is a manifestation of the failure of the inherent powers of the kidneys, the reason being the toxicity of the maternal blood. Hence the necessity of prompt administration of Opocrin Renal, preferably ampoules. Rest in bed should be enjoined in a room which should be darkened. Milk or merely water and fruit juices should be the diet prescribed. At the same time irrigations of the colon should be given regularly. Opocrins Renal clears up all the symptoms by increasing the output of toxic substances. It lessens albumen in the urine, increases the urea output and the patient is soon on the way to recovery. The value of immediate treatment with this Opocrin can be thus realised. Opocrin Renal should be continued for some time even after the attack is over.

To conclude we can say with confidence that Opocrin Renal can be used with benefit in any case where a renal disorder is

diagnosed. It is obvious that in any kidney disorder there is a certain amount of destruction of its tissues. This Opocrin aids regeneration of the cells and helps to establish the normal activity of the organ. No harmful effects have ever been observed to follow its administration even after heroic doses. Treatment carried on with this Endocrine product with patience and perseverance is bound to meet with success as kidney diseases are often of a slow and insidious nature; and again sooner the treatment is started, the better the results obtained. This preparation can be given in all with renal troubles irrespective of the constitution of the patient. The other drug treatment can be carried on along with it, the only one medicament that is contraindicated is Phenophelin, as it has a tendency to irritate the kidneys. In severe cases or in cases where the patients are unable to retain anything or where they are not able to swallow, ampoules of Opocrin Renal should be injected daily. Success mostly depends on continuing the treatment with this Opocrin and that not in small doses.

Experiences with Opocrin Orchitic.

Of late there has been interesting confirmations by a number of clinicians of the value of Orchic therapy. No other Endocrine product has evoked so wide and lively an interest as this one and this is because of the fact that it carries with it substantial clinical evidence of great value. A properly prepared extract of the testes, which contains an internal secretion, exerts certain specific effects when administered in suitable cases. To carry out this Orchic therapy we have an appropriate product in Opocrin Orchitic which has earned for itself numerous supporters on account of the therapeutic results it affords. Opocrin Orchitic is not merely an extract of the Orchitic gland, but each Opocrin represents a well-balanced, uniform and fixed quantity of autacoidal ingredients of fresh testes which are capable of having biological influence for a long time. Needless to say that this Opocrin maintains its stability for long and due to the active hormones in it, is regarded as a remedy of highest efficacy. It exerts a powerful influence on neuromuscular apparatus which it stimulates. Osseous metabolism is also affected by it. It contains a

good amount of nucleo-proteid material. Opocrin Orchitic has the power to increase oxidation of the living tissue and to act as a carrier of oxygen because of the fact that it contains spermin which is an organic base. This Opocrin effectively counteracts the internal secretory disorders of the organism due to the lack of hormones caused either by disease, atrophy or degeneration of the testes. Besides the substantial effects that it produces, it fortifies the nervous system by virtue of its nucleo-proteid material. It also maintains the potency of the organism and brings about its regeneration. Opocrin Orchitic has a wide field of application not only in hypofunctional conditions of the sex glands but in such general conditions as Asthenia, Neurasthenia and lowered vitality. Functional disturbances of the sexual apparatus accompanied by physical incapacity and sex neurosis can be successfully treated by means of this Opocrin Orchitic. In genital deficiency this Opocrin produces an excitative action on the semen and substitutes the hormones that are lacking and thus restores the equilibrium of the internal secretions. In impotency either due to excess or psychic injury the harmony of the different hormones is disturbed and Opocrin Orchitic assists greatly in correcting this disturbance. Hence it can be beneficially indicated in these conditions.

This product has been employed with success in Sterility, Arrested growth, Locomotor Ataxy and a number of other neurosis due to defective sex function. In sexual neurasthenia and general debility due to exhaustion and nervous and internal secretory troubles this preparation produces gratifying results. The addition of Hypercytol in such cases considerably enhances the efficacy of this Opocrin by stimulation of the nerves, helping the formation of the blood and thus relieving the symptoms of general weakness and exhaustion. These Opocrins can be used for their restorative action and tonic efficiency in premature senility and exhaustion from mental and physical overwork. In hyperbiophy of the prostate or after prostatectomy it has been recommended as it helps to ameliorate the endocrine disturbances usually found in these conditions. Favourable results ensue its use in cases of Acne in the male. In short in this Opocrin Orchitic we have an effective weapon for fighting against all

conditions of sexual weakness. When we come across cases where the system is deficient in the important internal secretion of the testes and is suffering from a number of symptoms as a result of these defects, it can be effectively regenerated by means of this Opocrin. This product helps to restore to the system the gonadal secretions thus correcting all the resulting symptoms. The improvement is brought about in such a way that in a short time the patient is free from his troubles and his whole system is toned up. The following case of a boy of sixteen, who has recovered from the disorder known as Arrested Growth by means of Opocrin Orchitic is given to illustrate the efficacy of the product. This boy who was about sixteen weighed 80 lbs. and his height was 5 feet. He was inclined towards obesity and had the testes very small and penis under-developed. He was easily irritated and was not able to concentrate his attention on his books. In fact he was physically and mentally imperfect from which it was quite obvious that his Endocrine system was at fault. Eliminating all other troubles from the symptoms he showed, I discovered that the deficiency lay in the Gonads, the under-secretion of which required a vigorous treatment. I at once put him on Opocrin Orchitic which I injected subcutaneously every other day. This was supplemented by the Opocrins, two of which he took thrice daily. After one year and a half an improvement in the symptoms, physical and mental and a tendency towards normal development was distinctly discernible. The boy's weight increased to 130 lbs. and his height rose from 5 feet to 5 feet 4 inches. The penis became normal in form sometime later and the testes were enlarged and soft. Six months later signs of external maturity manifested themselves. He was able to concentrate and became very active. There was marked diminution in his former obesity which showed that his metabolism had been restored to normal. In fact Opocrin Orchitic had done much in this case to effect normal sexual competency. We can safely deduce from this that the hormone, which is secreted by the testes and which exercises an effect on the growth and the function of the testes, was defective in this patient. When this was restored by Opocrin Orchitic the patient was his normal self.

