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The Medical Practitioner

A Monthly Medical Journal

EDITED BY
Dr. M. S. Krishnamurthi Ayyar, M. B. & C. M.,
Retired Sanitary Commissioner, Travancore State.
AND
Dr. V. Rama Kamath,
Member, Madras Medical Council.

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OURSELVES.

The Medical Practitioner is entering, with this issue, its fifth year of existence and we are glad to say that its growth is progressing satisfactorily in spite of the general economic depression. Early last year we had a joint requisition signed by practitioners from different parts in the province that we should increase the yearly subscription from Rs. 1-8-0 to Rs. 3-0 0. The kind appreciation of at least a few of our readers were no doubt tempting but we resisted the temptation to a great extent and increased the subscription only by annas eight and instead of adding to our gain in the shape of money increased the circulation of the journal, and six to seven thousand copies of the journal are now being circulated every month. The territory of its activities now covers all the provinces in India including Burma and the Indian States; the amount of Rupees Two hardly pays the cost of the journal though it may help us materially in making the wheels run. The fact that none of our subscribers grudged to pay the additional amount of subscription has encouraged us a good deal, the kindness of our subscribers being a positive proof of the appreciation of the services rendered by The Medical Practitioner. The aim and object of the journal being service and propaganda in the interest of the profession as a whole, it is our ambition to depend entirely on our subscribers for the existence of the journal and not on advertisers. This is why we fixed at the very commencement of the life of the journal the subscription at the lowest rate of Rs. 1-8-0 so that the humblest amongst the practitioners might not grudge to be the subscriber of the journal. This does not mean that we are not grateful to our advertisers who have been co-operating with us and adding on to the growth of the journal. We are very anxious that the journal should be read by the largest section of the profession in this country and judging from our circulation we beg to be excused if we make a frank statement that The Medical Practitioner is being read by the highest number of practitioners who care to read medical journals. So, we are reluctant to increase the rate of our subscription consistent with our policy and we assure our readers that if we have any surplus at all at the end of our official year, it will be utilised in increasing the circulation of the journal as we have been doing heretofore. Largest circulation entails proportionately more expenditure and we wish those who approach us for advertising realise that they have to pay us more than what they pay to other publications whose circulation is far below 6,000. The prosperity of manufacturers depends entirely on the members of the medical profession. Largest circulation necessarily means largest propaganda. The medical practitioners who are subscribers of the medical journals may at the most increase their knowledge ; more of knowledge does not always bring prosperity with it, but to the advertisers a journal commanding a large circulation always brings more money and they should encourage such journals and directly help the

profession by advertising in medical journals as the doctors who read journals serve though indirectly the best medium for advertising.

Having said so much on the business aspect of The Medical Practitioner we wish to say a few words by way of appeal to our readers. Though the scope and purpose for which The Medical Practitioner was brought into existence is quite different from those of the other existing medical journals, we have not lagged behind in our efforts to make the journal as useful as possible consistent with our policy and have been sedulously adopting a definite plan in editing the journal to make it serve the main purpose of not only levelling up the medical profession and fighting hard for equal rights and privileges for all alike but also for discussing scientific subjects in as simple and practical a way to help the general practitioners who form the largest bulk in the profession.

In all civilised countries where medical journals are published they serve as a medium through which merit, knowledge and experience of contributors are being recognised. They thus materially help eminent men in the profession to come to prominence which they so much deserve. Writing articles in a journal is an art which cannot be practised by all. Those who have hospital practice may be useful contributors to journals in a scientific and methodical way. Others who treat patients in private houses may be as good and useful writers in their own way. It is not many that are born writers. But practice, patience and perseverance can always make up for born talent. The latter class are generally more trustworthy and faithful to what they do. Contributing articles to a journal is a valuable exercise for a practitioner. It not only helps him to refresh his knowledge but many a time adds to his knowledge. As referred to above The Medical Practitioner is being read by the largest section of the profession in India and counts amongst its readers practitioners of all grades both in and outside service not excluding the members of the I. M. S. and hence is a very good medium to conduct scientific discussions which would [illegible] publicity. We appeal to our readers to co-operate with us and try to be useful not only to themselves but to those whom they can serve by contributing articles in the columns of The Medical Practitioner.

Regarding the past activities of The Medical Practitioner our readers may hardly need a list from us. What the journal has been doing and will do in future, is to establish in this country a well-organised and harmonious medical profession, prosperous yet contented. The efforts of the journal in every direction have been bearing good fruits. Its comments did reach the quarters where they were meant whether it be Government Secretariat or private individuals in authority or in position. Though the birth-place of The Medical Practitioner is Madras it has been able to attract the attention both of the profession and authorities in all other provinces as well. To quote but one instance the discussion of the subjects such as admission of the Medical Licentiates to University courses of medical studies which is now being allowed only by one University, though in a step-motherly way, is receiving the attention of the authorities in other provinces as well and time will not be far when the Universities in every province would permit Medical Licentiates to appear for the University degrees with much greater facilities than those allowed at present by the Madras University. Medical Education of the Licentiates which was being discussed now and again in the columns of The Medical Practitioner has taken a practical shape in Madras and there are signs of this subject being taken up in other provinces as well. The Honorary system of Medical Relief was yet another subject discussed thread-bare in the columns of the journal. The Government of Madras who appointed a Committee last year to go through this scheme was severely criticised for adopting a scheme which was drafted by a Committee appointed by the Government and which Committee being an official-ridden body with the Surgeon-General as its Chairman did not put forward a scheme consistent with the purpose of Honorary Medical Relief Scheme. After this scheme was severely criticised in which The Medical Practitioner had a large share, the Madras Government appointed yet another Committee to go through the scheme once again and even here Government did finder in not appointing a Committee representing all interests though the then Minister in charge of Medical Portfolio promised to do the same in a public meeting. The report

of the Committee is not yet a public document. We do not expect it to be a satisfactory scheme either. Any scheme in which the officials have a large share in its making, cannot but be another department under the official head. Discussions conducted in a journal which reaches all the provinces is bound to attract the attention both of the Government and of the profession as a whole, and we are glad to note that the scheme of Honorary Medical Relief has been recently inaugurated in U. P. and from the brief report just to hand we are of opinion that the U.P. scheme seems to be a bit advanced in some respects than that of Madras where though the number of Honorary Medical Officers have increased, the spirit of the system has not been properly understood either by the Government or by those who apply for honorary posts. The independent profession in Bengal and Bombay can satisfactorily cope up with the scheme of Honorary Medical Officers and creditably too but it is most unfortunate that the Government in both these provinces have not realised the beneficial effects of the scheme both on the profession as well as on public revenue. We learn that in the Punjab also the Honorary Medical Relief scheme is likely to be extended. Time is now opportune for the members of the independent medical profession throughout India to bestir themselves and agitate by all possible ways so that the control of medical relief on the preventive side is transferred to them. Rural Medical Relief has been our pet subject and will continue to be so, as it is our considerate opinion that a satisfactory rural medical relief scheme would not only solve the question of medical relief in general but go a good deal to bring about real village reconstruction without which India cannot expect to be a free nation. Medical Inspection of Schools and other subjects concerning the social and physical welfare of the people did form subjects of discussion in the journal and though there cannot be a finality to the progress concerning anything in the world, the comments and criticisms published in the press in a constructive spirit, will surely go a good way in giving a proper form to any scheme. Our four years of life has not been in vain. With the help and co-operation of our readers we hope to give a progressive report of the activities of The Medical Practitioner consistent with its growth and we appeal to the members of the profession to take advantage of the columns of The Medical Practitioner for the purpose of attaining Medical Swaraj.

Original Articles

SIGNIFICANCE OF WASSERMANN REACTION AND THE ROLE OF TREATMENT THEREON.

By

JOGENDRANATH MAITRA, M.SC, M.B., D.T.M., F.C.S, D.P.H.

It is very striking to observe clinically how nicely the diagnosis of a clinician in most cases fits in with the observation of the complement fixation test, when it is ten by ten, meaning strongly positive. On the contrary a negative finding embarasses the practitioner to a great extent; but he must do something, and advises on the history of the case a course of treatment by Hydrargyri either in mixture or in tablet form as Hydrargyri Iodidum viride.

The results in all these cases are not difficult to trace if the cases are followed day after day and 6 months later. We have on record several cases for which I thank the workers of the Oriental Research Laboratory of Calcutta. A few typical cases are cited below:—

Case No. I, J. S. of Malda, Hindu, aged about 54 years, fainted on three occasions. On examination the pulse was observed to be 64 per minute. On Electro-Cardiographic examination we found that the Bardycardia was due to partial heart block. The conducting mechanism was cutting off the impulses and the symptoms of Stokes-Adams Syndrome in a modified form were explained that way. Wassermann and Kahn tests were strongly positive. Treatment by Sulfarsenol and Benzo-Bismuth intramuscularly, 3 of each bi-weekly on alternate days, removed the block after the 6th injection. The pulse came up to 74 per minute. Serum tests were done after 14 injections

and after an interval of 6 months the reaction showed negative to Wassermann and Khan tests.

Case No. 2, S. C. S., Hindu, male, aged about 28 years, complained of Polyarthritis 1½ years, small joints being affected more than the big joints. He gave a history of exposure 3 years back, when he was cured of the sores by a Kaviraj who induced salivation and stomatitis presumably by Calomel. Wassermann reaction was ten by ten. Dr. R. Basak the Pathologist reported that some new methods of serum tests devised by him showed strongly positive reaction. It is believed by some Kavirajas that saturating the system with mercury may eradicate the infection; but serum tests done in such cases show the presence of Treponema infection, although signs and symptoms are not manifest. In this case the patient had painful joints only; 5 injections of Sulfarsenol and 6 injections of Benzo-Bismuth cleared the condition, each injected on alternate days bi-weekly.

Case No. 3, P. C. B., Hindu, male, aged about 48 years, complained of intense pain in almost all the joints of the body. He was being treated in Central Provinces by Atophanyl and drugs of that group. He came to Calcutta in a very critical condition leaning on a staff, bare-footed and in great agony. Wassermann and Kahn tests were strongly positive. Sulfarsenol and Benzo Bismuth injections 8 of each alternately bi-weekly cleared the condition.

Case No. 4, K. P. N., Hindu, male, aged about 36, came under my treatment for Kala-Azar with Dermal Leishmanoid and extensive ulcerating Phagedena. A provisional diagnosis of Elephantiasis Grecorum was made. Serum tests for Leishmaniasis were negative; but skin section showed Leishmann Donovan bodies in the endothelial cells. Wassermann reaction and Kahn tests were strongly positive. 10 injections of Sulfarsenol and Benzo-Bismuth cleared the condition, 5 of each given alternately. Dermal Leishmanoid condition subsided without any specific treatment in about a year's time.

