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The Medical Practitioner

A Monthly Medical Journal

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THE

Medical Practitioner

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OUT OF EVIL COMETH GOOD.

The ways of the Government are mysterious and at times unfathomable. This has been so, particularly with regard to the question of bringing the Licentiates within the purview of the proposed Indian Medical Council Bill. It is now established without a shadow of doubt that this bill has been introduced by the Government of India with the sole purpose of placating the General Medical Council, Great Britain. It is most deplorable that neither the latter body nor the Goverment of India did consider the desirability of following the history in connection with the establishment of the General Medical Council in Great Britain while they thought of introducing such a General Council in this country. The causes for this default are not far to seek. In Great Britain the General Medical Council was brought into existence for the good of the public with the set purpose of bringing the medical profession under the disciplinary control of a statutory body so as to check and control the members of the profession in the discharge of their most responsible duties in curing and preventing human ills. Whereas in India the Goverment is bent upon to introduce this measure, the Indian Medical Council Bill to satisfy vested interests of a few Britishers who wish to claim supremacy over the Indian Medical Profession.

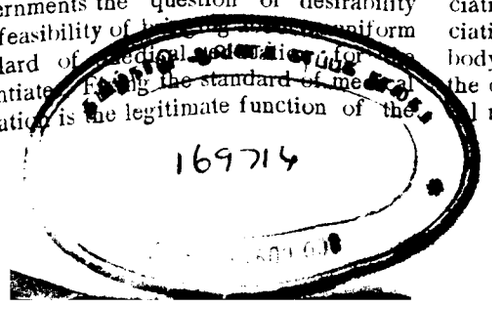
We have been repeatedly mentioning in these columns that in Great Britain when a Bill of the nature of the Indian Medical Council Bill was introduced in 1858 there existed in that country universities, faculties and other examining bodies as do exist now, who granted medical degrees and diplomas and yet the House of Parliament thought it was desirable in the interest of the public to bring all those who practised Allopathy within the control of the General Medical Council. The House of Parliament rightly thought that the medical register served only one purpose that was to make the public understand who is qualified and who is not and the purpose of bringing about a medical register was not at all to advertise the members of the medical profession nor their qualifications. It is mean and selfish that there should be so much obstruction to include the Licentiates within the purview of a legislative measure which is no way different from every point of view from the measure that was passed by the House of Parliament in 1858.

The question whether the Licentiates come to the standard of those with university qualifications does not and should not arise at all. It is enough for the purpose of the proposed measure that all those who practised Allopathic system of medicine are brought within the control of the Indian Medical Council and if the House of Parliament in 1858 permitted practitioners of the Allopathic system without any training either in schools, colleges, or hospitals to be included in the British Register, why should there be so much fuss and obstruction to include the Licentiates in Indian Medical Register? They are not only qualified but have established themselves in

spite of varieties of handicaps as useful and competent practitioners not only under the employ of Goverment but in private practice also. The Medical Register that publishes their names publishes also their qualifications and how can they be considered greater beings than the graduates and others with foreign qualifications in case their names are published in the proposed Indian Medical Register? They do not claim superiority over other practitioners whom the proposed measure would bring within its purview. Prestige and status are two commodities which are the gifts of the public(though claimed selfishly as one's own) bestowed on medical men as on members of other professions and the public naturally take merit into their consideration and not qualifications alone, in reckoning the worth of the members of any profession though it has to be said that higher qualifications secure an easier introduction.

We undertake to make a statement on behalf of the Licentiates without any fear of contradiction that it is not the ambition of the majority of them to be recognised by the General Medical Council or by any other Foreign Medical Council. They claim and rightly so that they should be recognised as good qualified and competent to practise Medicine and Surgery in their own country and if another Medical Register for all India is to be published they should be also included in that Register. No body much less the Government of India have adduced any arguments so far that the mere publication of the names of the Licentiates in the Indian Medical Register would entail any difficulty for the General Medical Council or any other body to recognise the existing merit of the graduates of the Indian Universities. It is the recognition of graduates by the General Medical Council that is the bone of contention and not the publication of the names of the Licentiates in the Indian Medical Register.

So, as was mentioned by us elsewhere last May, the India Government are trying only to gain time and have been confusing issues by referring at this stage to the Provincial Governments the question of desirability and feasibility of [illegible] uniform standard of [illegible] for Licentiates. Fixing the standard of medical education is the legitimate function of the [illegible] men.



Medical Council and not of the Government. A letter from Dr. K. S. Ray of Calcutta which we have published in our correspondence columns clearly indicates that the move on the part of the Government of India in referring this question to Provincial Governments is purposeles. That there is not even a semblance of sincerity even in their proposeless device, is evidenced by Dr. K. S. Ray in his letter that the Bengal Government have referred this matter to the Faculty of Medicine which is only an examining body and not to the Council of Medical Registration. The latter as well as the former constitutions are presided over by the Surgeon-General. If the question came before the Bengal Council of Medical Registration there would have been a greater probability of the Goverment getting the non-official view as this body consists of an elective element though with the majority of officials, whereas the Faculty is purely a nominated body and a pucca creature of the Surgeon-General. Moreover Dr. Ray mentions in his letter that the Bengal Council of Medical Registration did pass a resolution sometime ago recommending to the Government the necessity of increasing the course of studies of Licentiates to 5 years.

Regarding Madras there was a report in one of the dailies a few days ago that the Government of Madras had asked the Madras Medical Council and local branch of the Licentiates' Association their views on the matter. The Madras Medical Council meets in October next and till then it is difficult to say if what is stated in the local daily is correct. But it is within the knowledge of our readers as mentioned by us in these columns sometime ago that the Surgeon-General had practically usurped the functions of the Madras Medical Council wittingly or unwittingly as he occupies the unique dual position as the President of the Madras Medical Council in addition to his position as the Head of the Medical Department. It is quite possible that the Surgeon-General has given his opinion without consulting the Medical Council. The local branch of the Licentiates' Association could not but echo what the Association had been agitating ever since that body came into existence for the increase in the course of studies of this class of medi-

We fail to see the purpose of the Madras Government in referring this subject for the opinion of the Madras Medical Council and the Licentiates' Association when they have actually increased the course of studies for the Licentiates from this year. It is now demonstrated by at least one Provincial Government that it is highly desirable to increase the course and also the standard of education of the Licentiates and that this long-felt reform could be brought without extraordinary expenditure on the part of the Government. As stated by us last month it is reckoned that the recurring expenditure for the first 2 years will not go above Rs. 4,000 with a capital expenditure of Rs. 6,000 or so in connection with the increased course to 5 years. Can it be said for a moment that any of the Provincial Governments in India could not afford to spend this amount for such a necessary reform, to equip the largest group of Medical Practitioners in this country with better skill and knowledge? We repeat what we said last month that the Provincial Governments in this country will be guilty of culpable indifference in case they do not find their way to bring about reform with regard to course and standard of Medical Education of the Licentiates.

The device of the Government of India in referring this subject to Provincial Governments for their opinion though purposeless with regard to the passing of Indian Medical Council Bill, would, we hope, serve as a splendid opportunity for the public and profession to agitate and bring about what was needed in the interest of the largest section of the medical profession in this country who form the real back bone of the medical profession. We close this topic quoting the adage "Out of Evil cometh Good."

Original Articles

NOTES ON THE CLINICAL ASPECTS AND TREATMENT OF PNEUMONIA.

BY

DR. M. L. KAMATH, B.A., M.D.C.M.,

Pneumonia being a subject of abiding interest to the profession, the following disjointed notes—limited mainly to lobar Pneumonia—may, I presume, be of some slight interest.

Frankil's pneumococcus is the organism generally responsible, though other organisms like the Streptococcus, B. Influenza, Bacillus of Freidlander, B. Pestis, B. Anthracis, B. Typhosus and the Meningococcus, may by themselves or in symbiosis with the pneumococcus be responsible for the condition. Streptococcal pneumonia has a tendency to creep—(cf.) Erysipelas.

In passing it may be said that Pneumonia caused by Friedlander's bacillus, is more severe in its course and more dangerous to life, possibly due to its close affinity to the colon group bacilli, while the disease caused by the Pneumococcus alone is more favourable.

MODES OF ONSET: Although in its characteristic form, it ushers itself with striking symptoms, a fair proportion of cases begin insidiously even in the young and healthy,—as is well known this is the mode of onset among the old and those debilitated by renal disease or diabetes mellitus. In children the pseudo-abdominal onset, with pain or vomiting or both is often observed. Another misleading commencement, not very rare in children, but infrequent in adults, is a simulation of meningitis.

Fever is ushered in by a rigor—fever being continuous with slight morning remissions—sometimes it is intermittent or irregular causing anxiety as to masked complications. Fever above 104 requires a careful watch. Rigors in the course of the disease, usually portend some complications.

PHYSICAL SIGNS: On percussion it is easy at the onset to mistake the non-affected for the affected lung. Deficient air entry in auscultation is an early sign; crepi-

tations follow to be succeeded by tubular breathing, redux crepitation and consonating rales (early recognition of tubular breathing is facilitated by direct auscultation or use of the wooden stethoscope.)

Rales fine or coarse over the non-pneumonic portion of the same lung or the other lung are due to compensatory hyperaemia (double pneumonia is rare). In central pneumonia physical signs are late in manifesting themselves. Abortive attacks with ill defined physical signs are sometimes seen in children—crepitations or tubular breathing over a dull area does not exclude fluid in the chest, specially in children, or even in adults with thin chest walls.

Dry pungent skin of pneumonia is proverbial, though in rare instances patient may sweat freely throughout. I would like to point out that malarial parasites sometimes produce physical signs of pneumonia—headache, vomiting and hot skin common to both diseases make dissimulation easier—evanescent nature of the physical signs in malaria and an examination of the blood settle the diagnosis.

Polymorpho nuclei leucocytosis is a feature of the disease; absence of this is ominous. Eosinophilia after crisis heralds a favourable course.

BLOOD PRESSURE: Pulse rate per minute should not exceed the systalic blood pressure in millimetres of mercury—a gradual fall of more than 20 mm of mercury suggests heart failure. Irregularity or intermittency of the pulse are of graver import in pneumonia than in typhoid—absence of the correlative fall in pulse rate helps to make out pseudo crisis from the real one.

Complications are also expressions of secondary or associated infections with other micro-organisms. Empyaema, meningitis, pericarditis, and endo-carditis may be encountered, while in children otitis media and arthritis swell the number (empyaema in children is usually metapneumonic and pneumococcal while in adults it is usually synpneumonic and streptococcal).

Albuminuria of fever may pass into a nephritis—diarrhoea near or with the crisis may prove troublesome or even fatal specially in the aged—parotitis is sometimes encountered and is of graver import than in typhoid—venous thrombosis, commonly femoral, is sometimes seen and is to be attributed to the increased fibrin—a feature of the pneumococcus.

PROGNOSIS: Each case is to be judged by itself. Determining factors are age, previous habits, condition of health and features of the attack—severe toxaemia, anoxaemia due to large extent of pulmonary involvement and intractable insomia are serious.

Treatment:—There is no drug that can influence the pulmonary inflammation; so our endeavours should be directed towards one essential thing—maintenance of the strength of the patient from the outset. A few points may not be out of place.

The patient should be put to bed in a well ventilated room or better, a quiet verandah. Unnecessary movement even for physical examination is to be deprecated—once the diagnosis is made, watching the condition of the heart will suffice in the great majority of cases. Diet should receive attention as in other fevers, but overfeeding the patient which is necessary in the early days of typhoid fever need not concern us much in a disease of short duration.

For hyperpyrexia wet packing under careful watch is the best treatment.

Venesection was at one time, perhaps too freely indulged in; to-day it is too much neglected. In distension of the heart, cyanosis and a rapid pulse—the heart sounds being fair—bleeding to the extent of 10-15 ounces is a remedy that should be borne in mind.

No medicine by the mouth should be the golden rule, particularly in children; if circumstances require mistura Quininae effervescence (2-3 grs. of Quinine to the ounce) four times a day seems to be as good as any other mixture.

Ammonia, camphor, caffeine and digitalis may be useful as cardiac stimulants. Those used to alcohol do require it during the course of the disease; I do not use it in other cases.

As hypnotics, bromides, paraldehyde and thyoscine hydro-bromide may be used according to the degree of sleeplessness. For noisy delirium the last named drug administered hypodermically in dose of 1/100 grain is perhaps the best—morphine is an effective hypnotic—provided the kidneys are not damaged and there is no danger of the patient being drowned in his own secretions.

The crisis has to be carefully watched (oedema of the lung which rarely occurs should not be mistaken for crisis).

Oxygen, to be beneficial, should be used fairly early.

Serum treatment is not a feasible problem under present conditions in this province. Vaccine treatment, preferably with autogenous vaccine is useful in delayed resolution.

PREVALENCE, SEVERITY, INFECTIOUSNESS AND CAUSES OF LEPROSY IN INDIA.

by

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The body of the Indian like any others is receptive to leprosy. Leprosy is endemic in all the provinces of India. Census figures and leprosy surveys give widely differing figures for different areas. These differences are explained by the varieties of soil and food. The spread of the disease is attributed to the habits of the people, to the rapidly changing social conditions, to the industrialization of certain parts of India and to improved communications, but the fact remains that a highly infectious case of leprosy living in close contact with others generates the disease, be it in the Punjab where the people are nourished with wheat and milk or in such villages of Orissa and Madras where the poor have to swallow their rice with a little salt or dry fish.

Close continuous contact with an infectious case during a period when the body resistance is low or during childhood is a great factor in the prevalence of leprosy and should not be lost sight of although stress has to be given to the diet and local diseases. It is difficult to ascertain how leprosy was introduced into India, whether it existed amongst the Kolarians, and the Dravidians or whether it was introduced by the Aryans and Mongolians, but we see that the Aryan tried to observe rigid isolation and went so far as to drive away or drown the lepers. Such religious ideas were infused into the minds of lepers which lead them to burn themselves. Many temple sprang up with a reputation to cure leprosy and this attracted many who were glad to escape the miserable life they had to lead in their villages or outside the village area.

This method of rigid isolation must have kept the number of lepers in check until modern conditions arose over which the communal or tribal law could have no influence. The first movement of population as known in the history of India is after the Mohammadan inrush from the north-west when the Hindus to save their lives or religion retreated before the conquerors, to the Himalayan regions in the north and across the Vindhyas to the south. They were refugees and therefore there must have been very much mixture of blood with the indigenous people. Being a stock of civilised intelligent people, they must have made converts from the indigenous tribes and a state or social interdependance must have sprang up between them. I cannot say how far each race i.e., the Aryan and Dravidian, were responsible for the spread of the disease to the other community but this much is sure while all Indo-Aryan languages have a word for leprosy the Kolarian and Dravidian languages have no indigenous name for the disease.