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employed in this condition. Bloom has had considerable experience in treating this skin manifestation with calcium, obtaining marked improvement in many of his cases, with disappearance of almost all papules in some, and diminution of the oiliness of the skin, and even the disappearance of comedones, in others.

Urticaria is a condition which usually yields to calcium medication. In conjunction with ephedrine sulphate in 3/8th grain doses four times a day this remedy has, in the hands of the writer, proved to be of great value in controlling the intense itching, when other methods failed. For quick results the intravenous or intramuscular injection may be employed, and the tablet or powder in 60-grain doses three times a day may be used orally.

In the great variety of skin inflammations produced by either internal or external irritants, such as dermatitis medicamentosa and dermatitis venenata, the itching which is such a troublesome symptom may promptly be relieved by an intramuscular injection of 10 c.c. of a 10 per cent. solution of calcium gluconate.

Psoriasis is a skin disorder difficult to control. In many instances articular lesions are found to co-exist with the skin eruption. A neuropathic endocrine hypofunction may underline both skin and joint alterations. Calcium in the form of its gluconate has been found by Baer to be of great benefit in these cases. It is best to employ the drug intramuscularly, giving one 10 c.c. ampoule every second or third day. After one or two injections, according to the experience of this investigator, the patches fade and the articular manifestations, effusion, pain and swelling recede. On the average five injections bring all the symptoms under control. Calcium gluconate in powder or tablet form, 60 grams three times a day, is given after all the symptoms have subsided. By this means it may be possible to forestall a relapse. If the psoriasis recurs, as it often will, the treatment may be repeated.

News and Comments.

The Third Andhra Medical Conference: As reported in these columns last month, the Third Andhra Medical Conference commenced its sittings on 16th April at 5 P. M. when the Medical Exhibition organised by the Reception Committee was opened by Dr. C. Ramanujayya, District Medical Officer, Guntur. On 17th and 18th the Conference transacted the regular business which commenced with the Address by the Chairman of the Reception Committee, Dr. Miss. A. M. Beal of the Kugler Hospital. She made a neat little speech and requested Dr. Ramachandra Rau, M.A., M.D., to occupy the Presidential Chair. Dr. Rau in his Address gave good and practical advice to those assembled and took keen interest in the discussion of scientific subjects and guided the audience with tact and wisdom when medical politics was the subject for consideration at the Subjects Committee meeting and later at the open Conference.

The gathering of medicoes that met at Guntur was of a cosmopolitan nature consisting of medical men practising both the Allopathic as well as Indigenous systems of medicine and no distinction was made between the registered and unregistered. There was a real feeling of fraternity at the Conference and consequently the proceedings went on most peacefully without any hitch and the social functions of dinners and suppers, lunch and coffee and the delightful dramatic performance in which the actors were the doctors themselves, made the whole show a most enjoyable function. Dr. A. M. Beal and her lieutenants, the Secretaries and the members of the Reception Committee deserve all the praise and credit and we trust the Andhra Medical Association under whose auspices the Conference met for the third time would continue their activities in the same cordial spirit of comradeship and set a noble example as was evidenced at the Conference and show to the public that the medical profession was eminently fitted to serve as the cementing element of unity and goodwill with no invidious distinction of caste, creed, colour or race.

The resolutions passed at the Conference appear in the Correspondence Columns of this issue and we hope to publish the scientific papers read at the Conference in the future

issues. It was the unanimous desire of those that assembled at the Conference that the proceedings of the Conference should be published in *The Medical Practitioner*. We are grateful to the Conference for giving us an opportunity of serving them both collectively and individually and do hope that the Honorary Secretaries to whom the work of collecting the papers has been entrusted, would be good enough to expedite the despatch of such papers and other proceedings to our office in time.

The Indian Medical Council Bill :

The proceedings of the Legislative Assembly with respect to the discussion of the Indian Medical Council Bill was an act of jugglery of which the actors cannot feel proud. There is nothing impossible for the Government to do either by the use of its executive power or through legislature as it is now constituted. Yet as the public opinion against the Bill was so embarrassingly strong as to shake the conscience even of those indebted to the Government, they took care to resume discussion about the Bill at the far end of the last session of the Assembly and the discussion was dragged on to a late hour after the dinner, evidently to tire out the enduring capacity of such of the members of the Assembly who were against the Bill. It was really creditable that in spite of all possible manoeuvring, the opposition, though in minority stuck on and would not yield till they could get answers to some of their queries, the most important of these being that concerning the Licentiatees about whom the opposition members wished to be assured that the Government would refer to the Select Committee the desirability of bringing them within the purview of the Bill. The conscience of those who replied was so perturbed, as could be seen from the report appearing in the press, that they hesitated to give as straight a reply. But it is plain from even the distorted reply that no reference would be made by the Government to the Select Committee regarding the question of bringing the Licentiatees within the purview of the Bill. The opposition being not satisfied with the unsatisfactory reply given by the Government members continued asking many more questions till at last the Government members had to shout for the closure and carried the motion by 39 votes to 21, and the jugglery ended by referring the Bill

to the Select Committee. It is now practically certain that the Licentiatees would not be brought within the purview of the Bill. In addition to their inherent strength in the two Houses at Delhi, Government have secured the services of one of the medical Knights of Bombay in the person of Sir N. Choksy and have nominated him as a member of the Council of State. The views of this Knight about the Bill cannot be other than that of Government. It is likely that some mud will be thrown into eyes of the profession as well as the public by the views expressed by this Knight in the Council of State and this nomination will bring about more irritation and disruption in the profession. The play has commenced soon after the Knight reached Delhi. It is said that a telegram came down to Bombay from Delhi asking the Bombay Medical Union to give their support to the Bill. But good sense prevailed at the Bombay Medical Union and the telegram was not discussed at the Union meeting and it is alleged that the Secretaries on their own responsibility published in Bombay papers their support to the Bill, especially with regard to the exclusion of the Licentiatees. We hope the conscience of the Bombay Medical Profession will not permit them to change their opinion about the Bill in spite of Sir Choksy's nomination to the Council of State and that the Indian Medical Association will soon start their activities to prepare the profession in this country to have nothing to do with the Indian Medical Council unless and until the Bill is modified in the way demanded by the profession. Where is the necessity of the Bill when the profession and the public do not want it?