Case No. 5, A. K. G., Hindu, male, aged about 33 years with Psoriasis all over the body, was an intractable case. Auto-vaccine, hydrarg ointment, ultra-violet ray, and other remedies were of no avail. Wassermann reaction was strongly positive. 18 intra muscular injections of Sulfarsenol and Benzo-Bismuth given alternatively bi-weekly cleared the condition. Anhydrosis and Icthiosis completely subsided in 6 months. Wassermann done later showed absolutely negative reaction.

Case No. 6, B. M. R. C., Hindu, male, aged about 26 years, suffering from ulcers all over the body with buboes on both sides of the groin. History of exposure 2 months back; serum reaction (Wassermann) was strongly positive. 6 injections of Sulfarsenol and Benzo-Bismuth, 3 of each alternately bi-weekly cleared the condition and 6 injections 3 of each were further given. Serum tests 8 months later showed absolutely negative reaction of complement fixation.

From a comparative study of the above few cases among several others on record and my observations on treatment by intravenous arsenic therapy and different Bismuth preparations in the past, I am inclined to conclude that combined therapy of Sulfarsenol and Benzo-Bismuth intramuscularly has the following distinctive advantages in support of its use in treatment of Treponema infection in any stage of its development.

1. It is the safest, Sulfarsenol being the least toxic arsenical and Benzo-Bismuth being a soluble organic salt quickly absorbed, very clean to use unlike other greasy insoluble salts in the market and giving rise to no cumulative effect which is usual with inorganic or even colloidal preparations like Bismuthoidal.

2. Minimum pain more particularly if Sulfarsenol be injected with Arseno Solvent in place of distilled water.

3. Duration of Wassermann negatives is longer if arsenicals be injected intramuscularly or subcutaneously than intravenously. "Harrison, White and Mills found in two parallel series of similar cases treated intravenously and intramuscularly or subcutaneously, that the negative Wassermann reactions at the end of the course were 12% better after intramuscular or subcutaneous injection than after the intravenous. Furthermore immediate effects are less violent and side-effects not so common."

4. Maximum therapeutic effect as tested by serum reactions.

5. Sulfarsenol has the distinct advantage of being a well-tried and highly effective drug.

"Any arsenical compound can cause a temporary alleviation of the symptoms of Syphilis. The Wassermann reaction may be temporarily altered by any arsenical treatment, even by Liquor Arsenicalis B. P. But the permanence of the reduction of Wassermann reaction can only be determined after years, with repeated Wasserman tests of the treated patients. Hence to adopt any new arsenical preparation without prolonged tests should be a culpable offence."

In conclusion, I bring forward my main reason for publishing the above clinical notes, viz., sad experiences of intravenous arsenic therapy which are not uncommon and entail avoidable terrific suffering to the patients by inducing Cholemia, Anuria and Nephritis, Erythema, Exfoliative dermatitis, flaring Gastro-enteritis etc., even after the minimum dose in some cases and which are much less frequent subsequent to intramuscular or subcutaneous therapy than to intravenous.

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FAST

By

LAKSHMI NARAYAN SRIVASTAVA,
ALLAHABAD.

You will hardly find one in a thousand who does not constantly complain of something wrong with his system. Why should it be so? The medical man may locate the cause of the trouble elsewhere but the plain fact is that almost all bodily ills have their origin in the wrong habits of living, among which abuse of the stomach stands foremost. Over-eating use of unnatural foods as are invariably served at dinners, hotels and restaurants and other places of enjoyment, and lack of exercise, not only damage the digestive system but choke up the body with poisonous matter, giving rise to all sorts of ills. Evidently the treatment should consist in stopping all clogging foods and ridding the body of the disease matter, already present in it. The right way to accomplish this is to 'fast the disease matter out' as animals do when they are ill. It is a pity that, under the influence of modern civilisation the people of our country have discarded this natural method of cure which was so strongly advocated by our ancestors. In the West on the other hand the method has been brought to the forefront by the efforts of eminent naturopaths and there has grown up a large literature on the subject. It is time we should also revive the old practice.

WHAT IS DISEASE AND HOW FASTING HELPS TO REMOVE IT?

The disease is nothing else but an effort of the body to expel from the system the morbid or waste matter which has accumulated owing to a long continued unnatural mode of living. Disease is, then, a curative process, a process of purification and remedial action. Internal obstructors are lodged in the System in the form of filth, toxins or waste matter. The entire System rebels against the presence of this foreign mass and the Vital Force under the control of the Law of Life strives to save the body by throwing out the dangerous accumulations. The human body is compound of millions and millions of tiny cells. The health of the body depends on the health of each individual cell. It must have proper food and nourishment, secondly it must have proper drainage, i.e., it must be able to get rid of the residue left after assimilation of food. The third necessity of the cell is the proper supply of nerve force. A disturbance in any of three requirements of the cells, i.e., feeding, drainage and nerve supply causes illness while a proper supply of them ensures good health. Now the question of proper nourishment is of the very first importance the other two functions are closely connected with it. Eating anything because it tastes nice is not exactly what the body needs. It is *society* that often insists that every one shall over eat and over drink. It should be remembered that when more food is put into the body than is required by it, the stomach is unable to cope with it and consequently it passes down into the smaller intestines in an

undigested and fermented condition, the intestinal juices too are unable to act properly on the fermenting mass and hence is further pushed down into the Colon unabsorbed and malassimilated. This putrid matter clogs the Colon, begins to decay there and generates toxins which being absorbed into the body cause toxemia, the root cause of most of the ailments of man.

The common attempt of a medical practitioner is to suppress the symptoms which the body begins to show on account of the presence of effete matter in the system. Purgatives, emetics, diuratics and diaphoritics, etc., are used. Strictly speaking the drugs do not act upon the living body, the body reacts against the drugs. These drugs are either expelled through bowels, kidneys or skin, etc., but in the process of eliminating drugs much of the vital activity is expended and the system becomes quite prostrate, so that the after effects of drugging prove to be more harmful than the disease itself. Dr. Oliver Wendel Holmes who was for 37 years Professor of Anatomy in Harvad University says, "The disgrace of medicine has been that collossal system of self deception, in obedience to which mines have been emptied of their cankering minerals, the vegetable kingdom robbed of all its noxious growth, the entrails of animals taxed for their impurities, the poison bags of reptiles drained of their venom and all the inconceivable abominations thus obtained thrust down the throats of human beings." The practice of medicine in all its branches is, both in theory and practice the greatest cause of weakness, disease, degeneracy and death in modern life. It is the only effective barrier to health and strength. Abolish medicine in all its forms and human life will increase by an average of ten years in a decade. Human ailments can only be removed by building health and not by doctoring symptoms of the so-called disease. The only scientific treatment is that which removes all morbid instructors from the body, purifies the blood and therefore helps every organ of the body to function properly and normally.

Foremost among the methods of purification stands fasting, which of late years has become quite popular. We ought to stop food when the system has not sufficient power to eliminate the food poisons. Digestion and assimilation of food require a great deal of energy and when the energy at the disposal of the body is used in that direction, there is not sufficient energy left for the elimination of poisons which cause disease.

When we fast, that energy is divested from functions of digestions and assimilation and is used by the self healing principle in the system towards house-cleaning and elimination of disease matter.

FASTING - AN ANCIENT PRACTICE.

Fasting has been practical in all countries from the most ancient times. In early times fasting was used in connection with religion for moral, mental and spiritual purification. The ancient Mexicans, Babylonians, Assyrians all practised fasting. The Greek Philosophers recognised the beneficial result of fasting. In this respect the later Greek religion influenced the Romans to a great extent. The Christian 'Lent' is paralleled by the Mohammedan fast of Ramzan. The Hindu and the Jain ascetics practised seven fastings in conjunction with numerous other austerities. It should not, however, be understood that in India fasting was practical only under religious superstition. The therapeutic effects of the fast were also greatly recognised. It was used and is used now for the prevention and cure of various ailments and was endorsed by writers on medicine and surgery. It would not be out of place to quote the following passages from Mahatma Gandhi's "Guide to Health." "Since even the best of us are more or less guilty of over-eating, our wise fore-fathers have prescribed frequent fasts as a religious duty. Indeed merely from the point of view of health, it will be highly beneficial to fast at least once a fortnight. Several kinds of fasts are enjoined by the Hindu religion and I need not discuss them here as the subject will become very lengthy.

DANGERS OF THE FASTING "FETISH".

'Extremes' they say "are always dangerous." This is true even in the case of fasting. Judicious fasting is beneficial and rids the body of disease, but when carried to extremes it amounts to starvation which is detrimental and ultimately destructive to the

body. The distinction must always be kept clear in mind between *fasting* and *starvation*. When a fast is begun the System begins to oxidize and eliminate the useless material which has accumulated in the body in the form of assimilated food. This effete matter, is the first thing that Nature disposes of before it draws upon the tissues of the body. Next to the waste matter, fatty tissues are consumed for the nutrition of the body. Thus Nature utilises first the less important materials in the up keeping of life, and the vital centres are attacked last of all, so much so that the nerve centres are not drawn upon at all in case of death from starvation.

The losses of different parts of the body in death from starvation:

Fat	...	97	per cent.
Muscles	...	30	,,
Liver	...	56	,,
Spleen	...	63	,,
Blood	...	17	,,
Nerve centre	...	0	,,

Fasting never kills, it is only starvation that results in death and long before the stage is reached food must be taken. The line of demarcation between fasting and starvation is distinct and unmistakable. Fasting does not result in organic deterioration nor do any pathological changes occur in the body during a therapeutic fast. If however, the disease has its origin in other than mechanical causes or if it be due to weakened 'negative' constitution and lowered power of resistance fasting may aggravate the normal conditions instead of improving them. To sum up the whole thing, fasting begins with the omission of the first meal and ends with the return of natural hunger, while starvation begins with the return of natural hunger, and terminates in death.

WHY FASTS ARE SOMETIMES INEFFECTIVE.

Doctor Dewey properly maintained that if one's vitality is so nearly exhausted or if a vital organ is so badly damaged that death is near at hand, the result is absolutely certain, eating or fasting. Most people turn to fasting as a last resort instead of the first one. They turn to it after their bodies have been wrecked and ruined by years of wrong living, drugging and surgical operations. In such cases fasting can do but little good. Another foolish attitude is that of expecting too much. Marvellous and rapid cures through fasting are no doubt on record but an average patient should not expect such things to happen in every case. Fasting is not primarily a 'cure.' It may be but the average chronic sufferer should look upon it rather *as a preparation for a new order of living.*

Lack of faith and determination are also the chief factors in destroying the efficiency of a fast. Faith which is said to move mountain goes a long way towards removing sickness. Want of rest during the course of a fast is also harmful. Light exercise such as walking, may be taken in moderation in order to prevent stagnation but hard exercise is apt to prove injurious. Among other obstacles to success in fasting are fear, the anxiety of friends and relatives, the too early breaking of the fast and the use of wrong foods and drink afterwards. Above all, importance must be attached to the right mental attitude during a fast. Let not emotions such as anger, sorrow, fear or envy gnaw at your heart and destroy your harmony and poise. Build castles in the air and be bright as sunshine. Thus alone will one be able to derive the highest benefit from a fast.