The Mohammadan conquerors pushed their way to southern India and must have taken the help of the aboriginals, living in the Vindhya Hills. A survey near the Satpura Hills is in favour of the above view. We know the effects of the crusades on the spread of leprosy in Europe but we have yet to search for historical records to find out how far the constant wars in India helped on the dissemination of the disease. The story of leprosy in Burma is different. There is evidence to show that leprosy existed in Burma for a long time. The most leprous part of Burma viz. the Shan State is a market for Burma and China. Its mines attract people from both the countries.

After the British rule was established, the country settled down to normal conditions. The aboriginals who had retreated to the jungle in the absence of local fights

began to multiply and became too many to find food in the hills. In the meantime the tea, cotton, jute, coal and iron industries developed in India and attracted the superfluous aboriginal population and large masses of people from other poverty-striken districts of India. Also people went to Burma, Federated Malaya State and Africa. Sanitation in these industrial areas was far from satisfactory. Contract and conjestion played their part. Many who had not the disease contracted it. Many after getting leprosy returned to their villages and spread it in their families and amongst their neighbours. The virgin areas began to be affected. With the increase of trade, commerce and communications the disease began to increase. Educated men who formed a part of the staff of the Government had to take servants from the semi-aboriginal class and often got infection through them.

Thus to-day we have leprosy in all parts of India. During the last decade the number of lepers according to Govt. census has increased by 44·2 per cent, while the increase in population is 10·6 per cent. This figure is more correct than previous ones. The increase in the new figures is well marked in places like Madras, Bengal and Orissa Central Provinces and Bengal where anti-leprosy propaganda is well organised. The 1931 census figure for a group of districts in Madras is 2½ times more than the 1921 figure. The total increase in Bihar and Orissa is 85%, in C. P. 56% and in Bengal 34·62%.

Recent surveys have revealed high incident amongst the semi-aboriginals in factories, jute mills, tea gardens, in schools and cities. Places like Amritsar and Delhi where according to the local authorities leprosy did not exist or was very rare, have furnished large number of cases. Survey in the hills of the Punjab shows that leprosy has been spreading to many districts where it was not previously known. I do not wish to state here all the different figures for the different localities, castes and trades but I beg to put before the readers that it is not safe to think that any part of India is free from leprosy and that its climate or its diet can save the inhabitants from contracting leprosy. Survey has not been done in Kashmere, N. W. Frontier Province, Rajputana, Central India and in the forest homes of aboriginals. I think leprosy survey should be a part of public health work. Then only can we have a fair idea of the prevalence of leprosy in India.

Though there are half a million lepers in India, the disease varies in its severity and infectivity. Leprosy rarely kills. In most cases the onset is chronic. The most infectious case may not be severe at all. Severity of the disease, if calculated in the amount of disability, is towards the last stage of the disease when it is non-infectious. Therefore true service to a leper must include the care of both the stages.

About more than half of the total number of lepers belong to mild nerve type. Many more must be subject to infection without developing the disease at all. Spontaneous cure of early cases is as common as it is in any other disease. Many cases of early nerve type after a few years get arrested. In a sweet factory in the Madras Presidency, 5 per cent of the labourers had early nerve leprosy. In most of them the signs are stationary for a long time. If these men had been discharged from service, they might have developed into the skin type. Diet, exercise, the presence of other diseases and the mental condition of the patient all combine to constitute a constellation which governs the type of leprosy.

What is the cause of leprosy? From the history of the spread of leprosy in India, we find how contact has been playing a great part. Improved communication became a distributor of the infective agent. In nearly 70 per cent of cases detected by the survey, the source of infection has been traced to somebody in the house, in the village, in the school or in a factory. But I think the survey parties moved rapidly with the main purpose of finding out the actual incidence and did propaganda work to attract to the clinic as many patients as possible. For a thorough enquiry into the aetiology of leprosy it would have been necessary to spend several days in a village instead of surveying several villages in a day. No enquiries have been made as to why thousands of people who live in close contact with infectious lepers did not get it. We must have seen several thousands of

mothers and wives who nursed lepers but did not get the disease. One may say that their body resistance was high. I have often seen how all conditions being equal, strong men got infection but weak escaped. I tried to apply the law of body resistance, racial and individual immunity, presence of other diseases and so on, but I could not solve the problem. Contact is certainly a big factor but I think there is a way to escape. We have to find out what it is.

However all the facts that we have in our possession tend to show that the best way to avoid leprosy is to keep away from the leper. The picture of leprosy in many localities is like the incidence of yaws in the Assam Hills. Sometimes we find that one village having no lepers living within a furlong of a village where there are many. Yet it does not contract it from the latter because of rigid social isolation. I think a great step in the prevention of leprosy is, if possible, to revive the communal rules of the country which advocate rigid isolation. Let every village headman keep a record of infectious and non-infectious cases. Those of the infectious cases who are too poor to isolate themselves in their own houses may be provided with huts outside the village. As far as urban areas go, at any rate factories could be compelled not to employ and the enforcement of the existing law preventing infectious lepers from persuading certain trades could be insisted upon. Treatment should be arranged in all endemic areas. Demonstration centres may be opened to find out how many years it will take to make a given area free from leprosy. We have asked government and local bodies to take preventive measures but we have not yet demonstrated how long it takes to control the disease in a particular area. We must be prepared to accept the challange of the public and prove that a given area can be made free from the disease within a given time. The tax-payer must be satisfied that his money is spent with a definite object to obtain tangible results.

Abstracts

MORE HOLIDAY.

By

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While the country is trying to get back to financial and business normality through radical treatment for the condition of fear and selfish hoarding, let us see if something cannot be done to halt the abnormal strenuosity of people "for the preservation of their health."

The aim to preserve life and health is nature's first law, and is always commendable. However this age comprises a mixture of sensible care of the health and a recklessness of health and life, the outcome of which is certainly doubtful.

To discuss first the latter, namely, foolhardiness, bravado and indifference to the rights of others, one needs only to mention the following: reckless driving of automobiles; excessive smoking; drinking too many cocktails or impure alcoholics; lack of rest (cards, movies, radios, short hours of sleep); too much ill-timed or ill-regulated exercise; marathons; starvation diets; carrying mouth or other chronic infection too long, though diagnosed and warned of the seriousness; insufficient clothing for the the climate or season; indifference to symptoms that forewarn disease; lack of ordinary caution when in locations of danger, etc., etc.

Strenuosity for the preservation of health has gone to extremes; thousands think about themselves all day along throughout the waking hours, beginning with the "daily dozen" and the cold shower, to the carefully selected breakfast (frequently too little); to the luncheon of studied (adnauseam) calories and vitamins; to the dinner of rightly (?) proportioned proteins, carbohydrates, vitamins and minerals.

Meat must be eaten "only once a day," even if the individual is underweight, has low blood pressure and needs it. There should be taken about "eight glasses of water a day." even if the individual is anemic, or has high blood pressure and polyuria, day and night. There must be

"roughage," even if the individual has intestinal irritation and indigestion. A laxative must be taken in the evening, even if the individual does not need it; or he must take salts in the morning, even if they cause depression and the individual is of low vitality.

Milk must be taken for "Vitamin A," even if the individual cannot well digest milk. He must eat dark bread "for Vitamin B," even if it is not well digested; and "green leaves" of lettuce for their Vitamins and iron, even if the tender white parts are easier to digest.

He must take enough exercise at the end of the week to make up for not having taken some exercise regularly throughout the week. For men after fifty such spasmodic exercise is more or less harmful, as they are likely to play, even golf, to excess.

Normal relaxation in certain parts of the day, especially evenings, is now almost unknown. Children are brought up without rest, and frequently sleep only from exhaustion. There is too much noise and excitement, radios, automobile riding, school competitions, and interpolated activities interfering with the regular, normal, school foundation work. They must listen to health talks which they do not understand and therefore cannot correctly apply. There are days for this, and days for that; group things for this, and group things for that; group exercises; birthday parties, and, soon, dances, etc., until the children's lives become almost as strenuous as those of the adults. The children hardly have time to do the simple childish things they would like to do, or play their simple games, or develop individualities.

The departments of public health have done and are doing most wonderful work in the prevention of disease and in increasing the length of life. While the average length of life has been decidedly prolonged, this is largely due to the diminution in the number of deaths of infants and young children. There is no question but that this is due to the better understanding by parents of the food the infant and child should receive and of the need for more vitamins than the ordinary city diet furnishes. However, we should proceed a little more slowly than what we are doing at present, as, for instance, in administering vitamins, weighing foods, or ordering sun baths, lest we overdo them. Too much of some vitamins can do harm. Too many sunbaths are harmful.

At the present time the chief cause of death among adults is heart disease; closely, associated with arterial disease and chronic kidney disease. Another increasing cause of death is diabetes, in spite of the prolongation of the life of diabetics by insulin. We may, perhaps class the deaths from pneumonia as accidental to focal infection. A lowered withstand power for fighting the disease would be a cause, and the very frequent condition of chronic mouth infection, in some form, could lower resistance and cause an individual to easily acquire pneumonia and succumb to it. Rarely in chronic focal infection is the blood in normal condition, and when not normal its ability to fight acute infection is diminished.

The cause of the increased cardiovascular diseases must be largely due to the rapidity and irritability of our lives; in other words, strenuosity and restlessness. A strong added factor is, of course, the carrying of some chronic focal infection. Diabetes is often caused by such an infection, and is certainly increased by nervous irritability and mental restlessness and anxiety. The endocrine glands are easily affected by any of these conditions, and they play their part in causing abnormalities and disturbances of normal physiology. Restlessness, haste, lack of sleep, and too much physical exercise (or in many instances not enough exercise), especially if associated with excessive use of tobacco or coffee, take part in causing gastric and intestinal indigestion and the consequent absorption of irritating products into the blood, which disturb the nervous system and the organs of excretion.

Bank holidays and stock holidays have recently been ordered to aid in the return to normal business. It is time to call holidays for the ever increasing health talks, whether lectures, by radio or health journals. Too much diet advice is given. So many warnings are spread in one way or another that the large majority of our people are "on edge" all the time and are wondering what is going to happen to them next, and trying to prevent it, whatever it may be. They misinterpret unimportant symptoms and take some drug or preparations which may be harmful. Patent medicine and nostrum advertising, instructions to the laity (sent through the mail) and radio talks on how to take them, and declarations of their safety should have long holidays. Their should be also a long holiday for talks on the many vitamin preparations and the vitamin containing foods.

Some medical men have, for years, insisted upon (without much avail until lately) the seriousness of mouth infection. Commercialism has now entered into this propaganda, and wonderful (!) tooth washes and tooth pastes, etc., and now radio-talked all over the world. The promises that are thus broadcast cause thousands of individuals to neglect visiting their dentists or their physicians. Many of these preparations are of value, but they do not kill pathogenic germs and cannot prevent root-infection of the teeth or cure diseased tonsils. It would be of great benefit to call a holiday for such propaganda.

We have now too long been in the age of aspirin and aspirin carrying preparations. In one form or another it enters surreptitiously into many preparations. Aspirin itself is broadcast and published in newspapers as a "perfectly harmless drug that can never hurt the heart or weaken the circulation." Such declarations have caused serious harm, and without any doubt many unnecessary deaths. The circulation of the heart is always weakened by aspirin, except in a few individual cases where a habit for it has been formed and an unusual tolerance established. An aspirin-taking patient is a poor subject for serious diseases, and aspirin plus pneumonia is almost deadly.

Various types of anemias are readily caused by mouth infection, and the coal-tar products and synthetic drugs (whether acetanilid, antipyrin, pyramidon, phenacetin, aspirin, veronal or the very many types of barbital, under various names) will always more or less weaken the heart and the circulation, and may damage the blood. All headache tablets or preparations and most cold-preventive preparations contain one or more of these drugs, and the age is full of headaches and full of colds, in spite of the various methods used to prevent them.

Now, what can be done to improve the serious conditions above outlined, in other words, to get back to normal health conditions?

1. Declare a holiday on recklessness of all kinds, and on strenuosity and excesses of all kinds, from water drinking to smoking, and from card playing to exercise.

2. Declare a holiday for all health propaganda, health lectures, health broadcast, health talks and health articles in all papers and periodicals, and for health literature sent by mail.

3. Let everyone diminish his "speed," the bane of our present era.

4. Let everyone frown upon and report all recklessness in automobile traffic.

5. Let everyone discourage stunts and marathons, as they are nerve-wrecking for both participants and observers.

6. Let everyone return to the restfulness and health-prolongation of a normal number of hours for sleep.

7. Let everyone who is ailing see his family physician, who will decide what treatment is needed, and who will select a specialist, if one is required. Every person is of more value than his automobile, hence, he should, more than like it, be carefully examined by his physician at least once a year.

(Medical Mentor April '33.)

Notes on Treatment of Diseases.

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

Incontinence of urine: May be due to acidity or alkalinity. If due to acidity, Pot. Citras grs. 15, Soda Bicarb grs. 20, Tr. Hyoscyami mms. 20, Infusion Bachu oz. 1, to be taken three times a day.

If due to alkalinity, Benzoic Acid grs. 20 thrice a day. In some cases Oleum Santal Flava mms. 10 thrice a day is effective, or a soothing mixture containing Tr. Belladona Tr. Hyoscyami and Infusion Bachu may be taken.

In adults for incontinence coming after laughing or sudden movements due to the atony of the sphincter of the bladder, Tr. Canthardis mms. 3 to 5 may be given and in case of acidity or alkalinity of urine, the treatment above mentioned may be adopted. If the urine is acid Urotropine in addition may also be tried.

Insomnia: Barbital or Barbital Sodium grs. 5 to 15 may be given in capsules or hot water. Sulphonol grs. 10 to 20 to be given in hot milk at 6 p.m., 4 to 6 hours before retiring to bed. Bromide of Sodium or Strontium is also good. Small doses of Arsenic should be added to the Bromide to prevent Acene, especially in cases of women patients.

If the pain is the cause of sleeplessness, Morphia or Chloral should be administered

If due to Mania, Hyoscine alone or with Morphia is useful.

In convalescent cases where the patients sleep during the day and wake during the night, usually due to weakness of circulation, Hydrotherapy and Nux Vomica, Arsenic and Phosphorus are indicated.

If the sleeplessness is due to heart disease, Chlorotone grs. 5 to 10 in capsules or tablets or Chloralamid grs. 10 to 15 may be given dissolved in wine or in capsules.

In insomnia of functional origin Trinol grs. 15 to 30 or Veronal grs. 10 to 18 is useful. Small doses of Medinol with Aspirin is also advised. Lymphoid Parathyroid Co., is reported to have very good action in such cases. Also Luminol in small doses during the day, Brominol grs. 2 to 10 or Adalin grs. 10 to 15 are also said to be good.

Impetigo Contagiosa: In infants when there is redness of the buttocks or genitalia caused by irritating stools, the following may be used with a mop:—Pulv. Calamina and Pulv Zinc Oxide each drms. 2, Glycerine drms. 4, Alcohol oz. 2, Aqua add 1 pint.