Bombay Medical Council: It is reported that sometime ago the President of the Bombay Medical Council on his own initiation appointed a Registrar when the permanent incumbent took leave, though the President has no power to do the same, the appointing authority of the Registrar being vested in the Council subject to approval by the Government. The present Registrar was found to be too old and the Government seemed to have ordered the Council to make a fresh appointment. The Council after advertising for the post, appointed a Registrar who was the senior clerk in the office of the Council. But the Government would not approve this appointment, and

have recently appointed another. This action of the Government seems to be quite illegal as was the action of the President in appointing the Registrar. It is doubted if the Council would protest against the action of the Government in usurping the powers of the Council of initiating the appointment, as the past experience has proved that the Bombay Medical Council like the ones in the sister provinces is completely under the thumb of its President. It cannot be otherwise as the Councils are at present constituted with a nominated President who is the head of the Medical Department.

It will not be out of place to mention yet another event in connection with the appointment of the Registrar in Bombay. There is a standing Executive Committee to manage the affairs of the Council. It is said that this Committee have ordered that the travelling allowance and sitting fees for the members who attended the meeting for the appointment of the Registrar need not be paid as a measure of economy, though there is a Section in the Bombay Medical Act which makes provision for the payment of such allowance and nowhere it is said in the Act that either the Executive Committee or even the Council could ignore such a provision. This news would have enhanced interest when it is known that the members of the Executive Committee did not forego their sitting fees as a measure of economy for their attendance at the meeting to decide about the meeting for the appointment of the Registrar or subsequent meetings. It is said that one or two members of the Council have served legal notice to the President informing him that they would have recourse to a court of law in case they were not paid their allowances. Evidently they have lost faith in the Council.

Affairs at other Medical Councils are not better. This is due to want of interest in the members of the Council who are either callous or disgusted that there is little or no hope to bring about healthy reforms in the working of the Councils under the supreme autocratic control of official Presidents. This is why we are strongly advocating the reform of the Provincial Councils.

Government Committee on Honorary Medical Officers: It is reported that the Committee met at the Surgeon-General's Office Madras on the 4th April

and discussed about the reference made to them by the Government, viz., to review the present position of honoraries and report (1) the extent to which honorary medical officers may be appointed to the City and mofussil hospitals in addition to and in substitution for the existing paid medical staff and (2) to suggest the best way of obtaining suitable men to serve as honoraries. None will be surprised if the Committee would finish their work within a few hours in one day as was done by a similar Committee on the last occasion and the report will be as unanimous as it was last time with the additional blessing from an ex-Chief Minister who is also a member of the Committee. A much better and easier task would have been for the Surgeon-General to publish his views for public criticism instead of getting a report from a Committee, which will be by the pen of the Surgeon-General. Honorary Medical Relief is to be given by the members of the Independent Medical Profession to the public and it would have been the duty of the Government to get a Committee appointed by the Legislative Council and get evidence by public enquiry as suggested by us here last month instead of limiting the scope of this Committee to the opinion of the Surgeon-General and of the individual members of the Committee, all of whom cannot be said to be voicing public opinion. The Andhra Medical Conference, which met in Guntur during the Easter Holidays have passed a resolution regarding this subject, suggesting to the Government the desirability of taking evidence from the public regarding the points of reference to the Committee by the Government. It looks to us as if the Committee have met for the first and last time and the utmost the members would do is to sign the draft sent to them by the Surgeon-General from the Hills. As for ourselves, we have dealt with this subject thoroughly in a series of Editorials; suggested methods of advancing the Honorary Medical Relief Scheme by substituting honoraries in the place of paid staff and we also suggested that the best way of obtaining suitable men to serve as honoraries should be by selection by a Committee and not by the Surgeon-General, and we also said that the Committee should not have amongst its members any honorary medical officers much less the paid medical officers.

Hospital Saving Association, Bombay: A few months ago the Surgeon-General with the Government of Bombay circulated a scheme called the Hospital Saving Association for the purpose of getting funds to run the hospitals in Bombay. The Scheme was based on the National Health Insurance Scheme now prevailing in Great Britain and other countries. But the Surgeon-General seemed to have mutilated the Scheme in such a way as to keep up only the form devoid of all that was good found in similar schemes in other civilised countries. It is also said that the Surgeon-General was careful enough to have the whole scheme under his thumb. It is further reported that the Surgeon-General took no heed to consult the representative bodies of the medical profession in Bombay. Members of the Bombay Medical Profession condemned the scheme at a meeting convened on 9th January last and adopted a counter proposal for the enactment of a Health Insurance Act on the lines of the National Health Insurance Act of Great Britain with necessary modifications to suit the local conditions and a Committee called the Medico-Economic and Health Insurance Committee had been formed representing all grades in the profession to carry out the scheme.

We learn that the Bombay Government have rejected the Surgeon-General's Scheme and it is likely that the Committee appointed by the Bombay Medical Profession would be asked to formulate a scheme. Dr. K. K. Dadachanji seems to be the moving figure in the Bombay Medical profession to tackle this and other problems affecting the profession as could be seen from his writings in the Bombay Medical Journal and the Bombay Press. We suggest to Dr. Dadachanji and his co-workers to have a wider outlook in a matter like this which is of national importance and call in a meeting of representatives of the profession from all the provinces and inaugurate a scheme to benefit the public and the profession throughout India.

The Bombay Medical Gymkhana: We learn that Dr. K. K. Dadachanji approached the Government of Bombay to grant a piece of land for the purpose of Gymkhana specially meant for the members of the medical profession in Bombay and that the Government have been pleased to sanction the grant of land asked for and that

the plot will be handed over to the Bombay Medical Union. From the report of the meeting of the Bombay Branch of the All India Medical Licentiate's Association appearing in the Correspondence columns it is seen that the Licentiate's apprehend that it is probable that either now or at a future date they may be excluded from the enjoyment of the Gymkhana grounds in case the Bombay Medical Union are made the trustees of the Government land as the Bombay Medical Union publicly disown the Licentiate's as medical men and the Licentiate's passed a resolution suggesting to the Government of Bombay to hand over the land to a trust consisting of members of the medical profession of all grades including the Licentiate's.