SYMPTOMS DURING A FAST.

Certain symptoms are liable to appear when a patient abstains from food for the cure of a disease. One need not be alarmed at their appearance as they are either indicative of the body's cleansing efforts or merely accidental to a fast. The commonest among them are thick coating on the tongue foul or ether like breath, dizziness, headaches, stomach pains, heart palpitation, etc. The reason for the coating of the tongue, which frequently increases day after day throughout the early stages of the fast is that nature employs every avenue of elimination possible so the tongue is also used for this purpose. The breath is also offensive for the greater part of the fast. Sometimes the breath smells like ether owing to the presence of acetone. Dizziness and sometimes fainting are experienced during the fast as a result of anaemic condition of the brain caused by the excessive flow of blood into the large abdominal blood vessels owing to slackness of the nerves of the Sympathetic System. Headache is caused by the re-absorption of impurities in the blood which carries them to the brain.

Stomach pains and heart palpitations are generally due to the presence of gases in stomach. After diseases which had been suppressed by drugs and medicines become manifest during the course of a fast. One should not get panicky on the appearance of such a crisis as the diseased conditions will be destroyed once for all at the completion of the fast. Feverish condition is also experienced by some just on beginning a fast.

WHERE FASTING IS INDICATED AND WHERE IT IS NOT.

It is not advisable for a man to fast who has nothing the matter with him. Fasting is not a natural process, for, when the body needs food you must give it. Fasting would only be a natural condition. Nature is the best guide in ascertaining whether you need food or require a fast. If you dont feel hungry omit a meal and wait for the next. If healthy and genuine appetite is felt when next meal time comes, you need not fast, but if you develop a headache by omitting one meal the necessity for undergoing a fast cure is clearly indicated. Fasting is specially efficacious in all acute diseases. In most cases a fast of 3 to 6 days forms efficacious but Typhoid fever calls for a long fast. If great emaciation and weakness have resulted from a disease, the duration of a fast should materially be shortened. In cases of abnormal weight fast cure is clearly indicated. Vigorous, fleshy people who do not take sufficient physical exercise should take frequent fasts of one, two or three days duration. Such people should never eat more than two meals a day and may get along best on one meal. In chronic diseases the body is so encumbered with waste matter and the vitality is often so low that it is advisable to enter on a fast more carefully and gradually. In functional diseases, fasting is, no doubt of utmost benefit. Functional disease consists in defective functioning of an apparently sound organ, owing to some obstruction.

It should be clear that fasting is useless, if not absolutely dangerous in wasting diseases such as Tuberculosis and Anaemia, or in diseases like Melancholia, Hysteria and Neurasthenia. Fasting is also forbidden in pregnancy. In certain nervous diseases, again, fasting is contra-indicated. Barring the above exceptional cases fasting is the greatest curative agent for the great majority of common diseases.

HOW TO FAST.

Before launching on an absolute fast it is necessary to prepare the body for it in order to prevent it from a sudden shock. In acute diseases, there is no time for such a preparation. Solid food should be stopped at once and cool water drunk copiously. Other cleansing measures such as opening the pores of the skin, flushing the bowels, etc., should follow in order to accelerate the speed of eliminative process. As soon as the injection of food is stopped, intestinal evacuation usually ceases, specially when there is a natural tendency to costiveness. Enema on every alternate days should be had recourse to. During the early stages of a fast, the ordinary activities may be kept up but later on suspended except light work. The patient should keep out of doors if the weather is favourable. Deep breathing should be practised. Proper amount of sleep is as essential during a fast as at other times. The skin should not be neglected during the fasting period. Activity of other eliminative organs should also be stimulated by means of wet compresses and baths.

DURATION OF A FAST.

No hard and fast rule can be laid down as to the duration of a fast. In this respect Nature should be the best guide. As a rule, a fast should terminate with the return of natural hunger. At the commencement of a fast one is often troubled by the appearance of a habit hunger at each meal time. When this is overcome for a few days the desire for food vanishes. When the body has been purged of all its impurities suddenly a normal craving for food is felt. All undesirable symptoms disappear and the mouth begins to water due to the active function of the Salivary glands. This is the proper time to break the fast.

There are many varieties of fast, namely:—(1) COMPENSATORY FAST i.e. restraint from eating when one is not hungry. (2) GURLP FAST: It is a therapeutic fast lasting from 3 to 5 days: (3) REGENERATIVE FAST: This fast works great wonders. It is indicated in cases of obesity, gout, auto-intoxication, glandular deficiency and preventive.

(4) FRUIT FAST and MILK FAST: strictly speaking such fasts are not fasts but merely exclusive diets. Besides these there are other varieties which I need not discuss here.

BREAKING OF A FAST.

The proper time for the breaking of a fast whether long or short is at the completion of the cleaning process of the body. That crucial moment is always indicated by nature. Several symptoms bespeaking the successful passing of the ordeal, become manifest. The tongue becomes clean, the breath sweet and wholesome and the pulse and temperature more normal. A sense of rejuvenation and buoyancy pervades all over the body and natural desire for food is manifested usually by a strong craving for some particular article of food. If the fast has not been carried to its logical conclusion the patient is not cured completely. A fast should not therefore, be broken before due time. Unpleasant and often serious consequences have resulted from a premature breaking of the fast. The patient may experience griping pains in his stomach and bowels. Hiccoughs, nausea or headache or even vomiting may develop.

The next question is how to break the fast when the proper time has arrived. Feeding must begin with great caution at this critical moment. Fasting experts are unanimous on the point that the first food introduced into the stomach after a fast should be *liquid* only. Juice of fruits is the best thing to start with. A glass of pure orange juice should be sipped slowly in tiny sips and chewed as it were before being swallowed. Any of the fresh fruits, like orange, grapes, apple or peaches may be used. A ravenous appetite will develop, once the stomach is stimulated to activity. This craving must be checked with utmost will power in order to avoid over eating.

Dr. Bernarr Macfadden recommends adoption of any one of the four modes of diet. These are:—(1) a fruit diet (2) a milk diet (3) a gruel diet (4) an ordinary mixed diet.

(1) In fruit diet he recommends good combination of various fruits after studying their food values.

(2) Before resorting to a milk diet take fruit juice for a day and gruel for one or two days.

(3) A gruel diet consists in boiling well a level table spoonful of oatmeal in one pint of water and adding a pinch of salt. The solid substance is strained out, the liquid only being used.

(4) Mixed diet is the ordinary daily diet consisting of a number of articles as eggs, toast, vegetable and fruit.

At the conclusion of a long fast, the patient usually feels very weak when he should very cautiously and gradually come to normal diet.

MAINTAINING HEALTH AFTER THE FAST.

Once the 'finish' fast is gone through, the system is completely overhauled and the body assures a normal condition as if it was reborn. Being relieved of disease, the necessary thing now is to maintain health by adopting a course of life according to the laws of nature. Of course there is no code of Nature laying down certain rules of conduct but what is improved is that the life be regulated in such a way as to prevent all foreign matter from entering or accumulating into the body. There are two passages through which matter can be introduced into the body, i.e. by the nose into the lungs and by the mouth into the stomach. Each of these passages is guided by sentinels, who are not, however, thoroughly incorruptible and sometimes, let things pass which do not belong to the body. These sentinels are the nose and tongue.

As soon as we fail to promptly obey the senses of smell and taste they grow more lax in the fulfilment of their duty and gradually allow harmful matter to pass unchallanged into the body and this breeds disease.

To sum up, we may say that the prime requisites for complete health and its maintenance are food, water, fresh air, sunlight, physical activity, rest, right mental attitude and above all moderation in all these things.

In the "fasts" alone, Nature offers us the best, simplest and the cheapest of all remedies, one which will repose and tone up our organs, cure our maladies and regenerate our bodies. It will stem the ever increasing tide of injurious drugs with which we are over whelmed these days. On the bed of sickness it will open wide a window through which the invigorating breath of Nature will call us to a new life and a new hope.

Abstracts

NASAL CATARRH.

By

WM. STUART-LOW, F.R.C.S. (Eng.)

The medical mind is clearly made up on the matter of the causation of head colds, namely, that microbic organisms gain a lodgment in the nasal passages, directly or indirectly, being introduced by the finger, applied by the handkerchief, which is often very foul, and constantly inhaled from the respired air, especially in crowded railway carriages. The chief reason, therefore, for the prevalence of nasal catarrh is that ordinary precautions are seldom taken to avoid the spread of the trouble from person to person. So much, then, for the cause and the method of dissemination.

It is well-known that many persons are constantly contracting colds in the head—indeed, they are hardly ever free, life being more or less a continuous misery—but it is not so well known that there is a definite reason for this state of affairs, that it is easily remediable, and that such persons are a constant danger to others—their friends in the office and the home, and their fellow travellers in trains.

The chief cause of this susceptibility to nasal catarrh is an anatomically disturbed nasal interior, due in most cases to an injury sustained when young, sometimes even at birth, sometimes in the football field, frequently in the commonest accidents, such as falls. This explains why one or two members of a family are constantly contracting colds while the others escape; why some members of an office staff are always falling victims while others are immune.

An individual with a normal nasal interior, breathing even a not-too-pure atmosphere, is much less likely to become affected by nasal catarrh than another with a disturbed nasal interior breathing a purer air. To discover the cause of constantly recurring nasal catarrh it is therefore necessary that the nose should be skilfully examined, when some such disturbing factor as has been indicated will almost invariably be discovered. Until it is, and the cause has been eliminated, the person will go on contracting head colds to his own great discomfort and the jeopardy of everyone coming in contact with him.

It is not the person unvaccinated against colds who contracts and spreads nasal catarrh so much as the individual with the internal anatomy of his nose disturbed who is so vulnerable to nasal congestions. He is a veritable microbe generator, and a bacterial disseminator in every coughing spasm and sneezing attack to which he is liable.

The inferior turbinal may be taken as criterion of a healthy nose, and it will be found to be a very correct standard to go by in the study of departures from the normal. The two entrances of the nose should be symmetrical and sufficiently patent to allow of a free ingress of air on both sides: this is of the greatest consequence, since any obstruction at the very entrance to the passages, such as collapse of the alar cartilages, or dislocation of the columnar cartilage into the entrance, by lessening the volume of the air current, directly leads to congestion and accumulation of discharge and so to nasal catarrh. If these seemingly simple and visible defects are not remedied, it avails but little to perform some skilful operation on the nasal interior for the removal of catarrh, as it will inevitably be a failure. The nasal septum should be straight; but it seldom is, although slight departures from the normal are of little consequence as a reason for the origin of catarrh. The inferior turbinals, easily visible on tilting the tip of the nose with the thumb, are normally rosy-red, rotund, resilient, and moist, and a free passage can be seen between their most prominent parts and the septum.