Gentian Violet 2% aqueous solution may also be tried. After washing the parts with Hydrogen Peroxide the parts may be dusted with equal parts of Calamina and Zinc Oxide.

Intestinal Obstruction: Belladona is the only medicine of use in this disease: It should be given in big doses. Physostigmini and Pituitrin are useful adjuvants. Tr. Belladona mms. 30 to be given at the start and repeated every hour till the physiological effect is produced.

Massage the abdomen putting the patient in the knee-chest position.

Injection of 50% solution of Mag. Sulph. per rectum has also been advised.

An enema of hot water over which a large quantity of Olive Oil is floated seems to have very good effect in relieving obstruction. (Clendenburg.)

N.B. To distinguish obstruction from Intussusception an enema of Mag. Sulph should be given after washing the stomach until water comes out clear. In Intestinal Obstruction there is vomiting with pain after the enema, while in Intussusception there is no vomiting or pain.

Intestinal Putrefaction: Fasting is good, and the following purgative is advised:—Mag. Citras drms. 10, Calcina Magnesia grs. 30, Sodium Chloride grs. 15, Essence of Citron mms. 10, to be dissolved in a litre of water, half to be given early morning and the other half 10 minutes after. (Leonard Williams.)

Inflammatory affections: Leucotropine intravenous injection is said to work like a magic.

Infantile paralysis: Hexamine grs. 2 to 10 every four hours and Pot Iodide later. (Radolph)

Iodism: 2 to 3 mms. of Liq. Arsenicalis thrice a day after food and drinking large quantities of water with Sodium Bicarb before food is also advised.

Insanity: Thyroid grs. 5 early in the morning, Lymphoid Co. Tablets with Orchitic substance thrice a day after meals. (I. M. G.)

In Maniac depression grs. 90 to 200 of Bromide per day is recommended.

In all forms of Psychosis—Dimentia Precox—the production of anaphylactic shock by the following method is advised:—

Inject into the glutral region 10 ccs. of milk which has been boiled for 10 minutes. Ten days after give an intravenous injection of 1 to 2 ccs. of milk boiled for 20 minutes and 5 ccs. of 2.5% of Methyline Blue watery solution is also given. There should be a rise in temperature and loss of weight.

Intermittent claudication: Inject 50 to 500 ccs. of 2% solution of Pot. Citras intravenously once a week, to decrease the coagubility of blood. (C.M.S.)

Acetylcholine is also highly recommended.

Notes on Therapeutics, Diagnosis and other Medical Subjects.

THE PREVENTION OF COLDS AND OTHER RESPIRATORY INFECTIONS.

By

DAVID THOMSON

AND

ROBERT THOMSON

(Abstracted from "The Common Cold," the Annals of the Pickett-Thomson Research Laboratory, Vol. VIII, December 1932, p. 657).

The various methods used for the prevention of colds may be briefly enumerated as follows:

(a) MEASURES WHICH REDUCE THE CHANCES OF INFECTION: These are the avoidance of crowded places during epidemics, avoidance of patients and sick-rooms, avoidance of dust-laden atmospheres, and avoidance of kissing. The chances of infection can also be reduced; not so much by trying to avoid it, but by measures which insure better ventilation of public places of amusement, of schoolrooms, of factories, offices and of school dormitories. Coupled with better ventilation we must have more space so that the individuals are less crowded whether in the schoolroom, the dormitory, or the factory. This provision of more space reduces the chance of droplet infection.

Other measures which reduce the chances of infection are the sterilization of the air by formalin vapour, etc.; sterilization of fomites, towels, handkerchiefs, etc.; the wearing of masks by the patients, isolation of patients, and the exclusion of carriers.

Probably one of the most important methods of reducing the chance of infection is by means of gargling the throat and treating the nasal passages with some mild antiseptic once or more times daily, more especially during epidemics. There has been a great deal of controversy over this procedure, but it seems to us extremely reasonable to suppose that just as we can prevent infection with veneral diseases through the application of antiseptics soon after exposure, so should we be able to prevent droplet infection from respiratory diseases by gargling and washing out the nasal cavities with weak antiseptics.

No one objects to gargling, but the practice of nasal douching has been strongly condemned by many nose specialists because of the danger of thereby causing infection of the nasal sinuses and the middle ear. There can be no doubt that nasal douching by means of forceful injection as with a Higginson syringe is dangerous and should never be done. All such dangers, however, are avoided if we sniff the antiseptic lotion up the nose, because this sniffing produces a negative pressure and avoids the danger of forcing septic material into the sinuses or into the Eustachian tubes. The other danger is the use of too strong antiseptics because these damage the delicate mucuous membranes and render them more liable to infection than before. If, however, we use extremely weak and non-irritating antiseptics and sniff them up the nose, we consider that this, combined with gargling, is very good practice if carried out night or morning or soon after any exposure to infection, more especially during the prevalence of epidemics.

(b) MEASURES WHICH INCREASE RESISTANCE TO CATARRHAL INFECTIONS: PRO-

bably the most important of such measures is the remedying of inherent defects in the nose, such as the removal of polypi, adenoids, and other unhealthy obstructions. The removal of obviously diseased tonsils is also important. There has been some opposition in recent years to the wholesale removal of tonsils and adenoids such as has been practised for some years past, but in our opinion this is only the swing of the pendulum to the opposite extreme due to the fact that it has been overdone in the past. We think that there can be no doubt that grossly enlarged and unhealthy tonsils and adenoids should be removed. There has also been too much tendency to operate on the nose, but if moderation and discretion is used in this matter there is little doubt that the patient will derive great benefit from the surgical treatment of gross defects in the majority of instances

(c) DIETETIC METHODS OF INCREASING RESISTANCE: There an be no doubt that proper feeding increases the general resistance to disease. No definite rules, however, can be laid down for every person. Some individuals eat too much and others eat too little. In general, one would recommend a well-balanced diet with a sufficiency of vitamins. Rickety children are susceptible to colds, so a sufficiency of vitamins A and D are essential. Cod-liver oil was formerly administered for this purpose, but there are now many substitutes and vitamin extracts on the market.

(d) AVOIDANCE OF CONSTIPATION: We believe that the general health, and therefore the bodily resistance, can be greatly improved by keeping the bowels cleared out two to three times a day. The importance of this is not fully realised either by the medical profession or by the public. The best way to keep the intestine clean is to clear it out several times a day. This is vastly superior to the use of so-called intestinal antiseptics. Some medical men seem to think that purgatives are to be avoided. In our opinion they should be used continuously by many individuals, and the dosage does not require to be increased if the type of laxative is changed or varied from time to time. We know a very healthy and active old lady in Scotland, aged 98, who has used powerful purgatives more or less constantly for a period of more than 50 years. Her son, who is a doctor, aged 60, had constantly warned her for many years on the dangers of purgative medicines, but she refused to take his advice, and now this doctor himself is a convert and a firm believer in his mother's teaching in this respect. In these days of overeating and sedentary living it is sound common sense to clear the bowels out thoroughly at least twice a day, and there are innumerable excellent laxatives for this purpose.

(e) ULTRA-VIOLET LIGHT: We believe that ultra-violet radiation is an excellent thing during the long, sunless winter months, and that this is an aid in increasing our resistance to colds.

(f) THE IMPORTANCE OF WARMTH: We have seen that chill and any drop in temperature of the atmosphere predisposes to colds. It is sound common sense, therefore, to keep ourselves adequately warm during cold weather by means of a sufficient amount of clothing and by sufficient warming of the houses and rooms in which we work. Those who advocate that we should go about shivering with the idea that we are hardening ourselves, and that this is correct because some savages do so, are not level-headed, but should be regarded as cranks. Their advice is quite wrong for the average sedentary worker.

(g) GENERAL HYGIENE, EXERCISE, FRESH AIR, BATHS, ETC.: are all to be strongly recommended, provided that discretion is used, and so long as it remembered that it is possible to be over enthusiastic and to overdo things. Violent exercise after middle age or too prolonged exertion will do harm, and cold baths do not suit many people. On the other hand, very many people living in towns take far too little exercise and become exceedingly flabby. The most important muscles in the body to exercise are the abdominal muscles. It is far more important for health that the abdominal muscles should be strong and firm than that the biceps should be developed.

(h) THE IMPORTANCE OF THE EARLY ERADICATION OF ALL SEPTIC FOCI: We have now finished our eighth volume of these Annals, and in the course of our studies we have consulted about 15,000 research papers. In pondering over this enormous mass of medical research, it seems to us

that the most important fact which stands out above all others is the danger and far-reaching effects of septic foci in any part of the body. Any septic focus on the skin is immediately seen by the patient and as a rule is attended to at once. When, however, similar small septic areas occur around the teeth, or at the apices of the teeth, or in the throat or tonsils, or in the nose, or in the intestine, they are not as a rule noticed, and remain unattended. Nevertheless, it is these small initial spots of sepsis which spread and lead to systemic infection. They are the beginnings of long-continued chronic illness and the cause of premature decay and death. A tiny focus of sepsis no bigger than a split pea around or at the apex of a tooth may start a long-continued and persistent fibrositis in some distant part of the body. Similar septic foci in the gums and mouth may set up repeated attacks of tonsillitis and catarrhs of the respiratory tract. It is in these small septic foci that the bacteria of respiratory catarrh lurk, and they are ever ready to spread rapidly from these unhealthy areas when the resistance of the body is lowered. We have already pointed out at length the far-reaching dangers of sepsis in the nasal sinuses, and have shown that these septic foci, which are most persistent if not attended to, cause repeated reinfections of the whole respiratory tract leading even to bronchitis and bronchiectasis. The situation will be more easily grasped if we think of an ordinary tree. The average tree as a rule dies of rot, and that rot commences as a small area usually due to an injury to the bark. This gradually spreads if unattended to, and after the course of years causes the final death of the tree. This same and simple truth applies equally to the human body, and we cannot urge too strongly upon medical men and upon the general public the importance of searching for and eradicating at once all small foci of sepsis or suppuration in any part of the body. The most common site for these is in the mouth and around the teeth. Great advances have been made in detecting septic foci about the teeth by means of x-rays, and full advantage should be taken of this at frequent intervals or at any rate at least once a year. Of equal importance is the radiological examination of the sinuses of the nose. Much human suffering and disease could be avoided by such intelligence and foresight, and the healthy constitution to which we aspire could be prolonged for a much greater time. Above all, remember that cleanliness and the diligent eradication of small septic foci in the mouth, teeth, and nose are even more important for health than the much lauded importance of fresh air, exercise, and bathing of the outside of the body.

(i) THE IMPORTANCE OF CLEANLINESS IN THE PREVENTION OF COLDS: We have seen that colds are caused by certain species of pathogenic bacteria. The greatest enemy of all pathogenic bacteria is cleanliness and hygiene in its widest sense. We have already pointed out the great importance of cleanliness and hygiene with regard to our bodies.

The importance of bathing so as to keep the skin clean has long been preached, but we have pointed out the still greater importance of scrupulous care and cleanliness with regard to the hidden and unseen recesses of the body, namely, in the mouth, nose, and elsewhere.

Equally important is the hygiene and cleanliness of our clothing and of the various objects which we use in daily life. Just as important also is the hygiene of our surroundings; thus scrupulous cleanliness is required in the home, in the school, the factory, the office, the shop, the bus, the theatre, etc., etc. This cleanliness requires ample ventilation, frequent washing and extraction of dust.

Dust is an important factor in the causation of colds. The principal cause of dust in the streets of London is the excrement of horses and dogs. It seems to us that the London County Council and other town councils should do something active about this matter. It is just as important as the problem of pollution of the atmosphere with smoke. People who keep dogs in cities should be compelled to provide special water-closets for them in their own houses. Horses should now be disallowed in all large cities for not only are they the chief cause of pollution of the streets, but they interfere very greatly with the normal motor traffic,

The keeping of domestic animals, such as dogs and cats, is a problem which requires very much investigation. So far we know nothing with regard to the part played by animals in the genesis and spread of epidemics of colds. Hoyle's recent work, which clearly shows that mice are highly susceptible to several of the bacteria which cause colds in man, is very significant. Highly susceptible animals are apt to pass these bacteria back to man in a much greater stage of virulence. Who knows, therefore, whether or not the pneumococci are coming back to us from mice through the agency of cats?

It is important, therefore, that all houses should be constructed so as to be vermin-proof, and it is important that our domestic animals should be kept as clean and as healthy as ourselves. Animals of the rodent type are of enormous importance in the spread of plague; they may be of equal importance in the spread of the common cold. We have found streptococci and Gram—negative cocci of the catarrhalis group in fleas which have been fed on rats. Serious investigations are required into all these matters, more especially as the common cold is one of the greatest scourges of civilization in the temperate climates.

(The Indian Medical Gazette, July, 1933).

NEW TREATMENT FOR CANCER.

COBRA VENOM RELIEF.

There is now a suggestion that the venom of the cobra, which has caused so many deaths in the past, may in the future prove a means of fighting cancer.

Prof. Gosset, chief surgeon of the Salpetrire Hospital, has communicated to the Academy of Medicine the results of researches in this direction by Dr. Taguet, of Paris, and Dr. Monae-Lesser, of New York. These savants, since 1930, have treated 115 patients suffering from malignant tumours which had reached so advanced a stage that operations would have been useless.

They have dealt with cancer on the tongue, the liver and the stomach by giving injections of cobra poison prepared by the Pasteur Institute. In a number of cases they found that even when the snake poison did not completely arrest the progress of the malady it afforded great relief.

The most important discovery is that in some cases the development of the cancer's growth was completely stopped. The disease was, as it were, stabilised and the life of patients prolonged.

Prof. Gosset does not go so far as to claim that the use of snake venom will form a cancer cure. He is satisfied that in the great majority of cases it relieves the sufferings of patients when all else has failed, and that it may prove a most powerful weapon in the fight against the most baffling of diseases.

CLINICAL NOTES AND PRACTICAL SUGGESTIONS

Boldine in Catarrhal Jaundice.

A male patient aged about thirty-two came to me last month suffering from Catarrhal Jaundice. His complaint began with dyspeptic symptoms. There was a sense of fullness of the abdomen, discomfort in the region of the liver and flatulence. He had attacks of vomiting for several days. After these symptoms had lasted for some time Jaundice set in and then he sought my advice. There was still some distress in the epigastric region and the patient exhibited symptoms of malaise, general weakness and inability to work. He was slightly constipated. There was no temperature. The skin and the conjuntivae showed intense yellowing. The tongue was heavily coated and the buccal cavity contained an abnormal quantity of saliva. Although the liver could not be felt below the costal margin there was tenderness in its region. The pulse was full but of normal tension. The urine was bile-stained and the motions were typical of the condition viz: clay-coloured. I diagnosed this case as that of Catarrhal Jaundice secondary to acute gastritis. The symptoms of the latter disappeared after six to eight days and then Jaundice started and then he came to me for treatment. I prescribed for two days the followig mixture:

Acid Nitro-Hydrochlor Dil	mms.—	10
Soda Sulph	dram.—	1
Tr. Nucis Vom	mms.—	5
Tr. Gentian Co	dram.—	½
Spt. Chlorof	mms.—	10
Aq ad	ounce.—	1

for each dose

After this I kept him on Boldine and recommended very light diet. At the outset he took 8 pills per day. After three days noticeable change in the condition of the patient was found. Improvement started with the disappearance of tenderness in the hepatic region, fullness of the abdomen, epigastric distress and vomiting. Later he began to get regular motions, the colour of which gradually changed and became normal after a day or two more. He began to get appetite and the tongue became free from bile. Icterus then disappeared from the skin and later from the conjunctivae. All these results were obtained after eight days' treatment with Boldine. Since then the patient has gone on well and has suffered no more. He has now recovered his weight and takes his usual food. The case is sufficient to convince one of the efficacy of Boldine.