We congratulate the Bombay Medical Profession on their having conceived the idea of starting a special Gymkhana. We trust that the members of the profession elsewhere follow the example of Bombay and try to live a healthier life than they have been doing hitherto.

Better days for the Madras Provincial Medical Service: Thanks to the tact and insight of the late Raja of Panagal who, as the Minister of the Government of Madras, brought about quick and healthy changes in the Medical Services in this Province and brought about real Indianisation of them. It is now possible in this Province for an Indian of merit to enjoy a larger number of posts so far reserved to the European I.M.S. Barring the posts of the Surgeon-General and Inspector-General of Prisons, the Superintendent Government General Hospital and the Principal, Medical College, all the rest of the posts can now be occupied by Indians. Two members of the provincial service Drs. Gurusami Mudaliar and Lakshmanaswami Mudaliar have been lifted to positions reserved so far to European members of I. M. S. The former is to act as first Physician, General Hospital and Professor of Medicine, Medical College Madras and the latter to act as Superintendent Government Hospital for Women and Children. We congratulate them most heartily and also the service to which they belong.

It will not be out of place if we point out to the Chief Minister that though the late Raja of Panagal was the head of the com-

munal party, he did not do injustice to the Brahmin community if he could so help it, and we are bound to say that when Dr. M. R. Guruswami Mudaliar occupies the place of First Physician, Capt. Krishnaswami ought to have occupied that of the Second Physician, as a matter of right. Capt. Krishnaswami who has been holding teaching appointments as well as administrative posts at Vizagapatam Medical College and Madras Medical College cannot be said to have less experience than of one just recruited from the Military Department.

A Gordian Knot cut: In the Madras General Hospital there were hitherto four Physicians just recently converted into three and three Surgeons and it was the custom that the first office was senior most and the last junior most. But the Indianisation of medical service brought about such changes that the junior I. M. S. had to occupy a place below the one occupied by a senior provincial officer. This was perhaps resented and, we are told that the Surgeon-General has cut the Gordian knot by suggesting to the Government to do away with the numerical prefix to the medical officers in the General Hospital and call them plain Physicians and Surgeons, and it is very likely that the Surgeon-General's recommendation will be carried out.

Medical Examination: This is a trying season for the medical students throughout India. Their hard and strenuous studies for one year are put to test. Luck counts much even in examinations and hard study alone at times cannot be depended upon, especially in India, where generally the examiners wish to find out how much a student does not know and not how much a student knows, and it is common knowledge that many deserving students fail and a good number amongst the indifferent pass. There may be a variety of other causes for this strange phenomenon. It is safe to attribute everything to luck, especially so in medical examinations. Our present day medical students know more than they need to earn their livelihood as practical doctors. The struggle for existence is more than the struggle for knowledge.

Space does not permit us to publish the results as we are concerned not only with one province but all the provinces in India. We congratulate all those who are successful and wish them a useful career with

prosperity. Those who have failed need not be more sorry than necessary. After all the life of a medical man is that of a student all through his life. A failed student will certainly gain more experience if he takes advantage of his failure and works the harder to know more than what he knew. The success of a medico is not to be judged by his success at the examination results but by his career. Failure always leads on to success.

We take this opportunity and congratulate the elders amongst the students who have become Doctors of Medicine and Masters of Surgery here and elsewhere.

Dr. Jivraj N. Mehta: The public and the medical profession will certainly be surprised and are justified even in protesting against the order passed by the Bombay Municipal Standing Committee in not extending to him leave till the term of his imprisonment which will be over in December next, the period of leave already granted to him expiring in May. It is said that the Standing Committee passed such an order in obedience to a Government circular prohibiting the granting of leave to officers of the Municipal Corporation convicted in connection with the civil disobedience movement. The circular has no force of law and might have been recorded instead of acted upon, especially when the person concerned was one who had been connected with the King Edward Memorial Hospital and the Seth Gordhandas Sunderdas Medical College from their very inception, and one who has made these institutions appear as what they are to-day. We trust that the Bombay Municipal Corporation who know Dr. Jivraj N. Mehta and his work more than others would rectify the decision of the Standing Committee, and in case the decision of the Standing Committee is final, find ways and means to see that immediately after Dr. Mehta returns from jail he is re-instated as the Dean of both the Hospital and the College more in the interest of the institutions concerned and medical education than in the interest of Dr. Jivraj N. Mehta.

New Rules: The Government of Madras have by a G. O. dated 13th April effected certain changes in the Rules governing public services. The report having reached us too late for this issue, we shall deal with this subject in the next issue either here or in the Editorial columns.

TREATMENT OF TUBERCULOSIS

WITH

SANTUBEN.

The facts discovered in the Postmortem examination that 90 percent of the tuberculosis patients are cured is a logical proof *that tuberculosis is a curable disease.*

Prof. Dr. Wolff Eisener of Berlin University after 20 years special hard work on the tuberculosis research has placed before the Medical world his wonderful cutaneous treatment which is called SANTUBEN.

Curative treatment of Tuberculosis: (Approved and successfully tested on over 20,000 cases in all-stages of T.B.). Santuben is a harmless and most simple treatment, having the best therapeutic and prophylactic effects. It consists of the Tuberculin ointment to be rubbed and guaiacol silicate tablets to be taken by mouth.

The original formulae and composition is found in the MATERIA MEDICA by Dr. U. B. Narayanrao.

Santuben cures all cases of T.B. including complaints of catarrhal nature. By its use the grave symptoms of T.B. disappear rapidly. Coughing stops, bodily weight and appetite increase, temperature falls, night sweats are reduced and finally Tubercle Bacilli in sputum and blood disappear.

Lt. Col., F. E. Gunthr, Physician to Margret Hospital for Consumptives writes that he always switches on Santuben with the happiest results.

Many Doctors in Bombay and up-country have sent their appreciations.

My general representatives for India, MADAN TRADING Co., 185, Princess Street, Bombay 2, will be pleased to forward to any Doctor, interested in the treatment of such cases, complete literature and samples for trial for convincing themselves as to the treatment of Tuberculosis with Santuben.

DR. RICHARD WEISS,

PH. D., M.A., F.C.S., BERLIN, GERMANY.