The commonest departures from the normal, as seen best in the inferior turbinals, consist either in exaggerations or the contrary of these healthy conditions. In chronic rhinitis the inferior turbinals are too rosy-red, too rotund, too resilient, secrete too much seromucous discharge, and the nasal passages are diminished and partially blocked, especially on lying down. In hypertrophic rhinitis the turbinal is enlarged but more firm in its consistency, less rosy-red and resilient, but nevertheless characterized by over-secretion. In atrophic rhinitis the turbinal is non-existent or very small, and is usually covered with septic crusts. The middle turbinal in the normal nose is usually easily seen on tilting the head a little backwards, and is rosy-red, uniform, smooth, and moist. The floor of the nose can be readily inspected from the front and is seen to be straight and concave and should not contain any discharge. The nasal septum may be found more or less deviated to one or even both sides when there is a somewhat double deflection—to one side in front and to the opposite side farther back; or one or more spurs may be discovered projecting from one or both sides of the septum.

Two very common and yet often long undiscovered causes of chronic nasal catarrh are nasal polypi and involvement of the maxillary antrum. These may keep up a more or less constant nasal catarrh which baffles the physician's many efforts to remedy.

One of the commonest causes of a persistent nasal catarrh is the presence of mucous polypi in the nose. These are at first very small; they nearly always spring from the region of the middle turbinal, and hang free into the middle meatus. They also often start on the lips of the hiatus semilunaris, on the outer wall where the mucous membrane is rather loose and easily becomes congested and œdematous. The discharge is frequently of a watery character, and until the polypi cause blocking of the middle meatus this may be all that patients complain of, except that changes in the weather affect them—dry weather favourably, and wet unfavourably—as regards the amount of stoppage and discharge.

Nasal catarrh, generally with a fetor and a thick yellow discharge, is how nearly all patients suffering from chronic antral disease describe their complaint. On examination pus is seen on the floor of the nose and can generally also be detected running over the inferior turbinal and down under the middle turbinal. If this discharge is wiped away and the patient's head lowered and inclined to the opposite side for ten minutes so that the affected antrum is uppermost, on raising the head and again examining, pus is usually again to be found in these positions. Transillumination will show the maxillary antrum to be dark on the side involved; and, if the inner wall of the antrum be punctured with a small trocar and cannula, pus can be blown and washed out, which, of course, is proof positive of septic antritis.

The treatment of nasal catarrh obviously depends upon the cause: it is therefore imperative to ascertain its source. Certain common rules apply to the treatment of all nasal discharges, and these should on no account be overlooked. It seems to be almost an instinct in the medical mind to start the treatment of nasal discharges by ordering syringing, and I am particularly desirous of giving warning against the danger of such measures. A sniffing nasal douche may be used, or a warm, soothing alkaline lotion might be sniffed into the nostrils from the palm of the hand with safety and advantage. Nothing more forcible than a gentle sniff of such a liquid into the nose is warrantable. Where the desire is only to clear and moisten the nasal passage, a prescription such as the following is good:—

Sodium chloride	...	45 grains
Sodium salicylate	...	45 „
Borax ...	...	90 „
Potassium chlorate	...	60 „
Glycerine	...	60 minims
Menthol water	...	to 6 fluid ounces

Of this mixture two teaspoonfuls should be added to two ounces of warm water and used to spray or sniff up the nostrils occasionally.

When fetor is present, a solution containing phenol, 1 grain, and sodium bicarbonate, 4 grains, in 1 fluid ounce of warm water is recommended. Sodium sulphate, 20 grains to the ounce is also advantageous for dissolving away purulent discharge.

All lotions applied to the inside of the nose should be lukewarm; cold applications are never advisable. No irritating remedy should ever be used, as anything producing irritation rapidly induces congestion and obstruction by causing turgescence of the lining membrane.

In most cases of nasal catarrh after the discharge has been thinned, moistened, and partially removed by a suitable soothing lotion, the application of a soft ointment is very gratifying to the patient, as it protects any excoriated or abraded surface and prevents crusting of the discharge. No irritating constituent must ever be introduced

into such ointment; individuals differ greatly in the sensitiveness of their nasal lining. It is always best, therefore, to begin with a very weak composition, such as 4 grains of menthol and 20 minims of oil of eucalyptus to one ounce of yellow soft paraffin. Two to four grains of cocaine (alkaloid) may be added should there be much congestion or sign of inflammation. Should the trouble lie in the middle turbinal region or above and behind it, an anterior nazal atomizer may be used. By this means the same ingredients, but in slightly stronger proportion and dissolved in liquid paraffin, may be made to reach the higher parts of the nose.

It is of supreme importance that these recurrent acute catarrhal attacks should be prevented, and certainly never be allowed to drag on or frequently recur. For, just as the parallel case of acute middle-ear catarrh, if not promptly treated by paracentesis, will lay the foundation of chronic suppuration of the middle-ear, so a neglected acute or chronic nasal catarrh frequently results in sinus infection, sometimes acute and sometimes chronic, thus establishing chronic nasal catarrh.

Hay fever is not by any means the best name that could be given to a condition which consists chiefly of a more or less sudden onset of watery nose running with headache and sneezing—serous and seromucous nasal catarrh. Some persons are, undoubtedly, especially liable to nasal catarrh when grass-pollen dust is about, but the nasal interior, even in such persons, has been ready for the paroxysm, the lining membrane being chronically conjested from the presence of some disturbance of its anterior anatomy, such as enlargements, deviations, spurs, polypi, or adhesions. Attacks often cease after operation on such irregularities. This is the true explanation of so-called special susceptibility. Just as some people have very irritable skins, so some have a very sensitive nasal lining, and the inhalation of very little dust will bring about the symptoms commonly grouped under the name.

Those liable to acute nasal catarrh should frequent sea-side places when hay-making is going on; or, better still, if possible, take a sea voyage. In this way, by simply avoiding dust in any form in the inspired air, attacks may be prevented. A soothing application such as warm soft paraffin painted into and sniffed up the nostrils, thus coating the lining, will often prevent an onset; or. better still, plain liquid paraffin (light gravity) blown into the nose from an anterior nasal atomizer will ward off an acute rhinitis in the same way.

I have found useful the administration of phytin, containing as it does calcium and phosphorous which restore a want in the blood. It should be continued regularly for a few weeks. One-tenth of a grain of parathyroid is also helpful. Milk freely added to the diet, if otherwise advisable from a digestive point of view, is helpful in increasing blood calcium. Anæmia should be treated, and constipation suitably remedied. The blood-pressure is almost always too low—a blue congested nose, cold hands and feet, and complaint of feeling chilly being usual. In such aggravated cases I have found solution of adrenaline hydrochloride, 4 minims, three times a day, of the greatest assistance, even a few doses quickly restoring pressure equality, and giving a feeling of well-being and equanimity. This can be continued a few days at a time and will become a distinct help towards both treatment and prevention.

Locally the treatment of an attack must be essentially soothing, and after trying many different preparations I have resumed the use of cocaine: a warm 5 per cent. aqueous solution of cocaine hydrochloride should be freely sprayed up the nostrils from a fine spray, and pledgets of cotton-wool soaked in the solution placed over and under the turbinals and left in position for five minutes. In persons specially susceptible to cocaine, 3 per cent, will suffice, and this alone will be enough to give relief after a few minutes. Should there be much diffuse turgescence of the lining, or even only patchy distribution of turgescence, it is best to use a cocaine solution mixed with equal parts of adrenaline solution and normal saline.

On the withdrawals of the plugs the inside of the nose should be carefully examined for departures from the normal, such as spurs, ridges, etc. In this way it may be ascertained whether these are likely exciting centres for the trouble, and if so, whether in the intervals of acute onsets these should be operated upon. Such congested locations so liable tc sudden turgescence on even slight irritation from dust, cold air, etc., are suitable places for the application of the galvanocautery, but only when the acute attack has subsided.

The patient should have an anterior nasal atomizer containing plain liquid paraffin, and this should be freely used before going out in the air, as it acts as a protection to susceptible, sensitive mucous membrane. On no account should cocaine be ordered: it should be used only by the rhinologist and never given for the patient's own use.

The physician is often asked to say how head colds may be prevented, and he is sometimes reflected upon because his measures are futile. Patients, however, should be reminded that they must themselves fully and rightly carry out their part by trying to attain exemption. They must remember such simple measures as to keep warm, to shun crowded places, to get into their overcoats, and to keep their mouths shut when passing from heated rooms to the open air.

I.M.G.

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.

Labour: (Induction of Labour) Give 2 oz of Castor oil and 10 grs. of Quinine Sulphate and exactly 2 hours after give a hot soap enema. As the soap water is about to be expelled give 3 mms. of Pitutrin hypodermically, and repeat the same dose every 30 minutes until labour sets in and not later. (J.O.T. & Davis).

To induce twilight sleep Tochin Tablets may be given 4 in all. 20 mms. of Pitutrin applied to the nostrils diffused in a strip of cotton wool induce labour. (I.M.G.)

Acid Barbituric acts also in inducing labour. (C.M.S)

Thyrophysin may be used but with care. (T.O.T.)

Injection of Ovarian Extract 1. cc. into the Pectrolis Major Muscle where it forms the anterior border of the Axilla causes also induction of labour. (Davis).

Posterior Pitutrin causes continuous contraction of the Uterus and this may be eliminated by the addition of Thymus when the contraction becomes normal. In patients who are resistent to general anæsthesia, $^1/_2$ mg. of Salicylate of Eserine given hypodermically removes such resistance. To test whether the patient is resistent to general anæsthesia, press the eye balls for a couple of minutes and in case the pulse slows down the patient is not resistent but in case the pulse is accelerated the patient is resistent. (M.A.)

To prevent shock in labour Scopolamine given before delivery and during labour is a very good preventive. Such patients should be made to wear woolen socks and should be given Glucose before labour. Salt-free diet during pregnancy is said to help painless labour.

Lactation: To increase milk Mammogen a combination of Placenta, Mammary Gland, Corpus Luteum, and Pitutrin has been considered to be very effective.