Some Notes on Different Kinds of Tinea.

Various Tinea are caused by a fungus which belongs to the genus Achorion, specially A. Lebertii and A. Schoenleinii. All the epithelial tissues are capable of infection but it is particularly found in the folds of the skin and the hair of the scalp. In the hair the following features are visible. It appears as a semi-bald patch with few hairs. It is very difficult to make out and is sometimes very refractile. The mycelium, when seen under the microscope, has a knotted appearance. Its filaments, which are wavy have got three or four branches. The whole of the scalp is not affected at one time but only some portions.

The mode of development of the skin trouble can be best seen when the head is thoroughly washed with some antiseptic soap and all the crusts have been removed. The affected portions then are seen in sharply defined patches which are glossy and red in appearance and are at times moist and at times dry. In long-standing and chronic cases the patches may be drier than usual and scaly and may be denuded of hairs in parts. As the disease progresses the pink-red patches become white and the epidermis in them becomes more or less exfoliated. The epidermis round the follicle is more firmly attached than at the periphery. These patches become depressed and the affected hairs are in the centres. The hair soon loses its lustre, becomes friable and easily comes out because the parasites of the diseases penetrate the roots and getting between the root-sheaths and the soft spongy tissues near the bulb destroy them. This is how baldness is the result. It is not only due to the tension of the skin thus produced but also by the presence of the crusts and by the inflammatory irritation in the follicles and the surrounding skin.

The patient complains of considerable itching and if the disease remains untreated it becomes very much accentuated. Some

ascribe this to the presence of pediculi which are invariably present with this disease but this symptom according to the majority of clinicians is due to the disease itself. As a result of the scratching which the patient resorts to to relieve it haemorrhage and pustulation may be produced. Another symptom associated with this disease is a peculiar odour of the scalp and its hair. It is much pronounced if the disease is widely spread.

The disease is likely to extend from the scalp downward or it may be carried to the scalp from other regions by means of scratching etc. In the latter parts it appears as dry, red scaly rings which are much larger than those in the scalp. Sometimes the fungus may be introduced under the nails of the fingers as a result of scratching. Here it is seen as a yellow spot under the nail substance or protruding from its free margin. It is very refractory so far as treatment is concerned.

In treating the condition some clinicians advocate the use of such constitutional remedies as Hypercytol, Fer-Ma-Pho, Pulmo-Calcium or Pharmasol Collo-Calcium which, they say, are of considerable value as auxiliaries. The treatment should be mainly directed to the local condition and only persistent and continuous efforts will help us to eradicate the disease thoroughly. The hair in the first place should be cut short. After cleaning the scalp well with soft soap and warm water and then drying it the use of a reliable parasiticide such as Sarcoptol is necessary. This concentrated colloidal preparation of Sulphur permeates the tissues of the scalp as also other parts of the body and exerts its influence on the spores of the fungus which lie embedded in the deeper layers of the Skin. Sarcoptol when it reaches there inhibits the growth and virulence of the organisms. Thus it acts as an effective parasiticide. It also allays irritation and inflammation, which means that it is a good analgesic and antipruritic. This routine of washing with soap and warm water and then applying Sarcoptol undiluted if carried out regularly will help to cure the disease in a few days' time. Unless there is complete destruction of the follicles there is no possibility of any permanent baldness.

Some advise in this disease X-rays which are of course beneficial in their results but in the majority of cases which are mostly amongst the poor this is quite beyond their means and again they are not available in the rural districts where this simple treatment may come in very handy. Besides being effective it is a non-toxic, non-irritant preparation of Sulphur which neither stains the linen nor does it leave any after-effects.

Another skin-disease which responds satisfactorily to this line of treatment is Tinea Versicolor otherwise known as Pityriasis. It is caused by Microsporon Furfur. The fungus grows and develops in the superficial layers of the epidermis without in any way affecting the hairs and thus the disease is brought about.

The characteristics of the disease are that it is never found on the exposed parts of the body. The spots and patches in this disease are in the form of an eruption, the colour of which varies from fawn yellow to dark brown, rarely black. The patches are covered with scales which can be easily removed. These patches are at first small and round and slightly elevated. The neighbouring patches soon coalesce and form irregular extensive patches. The sites for the affection are thighs, abdomen, arms, chest or the region between the scapulae. It is never found on the uncovered parts as the spores are easily removed and displaced by washing. Unless there is prolonged contact with the affected person the disease is not contagious.

This skin-disease is associated with Phthisis as there is profuse sweating in this latter affection and this skin-trouble is more likely to occur in those who perspire freely. Dry-skinned people are comparitively immune. Another peculiar feature of Tinea Versicolor is its tendency to return and to persist off and on for life. This is because of the fact that some foci of infection may lodge somewhere despite vigourous treatment.

Treatment is almost on similar lines to those described in other forms of Tinea. The affected parts are washed clean with soft soap and warm water and Sarcoptol, undiluted, thoroughly massaged into the parts morning and night. If this is done for a week all traces of the disease will soon vanish. In addition to this treatment the necessity of destroying all sources of propagation must be borne in mind. This means that besides eradicating the disease all the linen worn by the patient, specially the under clothing, must be boiled and then washed. This destroys all the spores which may be the starting point of recurrence of the disease.

Septicemine in Respiratory Affections.

Satisfactory results have been reported by many physicians from the use of Septicemine in the treatment of acute respiratory affections such as lobar pneumonia, bronchitis and broncho-pneumonia. The introduction of this product is a great step forward in the therapy of these affections. Because of its high antiseptic value and the complete absence of troublesome by-effects its administration has become almost a routine in the acute and subacute bacterial affections of the lungs. The results in the following two cases will testify to its efficacy.

1. A young girl of about 20 came to me for high fever and slight cough. She was flushed, restless and apathetic. She looked very ill. Her temperature was 102°, pulse 120 and respirations 30. On examination of the lungs I found that there was distinct consolidated patch at the base of the right lung. It was a case of acute lobar pneumonia and I advised complete rest in bed and prescribed a stimulant expectorant mixture. The next day I found the condition of the patient much the same and I decided to try Septicemine 4 c.c. of which I injected intravenously in the morning. In the evening I found the patient somewhat better. The temperature was 101·6°, respiration were 28 and pulse 116. There was no change in the physical condition of the lungs. The mixture was repeated. Again next morning I gave another injection of Septicemine as before. To my surprise I found marked improvement in the condition of the patient in the evening. The fever had come down to 100°2, pulse was 98 and respirations 22. She complained of feeling hungry and had taken the nourishment well. The injection was again repeated next morning and in the evening the temperature had come down to normal and the patient was by far better. I did not then give any more injections but kept the patient on the mixture only with some stimulants. The sixth day the patient appeared quite normal except for the typical cough. Her pulse was 74 and respirations 18. Resolution of the lungs commenced on the sixth day and the patient continued to be better on this treatment. The convalescene was quite uninterrupted. The recovery was unique in that the attack was so to say aborted on the fourth day which means before the usual crisis. Furthermore the patient was made comfortable to a great extent by means of Septicemine and she did not exhibit any toxic symptoms.

2. Another case was of a young man who came to seek my advice for high temperature and cough. I saw him on the fourth day of his illness. His relation told me that he had high fever with severe shivering three days ago. He had pains all over the body and vomiting. After two days of this trouble the pain was confined to the left side of the chest. The vomiting had not stopped and he was feeling very ill. His temperature when I saw him was 104.6°, pulse 123 and respirations 36. Consolidation of the left lung was revealed on auscultation and I diagnosed it to be a case of acute lobar pneumonia. I gave him the usual expectorant mixture and advised some brandy every 3 hours. The following morning I found the patient cyanosed and much distressed signs of extensive consolidation of the left lung were found and there was typical rusty sputum which when examined under the microscope showed Staphylococci and Pneumococci. The temperature was the same but the pulse and respirations had increased to 130 and 40 respectively. I gave one Septicemine injection intravenously, 4 c. c. There was no rise of temperature but the condition showed very little change. Restlessness and delirium were the next symptoms. Again in the evening I repeated the injection and night also after four hours. The next day I found the temperature had come down to 101·2°, pulse 110 and respirations 30. Septicemine was again injected and the whole treatment was repeated. There was no change either in the physical signs of the lungs or in the temperature. The injection was again administered in the evening. The temperature at night was 100·8° but there was not much improvement in other symptoms. Next morning I was told that the patient [illegible] but the temperature sh[illegible] Further injections of Septicemine seemed advisable and one was therefore given and

the same was repeated in the evening. One hour after the evening injection there was a steady fall in the temperature which came down to normal at about 9 p. m. with profuse sweating. The following day the patient appeared more comfortable and looked much better. Needless to say that the same treatment was repeated. Next day the general condition was much improved, colour was better, pulse was 78 to 80. He was sleeping well and was much more comfortable despite the troublesome pneumonia cough. The convalescence was quite uneventful.

Intestinal Fermentation and its Treatment.

The intestines, as is commonly known, are a storehouse of a considerable number of coliform bacilli. The etiology of the intestinal and other consequent general symptoms, which are associated with abnormal fermentative processes depends on the excessive proteolytic action of these bacilli. These help the pancreatic ferments in the process of autolysis of proteins, fats and carbohydrates to a much higher stage ; thus from carbohydrates lactic and butyric acids are formed, from fats fatty acids while from proteins the toxic aromatic compounds such as indol and skatol. Further, the amino-acids are converted into toxic amines viz : isoamylamine, indol-ethylamine, tyramine and histamine.

Now the formation of these toxic products of bacterial fermentation is not extensive in a normal individual and besides, the protective mechanisms of the organism render them absolutely innocuous. A stage might however be reached when these protective mechanisms might be ineffective due to abnormal bacterial activity. The result is that there is excessive formation of fatty acids which render the contents of the intestines as well as the faecal matter more rancid. Indol and skatolare consequently absorbed and the toxic amines enter the circulation and then they give rise to all sorts of symptoms such as headache, vertigo and various skin affections.

From the foregoing remarks we can deduce that in a normal individual fermentation process in the intestines is checked on account of three important factors :

1. Speedy transmission of the intestinal contents.
2. Activity of the pancreatic and intestinal enzymes.
3. Effective absorptive function of the intestinal epithelium.

Thus it becomes clear that if the intestinal contents are delayed in their passage, the putrefactive bacteria multiply which enables elaboration of specific bacterial toxins and the result is intestinal fermentation. Another additional factor in the causation of this phenomena is deficient absorption of the digested material which implies plenty of nitrogenous pabulum in the system. From this pabulum the toxic products are autolysed by the bacteria. There has not been discovered so far any specific bacillus which is responsible for this intestinal fermentation and its sequelae and it has not yet been determined whether the general symptoms are due to the toxins produced by the bacteria or to the compounds of amines which are the by-products of the putrifaction of proteins. Perhaps both these factors might contribute in the establishment of the symptoms associated with these phenomena.

The sequelae of this intestinal fermentation are both of local and general nature, the most prominent among the latter are Rheumatic affections and various autotoxical dermatoses.

The rationale of the treatment consists not merely in the regulation of diet but the use of such a remedy which will act as a a detoxicating agent towards these products of fermentation. For this purpose Pharmasol Sulphur is the appropriate preparation, because it provides a satisfactory method of detoxicating these products of fermentation and at the same time affords a suitable means of stimulating intestinal peristalsis, which is often sluggish in such cases. It acts also as a valuable protective to the inflamed intestinal mucus membrane and thus prevents absorption of bacterial toxins.

In various dermatoses consequent upon this auto-intoxication and fermentation Pharmasol Sulphur is of great service because of its action as a dermal antiseptic and parasiticide and also as an intestinal antiseptic and laxative. It is prepared in such a way that it does not decompose in the stomach when taken in but when it reaches the intestines its minute colloidal particles are rapidly converted into active Sulphides. Because of this rapid conversion even with small doses Pharmasol Sulphur is therapeutically more effective than the galenical preparation of the element. In these intestinal toxaemias and their sequelae Pharmasol Sulphur, by virtue of the reducing properties of sulphides into which it is converted, serves as a useful intestinal antiseptic. Unlike precipitated sulphur it does not irritate the stomach nor does it upset gastric digestion. By means of its detoxicating properties it assists conversion of the aromatic toxic compounds, which are the result of putrefactive fermentation of proteins, into harmless esters and thus prevents toxaemia. The mild irritant action of sulphides, in which this Pharmasol is turned when it reaches the intestines, tones the latter thus re-establishing their regular peristalsis and in this way overcoming either stasis or atony. It is thus that the primary cause of toxaemia is removed and the intestines are evacuated of their fermenting contents. When the root cause of toxaemia is removed, the sequelae such as skin diseases and rheumatic affections are cured. Pharmasol Sulphur helps the cure of these also by its remedial influence of them after its absorption and subsequent circulation in the blood.

It is thus evident that Pharmasol Sulphur is not merely a symptomatic remedy but a rational therapeutic measure in alleviating the intestinal fermentation which gives rise to several affections particularly of the skin and joints. It exerts a rapid and beneficial influence specially on auto-intoxications associated with defective or irregular action of the bowels. These cases improve with remarkable rapidity and the tone of the intestines is so restored that they soon attain normal peristalsis and regularity of action.

Cryogenine.

Burgi's law states that when individual components of a product possess a synergistic action its therapeutic effects are greatly increased specially when these components have different physiological points of attack. According to this law there is a possibility of having a remedy with intensified pharmacological effects. Such a combination can only be called ideal if together with the increased therapeutic action there is adequate counterbalancing of toxic by-effects.