LYMPHOTHORMON

THIS IS ANOTHER PHARMACEUTICAL PREPARATION OF DR. RICHARD WEISS FOR THE PROPHYLAXIS AND TREATMENT OF ELEPHANTIASIS.

Elephantiasis (Filaria Bancrofti) belongs to the most terrible of diseases to be found in tropical and subtropical countries. We are now acquainted with the fact that the filamentous worms, called Filariæ, come in question as exciters of this disease. They quarter themselves in the lymphatic glands, and rob the glands of their normal activity.

This circumstance has led to the recognition of the fact that, as a prophylaxis as well as for the effectual treatment of Elephantiasis, a healthy organism capable of resistance, is an important proviso. It is for this reason that the modern hormone-therapy plays an important part in grappling with Elephantiasis.

The new hormone preparation *Lymphothormon*, conveys to the body in the form of an effective combination, all those hormones which the lymphatic glands need in order to function properly, and thus to stimulate the glands once more to perform their normal functions. The new preparation contains the most important hormones for nourishing the human body. In addition to the hormone of the thyroid gland, the male sexual hormone, and in addition to the hormone of the hypophysis (pituitary gland)—to the importance of which Professors Aschheim and Zondek have specially called attention within the last few months, — the hormone of the suprarenal capsule. By the administration of these hormones, the capability of the lymphatic gland in resisting the Filariæ, is considerably heightened.

However, as one is compelled to employ all possible means at one's disposal in the fight against this contagious malady, the disinfecting medicaments are also added to the hormones, and bring about the destruction of the group of Filarian excitants. Of these medicaments, Trypoflavin must be mentioned in the first place.

Directions:—Take a tablet 3 times a day after meals for a period of 4 weeks, and then discontinue the treatment for 4 weeks. After having made this pause, the treatment should be repeated. A treatment with this preparation for two months, carried out every year, is calculated to protect the organism against Elephantiasis. As a curative measure during and after the attack the dose mentioned above should be doubled.

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Correspondence, Reports, etc.

Lt. Col. J. M. Skinner, I. M. S.

(BY AN OLD PATIENT)

Lt. Col. J. M. Skinner, I.M.S., till recently Superintendent and First Physician, General Hospital, has taken long leave preparatory to retirement. He joined the I.M.S. in September 1906, held appointments in the Military Department for over four years till April 1910 when his services were placed temporarily at the disposal of the Madras Government and he was posted as Fourth Physician, General Hospital and Professor of Materia Medica at the Madras Medical College. Later he was transferred to Berhampore as the District Medical and Sanitary Officer, Ganjam. In 1913 he came back to Madras holding his old appointment at the General Hospital and the Medical College, and about a year later, transferred as District Medical and Sanitary Officer, South Arcot. Shortly after, he was in medical charge of His Majesty's Penitentiary in Madras. In 1914 he was appointed as Deputy Sanitary Commissioner and Inspector of Vaccination, South Range, and some time after was again posted to the General Hospital, during which time he worked as Personal Assistant to the Surgeon-General in addition to his duties at the General Hospital. In 1915 the Military Department called him away, and after serving there for five years came back to Madras and for a time served at Calicut and Guntur as District Medical and Sanitary Officer. He was Surgeon, First District, Royapuram, and Superintendent of the Royapuram Medical School. He was associated with the Madras Medical College since the beginning of his service in Madras as Professor of Materia Medica, Physiology and last as Professor of Medicine. He also acted for a short time as the Principal, Medical College. He was a popular figure both with the students as well as his patients, and of a charitable disposition. He was a lover of music and created always around him a spirit of harmony and peace. His life as an official was an ideal one which could be respected and followed.

Resolutions Passed at the Third Andhra Medical Conference.

(1) At the outset the Conference placed on record its sense of profound sorrow at the demise of Dr. Miss Kuglar, Sir Ronald Ross, Drs. V. Hanumantha Rao, G. L. Kanta Rao, K. Abobala Rao, Rao Sahib M. Seshadri Reddi, J. M. Sighomoney, A. G. Atchayya Naidu, B. V. Narasimhayya, and V. V. Narasimham, and conveyed its condolences to the members of the bereaved families. (2) The Conference reiterated such of those resolutions of the second Andhra Medical Conference with necessary modifications and which had not yet been given effect to by the bodies concerned and authorised the Standing Committee to include the same in the body of the resolutions to be passed at the Conference. Disapproval was expressed of the policy of the Government in referring the proposed All-India Medical Council Bill to a select committee without any references and a committee was appointed consisting of the president and two other members to make representations to the select committee whenever necessary. (4) The Government was requested to constitute District Councils on the lines of District Educational Councils for the proper management of subsidised rural medical relief scheme. (5) The Madras and Andhra Universities were requested to permit the medical Licentiates to qualify for the M. B. B. S. degree with not less than two years' additional training in professional subjects without insisting upon any additional general educational qualifications. (6) The Conference desired to affiliate the Andhra Medical Association to the Indian Medical Association and requested the Standing Committee to go into the matter. (7) As the incidence of venereal diseases was on the increase, the Conference requested the India Government to reduce the fee for the Khan's test and W. R. to Rs. 2 and 3 respectively and expressed heart-felt thanks to the Superintendent of Kuglar's Hospital, Guntur, who volunteered to do the Khan's test for Rs. 3. (8) This Conference suggested to the Government the desirability of taking evidence from the members of the public and the profession on the items of reference to the Committee on Honorary Medical Relief made by the

Mycol gives good results in Intestinal Stasis.

Government to the Committee within a fortnight. (9) The Madras Medical Council was requested to recommend to the Government the registration of practitioners of allopathic system who possess qualifications already recognised by the Medical Council and which are not in the published schedule. (10) Another resolution requested the Government to transfer the Lady Willingdon Medical School to Guntur. (11) Resolutions were also passed appointing a Standing Committee consisting of 16 members, one from each Telugu district, requesting the Andhra medical profession to contribute liberally to the memorial funds of Drs. Kuglar, Abobala Rao and Hanumantha Rao and accepting the invitation to hold the next Conference in the Kistna District. (12) The Editor of The Medical Practitioner was requested to publish the Proceedings of the Third Andhra Medical Conference and also the scientific papers that were read at the Conference and distribute the same free of charge to the members of the Reception Committee and the delegates that attended the Conference; and the Managing Editor was thanked for undertaking this work.