Laryngitis: (Acute) A nebuliser may be used placing in it Menthol grs. 3 mixed in an oz. of Alboline. Externally, mustard plaster or cold compresses kept all night until it becomes hot with the heat of the body; internally, after Grey powder and Saline purge, the following may be given for adults:—Tr. Aconite, mms. 40 to 80; Sodium Bromide, 2 drms; Syrup Lacticum, 1 oz; Aqua Dist. ad. 3 oz. A dessert spoonful every hour till 8 doses are given. Then once in 2 to 4 hours depending upon the symptoms. This mixture may be continued till convalescence, is established. It checks cough, soothes inflamed area, allays external excitement. It is better to omit Aconite after the first few days. In the early stage Acid Nitric Dil. mms. 2 to 3 in water every $^1/_2$ to 1 hour for 6 doses may be given and on the 2nd day a heavy application of Tr. Iodine over the Trachea and episternal notch in the case of adults; and in the case of children an application of Oil of Amber one part, Sweet Oil 3 parts may be rubbed over the skin of the neck. (Hare)

In the case of children from 1 to 2 years the following powders may also be tried:—Acid Benzoicum, grs. 8; Sodium Bromide, grs. 12; Saccharum Lactis, grs. 20. Make 16 powders one every hour.

In Tuberculer Laryngitis with cough, Guiacol Carb. 0·5 grm., Sacchrine, 0·5 gm. Dionine, 0·02 gms, to be made into a powder and taken thrice a day.

Laryngysmus Stredulous: In threatening Asphyxia a few drops of the following solution may be dropped into the child's nostril:—Zinc Sulphus, 0.01 gm., Novocain, 0·1 grm, Adrenalin (1 in 1000) 3 c.c., Physiological normal Saline, 10 c.c.

To promote vomiting 2 drm. doses of Vinum Ipecac may be given for a child 2 years old or 10 mms. each of Vinum Antimony, Vinum Ipecac and Syrup Scille in a teaspoonful of water every 15 minutes. In children who have a congenital Calcium deficiency, Calcium Bromide grs. 20 per day for some days with Chloral Hydras grs. 5 to 10 per day.

During the attack the child may be immersed as far as the chin in a tub of hot water to which a little mustard is added. A few whiffs of Chloroform has the same effect in relieving the attack. (M.A.)

Lead Poisoning: Alum in 2 gr. doses Opium and Mag. Sulph. in full doses combined, act like a specific. Potassium Iodide 10 to 20 grs. thrice a day is also good.

In case of children from 6 to 8 years the following mixture may be given:—Tr. Stramonium mms. 5, Pot. Iodide, grs. 2 to 3, Spts. Ammonia, mms. 10 and Syrup 1 drm. Aqua ad. $^1/_2$ oz. A dose thrice a day. The effect of Stramonium should be watched carefully.

Notes on Therapeutics, Diagnosis and other Medical Subjects.

THE ACRIFLAVINE TREATMENT OF BURNS.

By

N. H MUMMERY, M.D., London.

I have been using acriflavine emulsion for the past year or so, to the exclusion of all other forms of treatment. This is a 1 to 1000 emulsion of acriflavine in pure, sterile medicinal paraffin. It is applied freely on lint to the burned surface, after removal (if indicated) of the causative agent. It is non-toxic, and is painless and quite harmless to the skin, conjuctiva or any mucous surface. Under its influence burns remain clean, free of all septic infection, and supple, without the usual tendency to scarring and contraction. There is no hard scab, as with tannic acid, and none of the disadvantages of ointments, which cake and clog the wound. Any blisters present are freely opened and dried with a gauze swab, the dead epithelium dissolving and disappearing in the emulsion instead of having to be cut away, as is the case with most other dressings. Another great advantage is that a bottle of the emulsion can safely be given to the patient to apply at home, as the redressing is simple and painless.

Acriflavine emulsion is now used exclusively for burns in my clinic and in the first-aid boxes throughout various branches, factories and workshops of my firm. Even in extensive burns, there has so far been no sign of any toxic effect from the free use of this compound, and personally, I consider it by far the most satisfactory burn dressing. It has also many other uses, being excellent for sinus disinfection, unhealthy ulcers and for many pyogenic dermatoses. I advocate it, not only as an industrial treatment for burns, but also as the most suitable first-aid treatment in private houses. If a bottle of it were kept in every kitchen we would hear far less of the tragic septic after-effects of domestic accidents.

(LANCET, March 25, 1933.)

CLINICAL NOTES AND PRACTICAL SUGGESTIONS

Ear, Nose and Throat Affections.

As every practitioner, who has to treat ear, nose and throat affections is aware that in diseases of bacterial origin it is not possible to employ antiseptics possessing irritant properties even in the slightest degree. It is therefore obligatory for him to choose a product whereby he can eliminate irritation, staining and other undesirable effects and at the same time he can have marked therapeutic efficiency. Such a one is the colloidal product of silver and gold known as Orargol. Its superiority over the ordinary molecular solution is due to the fact that it entirely fulfills all the requirements regarding maximum efficiency and freedom from toxicity and irritating effects.

Orargol is unexcelled as a bactericide which can be applied with impunity even to the most delicate tissues. Since its introduction it has been regarded as a valuable addition to our resources in the treatment of all diseases of the ear, nose and throat.

To begin with the ear the usefulness of this Colloid has been experienced both by the Specialists and the General Practitioners who have to treat aural suppuration in its chronic form. It is very valuable in chronic suppuration of Otitis Media.

Orargol is very useful for stopping earache. If the meatus of the affected ear is filled with some drops of the drug and allowed to remain there sometime, the pain soon passes away.

The injection of a few drops of this Colloid into the eustachian tube with a view to restore its patency is very valuable not only to patients suffering from Meniere's disease, but also in the closure of the tubes to Valsalvo's inflation arising from any cause whatever.

In children suffering from labyrinthine suppuration, Orargol gives thoroughly good results when administered parenterally or orally.

The value of Orargol as an antiseptic in catarrhal conditions of the nose and throat is considered by many clinicians to be very great. The external application of this preparation effectively allays irritation and inflammation of the upper respiratory tract. In the treatment of rhinitis, ozaena and other foetid catarrhal conditions of the nasal mucous membrane, it relieves the inflammatory condition by its soothing and antiseptic actions.

In certain selected cases of Rhinitis, Orargol contracts and tones the mucous membrane thus giving much relief. It acts as a good antiseptic cleaning and stimulating the mucous membrane, the turgescence of which soon disappears.

The Oedematous enlargement of the posterior ends of the middle or the inferior turbinate bones, if there is not true hyperplasia, has been markedly benefitted by the external application and the internal administration of Orargol.

This Colloid has produced excellent results in the treatment of septic and follicular tonsillitis. In these affections it is employed as a paint or a spray.

In post-influenzal sinusitis, Orargol can be syringed daily, about 2 or 3 cc. with satisfactory results. In these cases it serves as an excellent analgesic and antiseptic. It is an appropriate remedy for use where mild, non-irritating antiseptic in the form of douche or spray is required specially in the nose and throat affections.

Orargol is eminently suitable either in the form of douche, spray external application or internal administration in the treatment of ear, nose and throat conditions. It is distinguished by the high standard of its quality and its utmost therapeutic efficiency. It keeps almost indefinitely and retains its full activity and strength despite any climatic conditions. The greatest advantage that this preparation offers is the facility and ease with which it can be applied. It entirely obviates the necessity for preparing the solutions, knowing the strengths to be used and measuring the ingredients. It is a standardised preparation of uniform quality and sure activity. Its choice therefore in the abovementioned affections will not be regretted.

Experiences with Bacte-Phages.

1. A young boy of about 25 came to consult me for a big swelling in the inguinal region. He had a fall while playing football some days back as a result of which he

had a big wound on his right toe. The wound was healing but the inguinal glands had enlarged presumably sympathetically. At the outset there was great pain and later the glands became swollen until they formed a mass. The pain at this time became very much worse. On examination I found the mass as large as a cricket ball, very tender and fluctuating. The skin over it was very much red. It was a case of suppurating Adenitis. I asked the patient to take complete rest in bed as he had a temperature (102°) and advised hot boric fomentations. The next day I took a vertical incision on the mass after making it aseptic and spraying it with Ethyl Chloride. The pus was drained away and after cleaning the wound with warm water only, I dressed it with wet packs of Bacte Pyo Phage. 10 cc. ampoules were used for this purpose every day. This dressing was repeated for five days at the end of which the discharge had become serous, the pain had disappeared and the wound was well on its way towards recovery. After three more days of the same dressing the wound had completely cicatrised and the patient was cured. Taking into consideration the fact that these wounds in the inguinal region take a long time to heal and close up this period of 8 days was comparatively very short thanks to this Bacte-Pyo-Phage.

2. Another case was of Whitlow in an old man of 60 who had an accidental abrasion on the tip of the middle finger of the right hand while cutting something. The wound did not heal probably due to neglect until one day he was unable to bear the pain, and he had a little temperature. I found when he came to me, that the whole tip of the finger was swollen, tender and fluctuating. He complained that he had not slept at all for the last two days. After cleaning the tip and anesthetizing it, I took two vertical incisions 1" in length on the sides. The wound was then cleaned simply with warm water, removing all the pus and then gauze moistened with Bacte-Pyo-Phage was employed as dressing and the whole was bandaged in the usual way. The next day the patient came to me telling me that he had never slept so well during the last three or four days and that the pain had ceased altogether. On removing the dressing I found very little discharge and after cleaning the wound I dressed it again as on the previous day On the third day the wound was quite red with healthy granulation tissue, The dressing was again done as before. After two more days the wound completely closed itself, the patient feeling quite all right.

3. Sometime in April last I was called to see a young lady of 25 suffering from frequency of micturition and sense of heaviness and severe distress in the lower portion of the abdomen and in the loins. I was told that the quantity voided each time was very little and the act of micturition was accompanied by a certain degree of tenesmus. She complained of headache, anorexia and general malaise and she had fever 101·6°. The sense of weight and distress soon gave place to dull pain which became much more severe after twenty-four hours. This pain was very much pronounced when the bladder was full, but became much less when it was emptied. The patient was restless and was looking rather bad. On examination I found that firm pressure above the pubic region gave her pain and excited a good deal of discomfort. Despite the frequency of micturition the urine passed during twenty-four hours was of normal quantity. Its specific gravity was 1023 and when examined under the microscope showed the presence of Bacillus Coli Communis. There was high degree of acidity of the urine presumably due to the Coli infection. Frequency of micturition with tenesmus, sense of heaviness and pain which became marked when the bladder became full and much less when it was empty, pyrexia and sense of malaise—all these symptoms clearly pointed out that the disease was acute Cystitis. Microscopic examination revealed the causal organism, Bacillus Coli and we can therefore call the disease as Acute Bacillary Cystitis.