Cryogenine substantiates the accuracy of Burgi's law and closely approximates to the above ideal. It is compound formed by fusing metabenzamido with semicarbazide and in the form of colourless crystals with no taste and odour. The primary action of this preparation is that of a depressing nature on the sensory nerves. Since the different components of Cryogenine affect the different parts of the brain and the nervous system the therapeutic effect is increased with simultaneous neutralisation of excitatory action by means of narcotic effects. This sort of antagonistic action helps to effect a good pharmacological action at the same time eliminating all the toxic after-effects. If larger doses are given there is immediate and lasting action of this product. Cryogenine is capable of producing analgesia in paroxysms of pain when aspirin and other coal-tar derivatives and Barbituric-acid products have no effect. The therapeutic action of Cryogenine is almost certain except in rare cases where the paroxysms of pain are of extreme severity which require the exhibition of morphine. We can however safely assert that it is in many cases a good substitute for the latter. Cryogenine is therefore invaluable for the relief of pain of all kinds irrespective of the cause. Besides being an analgesic Cryogenine is an effective antipyretic and favourable experiences reported of this latter action, specially in large doses, have made its use more wide and frequent. This product represents a new and a very efficient analgesic-antipyretic combination which produces splendid results in large doses than those of any other coal-tar products. The practical requirements fulfilled by Cryogenine are gratifying. Clinically it is not only an active and harmless analgesic but manifests an excellent antipyretic action without leaving any effects of exhaustion and profuse sweating.

It has been proved that Cryogenine is successful in relieving different kinds of pain and in bringing down temperatures. It has thus been useful in all forms of headaches. Malarial headache, or headache due to anaemia and exhaustion, gout, Syphilis or Arteriosclerosis—all yield to the exhibition of large doses of this product. It has been successfully employed in cases of neuralgia due to any cause whatever and also in neuritis and tabetic crisis. In lumbago, Osteo-Malacia and dental neuralgia good relief from pain has

been obtained with the help of this remedy. Cryogenine is a valuable product in alleviating the unbearable pains in Osteomalacia. When administered to patients suffering from Sciatica remarkable results have been obtained with this product. In Dysmenorrhœa two tablets of Cryogenine given every four hours are usually sufficient to allay pain and irritability during and after menstruation. It is also valuable for the relief of dental pain. This remedy also works well in those patients who are extremely nervous and who fear any sort of dental operation. It helps to allay fear and nervousness of these patients. It is serviceable in post-operative pain because of its satisfactory analgesic action even in severe cases. In certain diseases of the uterus and its appendages, such as metritis and parametritis, where pain is the predominant symptom Cryogenine in slightly larger doses affords prompt relief. Besides the analgesic action in these complaints it satisfactorily brings down the temperature when present and thus freedom from pain and temperature enables the patient to obtain good sleep and get through the acute inflammatory stages of the disease much more easily. In pains of Carcinoma good results have been obtained with this preparation especially when the efficacy of morphine has begun to weaken because of continued administration. Although it is a sovereign remedy for relieving pain and nervousness in many cases, still it must be admitted that it cannot always replace morphine. It helps however to reduce the frequency of Morphia injections. Long-continued administration of Cryogenine in small doses ensures adequate relief in Migraine as it keeps the cerebrum mildly depressed. In acutely painful neuritis its action is noteworthy as it brings about a soothing action of the nerves. In pains of Influenza, in rheumatic pains and in severe backache and general pains of Small-pox it has been the experience of a number of practitioners that it is very effective. Its satisfactory action in post-operation pains, in pains due to wounds, scars of fractures has been detected by several surgeons. In Otalgia, Angina and in pains due to inflammation of the accessory sinuses Cryogenine usually renders valuable service. It assists greatly to relieve the irritation due to certain dermatological conditions such as Pruritus, Eczemas etc. It has also been found a good sedative in painful priapisms. Sometimes it has given beneficial results in pains due to iritus, iridocyclitis and glaucoma.

To reduce Pyrexia arising from any cause whatever Cryogenine is of great use. It is therefore indispensable for the general practitioner who has always to treat fevers such as Malaria, Influenza, Typhoid, Paratyphoid, Miliary Tuberculosis, not to mention others due to a variety of affections. Especially in Tuberculosis where the fever is the result of bad general condition, it is very important to check it as the consequences viz: low resistance, diminished vitality and extreme exhaustion are very serious. Cryogenine effectively lowers the temperature without any un-toward by-effects and eliminates all the dangers resulting from pyrexia in this disease. Cryogenine can be esteemed as an effective antipretic in fevers of whatever origin.

From the foregoing remarks we can gather that Cryogenine is a well-tolerated and efficacious product in which the analgesic and antipyretic actions or blended in a uniform compound. The chief factor that decides the selection of this remedy is that even sensitive patients do not react to it unpleasantly nor does it leave any after-effects. Experiences accumulated throughout a long period of several years has confirmed its reliability, efficacy and harmlessness as a therapeutic agent. Toxic after-effect are always conspicuous by their absence. There is no effect on respiration, nor any depressant action on the circulation. It has no haemolytic action on the blood. It is therefore the only product which offers the properties for the complete therapeutic control in affections requiring simultaneous alleviation of pain and temperature without any disadvantages or narcosis. Close observation of patients, after they have been treated with Cryogenine for a long time, has revealed no untoward effects. Being completely harmless it seldom produces cardiac weakness of arrests secretions as in usually the case in Morphine preparations. A particularly welcome feature of this product is that it does not cause any gastric disturbances. Even after prolonged administration no cumulative effects are observed thanks to the rapid excretion of the product. On the strength of the experiences of numerous medical men we can assert without fear of contradiction that Cryogenine is a well-tried remedy for relieving all kinds of pains and also for reducing pyrexia due to any cause whatever.

The following two cases will illustrate the use of Cryogenine in alleviating pain and reducing temperature.

1. In January last a man aged about 45 came to me complaining of severe headache mostly in and around the forehead. He said that he had the sensation as if his head would burst on account of a constantly increasing internal pressure. There was chronic nasal catarrh and his symptoms pointed to some trouble in the frontal sinuses. He said he got these symptoms occasionally either of a severe or mild nature. Eliminating all other causes of headache I diagnosed this as due to chronic inflammation of the frontal sinuses. I put him on Cryogenine for his headache. He took two tablets every 4 hours. After taking six tablets he was pleased to notice that there was distinct lessening of the headache. At the end of the day when he had finished ten tablets the headache had completely disappeared and he fell into sound sleep and got up fresh in the morning not only free from pain but without any after-effects. Now whenever the trouble arises he takes Cryogenine as advised and thus he is able to get over the critical periods without much suffering. I advised him to get his local complaint treated by a specialist.

2. A young woman of 19 suffering from Tuberculosis of the lungs for many months was greatly troubled among other symptoms by pyrexia. The temperature used to rise to 102° or 103° in the evening and it continued sometimes throughout the night. As a consequence of this she was very much exhausted in the morning. She had lost her appetite and was feeling extremely weak. She was prescribed Cryogenine for her temperature. She took 5 grs. of Cryogenine every 3 hours. She commenced taking from two in the afternoon and finished about 15 grs, by 8 at night. Not only was there marked reduction or fever but she felt much better and was able to sleep soundly at night. As a result of this refreshing sleep her general condition improved considerably. Her strength increased, her appetite improved and she was able to sit up in the morning. She is having all other medicinal aids as well as regulated diet but the reduction of pyrexia and consequent good sleep at night went a long way in giving her comfort and effecting an appreciable improvement in her general condition.

Such cases where Cryogenine has been used with success can be multiplied but the above two cases illustrative of its efficacy both as an analgesic and antepyretic will suffice to convince any sceptic. Besides its efficacy it is free, as far as we can judge, from the evil-effects usually attendant upon the administration of other coal-tar products and pyrazolone derivatives.

Obesity and its Treatment.

It is very difficult to draw a line of demarcation between a normal individual and a morbidly fat one as the amount of fat contained in the body and which is necessary therein varies to a considerable extent. We must needs be guided by the differentiation made by Ebstein who divided fat persons into three classes; in the first he is envied, in the second he is ridiculed and in the third he is pitied. Obesity can be attributed to various causes the most frequent being excess of intake coupled with insufficient activity of the organism. This is the exogenous type while the other type known as endogenous is one in which the oxidation is much diminished. In persons with this latter type of obesity a tendency towards other metabolic disturbances is also present. This endogenous type is also due to certain endocrine disorders because there exists certain relationship between the metabolism of fat and the internal secretions. It is well-known that defective thyroid function or thyroidectomy results in accumulation of fat. Some people call it an elementary form of Myxoedema. Again, deficiency of the ovarian function, either physiological or pathological is usually followed by obesity. When there is a disturbance in the normal working of the pituitary it may also lead to this condition together with some sexual irregularities. This condition is known as Dystrophia Adiposogenitalis.

Turning to the various kinds of Obesity we come across many cases in which there is a proliferation of the adipose tissue which is uniformly spread throughout the body. This kind is known as Diffuse Lipomatosis. Sometimes we find people having a pronounced accumulation of fat in the region of the pelvis, thighs and legs. Besides superficial accumulation of fat

there is too much deposition of it on the internal organs, excess of which is really a serious matter. At times respiration is too much impeded by deposition of fat on the thorax and accumulation and retention of it on the cardiac muscle leads to its increased activity which may in course of time result in hypertrophy and dilation. Another kind of obesity known as Adiposa Dolorosa is one in which we find layers of fat on the body as well as the lower extremities while the face, hands and feet remain unaffected. These layers are said to be very troublesome as at times they are very painful. One more variety which needs mention is Madelung's neck in which there is a ring of fatty tissue deposited round the neck in the form of a collar. The latter two types are fortunately very rare.

As regards treatment of Obesity there is one general rule to be observed viz., that food-supply should be restricted and oxidation accelerated. Restriction of intake of too much of food is particularly advisable in the exogenous type. In addition to the restriction of food care should be taken to see that there is sufficient activity of the muscles such as taking long walks, gymnastic exercises or playing some outdoor games. Together with this Iodobesin should be exhibited as it helps to promote oxidation and bring about decrease in weight.

The treatment of the endogenous type of Obesity requires more vigorous treatment. In addition to dietary restrictions the use of Iodobesin in this type offers a safe and efficacious treatment. Whether it is the thyroid that is at fault, or the pituitory or the ovary or the testes, it will be found that Iodobesin is the logical treatment because it contains all these glandular extracts with the addition of Colloidal Iodalbumen which not only compensates for the various defective internal secretions but regulates metabolism and prevents accumlation of fat in the organism. One great advantage of this treatment is that no severe dietetic restrictions are necessary although gradual reduction of Caloric intake to a point very near the body requirement is advisable. Iodobesin influences metabolism by directly acting on the glandular system and causing the production of those elements which are lacking for the proper oxidation of fats. Thus it is that the desired reduction in weight takes place in a rapid and pleasing manner. Iodobesin does not cause any by effects such as nervous hyperexcitability or cardiac disturbances. Clinical tests have clearly shown that despite the high content of Iodine in it the product is tolerated excellently. In these tests no harmful or unpleasant results have ever been encountered.

Despite the efficacy of Iodobesin in Obesity it is incumbent on the medical practitioner to assist the treatment by means of dietary helps. The suggestions given here will be therefore of great use. For an obese subject it is not advisable to eat between meals, as the foodstuffs taken at this time usually consist of high caloric value. Butter, cream and milk-products which are high in heat-values, roughly about 150 calories to ounce should as far as possible be taken sparingly. Plenty of vegetables, salads and soups should be taken freely and without much restriction as they form a good bulk and as they contain different mineral salts. To maintain the protein balance lean meat can be taken but pork should be entirely excluded. Tea and coffee without milk and sugar can be taken without any harm. In short if we are able to find out the maintenance requirement of the individual and if we are able to pay proper attention to the adequate balance of fats, proteins and carbohydrates we can adjust the dietary of the individual and treat him accordingly.

A recent case which I had the occasion to treat may perhaps be of interest to the medical practitioners.

A patient Mrs. S. aged about 40 came to me for treatment of obesity. Her height was 5 fit. 5 inches and she weighed 165 lbs. Her habits were sedentary. She was prescribed Iodobesin, two opocrins daily for the first two weeks. The dosage was increased to three in the next week after which she took rest for a week. She repeated the routine in like manner for approximately four months. In addition to this medicinal treatment she was advised to take regular walks for an hour every day to be busy helping in the domestic work. She was allowed a daily diet of roughly 1700 calories. After four months of this regime her weight was reduced to 30 lbs. She is still continuing the treatment. During the time the reduction in weight was taking place there was practically no change in her pulse rate or blood pressure. She was feeling decidedly better and more active due perhaps to the decreased amount of weight.

News and Comments.

Madras Surgeon-General: It is now settled that Sir Frank Powell Connor, D.S.O., F.R.C.S., D.T.M. & H., I.M.S., now serving as A.D.M.S., Bombay District, is to succeed Major General Sprawson as the Surgeon-General with the Government of Madras. It is said that he would take charge of the new office late in October or early in November from Major-General Sprawson who resumes duty in Madras before he relieves Major-General Megaw as Director-General of Indian Medical Service.

Sir Connor had his medical education at St. Bartholomew Hospital, London, and entered Indian Medical Service in 1902. He served with 16th Rajputs at Shillong and Manipur and with 13th Rajputs at Calcutta. Later he was appointed as the Resident Surgeon, Calcutta Medical College Hospital, in which capacity he served from 1907-10 when he was made Civil Surgeon, Gaya. He left India with the Indian Expeditionary Force, in September 1914; served in France, England and Mesopotamia. He was the Consulting Surgeon, Mesopotamia Expeditionary Force, from 1917-18 and is said to have very good report of his career both in the Army and Civil Service. He was decorated with Star D.S.O. in 1914.

Sir Connor is the author of a book, "Surgery in the Tropics" and has contributed sections on Tropical Surgery in the Manual of Surgery by Ross Carless and Nelson's Loose-leaf Surgery.

We congratulate Sir Connor on his promotion as the Head of the Medical Department in Madras and welcome him most heartily. The Medical Department has now become an automatic machine and will go on working requiring little or no strain on the part of those who control it. Justice and fairplay is all that is expected from the head of a department. We wish Sir Connor realises that Medical relief in this and other provinces is most unsatisfactory, whether it be at the State Hospitals or in private houses and that about eight to nine hundred subordinates under his charge are too insignificant a number to look after forty-two millions of population in this Presidency. Members of the profession who are nearly four times the number of doctors in Government employ have to be depended upon for this task. The methods at work in State Hospitals and the abuse of privileges of private practice by the paid doctors have been a great handicap for the members of independent profession to grow a contented and prosperous unit to be able to co-operate with their more fortunate brethren in service with the result that medical relief and medical research are not as much advanced as in other civilised countries. So it should be the concern of the Heads of Medical Department in India not only to control their subordinates but see that there grows in this country a medical profession worthy of the purpose for which they are meant.

When Sir Connor lays down his office as the Surgeon-General of this Province, we hope he will give us an opportunity to record his activities in having built up the medical profession as a whole on sound and healthy lines.