All-India Medical Licentiates' Association.

BOMBAY BRANCH.

There was a General Body meeting at 4 p.m. on Sunday the 23rd April 1933 at the residence of the Vice-President Dr. U. B. Narayanrao. The Vice-President was "At Home" to Dr. V. Rama Kamath, Member, Madras Medical Council, and Editor, The Medical Practitioner. Dr. U. B. Narayanrao introduced the guest of the evening by a neat little speech eulogising the services rendered by Dr. Kamath to the profession in general and specially to the Licentiates in his capacity as a member of the Medical Council as well as the Editor of The Medical Practitioner. Dr. Kamath thanked the host and the Association for having honoured him and given him an opportunity of meeting them in person in Bombay which was the birth-place of the All-India Medical Licentiates' Association. He pointed out to the audience that the time when the Association was started nearly 25 years ago was quite different from the present time, and naturally the activities

of the Association should undergo a change to suit the present conditions. Their elders who started the Association did naturally concentrate their attention on improving their lot as subordinates under the Government, but to-day there are more Licentiates in private practice than in service and consequently their ambition should be to be useful members of the Independent Medical Profession. The constitution of the Association should therefore be materially changed and it was really an otherwise happy coincidence that the next All-India Conference of the Association is to take place in Bombay at a time when the affairs of the Association cannot be said to be quite sound, and all attempts of reforming the constitution in other places where yearly Conferences were held failed miserably. It is therefore necessary that the Bombay Branch should enlarge its sphere of activities in such a way that they will be able to bring out a constitution for the running of the Association suited for the existing conditions prevailing in the country. They are the largest section in the medical profession to-day and if they are only united, there was nothing impossible for them to venture and to gain.

Advantage was taken of this meeting to discuss about an urgent topic with regard to the starting of a medical gymkhana in the City of Bombay. It was said that negotiations were going on between the Government of Bombay and the Bombay Medical Union for the handing over of a plot of land to the Union by the Government for the use of a gymkhana, and as the Bombay Medical Union did not recognise the Licentiates for admission as members of the Bombay Medical Union, it was rightly apprehended whether the Bombay Medical Union would permit the use of the medical gymkhana to the Licentiates also. The members felt it necessary to pass a resolution to the following effect: The Bombay Branch of the All-India Medical Licentiates' Association, while thanking the Government for the granting of a plot of land for a gymkhana for the use of the medical profession in Bombay, wish to suggest to the Government most respectfully to hand over the plot of land to a Trust consisting of the members of the medical profession including the Licentiates.

Madura Medical Association.

The 5th Anniversary meeting of the "Madura Medical Association" was held on Thursday, the 30th March, 1933, at 5.30 p.m. at the bungalow of the President, Major K. V. Ramana Rao, I.M.S. More than thirty members were present and the secretary, Dr. A. Narayana Menon was "At Home" to the members. The Annual Report which showed all-round progress was presented and was unanimously adopted. The election of office-bearers for the ensuing year was done at the meeting: the District Medical officer was elected as the ex-officio President of the Association. Dr. A. N. Menon was re-elected as the Secretary and Dr. N. Suryanarayana Iyer as Treasurer for the ensuing year. It was resolved to edit a quarterly Journal as the official organ of the Association from this year onwards. An interesting case of "Dextrocardia" was presented by Dr A. N. Menon, and a few interesting cinema films were shown on the screen by Dr. P. G. G. Unnithan.

With the usual vote of thanks to the Chairman, the meeting terminated late at night.

The Trichinopoly District Medical Association

A monthly meeting of the above Association was held at 5.30 p.m. on Saturday the 25th March 1933, in the E. R. High School Teppakulam Trichinopoly. About 40 members were present. Drs. K. Ramaswamy and V. Subramanyam were "At Home" to the members of the Association. There was a lively discussion on Medical Ethics in which most of the Doctors present took part. Conclusion of discussion was postponed to the next meeting. Dr. Chokkalingam Pillay, Group Leprosy Officer demonstrated magic lantern slides on Leprosy; Mr. L. S. P. Sarathy, representative of the Haverlo Trading Company showed films on resection of the rectum for cancer and on Malaria.

Dr. S. Padmanabha Sarma the President of the Association who presided at the meeting thanked Mr. Chokkalingam Pillay and Mr. L. S. P. Sarathy for their excellent demonstrations. With a vote of thanks to the hosts and guests proposed by Dr. P. A. S. Raghavan the Secretary of the Association the meeting terminated.

Rural Medical Relief

Several rural medical practitioners suggest to me that a conference in X-mas 1933, would be more opportune and successful than one in Easter, as it would be too early now to assess the policy of the many newly constituted or reconstituted taluk boards or the effect of the several new government orders issued. There seems to be much force in the suggestion and I therefore inform all concerned that the provincial conference proposed to be convened during Easter stands postponed to the X-mas week 1933.

Viraganur S RAMASUBBU, L.M. & S.
Salem Dt. Secretary,
1-4-1933 The Madras Provincial Rural
Medical Practitioner's Association.

Rural Uplift

LYALLPUR DISTRICT (PUNJAB)

Dr. Gianchand Blaggana, organiser of the Lyallpur Rural Uplift scheme writes:—

I have had your note about the Rural uplift scheme which you have published in *Extensio* in your esteemed journal. As aptly remarked by you the scheme is yet in its infancy and I have experienced a lot of difficulty in the preliminary stages. I hope however, that in the near future it will meet with success. So far I have received very encouraging assurances of assistance and co-operation from all quarters. I am particularly thankful to F. L. Brayne Esq., I.C.S., Commissioner, Multan, Mr. A. A. Macdonald I.C.S., Deputy Commissioner, Lyallpur, Major H. Chand, M.C., I.M.S. Civil Surgeon, and Chaudhari Rahmat Ali, Senior Vice-Chairman, District Board Lyallpur, for their kind appreciation of the scheme. I and my colleagues have decided to start the campaign from Lyallpur town in the near future. The Punjab Provincial Conference which is going to be held on the 29th and 30th April 1933 at Gujranwala have contemplated the formation of a Sub Committee for the Rural uplift campaign and it is gratifying to note that the Lyallpur Scheme has been the sole cause of making them to take this step. I hope to be able to give you more detailed and interesting information about the actual working of the scheme by and by.