The treatment was instituted after about 48 hours after the disease set in. I gave the usual alkaline diuretic mixture and urinary antiseptics. Locally fomentations over the bladder and the loins were advised. This treatment did not however afford her much relief although there was certainly some abatement of the symptoms. I then decided

to try Bacte-Coli-Phage. As the alkaline medication had already been given there was no harm in instituting this treatment. At the outset I gave one subcutaneous injection of the Phage (2 cc). Next day she was asked to take 2 cc of the Phage in half a tumbler of Vichy water, first thing in the morning on an empty stomach and the same dose was repeated in the evening at least three hours after the last meal. At the same time Soda-Bi-Carb in drachm doses was given. This therapy was continued for three days at the end of which the temperature dropped down, the physical signs disappeared and the frequency of micturition ceased. After three days more the patient had absolutely no inconvenience and recovered completely after a day more, although she was advised to remain in bed for two more days. Bacte-Coli-Phage is thus a very valuable therapeutic resource which helps to cure such Coli infections with ease and rapidity.

Hypercytol in Gynaecological Practice.

It is not only the general practitioner but the Gynaecologist also who has frequently to employ remedies which are able to act as reconstructive tonics stimulating the cell activity and haematopoietic actions. In Gynaecology one comes across a number of cases where besides the local treatment one has to treat the general condition for which one needs an effective stimulating tonic. The usual complications of Gynaecology and pregnancy such as anæmia-chlorosis, psychaesthenia, Tuberculosis, cardiac neurosis etc., all these need vigorous, and prolonged treatment. Added to this there are other conditions such as exhaustion, emaciation, neurasthenic complaints, low vitality and effects of under-nutrition which require to be treated conscientiously. In all such cases one must have a strengthening and a stimulating remedy which must be safe and at the same time must not leave any by-effects. The employment of the usual iron and arsenic preparations is not advisable as their continuous use results in either very bad type of constipation, headache, indigestion or dermatitis, patchy pigmentations, diarrhoea and neuritis respectively. In these cases the arsenic and iron treatment must needs be carried out but because of the drawbacks mentioned continuous and full treatment cannot be given. It is here that reliable cacodylate preparation, Hypercytol, comes into its own. It is a valuable and quite a dependable substitute for the former customary unagreeable arsenic products. Hypercytol acts favourably because of its better absorption, greater tonifying effects and effective haematopoietic actions. This is due to the addition of Strychnine Sulphate and Ferro-Manganese to Sodium Cacodylate. Hypercytol has been sufficiently tried with success in the various indications for which it is meant but it has not been given an adequate chance in the Gynaecological affections where it will have a favourable influence on the general well-being and the nervous system of the patients. This result is particularly desired in these cases whether it be long-continued bleeding or conditions of exhaustion and weakness after chronic diseases or operations. Hypercytol is a combination of Sodium Cacodylate with Strychnine Sulphate, Iron and Manganese Cacodylate. It is because of the Strychnine component that euphoric effects are seen and the increase of leucocytes and regeneration of the blood are due to Iron and Manganese Cacodylate. On the whole Hypercytol has an excellent synergistic action rarely found in similar compounds. Besides conditions of weaknesses, circulatory disturbances, anaemias and pulmonary tuberculosis Hypercytol can be usefully employed in Gynaecological diseases specially where there is long-standing losses of blood greatly debilitating the patient, in chronic endometritis, after abortions. particularly neglected and repeated ones. It is specially useful after Influenza where there are either severe disturbances in the circulatory or nervous system as its after-effects.

In a case of secondary anaemia where there was great emaciation and weakness Hypercytol acted favourably. The appetite was stimulated to a remarkable extent and the strengthening effect was very striking. There was the return of the menses which had stopped even after weaning the child. After twelve intramuscular injections she had improved remarkably getting an increase in weight to the extent of 7 pounds.

Another case equally s[illegible] was that of a lady who had suff[illegible] from puerperal septicaemia. She was very weak and exhausted

after this severe debilitating infection. A course of twelve Hypercytol injections was given, after which a substantial subjective improvement in her general condition set in. Appetite increased, the blood-picture improved and there was definite euphoria. After another course of twelve injections the general well-being was quite visible and she was able to resume her usual activities with remarkable vigour and energy. It cannot be denied that Hypercytol had a very salutary effect in this case.

A similar case favourably influenced by this remedy was that of a woman who had an abortion in the third month due to high pyrexia. Continuous high temperature, quick pulse, severe vomiting and general depressed condition had brought about this result. After all these acute symptoms had passed and when the convalescence set in a course of Hypercytol injections was started. They were given every alternate day in the deltoid muscles. These greatly assisted the mobilization of fresh vital powers, general stimulation and increased leucocytosis. Thus the good effects on the whole system were soon visible.

One case suspected of Pulmonary Tuberculosis after delivery needs mention. There was slight temperature every evening and a little congestion in the apex of the left lung. Here too besides the other usual remedies Hypercytol injections were administered. They produced a definite effect in stimulating the appetite, checking the fever and improving the general condition. In fact subjective improvement was clearly seen in this condition after one course of 12 injections. She was advised to take another but unfortunately the writer lost sight of her. Whether she went for a change or whether she sought advise in another quarter is not known.

As regards the dosage the injections should be given daily or on alternate days according to the severity or otherwise of the case. Usually a course of 12 injections are sufficient but in long continued and severe anæmic case 24 injections in all are necessary. The injections are painless and are tolerated very well in all the cases. No infiltrations have been observed so far at the site of puncture. The improvement in the general condition of the patient is distinct in almost all the cases.

From the above remarks it is evident that Hypercytol can be recommended besides its usual indications in the following Gynaecological complaints.

1. Debility, Exhaustion and Depression following Gynæcological diseases generally.
2. Secondary anaemias with low haemoglobin content as seen after abortions, heavy losses of blood after delivery, Haemorrhages and Cancer.
3. Neurasthenia.
4. Pulmonary Tuberculosis after delivery or in Pregnancy.
5. After septic processes in the Puerperium or after abortions or premature birth.

It would be worth while to try this preparation in such cases as it would surely meet with success which the writer got with some cases that he had the chance to treat. The preparation is therefore recommended to the profession for further trial.

Thyratoxine in Chronic Nephritis.

Because of the fact that Chronic Nephritis is more often considered as a primary disease of the kidneys, little attention is paid to the general systemic aspects. Now that the knowledge of the renal diseases has increased it has been convincingly and definitely proved that the renal diseases are the result of systemic disturbances and consequent secondary changes elsewhere in the body. It is the considered view of several pathologists that these extra-renal factors are very important and striking, specially in Chronic Nephritis. This latter is the result of a primary general disorder which affects first the protein and then the lipoid metabolism. There is then as a consequence tubular degeneration. Amyloid degeneration which soon follows is the culminating effect of faulty protein metabolism. Albuminuria then ensues which is not however of renal origin but is due to the profound metabolic changes taking place in the organism. As there is an alteration in the cells of some or in more severe cases all the tissues of the body or some modification in the serum protein itself, the organism is unable to utilise the proteins for whatever functions they may be serving and hence they are excreted through the kidneys as foreign matter. This albuminuria as also

the pathological changes in the kidneys result from the disorders due to the relation of the blood protein to the cells of the tissues. Another change characteristic of Chronic Nephritis is the increase of Cholesterol in the blood. The direct cause of this phenomena is deficient protein metabolism. It is generally pointed out that those factors which reduce metabolism cause an increase in Cholesterol in the blood while those which augment it cause a reduction in the Cholesterol content of the blood. There is also increase lipoid metabolism in this disease which appears probably to arise from a peculiar disturbance in the protein metabolism. This disturbance is characterised by lipoid degeneration, excess of lipoids in the blood, etc.

It has been noticed by various clinical observers that there has been in these cases a certain degree of thyroid insufficieney. It therefore naturally follows that thyroid administration should be remarkably effective in this presumably hypothyroid condition. We have seen that the pathology of the disease consists of the inability of the body cells to utilise the serum protein. Thyroid therapy corrects the defect in a remarkable manner. Although it is a fact that in Chronic Nephritis the thyroid gland is neither deficient nor diseased, still experience has shown that to restore the normal amount of metabolism in this disease greater activity of the thyroid is essential. The therapeutic application of this glandular product is therefore not without any clinical foundation. It is however learnt from reliable sources that the amount of thyroid necessary to re-establish this normal metabolism is unduly large and that it needs must be administered over long periods of time. Now we have to bear in mind that thyroid medication is not without its dangers and to administer it in large doses for a good length of time, we must have a product which is free of all these dangers. Such a one is Thyratoxine.

The efficacy and activity of Thyratoxine specially depends on the rapidity with which it is absorbed by the tissues and on its retention in them for a considerable time. The aim of the treatment with Thyratoxine therefore is to compel the tissues to utilise the proteins and also to reduce the lipoid metabolism. This effect can be further heightened by means of a liberal protein, but fat-free dietary. Even if this dietary does not help, the institution of Thyratoxine regime will accomplish the main purpose viz., stimulation of protein utilization.

To achieve the above end in view, the clinician will obtain the full value of the entire activity of the gland in Thyratoxine. It is biologically standardised and is uniform in strength and composition. It is free from toxic amines and lipoids. The iodine content of this thyroid product being constant it can safely be depended on for its activity. For therapeutic purposes Thyratoxine is therefore to be preferred because it offers a distinct advantage to the clinician in that he knows the definite dosage of the gland that he is administering.

The utility of this product is manifest in all those conditions where there is Thyroid hypofunction. The efficacy of this product is Chronic Nephritis is mainly founded on its effective stimulation of basal metabolism. An important feature of this particular thyroid product is the rapidity with which the symptoms disappear following its administration. At the end of a few days of its use all the symptoms of hypothyroidism become less and less, the metabolic rate becomes accelerated and the condition is greatly improved. Although diuretics etc., are useful in this condition, the distinct direct effects of Thyratoxine make is the principal therapeutic agent in the general treatment Despite large dosages, which by the way are well tolerated by patients in this disease, there is complete absence of any toxic symptoms with this product.

Thyratoxine is administered by the mouth and it can be taken very conveniently in this way. Small initial doses of three tablets per day (0.09 gm. of the substance) should be administered. More often this dosage is quite sufficient to bring about effective therapeutic results. In cases where the results are not upto our expectations the product may be given in increasing doses until 0·3 gm. per day is reached. This should be continued for 5 to 7 days when good effects may be apparent. These consist in increased metabolism, more diuresis, decrease of albumin excretion and lipodemia. As soon as these results are attained it is advisable to lesson the dosage. Thyratoxine has been rightly considered as a definite advance in Thyroid therapy because of its accuracy and its iodine content.

Therapeutic uses of Opocrin Hepar.

Since the last three or four years liver therapy has come much in the forefront and at the present day it is regarded as an established treatment for Pernicious Anemia. This disease, which was formally considered incurable, is brought under control and even cured by means of liver therapy and the beneficial effects are real as is evidenced by the number of reports of its successful use In the beginning experiments were done in this field with raw or partly-cooked liver. But now active extracts are available which give all the effects of the whole liver and thus it is possible for patients to ingest large quantities by means of these extracts. Such a reliable extract is Opocrin Hepar.

Opocrin Hepar acts with constancy and certainty and reduces the period of regeneration of the blood to the minimum possible period. Its potency is invariable.