Evil Doers at work: It is said on a reference to the White Paper that the question of registration of medical graduates in India and reciprocal relationship with Great Britain will be the subject of separate consideration by the Parliamentary Joint Committee. This news forebodes that evil hands are interfering in London in preventing India getting independence regarding 'matters medical'. The subject of medical registration is one of the items for consideration by the future Government of India and the anxiety shown by the Joint Parliamentary Committee for taking up this subject for discussion at this stage in London, shows the depth of anxiety of those evil doers who are bent upon keeping the medical profession under submission, even after India gets a shadow of liberty under the proposed new Government. The vested interests do not permit those concerned to have faith in Indians regarding reciprocity in the recognition of medical qualifications. Perhaps a 'Safeguard' is in contemplation regarding Medical Registration. The Indian Medical profession should be thankful to the Indian Medical Association for having sent an appeal through their energetic Secretary, Dr. K. S. Ray, to some of the most prominent Indian representatives, now in London apprising them of the danger to the growth of the medical profession in case India is not given a status of equality in the matter of reciprocal relationships so far as recognition of medical degrees of foreign countries are concerned.

Ban to be removed: Dr. K. S. Ray, Honorary Secretary of the Indian Medical Association, announces that the recent representations of the Association on the question of membership by Government medical men have been successful and that he has received a communication from the Government of India, stating that, if certain alterations are made in the rules of the Association, the provisions of sub-rule 2 of Rule 23 of the Government Servants' Conduct Rules, will not act as a bar to Government servants joining the Association. (A P. I.)

Modern Medicine & Modern Ideas: What is expected in these columns is to collect news and comment on them with the hope that such comments will be useful in our constructive work of building up a sound medical profession in this country. It is certainly a very good sign of the times that in Simla one of the seats of the India Government, doctors in high position in Government service should have conceived of the idea of starting an association admitting into its folds practitioners of all grades in and outside service. Major-General Sir John Megaw, Director-General, Indian Medical Service, delivered the Inaugural address of the Simla Medical Association (as this association is called) on the 15th ultimo. In the course of his address he expressed his pleasure to see an association where every member of the profession "high or low could sit on the same bench". He thought it was absurd to call the present scientific medicine as Allopathy, a name given to it by the founder of Homeopathy. He would call the system of medicine now practised by the scientific doctors as "Modern Medicine".

Col. D. P. Goil, Inspector-General of Civil Hospitals, Punjab, observed amongst other things in his remarks that from enquiries made by him from the Superintendents of various hospitals under his charge, about the introduction of honorary medical officers, it was gratifying to know that nearly all replied to him that they were willing to accept such a scheme introduced in the Punjab,—a really Modern Idea indeed! We wish the Superintendents of State Hospitals in the Madras Presidency where the honorary system has been introduced in a skeleton form would relish what their brethren in the Punjab had said and make the skeleton of the honorary system assume a real and healthy form.

A Well Meaning Slur: It is reported that the Government of Madras had appointed Mrs. Todd, wife of Mr. Todd, till recently Collector of Salem, now Third Member, Board of Revenue, Madras, as the Chief Organiser in the Presidency for "Leper Relief Campaign." It is also said that a whole-time officer of the Government, Mr. Curtis, who is not a medical man, is to assist Mrs. Todd. Both are to be given travelling allowances befitting their position and Mr. Curtis is to get Rs. 100 per month in addition.

Mrs. Todd with Mr. Curtis has been doing excellent work on their own accord for the Lepers in the Salem District for the last perhaps one year. We have no information about the agency who approached the Government of Madras and suggested the advisability of appointing persons outside their Medical Department to be in charge of "Leper Relief Campaign."

As in other diseases, this disease has to be dealt with in two different aspects, Prevention and Cure. It cannot be said that prevention of Leprosy is outside the activities of the Director of Public Health and curing that of the Surgeon-General. Quite recently the Government have sanctioned a scheme by bringing into existence Leprosy Clinics in moffusil hospitals and medical officers who have been specially trained for the work are posted for this duty. If the Director of Public Health and Surgeon-General co-operate with each other for preventing and curing diseases,—their legitimate duty,— they could certainly achieve more than what is expected from Mrs. Todd and Curtis, both lay people.

The action of the Government in having recourse to a scheme of the nature sanctioned by them with regard to "Leper Relief Campaign," tantamounts to their helplessness in combating this disease with the help of the paid departments under the Government and is certainly a slur on the Public-Health Department as a whole that they are incapable of achieving what is expected of two lay persons. We do appreciate the anxiety of the Government to rid this province of Leprosy. Equally do we appreciate the zeal and enthusiasm of persons of the position of Mrs. Todd and Mr. Curtis. All the same we cannot congratulate the Government for what they have done though with very good intentions. We refrain from saying anything more. Time will make up for our further comments on this subject.

Has Madras Government any concern in Lepers?: In spite of what we had to say in the above para in these columns we should admire Mrs. Todd for rousing the Government of Madras to their sense of responsibility regarding the cure of lepers in this Province. The fact that the Madras Government did not think worth their while to depute any of its officers in the Medical Department, doing special work regarding Leprosy, to a conference which met in Calcutta last March indicates the callousness on the part of the Government in connection with the cure and prevention of Leprosy. Financial stringency or anything else cannot be put forward as an excuse for this default. The utmost that could be said, might be that those who run the Madras Public Health Department did not draw the attention of the Government about the necessity of Madras partaking in the valuable scientific discussions about the treatment of Leprosy. The default is inexcusable all the more when it is known that the Conference at Calcutta which met last March was of all India nature and was arranged by the Indian Council of the British Empire Leprosy Relief Association; and was attended by almost all the eminent workers interested in Leprosy Relief including Dr. Cochran, M.D., F.R.C.P., Secretary, International Leprosy Association, who came down from London to give the benefit of his suggestions.

Madras Lepers in Karachi: It is said that in a letter addressed by the Collector of Karachi to the Commissioner in Sind, regarding the menace of Lepers in that city, mention has been made that out of 70 lepers that were admitted at the Manghopir Leper Asylum there were as many as 22 from Madras, the highest figure in comparison to the number of lepers from other parts of India. This is yet another fact to be noted by the Madras Government. It clearly shows that either the incidence of leprosy is heavier in this province than in other provinces or that the lepers are less cared for. In either case the duty of the Government is clear. They should find out and decide if the campaign of prevention and cure of such social diseases should be entirely entrusted to Honorary workers of the type of Mrs. Todd and Curtis asking their paid department to help and co-operate, instead of *vice versa*.

All-India Medical Licentiates' Conference: We learn from the proceedings of a meeting of the Bombay Branch of the All India Medical Licentiates' Association that the Annual Conference of the Licentiates meets in Bombay this year. Drs. U. B. Narayana Rau, M. N. Talati and H. V. Hegde, the three important office-bearers selected as Chairman Reception Committee, General Publicity Secretary, and Secretary Entertainment Committee, respectively, took the trouble in coming down to Madras to study and learn all the arrangements in connection with the last session of this conference in Madras. We trust these gentlemen have been able to make a survey of the affairs of the Association about which Dr. V. Ramakamath spoke at length at one of the meetings of the Bombay Branch last April. Bombay is the birthplace of the All India Licentiates' Association and it is most opportune that reclamation work regarding this Association has to be done in Bombay at a time when the affairs of the Licentiates are quite different from what they were when the Association was started by a few in Government service. Bombay has always a fair name for practical work and we hope it will not be otherwise regarding the activities of the All India Conference of the Licentiates to be held in Bombay.

Typhoid's Toll: The months of June, July and August seem to be peculiarly favourable for the outbreak of Enteric-fever in Madras and Bombay Presidencies. We shall be thankful to the practitioners in other provinces if they come forward with their experience in their provinces about the prevalance of this fever. We are so far at the mercy of lay newspapers for such news. It is said that in Bombay City, particularly in Sion and Matunga, there were many deaths due to this disease. It is also surmised that there have been many cases that are not reported to

Health Authorities either by the people or private practitioners. In Madras the newspaper reporters are not perhaps so keen in getting reports about the prevalence of such diseases excepting perhaps publishing reports of the Health Department of the Corporation. Yet we can say with some authority that there are sporadic cases of typhoid fever at present in all divisions of the city especially in Mambalam, a newly opened extension of the City under the direct control of the Madras Corporation.

The Health Officer of Bombay believes that though there is a slight increase in the number of deaths by typhoid fever the situation is not really so serious. There does not seem to be any stir in the Madras Corporation Health Department about this infection. We have to say in this connection that mortality due to Typhoid Fever is perhaps waning due not so much to observation of Sanitary Laws either by the public or Public Health Departments but due to immunity brought on by repeated attacks and the chronic infection in which the people are floating making the people acquire yet another variety of protection. The profession is familiar with the stereotyped publication of pamphlets by the Health Authorities copied from text-books which usually does not interest either the profession or the public. The Health Officers would do better service in case they attempted to find out the particular causes of the spread of infection in particular localities. In Bombay the Health Department would do well to visit the milk dairies or rather the slum areas in the vicinity of Bombay where those who supply milk to the citizens of Bombay are keeping milch cattle. The majority of these cattle yards are in a most unsatisfactory condition, not worthy of a city of the importance and magnitude like Bombay which is one of the biggest commercial centres of the world. In Madras in addition to the usual causes of infection the Corporation itself has been culpable of the negligence of the elementary laws of Hygiene in permitting construction of houses on a large scale, as in the new extension at Mambalam and the old extension at Landon's Garden, Kilpauk, with little or no regard for drainage. Filariasis and Typhoid Fever are often met with at Landon's Gardens and the history will not be otherwise at Mambalam where drainage water is allowed to soak in the house compounds and it looks as if the Health Authorities do not believe, insanitary and ineffective drainage as one of the causes for the spreading of epidemic diseases of the nature of Typhoid Fever, Cholera, etc.

Post-graduate course in Vienna: Of late many of the practitioners from the city and outside this province have been going to Vienna for undergoing post-graduate courses in special subjects and we find the majority of such practitioners belong to the Licentiate section of the medical profession. Whatever may the adage, "Distance lends enchantment to the view," mean, regarding other matters, in connection with the post-graduate course in Vienna, it has a real significance as could be gathered from the report we have just received from one of the practitioners who has recently returned from Vienna, after specialising in Ophthalmology and Dermatology. He writes among other things:

> "After specialising in Ophthalmology and Dermatology and receiving *zenguis* in the above subjects from the University of Vienna, I went to London and attended a few clinical lectures in the Moorefield Eye Hospital for comparison and I am sorry to say that they did not interest me. I cannot but say that the Viennese Surgeons are not only gifted with the wonderful knowledge and ability for teaching especially the post-graduates of all nationalities by providing them with every facility but also have developed every branch of medical science to such a high degree of efficiency which no country could boast of."

The Licentiates prefer to go to a more distant country in the West than Great Britain as no additional preliminary qualification is demanded for higher studies. All the same it is to be said to the credit of the Britisher that he is fairer to the alien Indian than the Indian himself in his own country. In Vienna there is no restriction for any qualified practitioner to undergo post-graduate training in any special subject in any of the Universities and those that undergo the post-graduate course at Vienna are certainly richer in their practical knowledge than those anywhere else in the world. Yet there is one real handicap and that is, of recognition of merit and experience gained by the practitioners who have undergone the post-graduate courses in Vienna. Such want of recognition of qualification has been a

disability of the Licentiates ever since their birth as such and yet at least some have survived all these and shown to the world that they are as good and capable practitioners as are their more fortunate brethren. Though higher qualifications might serve the purpose of introducing a practitioner to the society more easily and quickly, capacity and capability to do professional work, do help them materially in the long run. It cannot but be otherwise regarding the Licentiates who have returned from Vienna. We are glad to note that of the two who have recently returned from Vienna, (Drs. A. L. Meganathan and T. S. Shetty,) the former has taken a wise step in doing some practical work at the Special Eye Clinic, Swedish Mission Hospital, Tiruppattur, the latter requiring no such institution for demonstrating his skill, himself being already in charge of a private hospital in Kanadukathan. We wish good luck and prosperity to both.

Policy behind Transfers: If one looks back to the history of transfers in the Madras Medical Department he would be surprised and at times shocked of medical officers and subordinates being allowed to work in particular places for periods equal to their total service while others were tossed like foot-ball. Later, when the managers of the office of the Surgeon-General were recruited from amongst tried officers in the Government Secretariat, 5 years' term of office in each station was considered to be a reasonable period before which a medical officer was transferred from one station to another. Recently due to the retrenchment policy 5 years' lease had naturally to be extended and it was expected that the Medical Department would use all possible discretion in saving public money in effecting transfers. From the recent transfers effected in this department it is rather difficult to follow the policy of the authors of such policy as it is found that exigency of convenience of individuals more than of service or economy have been the guiding spirit underlying the policy. Consequent on Lt. Col. Croly being appointed as officiating Surgeon-General transfers had to be made in several places. We criticised the action of the Government in these columns last month for disturbing the General Hospital and the Medical College for a few months by making Lt. Col. Croly to act as the Surgeon-General as the work at the office of the Surgeon-General would have gone on as quietly if the Personal-Assistant was asked to function for Surgeon-General. Madura is a place for an European I.M.S. Officer, so also the post of the 1st Surgeon General Hospital, Madras and if the 1st Surgeon, General Hospital, could be an Indian I.M.S. officer, why transfer Capt. Ebden, from Madura as 2nd Surgeon, General Hospital, and post a Civil Surgeon to Madura. The officer posted to Madura is senior to Capt. Ebden and the Surgery at the General Hospital would not have been poorer. Good record is available both at the General Hospital and outside that Civil Surgeons without foreign qualifications are capable to handle Surgery as cleverly as those with the foreign qualifications. Then again one transfer of a Civil Surgeon from Cochin to Medical College as professor of Medical Jurisprudence has caused two more transfers. Trichinopoly seems to be a reserve for an Indian I.M.S. officer. The post of Civil Surgeon of Coonoor which till recently was a place for an I.M.S. officer has since been reserved for an I.M.D. Civil Surgeon and Major Mehta is to go to Trichinopoly; to make room for the latter, the Civil Surgeon of Trichinopoly, Dr. Sarma, was shifted to Tuticorin and the Tuticorin Civil Surgeon is sent to Cochin. What was the necessity for disturbing the Civil Surgeon at Tuticorin? What harm was anticipated in sending Dr. Sarma direct to Cochin? We hold no brief for Dr. Sarma when we say that professionally Dr. Sarma could be considered senior to the Civil Surgeon now posted to Cochin who was transformed quite recently as Physician and Surgeon from the position of Professor of Chemistry at the Vizag Medical College. We mean no disrespect to the latter officer. We are only narrating facts to convince our readers that economy and other considerations in public interest are made secondary to the convenience of individuals at the cost of public funds. It should also be remembered that Cochin till recently was a place for I. M. S. and a senior Civil Surgeon would have filled in this vacancy with less harm to all concerned.