Grievances of L.I.Ms.

While it is gratifying to note that through the untiring efforts of Capt. G. Srinivasa Murti, the Principal of the Govt. Indian Medical School, Madras, the institution which he has so dearly fostered and brought into being has after all been well established and put into a sound working basis in spite of the numerous disabilities encountered by him to achieve this end, the vital question of registration of the L.I.Ms. which has been long pending disposal and has roused grave doubts in the minds of the public as to its satisfactory solution has met with success at the hands of the Government with the result that the L.I.Ms. this day are no longer the medical untouchables they were considered to be till recently. In order however, to afford greater facilities to the students of Indian Medicine for the sounder practical study of Gynaecology, Ophthalmology and Mental Diseases, for which the scope is very limited in the Indian Medical School under the existing conditions, it is very essential that these students should be permitted to attend the special Institutions such as the Govt. Hospital for women and children, the Govt. Ophthalmic Hospital and the Mental Hospital in the Presidency Town and receive a course of clinical instructions from the Specialists in charge at least for a period of three months in each of these special branches of Medicine.

At present such opportunities are given to all other Medical Schools and Colleges in this Presidency, the Govt. Indian Medical School being the only exception to the rule. The sooner this invidious distinction between the Indian Medical School, which is also a recognised State Hospital and all other Allopathic Medical Institutions is removed, the better will it be for the progress of Medical education in the indigenous system in India.

I hope the authorities concerned will give this matter their sympathetic consideration with a view to remove such handicaps now being experienced by the L.I.Ms.

K. S. RANGASWAMY,
L.I.M.

Reviews.

CRIMES AND CRIMINALS

BY
WILLIAM A. WHITE, A.M., M.D., Sc. D.,
Publishers : Farrar & Rinehart

Price Net \$ 2.50

The author has brought to bear on the subject of crimes and criminals his vast experience and study of Psychology in general and criminal Psychology in particular. He begins with the psychic and its three sub-divisions, Id, Ego and Super-Ego. The Id is the oldest structure and is the reservoir of instincts, the Ego, the personal is built up through years as the result of education and experience and is the repository of the factual so acquired, while the Super-Ego is the censor and represents the precipitates of the social system as laid down in traditions, beliefs, superstitions, customs, etc., which are structurized in society in the great institutions of Law, of Medicine, of Economics, of the Church. It has been proved that every one of our actions is predetermined.

Mental diseases on the one hand and criminal conduct on the other, both represent kinds of behaviour backed up by ways of thinking which are relatively undeveloped, infantile, primitive as one prefers to call them. They therefore have their origin in the development of life, of the organism, the former taking one direction and the other another direction. So treatment is required for both, and not treatment in the one case and punishment in the other. The present trouble of treating diseases, not patients of teaching subjects not pupils is obtaining in the case of criminals also, by inflicting punishment for the offence, and not on the person who commits it. Punishment is varying with the time. At one time in India the breaking of an idol (image of God) was met with capital punishment. There has been so far only refinement in the matter of execution from boiling in oil, burning at the stake, to electrocution but the bases underlying the punishment has not been changed. The revengeful spirit with which punishment is inflicted still remains. Dr. White complains that one of the vital and essential difficulties of the whole scheme of the administration of justice and of the penal law is that no consistent or adequate effort is made to secure specially trained and efficient individual in the various key positions. The judges who preside over criminal courts, wardens who are in charge of prisons and countless other officials of major and minor significance, are appointed for no other reason than that they are more or less prominent members of the prevailing political party. If this is the case in America, it is worse in India particularly in the Province of Madras, where appointments are made on communal basis and officers of the Indian Civil Service who are found unfit for administrative duties are shunted to the judicial line.

The book is very well written and covers the whole field of psychology with special reference to criminals and is worth reading not only by medical men but by politicians and judges and officers connected with administration.

(REVIEWS *contd.*)

THE CITY COLLEGE, MADRAS.

The Principal of the above College, Mr. K. S. R. Acharya, B.A., L.T., F.R.E.S. (Lond.), has published five Prospectuses regarding the course of instructions given at his institution. He has sent us for review No. I-A which concerns entirely the Senior Cambridge course. After the Madras University passed a regulation admitting the Medical Licentiates to the M. B. B. S. Degree on condition of their having passed the Intermediate Examination of the Madras University or an equivalent examination of any other University approved by the Syndicate, or the Senior Cambridge Examination with credit in four subjects, we are having a lot of enquiries from the Medical Licentiates both of this province and outside, asking our advice as to the stability and respectability of institutions which have been publishing advertisements about the tuition given at such institutions. We were at times in an awkward plight to give our advice one way or the other when particular institutions were mentioned by those who sought our advice. Our task has now been made easy by the Principal of the City College who has taken some pains to gather all the necessary information about the Senior Cambridge course. The fact that he was able to secure 65% passes at the last Senior Cambridge Examination is a testimonial in itself the veracity of which cannot be questioned. Such of the Medical Licentiates who are desirous of appearing for the M.B.B.S. Degree of Madras, or passing higher examinations in Great Britain, will do well to apply for a copy of the Prospectus published by the City College, Madras, before they make up their minds to take tuition by post.

MEDICO-SURGICAL SUGGESTIONS.

A Monthly Medical Journal edited and published by Dr. K. P. Rama Hebbar, Thambu Chetty St, G.T., Madras.

Madras seems to be far ahead of other cities in India in medical journalism and one more addition to the existing publications in this City must be welcome. We had no opportunity of seeing the very first issue but from the perusal of the matter published in the journals, sent to us for the last two months it is to be surmised that the journal has no special purpose or policy except the advancement of medical science, and we trust that the journal will help the profession and achieve the aims of the enterprising Editor and Publisher Dr. K. P. Rama Hebbar. We wish him good luck.

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ROYAPURAM MEDICO

A Quarterly Medical Journal of The Royapuram Medical School, Madras.