The first and the foremost effect of the administration of Opocrin Hepar is the restoration of Hemoglobin and cell-values in anemias within the shortest period. Opinions are varied as to the action of Opocrin Hepar in anemias. According to some, liver contains many elements such as iron salts which are necessary for new cell formation and which may be utilised for the production of erythrocytes. The regenerative effect may therefore be due to the substances contained in Opocrin Hepar. Many however are inclined to believe at present that there is a hormone contained in the liver which is also present in Opocrin Hepar. The action of Opocrin Hepar consequently is rather restorative than substitutive. This principle contained in this gland product stimulates the bone-marrow which effects the production of erythrocytes and this is seen by the increase of reticulocytes in the blood which takes place almost immediately. The red-cells as well as the Hemoglobin is increased.

Concerning the therapeutic uses of Opocrin Hepar the first in the field is Pernicious Anemia, in which its regular administration helps to alleviate the disease rapidly. Following this Opocrin therapy there is first an increase of the reticulocytes and later the erythrocytes as also the Hemoglobin are increased. Roughly this increase of reticulocytes takes place after a week. During this period there is no appreciable increase of erythrocytes but after this the increase of these latter is progressive until the normal values are attained. How Opocrin Hepar acts in this disease is still under dispute. On the basis of numerous clinical observations it has been concluded that Opocrin Hepar does not do away with the causal factor of the disease, but only acts symptomatically. That, however, does not mean that it is a substitution therapy. It is therefore not a specific, but the active substance in this Opocrin promotes the formation of blood and prevents its destruction. It has no direct action on the blood, but it has a specific action on the reticulo-endothelial apparatus. As a consequence it puts a stop to the retrogressive changes in the blood and brings it to normal. Anemia is thus cured and there is production of Folycythemia. The value therefore of Opocrin Hepar in the treatment of this disease is now established and its administration is followed by a very satisfactory response.

This Opocrin Hepar can also be usefully indicated in Sprue where the blood-picture is almost the same as that of Pernicious Anemia. Under this treatment improvement is seen in the blood-picture by the disappearance of the nucleated red cells and the reappearance of the normoblasts.

Another use of Opocrin Hepar is in Secondary Anemias which respond well to its exhibition. Although this therapy is less well established here than in the Pernicious type, it holds a great promise in the near future, as it besides restoring the normal blood-picture helps to correct lack of hydrochloric acid secretion.

Besides its effects on the blood, Opocrin Hepar acts beneficially when indicated in mild forms of Diabetes. From clinical investigations it has been found to reduce the blood-sugar and thus the excretion of sugar through the urine becomes gradually less and less.

In deficient action of the liver this Opocrin has a definite beneficial effect. In these cases it acts as a physiological stimulant to the sluggish or inert liver and soon restores to it its normal function.

In Icterus, Opocrin Hepar brings about marked improvement. Although this therapeutic result is considered by many as purely symptomatic, the fact remains that the improvement of the blood-picture and its restoration to normal with regular functioning of the liver, clearly demonstrates the great value of this therapy.

The anemia and debility following Amebic Dysentery is a good field for the exhibition of Opocrin Hepar. As the intestinal condition prevents adequate absorption of the Opocrin, we can inject ampoules intramuscularly. A fortnight's treatment not only raises Hemoglobin and increases the erythrocytes, but the liver also becomes normal and begins to function adequately.

This product is available in two forms, the Opocrins and the ampoules. Although the Opocrins are tasteless and easily assimilable there are cases in which lack of adequate co-operation of the patients renders this oral therapy impracticable and the ampoules therefore by the parenteral route offers a most acceptable and an effective alternative. This parenteral therapy is many times more powerful and effective than the peroral one. The former method of treatment can be carried out without causing gastric disturbances. It is therefore more suitable in cases where the gastric functions are defective. Moreover Opocrin Hepar given in this way, that is by the intramuscular route, enables a more intensive therapy to be carried out. Blood transfusion is rendered unnecessary if the treatment is carried out in this way in the grave and extreme cases. Parenteral route allows this liver therapy to be carried out in patients with gastric irritations without any trouble who would not tolerate these Opocrins by the oral route. Again, in cases following dysenteries where the intestinal condition is such that the absorption of the liver does not take place, Opocrin Hepar when injected intramuscularly has been very efficacious. Opocrin Hepar by this route is quicker and more economical as it can be given in large doses during a short course of time, as response to liver therapy is always a quantitative one. The injections are both safe and effective when administered intravenously and they rarely produce any by effects either local or general. The dose being small the patient is not subjected to any discomfort. One ampoule per day is quite sufficient in average cases where the blood count does not fall below 15 lacs. It is therefore more effective and convenient to exhibit this product by the parenteral route, which should in cases of necessity be supplemented by the Opocrins.

Treatment of Hepatic and Biliary Insufficiencies.

Because of the multiplicity of the functions that the liver has to perform it is not surprising to find that its cells, which are considered extremely delicate, get easily out of order. The least attack either of any infection or alimentary intoxication or the slightest digestive disturbances have an immediate effect upon them. If these troubles persist the liver is very much affected. It is owing to this that hepatic insufficiencies are very frequent and the sequelae resulting from them are more numerous. Many of these manifestations are diverse in character such as joint-troubles, skin-diseases, affections of the nerves etc. In such cases instead of treating the various symptoms and the local conditions if the causal factor is effectively tackled, the cure is sure to be certain and rapid. The employment of Boldine is more rational in these cases as it selects in an eminently effective manner those principles which are very serviceable in the regulation of the liver functions.

We have seen that functional insufficiencies of the liver assume various forms. Not only that but they assume various degrees also. These result, as time goes on, in cell degenerations and then may manifest themselves in serious attacks of Hepatitis, Icterus, Hypertrophic Cirrhosis, Digestive troubles, Hepatic Colic and Gall-stones. In these cases Boldine maintains the liver function and soon restores the pathological condition to normal. It also prevents further complications. It is therefore always advisable to commence Boldine at the very start. The slightest disturbance in the hepatic function, a little yellowishness in the conjunctivae or urine, the least hepatic colic or some symptoms of biliary lithiasis naturally demand immediate Boldine treatment, particularly if these troubles come in a gouty, diabetic or obese subject. The existence of all these liver troubles necessitates not only suitable dietetic regime but Boldine therapy also.

Some inexplicable sense of fatigue, insomnia, habitual constipation, headache, certain skin-affections such as pruritus, acne, eczemas etc., some digestive troubles such

as anorexia, dyspepsia, pronounced loss of appetite—all these symptoms reveal that there is something wrong with the liver. Boldine constitutes the radical treatment of all the pathological processes in these affections. Many types of indigestions and resultant auto-intoxication depend mostly upon insufficient or abnormal excretion of the bile. The exhibition of Boldine in such cases will produce prompt and effective results. Acting as a stimulant to the hepatic cells it causes an immediate increase in the flow of bile. The result is that the putrefaction of the intestines is prevented, their peristalsis accelerated and the absorption facilitated.

By reason of its composition Boldine supplies the necessary ingredients and the various indications thus respond well in a Gratifying manner. Each pill contains one millegram of the pure alkaloid Boldoa Fragrans. It stimulates the secretions of the liver and restores in an effective manner the hepato-biliary functions. Without any undue strain it produces a decided drainage of the biliary tract and thus relieves hepatic insufficiency. Boldine may be usefully combined with other cholagogues and hepatic stimulants such as calomel, podophyllin, salines etc. We have seen that most of the liver disorders call for doses in 4 to 6 or even 8 Boldine pills per day to be taken 15 minutes before meals. Relief may be expected promptly and recovery is usually hastened by the restorative effect on the hepatic activity. Boldine in short is an effective and a dependable preparation of Penmus Boldus with an elective action on the biliary secretion. Because of this ingredient it combines this property with that of the intestinal regulation, which means that it permits education of the bowels and gives them tone. This effect helps to increase the functional value of the liver.

The two cases under my care fully illustrate the efficacy of Boldine:

1. A young student in a local college, aged about 23 came to me for treatment of Catarrhal Jaundice. He told me that two days prior to coming to me he had attacks of vomiting several times during the day with pain in the epigastric region. This continued for two days and then he began to pass yellowish urine and yellowish tint appeared also in his eyes. When I examined him there was epigastric distress and the liver was enlarged one inch below the costal margin. There was present mental dullness, headache and apathy. He tried to attend the college but could not do so. On the fourth day all these symptoms were quite marked. The conjunctivae and the nails showed distinct yellowing so also the urine. The tongue was heavily coated. The sense of oppression over the right hypochondrium was more pronounced. Liver was tender on pressure. Together with the usual hepatic stimulants and salines I prescribed Boldine, 8 pills of which he took every day before meals. After a week of this regime he was completely free from his trouble. The epigastric pain and distress passed off, the tenderness of the liver disappeared, the yellowish tint of the eyes and the nails was almost imperceptible and the urine was quite free from bile. He had a very good appetite and was able to attend college. The mixture was discontinued and he was kept on Boldine alone, 6 pills per day for two weeks. Not only was he free from all the symptoms after this regime, but he felt very active, had very good digestion and was able to put in greater amount of work.

2. Another case was of intermittent attacks of hepatic congestion in a middle-aged person of gouty diathesis. He used to get arthritic attacks now and then due to this congestion. Besides salines I advised him to take Boldine, 6 pills daily. This routine was continued for a month after which the salines were dropped and he was kept only on Boldine. At this time he took only 4 pills every day. This relieved him entirely of the congestion of the liver which was now quite normal. The Arthritic attacks also were few and far between until they disappeard altogether. He is now living quite an active life free from all the former ailments.

The Toxemias of Pregnancy and their End-results.

By

W. W. HERRICK, M.D., *New York City.*

Any pregnant woman showing high blood pressure, albuminuria, edema, convulsions, pernicious vomiting, certain types of non-obstructive jaundice, severe anemia or even a disturbed mental state is said to be "toxic" or to have a "toxemia of pregnancy." A review of the literature leads to the following conclusions:

1.—The toxemias of pregnancy may be separated into the early and the late types. The former are charcterized chiefly by pernicious vomiting; rarely by acute atrophy of the liver. They are probably without serious after effects.

2.—The late toxemias are marked by albuminuria, hypertension, nervous and mental changes, edema, bilirubinemia, anemia, epigastric pain and tenderness and convulsions; these symptoms appearing singly or in any combination. These may have serious after-effects.

3.—Those in which the kidney is primarily at fault form a definite group. These are examples of a primary defect in the secreting mechanism of the kidney and may fall under the headings: nephrosis, parenchymatous nephritis, or glomerulo-nephritis. Clinically they are marked by a prolonged albuminuria of high degree, with or without retention of nitrogen in the circulating blood. Hypertension is a secondary feature. Practically, these are examples of nephritis complicated by pregnancy.