Malabar District Medical Association: Elsewhere in our correspondence columns, are published extracts from the

annual report presented by Dr. V. Krishna Menon, the Honorary Secretary. Though the average attendance at the meeting fell down to 15 from 17·75, the average for the year under report, we should say is certainly a good attendance for a mofussil station compared with the strength of attendance at such meetings in big cities like Madras, Bombay and Calcutta. The subjects discussed at the monthly meetings give an idea that the members have been interesting themselves in all branches of medical science. We congratulate Dr. B. Rama Baliga on his having been the origin-founder of this Association consisting of service and non-service medical men of all grades and we are glad to note that the health officers both of the Malabar District and Calicut Municipality have enrolled themselves as members—a unique feature of this Association. We wish the health officers in other places follow the example of their brethren in Calicut in joining the existing Medical Associations both in the moffussil and presidency towns. This will facilitate the Public Health work and will add to public interest. The Association held its annual meeting on 9-7-33 under the Presidency of Major Cox who is the President of the Association. Dr. V. Ramakamath was specially invited for the meeting and he addressed the gathering on "Medical Relief"; extracts of his speech appear in the Correspondence Columns. Major Cox deserves the gratitude of the medical profession in Malabar in conducting the affairs of the Association with the help of the energetic Secretary, Dr. Krishna Menon, who had been the Secretary from the very inception of the Association. The fact that every year he is unanimously elected as Honorary Secretary shows the regard the members have for Dr. Krishna Menon who does his work with great personal sacrifice.

Indianisation at City Hospitals: It is a pleasant coincidence that all the City State Hospitals are now under the control of Indians all of whom were once the students of the Madras Medical College and excepting one, the acting Superintendent, General Hospital, rest are members of the Provincial Medical Service. We trust that this Indian team will not only bring credit to their *Alma Mater* but show to the public that given opportunities Indians are as good scientific medical men as their brethren from the West. It is usually said that the majority of Europeans are better administrators than Indians and can command more discipline. The present Indian team in charge of the City Hospitals, being the old boys of the Madras Medical College and having had practical training in almost all the City Hospitals, must know the defects in the administration of the State Hospitals and will be certainly in an advantageous position to give a good record of their work remembering all the time that the patients are as good Indians as themselves and naturally claim a larger measure of sympathy and fellow-feeling at the bedside from the Indian Doctors.

NOTICE.

The Managing Editor regrets very much that on account of his ill health for the last several months, the journal is being published late, and he requests the readers to be good enough to put up with this unavoidable delay for a month or two more within which period he hopes to publish the journal in time as before.

V. RAMA KAMATH.

Correspondence, Reports, Etc.

College of Physicians and Surgeons for Madras.

Since the Government of Madras has taken the first step in levelling up the medical education in the Madras Presidency, by increasing L. M. P. course to 5 years it would not be difficult for them to take the next step in establishing a College of Physicians and Surgeons for Madras, which would cost only a few thousands of rupees more per year. It is for the Licentiates themselves, the independent medical profession, and the medical journals like "Antiseptic" and "Medical Practitioner" to consider this important matter and see that a College is established within this year so that the new batch of licentiate students may appear for the first examination conducted by the College. It would not cost the Government much. With one President and 30 members of the profession representing the medical colleges, medical schools and the independent medical profession, a college council can be constituted. The members of the council need not receive any remuneration, the only paid staff would be a secretary and a clerk and an office boy. The council may meet only twice a year. The present examination board may be abolished and with the same expenditure, examinations may be conducted by the College.

Again, all the important members of the profession who possess the necessary qualifications may be elected fellows after paying the fee of Rs. 300, without examination. The examiners would necessarily be selected from the Fellows. There should also be an examination for Fellowship so that the members of the College would have the chance of becoming also Fellows. The office of the College of Physicians and Surgeons may be housed in the Government buildings so that there would be no question of house-rent. All that is required to start the College is a few thousands of rupees, which may be sanctioned by the Government as in the case of the College of Physicians and Surgeons of Bombay. This grant together with the money realised from the fellows (30 fellows at Rs. 300, each-Rs. 9,000) would be quite sufficient to start the institution. The examination fees from candidates would also meet the necessary expenditure. The recurring expenses of the College may be met by a grant from the Government each year and by an endowment to the College so that the work of the College can proceed without any hindrance.

The diplomas and courses should be as follows:—

1. LICENCE:—5 year course—general education—University entrance examination.

I year—Biology, Physics & Inorganic Chemistry.

II year & III year—Organic Chemistry, Bio-Chemistry, Anatomy, Physiology, Pharmacology.

IV & V years.—Medical Subjects.

Licentiates (4 year course) may be admitted to the Final examination after 1 year's course.

2. MEMBERSHIP:—5 years.

General Education—Intermediate examination with Biology, Physics & Chemistry.

1st 3 months—revision of Biology, Physics & Inorganic Chemistry,

I & II year—Organic Chemistry, Bio-Chemistry, Physiology, Anatomy, and Pharmacology.

III, IV & V years (33 months, 2 years and 9 months } -Medial Subjects.

LICENTIATES (5 year course)—5 years' standing may be admitted to the Final year class of the membership course and after one year admitted to Final membership examination.

LICENTIATES (4 year course) of 5 years, standing—additional 2 years' course before appearing for the Final membership examination.

FELLOWSHIP:—Members of 2 years' standing.—examination in Medicine and Surgery.

Similar to the M.D. or M.S. or the F.R. F.P.S. (Glasgow).

It will be seen from the above statement that the students for the Licence as well as the membership can receive the training in all the three medical schools in the Presidency and appear for the different examinations of the College. There is no necessity at all for having special classes. This will be very convenient for students studying in the medical schools after passing the Intermediate examination.

Only one special course has to be started for the 5th year membership course for the membership students as well as the licentiates who are desirous of obtaining the

membership diploma. The lecturers and professors in the Royapuram Medical School or The Madras Medical College may be asked to give this course. Women students for the membership may be asked to study along with the other students to keep up the efficiency of the course.

THE 5TH YEAR MEMBERSHIP COURSE.

Courses in Ear, nose, throat	2 months General Hospital.
do Skin and Veneral	2 months General Hospital.
do Radiology	2 months General Hospital.
do Eye	2 months Ophthalmic Hospital.
do Midwifery gynaecology and Children's diseases	2 months Govt. Hospital for Women & Children.
do Medicine	2 months General Hospital.
do Surgery including Operative Surgery	2 months General Hospital.

Madras is leading India in Medical Education. Let Madras not imitate other provinces or lag behind. "The Medical Practitioner" should take up this question and show to the other provinces also the right way of having uniform minimum standard of medical education in India. The inferior licence course should be continued only until such time that the Government decides to turn the medical school into colleges by raising the standard of teaching as well as the qualifications for admission, which should be nothing less than the Intermediate examination with Biology, Physics and Chemistry. After that only the membership examinations which would be equivalent to the M.B.B.S. should be continued.

L. M. & S. (Hyd.)

Indian Medical Council Bill

GOVERNMENT'S LATEST MOVE.

Thanks to the efforts of the members of the Legislative Assembly on behalf of the Indian medical profession they were able to score a point in obtaining an assurance that reference would be made to the various Provincial Governments on the question of the introduction of a uniform standard of education, for the medical licentiates throughout British India, but the way Government are setting about the enquiry does not serve to instil any confidence. This is a point that needs to be brought to public notice and also to the notice of the members of the Legislative Assembly.

If the assurance given by Government in the Assembly is to be redeemed not merely in letter but in spirit, it is necessary that when reference is made to the provinces the opinions sought, should not be those of the various Surgeons-General but the opinion of the medical profession in the province as far as possible. The viewpoints of the two are entirely different. One is merely official and bureaucratic whereas the other is unofficial and popular. At the same time, some semblance of consulting the latter is made by circulating the Government of India questionnaire to the members of the Provincial State Medical Faculty. I say "semblance" because the questionnaire did not issue from the State Medical Faculty (in Bengal at least) till the 15th June when a considered reply was called for by the 19th, the letter from the Government of India was dated 18th May. Apart from the fact that this gives the members little or no time in which to formulate and submit their opinion it does give a handle to the Surgeon-General to submit his own opinion without having consulted the members on the plea of want of time. This suggestion actually finds expression in the circular issued by the Secretary, State Medical Faculty.

Moreover, it is not understood why the reference should be made to the State Medical Faculty and not to the Council of Medical Registration, Bengal. The difference between these two bodies requires to be pointed out in order to show what importance attaches to the reference being made to the one and not to the other. The State Medical Faculty is merely an examining board whereas the Council of Medical Registration is a statutory body entrusted with the control of medical standards in the province and medical education. This latter, therefore, was the proper body to have been consulted. There is also this difference that the State Medical Faculty is composed of entirely nominated members having for their President ex-officio the Surgeon-General whose opinion may over-ride that of the majority, and it would

seem that on this occasion the President is happy to be in this position. On the other hand, the Council of Medical Registration, although possessing an official majority, has still an elected element which may at times sway opinion in their direction. Undoubtedly these differences must have consciously or subconsciously directed the reference to the State Medical Faculty rather than to the Council of Medical Registration.

Incidentally, I may mention that the State Medical Faculties are subordinate to the Council of Medical Registration in respect of medical standards and bound to carry out the latter's recommendations. Otherwise it would be within the competence of the latter body to withdraw recognition of the diplomas granted by the State Medical Faculty and debar holders of these diplomas from registration thereby. Some of these Councils, Bengal certainly, have recommended the raising of the Licentiate standards and it would appear that unless the State Medical Faculties are prepared to carry out their recommendations a serious impasse is likely to arise. It may be assumed that the Council were not so foolish as to overlook the financial aspect and make recommendations that were unpractical. I refer to this point because it would appear that an attempt is being made to point out the impossibility of achieving a uniform standard for the Licentiate education because of the impracticability of achieving a higher standard owing to the impossibility of finding the necessary finance. Government's policy at present is extremely wasteful, instead of trying to develop a number of ill-equipped schools of low efficiency it would be far more economical and efficient to have a few well-equipped and well-run institutions. In point of fact, the Indian Medical Association offered to formulate a scheme for Government whereby a much higher standard could be achieved with very little additional expense.

There is no doubt that the stanadard of Licentiate education requires to be raised whether to the M. B. level or something lower than the M. B. In Bengal the Council of Medical Registration suggested the lengthening of the course of the Licentiate to five years and a somewhat better entrance qualification. The present period of four years training and curriculum were introduced some 30 years ago during which time medical science has made such vast strides that it is imperative that the curriculam should be revised and brought up-to-date.

In regard to the investigation of the various standards of Licentiate education in the different provinces it is evident that there must be a considerable degree of uniformity already existing. This is evident from the simple fact that the diplomas granted by the various State Medical Faculties are reciprocally recognised in the various provinces. There certainly are variations in standards but there must be a sufficient degree of uniformity among all these standards for practical purposes. To my mind therefore it is not the question of uniformity that offers any great difficulty from the point of view of the Indian Medical Council Bill but the necessity of having a uniform minimum standard throughout India. Standards may vary in degree from province to province. It may, for instance in Bengal to-day, be greatly in advance of some other provinces but however they may vary from province to province, so far as the Indian Medical Council will be concerned it will have to see that no province falls below the standard it prescribes. Indeed, this was exactly the proposal made in regard to the Graduates and the same thing should hold good for the Licentiates.

We are in strange case here. Medical matters are so much in the hands of the official element that when the Government of India makes a reference on such a matter to the Provincial Governments it falls within the office of an executive councillor in charge of reserved subjects (standard of medical qualification being a reserved subject) and not to a popular Minister in charge of the transferred subjects. This fact was only recently brought to notice in Bengal. It is a strange irony that when in higher councils the question of handing greater powers to Indians for the management of their own affair is being discussed, in this much smaller sphere we should encounter such severe opposition and tactics calculated to retard our development in responsibility.

Calcutta. KUMUD SANKER RAY.

The Malabar District Medical Association.

The Second Annual gathering of the above Association took place on 9-7-33 at Calicut, Major A. I. Cox, I. M. S., District Medical Officer, who is also the President of the Association, presided over the meeting. There was a pretty large gathering of the medical men of the town. Dr. V. Rama kamath, Member, Madras Medical Council, was also present, being invited specially to address the gathering on "Medical Relief." Dr. V. Krishna Menon, the Hony. Secretary, first read the report for 1932 and 1933. The Association has on its rolls 45 Members belonging not only to Calicut but other stations in the Malabar District. There were nine meetings during the year under report against 11 the previous year, the average attendance of the members being 15 as against 17'75 for the last year. The name of the lecturers and the subject-matter of the lectures are as here under:

Dr. Isac Joseph	23-4-32	"The Role of Mental Hygiene in Public Health."
Dr. M. Sundarum	31-7-32	"Gonorrhoea: Its modern treatment."
Dr. M. Ananda	28-8-32	"Prevention of Blindness."
Dr. P. K. Kurup	18-9-32	"Poisonous snakes of Malabar."
Dr. L. S. Ramakrishnan	30-10-32	"Impressions of Vienna."
Dr. E. K. Achan	27-11-32	"Examination and Treatment of skin affections."
Dr. V. I. Raman	29-1-33	"Puerperal sepsis."
Dr. A. Narayanaswami	26-2-33	"Use and abuse of Opium and its preparations."
Dr. L. S. Ramakrishnan	26-2-33	"Contraception."

The Association sustained irreparable loss on account of the deaths of Dewan Bahadur Dr. K. Krishnan, Dr. M. A. Narayana Iyer and Dr. M. K. Verghese, the three eminent members of the Association. Dr. M. Anandan, one of the Members of the Association, in charge of Eye Clinic at the Head Quarters Hospital, Calicut, in addition to the reading of Scientific paper on "Prevention of Blindness," demonstrated interesting cases of Eye Diseases and Dr. P. K. Kurup took considerable pains to bring some specimens of poisonous snakes of Malabar and gave his brethren the benefit of the research work he was conducting regarding some of the indigenous drugs for the treatment of Snake Poisons in Malabar. Dr. A. Narayanaswami, one of the Honoraries attached to the Calicut Head Quarters Hospital, gave an "At Home" to the members, at one of the meetings. The Secretary brought to the notice of the gathering a letter addressed to him by the Badagara Medical Association suggesting the desirability of holding monthly meetings in important moffussil stations by turns, and made mention of a resignation by one of the members on the plea that the Government of India had banned Indian Medical Association. He explained to the gathering at length that the fears of the practitioner were baseless as the Malabar District Association had nothing to do with the Indian Medical Association of Calcutta. He brought also to the notice of the audience a letter from the Surgeon-General to the Government of India, Madras, in which enquiries were made about the Malabar District Association and told the audience that the Madras Surgeon-General had been encouraging Medical Officers to organise medical associations not only to promote *espirit de crops* but also to read and discuss papers on scientific subjects in Medicine, Public Health, etc. He deplored the meagre attendance of the monthly meetings and appealed to the members that they should consider it as a sacred responsibility to attend monthly meetings, if not for anything else, to encourage their brethren who undertook to read scientific papers at such meetings and who for want of good attendance were at times naturally discouraged. He eulogized the services of the President who, though a busy district officer, always found time and was the first to attend almost all the meetings held during the year.