It is quite in the fitness of things that an idea has been conceived at the Royapuram Medical School by those concerned to start a school magazine with an Editorial Committee consisting of Major V. Mahadevan, I.M.S., Superintendent of the School as the President, Dr. T. Bhaskara Menon, M.D., M.R.C.P. (Lond.), as General Editor and Dr. W. Achayya Naidu, F.R.C.S., (I.) as Associate Editor in collaboration with two Student Editors, Messrs. C. Ramathan and Gopala Panickar. The time is certainly opportune for starting this magazine when the course of training at the Royapuram Medical School has brought very near the University standard. We cannot do better than quote the words of Major-General C. A. Sprawson, appearing in the Foreword regarding the aim towards which the magazine should strive—".....to bind the students closer together as a body, to voice opinions, to record the doings of the students in the wards, in the examination hall and in the playing fields, and also to keep old students in touch with Royapuram and to let others know where they are living and what they are doing." Though the very first issue does not indicate the aim set forth by Surgeon-General C. A. Sprawson in the Foreword we trust that the Editorial Committee will follow the sane and good advice given to them and make the journal really useful to the student population for whom it is mainly intended. We wish the journal a long life of usefulness.

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PHARMACEUTICAL PREPARATIONS.

We are asked to draw the attention of our readers to the two pharmaceutical preparations of Dr. Richard Weiss, Berlin, Germany, appearing on page XI in this issue. The first is for the treatment of Tuberculosis called Santuben and the other for Filariasis and goes by the name of Lymphohormon. The Madan Trading Co., 185, Princess Street, Bombay 2, inform us that Santuben treatment for Tuberculosis has been tried and found useful by some of the doctors in Bombay. The rationale for the treatment of Filariasis with Lymphohormon has been briefly mentioned on page XI and our readers may apply to Messrs. The Madan Trading Co., for further information about these two preparations.

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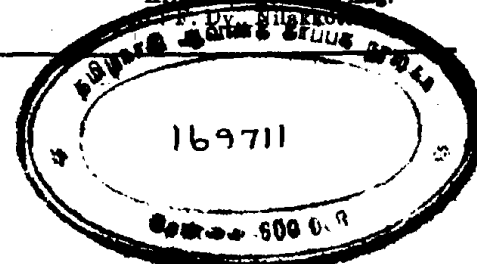
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2	" G. V. Appa Rao	Govt. Hl., Russelkonda	c/o Civil Surgeon, Vizag.
3	" G. V. Appa Rao Naidu	Govt. Hd. Qrs. Hl., Berhampore	Agency. Govt. Hl., Russelkonda.
4	" M. Audinarayanaswamy	Leave	Govt. Hd. Qrs. Hl., Anantapur.
5	" K. N. Subramaniam	Munl. Dispy., Palgha	c/o P., D.B., Malabar.
6	" K. P. Sankaran	Leave	c/o Chairman, Munl. Council, Palghat.
7	" R. Varadarajulu Naidu	Leave	c/o D. H. O., Tanjore.
8	" P. Satyanarayana Rao	Govt. Dy., Ramagiri	Govt. Hd. Qrs. Hl., Guntur.
9	" S. Sessa Reddi	L. F. Dy., Poonamalle	c/o P., D. B., Chingleput.
10	" M. Gopala Menon	L. F. Dy., Uttiramerur	c/o P., D. B., Chingleput.
11	" K. Suryanarayanamurthy	Leave.	Govt. Hl., Kanigiri
12	" C. Ramamurthy	Govt. Hl., Kanigiri	c/o P., D.B., Nellore.
13	" S. Thiruvankadam	L. F. Dy., Indukurpet	c/o Munl. Health Officer Kumbakonam.
14	" R. V. Narasimham	Govt. Hd. Qrs. Hl., Guntur	c/o Munl. Health Officer, Kumbakonam.
15	" K. Achuthan Nair	L. F. Dy., Vaithiswaran- koil	Govt. Hd. Qrs. Hl., Tanjore.
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Dr. Appalanarasayya, Konitiwadi, Attili, W. Gedavari Dt.	c	c		g	g
Dr. P. Narasimha Rao Naidu, Sub-Ast., Surgeon, Gooty.	c	c		c	g
Dr. E. K. P. Nambiar, Kannambra, Manchapra, Via. Ottapalam.	g	g	c	g	a

In other subjects they have secured 'weak pass'. The symbols 'c', 'g' and 'a' denote respectively 'credit', 'good' and 'very good.' Thus you see that 'g' and 'a' denote respectively higher standards than credit.

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I wish every success to the College and long life and prosperity to the revered father Mr. K. S. R. Acharya."

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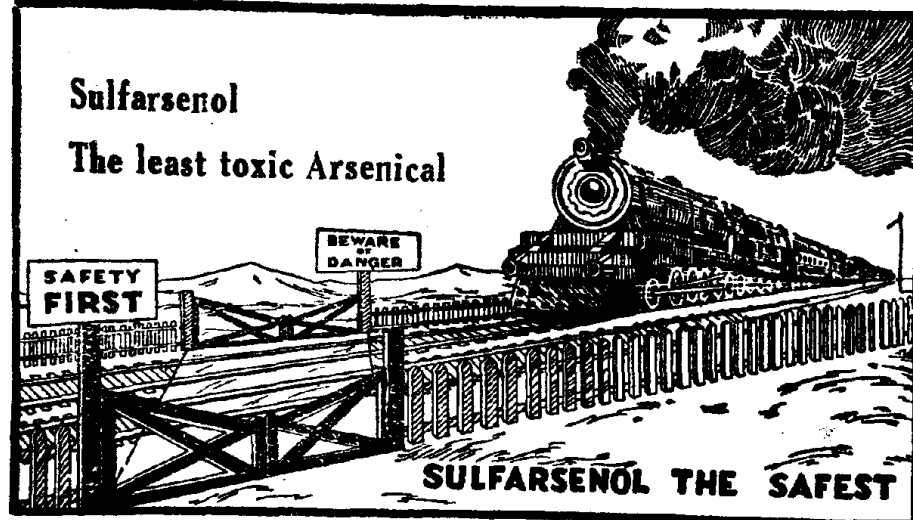
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