After the reading of the report by the Honorary Secretary, Dr. Kamath was requested by the Chairman to address the gathering on "Medical Relief." At the outset Dr. Kamath mentioned to the gathering that the medical profession in India was not taking a lively interest on the subject of Medical Relief as much as their brethren did in the West and in America, where not only the medical profession but also the lay public discussed about this subject as frequently as occasion demanded. It was his considered opinion that the Government was responsible for such callousness on the part of the profession who could not make themselves felt on account of the existence of the paid Government Medical Department to whom alone the Government looked to with regard to medical relief in the country. He traced the growth of the paid Medical Department in this country which, he said, was first instituted more for military than for civil purposes and that vested interests did not permit the Government to bring about salutory changes with regard to medical relief entrusting it to the members of the independent medical profession as obtaining in other civilised countries.

In European countries, in America and Japan there are on an average 6 practitioners in rural areas and 12 for urban for every 10,000 population. Taking roughly 5 for rural and 10 for urban areas, he was of opinion that the Province of Madras required at least 24,000 medical men. There were now in the Province only about a thousand paid medical men under the employ of the Government and Local bodies and the rest of the qualified practitioners numbered only 3000 and yet on account of abuse of privileges of private practice by State-paid doctors it has not been possible for the majority of these 3,000 independent medical practitioners to make an honest living. It was settled that the Government or the local bodies are not in a position to maintain more than a thousand paid medical men under their employ and so the country had to depend upon the service of the members of the independent medical profession who are about 3,000 in number and unless the Government changed its policy of medical administration in this country by prohibiting private practice to the full-time officers of the Government and substituting Honoraries in the place of paid men it was not likely that many would take to medical profession so as to bring the required strength to 24,000 and the question of Medical Relief would continue as unsatisfactory as ever.

Paid medical service was yet another cause for the non-development of scientific medicine in the country as those who were paid by the Government have no incentive to exert themselves to improve their knowledge and independent medical practitioners who were not able to stand unhealthy and unequal competitions in their legitimate field against well-paid service men had to rest satisfied with the small income they get. Being dissatisfied and disheartened with meagre means of livelihood, it was impossible for them to take measures to improve their knowledge. So between two opposite state of affairs the medical science was left unimproved.

Dr. Kamath said, "Our duty to our country as members of a noble fraternity cannot end in merely criticising the Government. We should come forward and put before the public and the Government a suitable scheme which, while serving the purpose for which it is meant will help the medical profession to grow a contended band ever ready for sacrifice and service." He wished his brethren in service did not misunderstand him and entreated them to consider the serious responsibility on the shoulders of the medical profession to relieve human sufferings not of a few individuals here and there but of the population as a whole and this, he said, could never be done unless the members of the profession made some sacrifice. Medical men in service were as good private practitioners as anybody else the moment they retired from service. It was necessary that one and all members of the medical profession should realise that they owed a duty to their poor lay brethren and had to do honorary service at least a few hours a day either in State Hospitals or in private rooms and honorary service could be done only by those who are above want and to be above want there should not be unfair and unequal competition between the paid and the unpaid. Therefore, he said, it was the paramount duty of the Government to put a stop to the privilege of private practice in the Medical department not so much in the interests of the independent medical profession but in the interests of the public at large.

The next subject which required serious consideration was the abolishing of the out-patient department attached to the State Hospitals. There was no justification to run out-patient department where not even half a minute was devoted by the out-patient doctor to diagnose, advise or treat those who attended that department. He said that the out-patient clinics as they were now run were "Nature and faith cure clinics" and could safely be closed making arrangements for cases of accident and other casualities. The out patients would receive better

attention in the private rooms of the independent medical practitioners.

The other important reform with regard to Medical Relief was, he said, to restrict inpatient treatment to the necessitous poor. The duties of admitting patients and other management of the hospitals should, he said, be entrusted to lay men who are called almoners, as such officers would be in a better position to assess patients according to their income and would bring a large income to help Government to open more inpatient hospitals, which alone should be the unit of Medical Relief by the state, such as prevailed in the Federated Malay States.

The management of the state hospitals should be entrusted to hospital committees who should be given executive powers. The chairman of such a committee should be the Collector of the District in the District Head Quarters Hospitals, and the Revenue Divisional Officer at the Taluq Head Quarters Hospitals and in stations where the Revenue Divisional Officers did not exist, the Tahsildar of Taluk should be the Chairman. The members of the committee should represent varieties of interests and the medical officers of the hospitals should be ex-officio members. The appellate authority above such committees should be the Government. He said that Medical Relief was very defective in rural areas and if there should exist any paid service at all, it must be in the rural areas and never in the urban.

The Chairman of the meeting thanked Dr. Kamath for his kindness in coming all the way to address the Association and said that the lecture was instructive and should benefit all that heard him.

The Office-bearers for the next year were then elected, Dr. V. Krishna Menon and Major Cox being unanimously voted upon as Secretary and President respectively for the coming year. There was also no change in the members of the Executive Committee of the Association except replacing a few who were absent from the station.

The Trichinopoly District Medical Association.

A monthly meeting of the above Association was held on 24-6-33, in the Government Head Quarters Hospital, Trichy. About 50 members attended. Dr. T. K. Ranganathan, B.A., L.M.S., was "At Home" to the members of the Association. Dr P. A. S. Raghavan, the Secretary of the Association, read the minutes of the last meeting, which were unanimously carried. Dr. S. Padmanabha Sarma who presided on the occasion demonstrated the following cases :—

(1) Talipes Equino Varus and explained that if the case was brought immediately after birth the deformity could easily be corrected by simple plastering. But if the child was brought a little later, Tenotomy should be tried, but if there was gross lesion resection of one of the Tarsal bones, might become necessary. (2) Tuberculor disease of the hib-joint. (3) Advanced-hook-worm-disease which was resisting treatment. (4) A tumour in the abdomen with Ascites and in which there was lot of speculation as to its origion whether from the Ovary, Tubes or elsewhere. (5) Intestinal obstruction which was relieved by operation and, (6) a case of Valvulus which was improving under turpentine-stupes, high-enemata and atropine injections.

In the unavoidable absence of Dr. T. S. S. Rajan, his Asst., Dr. Jambunathan demonstrated a Sarcoma of the rectum recently removed from a patient and a case of Ventral Hernia which simulated an abdominal tumour.

A. I. M. L. Association.

BOMBAY SESSION.

A general body meeting of all the Licentiates of Bombay was held at Dr. U. B. Narayanrao's residence on 9th July at 4 p. m. Dr. Narayan rao, who presided, explained the plan of work to be followed in connection with the ensuing Conference during Xmas week, and appealed to those present to unite and co-operate to make the session a success. The following Office Bearers were then elected:—Dr. U. B. Narayan rao, Chairman of the Reception Committee: Dr. M N. Talati, General and Publicity Secretary ; Dr. A. D. Mastakar, Secretary, Finance Committee ; Dr. Joshi Mirajwala, Secretary, Exhibition Committee; Dr. M. V. Hegde, Secretary, Entertainment Committee; Dr. U. A. Rao, Secretary, Scientific Committee ; Dr. B. M. Talati, Secretary, Accommodation Committee; Dr. S. N. Ganti, Secretary, Suburban Committee.

It was also resolved to send appeals to all the Licentiates of the Presidency to enlist themselves as Members of the Reception Committee, the fees being fixed at Rs. 5 and 10 and over. About four hundred rupees were subscribed on the spot. The meeting then terminated with a vote of thanks to the chair.

Reviews.

ANNUAL REPORTS AND STATISTICS OF THE GOVERNMENT GENERAL HOSPITAL AND THE GOVERNMENT X-RAY INSTITUTE, MADRAS, FOR THE YEAR, 1933.

The Report is very brief but brevity is not the only qualification of a report, particularly one of the nature under review which has to be read and digested by all medical practitioners and officials employed in District Hospitals where the facilities for diagnosis and treatment of diseases cannot be expected to be so highly advanced as in the Government General Hospital, Madras. The professional reports are very meagre and sketchy and are of very little use to the other doctors than those who have written them.

The number of Honorary Officers is said to be nine including the unpaid House Surgeons against 25 paid officers, excluding paid House Surgeons. If the proportion is reversed it would have been better and will be in conformity with the accepted principles of the running of public hospitals obtaining in other civilised countries. It is quite sufficient if there are 1 paid Physician, 1 Surgeon, 1 R. M. O., and 1 Superintendent for the X-ray Institute. There is no need for 13 Civil Assistant Surgeons. The clinical assistants may certainly take their place with advantage to all concerned.

The Superintendent eulogises the work done by the Honorary Officers but no reports of the work nor the number of beds given for them is given. The total expenditure excluding buildings, etc., comes to more than 6½ lakhs. The salaries of the paid Medical Officers come to more than 60,000. This amount might have been reduced to a great extent by the substitution of the paid staff by the Honoraries. It will not be out of place to mention that the price of Rs. 1-2-0 charged for the Report is certainly exhorbitant.

SUMMER DIARRHOEA.

UNSOLICITED OPINIONS FROM THE MEMBERS OF THE PROFESSION.

From,....., B.A., L.M.S., :—" Having had invariably good results by the administration of **ONE HERB SPECIFIC**, (prepared by the Oriental Research Laboratory, Vepery, Madras) in cases of simple diarrhœas. I was tempted to try it in the case of a child suffering from Summer Diarrhœa attendant with toxic symptoms. The child was 2 years old and I gave ½ dram doses mixed with equal quantities of water to which I added 10 drops of brandy and ½ teaspoonful of glucose and repeated the doses every 2 hours for 4 doses and later, once in 4 hours. Diet was restricted to whey, thin arrow-root kanji with sugar but without milk. After the 8th dose, the motion became faecal and the following day the child passed a hard, yellow motion, vomiting having ceased with the 4th dose of the mixture."

From,....., L.M.P., L.C.P. & S., (Bom) :—"Thank you very much for the instructions regarding the treatment of Summer Diarrhœa with **ONE HERB SPECIFIC**. I tried it in 4 cases of Summer Diarrhœa with success. I am glad to tell you that for an adult who had almost all the symptoms of Cholera in a house where there were two cases of Summer Diarrhœa, I gave the ONE HERB SPECIFIC, 3 teaspoonful every 3 hours and the patient made an uneventful recovery."

List of postings of Sub-Asst. Surgeons for the month of April, 1933.

No.	Names of Sub-Asst. Surgeons.	From	To
1	Dr. S. Thiruvengadam	Mahamagam Festival Duty	L. F. Dy., Palliput.
2	„ M. A. Krishna Iyer	L. F. Dy., Palliput	L. F. Dy., Tiruttany
3	„ L. Jaganatha Rao	Govt. Hd. Qrs. Hl., Chingleput	L. F. Dy., Sriperumbudur.
4	„ A. Suraimarian	Govt. Hd. Qrs. Hl., Madura	L, F. Dy., Nattam.
5	„ K. Appukurup	Govt. Hd. Qrs. Hl., Salem	I. D. Hl., Ootacamund.
6	„ S. Krishnaswami Ayyangar	I. D. Hl., Ootacamund	Hd. Qrs, Hl., Tanjore.
7	„ S. Raju Ayyar	Govt. Royapettah Hl., Madras	L. F. Dy., Mudukalathur.
8	„ George Philip	L. F. Dy., Mudukalathur	I. G. of Prisons, Ooty.
9	„ M. Virabhadra Rao	Central Jail, Rajahmundry	Govt. Hd. Qrs. Hl., Cocanada.
10	„ K. V. Venkatarama Ayyar	Govt. Dy., Tiruvallur	Lawley Rd., Dy., Coimbatore.
11	„ N. Sundara Rao	Govt. Hd. Qrs. Hl., Masulipatam	Govt. Hd. Qrs. Hl., Berhampore.
12	„ S. V. Ramaniah	Govt. Hd. Qrs. Hl., Masulipatam	Govt. Hd. Qrs, Hl., Vellore.
13	„ P. Bhaskara Rao	Leave	Govt. Dy., Tiruvallur.
14	„ N. S. Parameswaran	Govt. Hd. Qrs. Hl., Chittoor	L. F. Dy , Chunnampet.
15	„ P. V. Anantanarayana Iyer	L. F. Dy., Chunnampet	Govt. Hl., Chidambaram:
16	„ V. Venkataramanjulu Naidn	Govt. Hd. Qrs. Hl., Calicut	Govt. Hd., Qrs. Hl., Chittoor.
17	„ R. V. Narasimham	Govt. Hd. Qrs. Hl., Guntur	Govt. Hl., Tenali.
18	„ M. Sundara Rao	Govt Hd. Qrs. Hl., Masulipatam	K. G., Hl., Vizagapatam.
19	„ M. V. Ramaniah Chetty	K. G. Hl., Vizagapatam	L. F. Dy., Aska.
20	„ D. Kirubaimani	Medical School, Tanjore	Hd. Qrs. Hl., Tanjore.
21	„ M. S. Krishnasami Iyer	Medical School, Tanjore	Dt. Hd. Qrs. Hl., Tanjore.
22	„ P. V. Krishna Iyer	Medical School, Tanjore.	Dt. Hd. Qrs. Hl., Tanjore.
23	„ P. Satyanarayana Rao	Govt. Hd. Qrs. Hl , Guntur	Govt. Hl., Narasaraopet.
24	„ G. Suryanarayana	Govt. Hd. Qrs. Hl., Ellore	L. F. Dy., Vonipenta.
25	„ H. S. Subramaniam	Leave	L. F. Dy. Kadayam.
26	„ D. Nallathambi Pillai	L. F. Dy., Kadayam	Govt. Hl. Nanguneri.
27	„ P. Narasapaya	Govt. Hl., Nanguneri.	L. F. Dy , Sarmadevi.
28	„ M. Varantharumperumal	Govt. Hd, Qrs. Hl., Trichy	L. F. Dy., Illupur.
29	„ V. S. Ganesan	L. F. Dy., Illupur	L. F. Dy., Tattiangarpet.
30	„ M. Lakshminarasimham	Govt Hd. Qrs. Hl., Ellore	Central Jail, Bellary.
31	„ K. N. Chamukutti	Central Jail, Bellary	L. F. Dy., Trithala.
32	„ A. M. Krishna Nambiyar	L. F. Dy., Trithala	L. F. Dy., Payyanur.

List of Postings of Second Class Health Officers for the month of May 1933.

No.	Names of Second Class Health Officers.	From	To
1	Dr. P. K. Krishnabader	Coimbatore	Periakulam.
2	„ T. Rajaratnam	Periakulam	Tiruvallur, Chingleput.
3	„ C. Ramachandra Rao	Vizagapatam	Adoni.
4	„ K. [illegible]ndararajulu Naidu	Adoni	Cuddappah.
5	„ A. V. Somasundaram Pillai	Cuddappah	East Godaveri.
6	„ B. R. [illegible]amb[illegible] Rao	Madura	Dindigul.
7	„ K. M. Thomas	Dindigul	Madura.

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