4.—The larger group of late toxemias includes the eclampsias, the pre-eclampsias and milder types, which have been variously classified. These do not show nitrogen retention, and albuminuria is not a prolonged feature, but occurs late and suddenly. Pathologically and clinically, in follow-up studies, there is much to suggest that, in their immediate and remote effects, these are examples of vascular disease primarily and have much in common with the ordinary hypertensive cardiovascular disease or hyperplesia.

5.—The loose use of the term nephritis in association with the late toxemias of pregnancy should no longer be countenanced.

6.—Recognition that the problem of these toxemias is bound up with that of cardio-vascular disease with hypertension, seems a helpful step in the search for their etology. Cannon's conception of "homeostasis" may be an explanation of the mechanism, if not of the cause, of the late toxemias.

(*Illinois M. J.*, Sept., 1932.)

Calcium and the Heart.

By

DR. A. ZARCINAS.

The intravenous injection of 5 c. c. of calcium gluconate caused the disappearance of extrasystoles. Six further injections of the same amount, at 3-day intervals, after which 3 ampules of 10 cc. each were similarly administered, caused permanent cessation of the extra systoles.

(*Muench Med. Wchnschr.*, Mar. 4, 1932.)

Calcium for Control of Cancer Pain.

By

DR. R. J. BEHAN,
Pittsburgh.

Calcium may be substituted for narcotics in the control of cancer pains. The author injects calcium gluconate intravenously in cases in which a rapid reaction is desired; intramuscularly if immediate results are not so urgent. In addition to the intravenous and intramuscular injections, at least 2 Gm. of calcium gluconate was given orally three times a day. In all cases so treated there was a beneficial effect on the cancer, as well as relief from pain.

(*Am. J. Surg.*, Aug. 1932.)

Large Doses of Sodium Thiosulphate in acute Mercurial Poisoning.

By

DR. E. R. BLAISDELL, *Porteand.*

In ten cases of acute mercurial poisoning, the administration of 6 to 8 gm. of Sodium thiosulphate, intravenously, resulted in the patient's recovery in all cases. The injection was usually given within 4 hours after taking the poison. At least 6 Gm. of sodium thiosulphate should be given, intravenously, for 3 consecutive days.

(*J. Maine, M. A.*, Jan. 1932.)

Paroxysmal Tachycardia

By

DR. R. W. LANGLEY, *Los Angeles.*

The results obtained with quinine sulphate in cases of paroxysmal tachycardia should encourage the use of this drug in fairly large doses (3 grains—0.2 Gm.—three times a day), not only during an attack, but at frequent intervals routinely, as a prophylactic. The most promising results are obtained in cases of tachycardia of ventricular origin.

(*Am. Med.*, Jan., 1932.)

News and Comments.

Major-General Sir Megaw :—Major-General Sir Megaw must have by now handed over the charge of the office of the Director-General, Indian Medical Service, to Major-General Sprawson and would soon assume charge of his new position as adviser to the Secretary of State for India. We bid 'farewell' to Sir Megaw and wish him *bon voyage* home. Our personal acquaintance with Sir Megaw, though brief, was of a nature by which we could know some of his stirling worth. He is not only a good and capable administrator but made a mark in whatever position he occupied. He is very fond of investigation and research and we have been all the while under the impression that these two traits of knowledge in him concerned only the scientific and technical field of the medical profession. The enquiry conducted by Sir Megaw "into certain public health aspects of village life in India" which was the subject of comments in these columns two months ago under the caption, "A Farewell Sermon," is a masterpiece and a valuable record. These are valuable sermons in the true sense of the word but it is quite possible that our comments might convey to a few quite a different view. For at the time we commented we were not aware that Sir Megaw's field of investigation and research went beyond the realm of medicine. We are now informed that he has been all through not only a theoretical student of medicine but a practical social worker who did attempt and press on the Government the need of practical application of research for the welfare of humanity. His "Report on Hook-worm Infection in the United Provinces" which he wrote in 1920 while he was the Principal and Professor of Pathology, King George's Medical College, Lucknow, his presidential address delivered at the Eighth Indian Science Congress (Section of Medical Research) are valuable documents worth reading by those who are interested in the welfare of the people of India. After dealing with the subjects proper he had proposed practical ways and means by which medical research could be made an excellent capital for ensuring health, happiness and prosperity of people living both in urban and rural areas in India. We are also reliably informed that he had submitted to India Government some time in 1932 a note urging the need for the formation of a "Public Health Board" which it is said is receiving the attention of the Government. It is most unfortunate that the politician even in England did not realise that 'Politics' exists for the welfare of the people and any reform without any mention about the future machinery for the control of public health in India will not be complete, nay, a failure.

We trust that the Central Government would soon take up seriously the question of the desirability of a central authority to deal with public health in India and formulate a scheme to be put before the public in India for incorporating the same in the reforms proposals now on the anvil. We trust that Sir Megaw will not be less active in his new sphere of office. He has enough materials with him collected while holding important offices in India and it will be certainly less exacting work for him to formulate and press his views in the Office of the Secretary of State for India, than it was in his own office in India. The climatic condition at home will surely make up for age and we hope to hear more of Sir Megaw and his activities in London for the good of India. May Sir Megaw live long to continue his life of usefulness.

Major-General Sprawson: Major-General Sprawson relinquished his office as Surgeon-General with the Government of Madras on the 11th instant. The tenure of his office in Madras continued for a period

of nearly three years and a half during which time he did all that was possible for him towards the betterment of the education of the Medical Licentiates and the scope of honorary system of medical relief. But for his personal efforts it would not have been possible to introduce the five years course of studies in Medical Schools in this presidency. Though the system of honorary medical relief is defective in many respects it has to be said to the credit of Major-General Sprawson that he was mainly responsible to increase the number of honorary medical officers. His sympathy towards the honoraries did at times cause heart-burning amongst a few of his subordinates. Whenever there was conflict between the interests of honoraries as against those of the paid medical officers, Major-General Sprawson's sympathies usually sided with the former and there were occasions when Major-General Sprawson has displeased a few selfish medical officers in service. We did not see eye to eye with Major-General Sprawson in many respects and we did not make a secret of it. It is probable and even possible that some of the items of his administrative policy, such as the transformation as Physicians and Surgeons of Officers who had not the required experience for such positions, might perhaps be due to bad heritage of office. Our comments and criticisms were always directed towards the office he occupied and did not have any personal bearing. We cannot think for a moment that Major-General Sprawson was capable of creating enemies. He is a gentleman in every respect and we have the highest regard for the qualities of his head and heart. It is a happy coincidence that Major-General Sprawson succeeds his personal friend and admirer Major-General Megaw which he did continuously thrice as the Principal, King George's Medical College, Lucknow, as the Surgeon-General with the Government of Madras and now as the Director-General, Indian Medical Service. It looks as if Major-General Megaw paves the way for his dear friend to occupy a place of position and responsibility which he had been vacating. We hope that Major-General Sprawson who has always been sympathetic to the legitimate aspiration of all in the medical profession would take the initiation in making the India Government realise that the All-India Medical Council which will soon be formed with Major-General Sprawson as its first President, should concern itself more seriously than they have been doing so far in improving the lot of the Medical Licentiates who being the largest section in the medical profession form its real backbone.

An Important High Court Judgment: Kashibhai Lakhabhai Patel was summoned to attend the Sessions Court of Nadiad (Bombay Presidency) as an assessor. But he produced a medical certificate from a registered practitioner (Dr. Talati) pleading inability to attend the court as he was suffering from Piles, Fistula and Dysentery. The Sessions Judge doubting the veracity of the certificate ordered the Police Surgeon to examine the patient and report. The Police Surgeon while agreeing with the registered practitioner regarding the diagnosis gave his opinion that the illness was not so serious as to prevent the patient from attending the court. The patient did not attend the court and the Sessions Judge fined him Rs. 50 and ordered the fine to be paid to the Police Surgeon as fees. Against the decree of the Sessions Judge an appeal was filed at the Bombay High Court, which was heard by Mr. Justice Broomsfield and Mr. Justice Divatia. The judges set aside the decree of the Sessions Judge and observed that both doctors agreed that the appellant was suffering from certain complaints and Dr. Talati, a qualified practitioner had testified that the patient was not in a fit condition to attend the court. In view of this the judges remarked that the Sessions Judge should have exempted the petitioner from attendance and called him for the next sitting of the court.

We wish that this important and sound judgment is broadcasted throughout the civil and criminal courts in India where the value of registration of a qualified practitioner depends more on his official capacity than on statutes passed by the Legislature.

Ill yet well! Quite recently in Madras there was a case where a Judge of the High Court was overcautious and a patient under trial was directed to get the opinion of a retired Government Medical Officer as to his fitness to travel. On the face of opinion expressed by three other doctors who were unanimous in their opinion that the patient was not fit to travel, the retired Government Medical Officer pronounced the patient as fit to travel. As the patient had to travel

for 10 days on board a ship to reach the court where he had to be tried, the Judge evidently seemed to have got puzzled and ordered that the patient must be examined by two other Government medical officers, who expressed the opinion that the patient was ill and not fit to travel. He was then ordered to undergo treatment at the Government General Hospital, Madras. The patient obeyed the orders but preferred to be in a special paying ward and chose as his doctor one of the Honorary Physicians of the Hospital, as the latter happened to be his old medical attendant. The Honorary Physician recorded his opinion that the patient was not fit to travel. It is said that the Superintendent of the General Hospital constituted a special medical board and this board certified that the patient was fit to travel. The matter did not stop here. The Superintendent of the Hospital demanded an explanation on the opinion expressed by the Honorary Physician and the Honorary Physician refused to submit one and rightly so.

We learn that the matter did reach the Surgeon-General's Office and had the benefit of opinion of two Surgeons-General, one acting and one permanent, and as the permanent left Madras long ago on transfer as Director-General, Indian Medical Service, it is almost certain that final orders on this matter must have been passed by him and as soon as we come to know of it we will revert to the subject once again.

Very important yet delicate issues are involved in this affair. It must have been certainly a hard task for all concerned to give an opinion about a patient who was found ill and well at the same time, as the purpose for which the opinions were expressed was viewed with different angles of vision.

All India Ophthalmological Society: Our readers might remember that a prominent member of the All India Ophthalmological Society contributed a letter to the columns of The Medical Practitioner in the month of May 1933 complaining that the Society did not hold a conference for the last two years. We now learn that the third conference of this Society is going to be held in Calcutta during the third week of December. Elsewhere in our correspondence columns we have published a letter from one of the eminent members of the Society who had made very valuable suggestions for the consideration of the organisers of the conference to make the session useful not only to the members of the profession in their individual interest but also for the benefit of the public. No campaign for relieving human sufferings will be complete unless in such a campaign a programme for the prevention of human sufferings is also included and it is really praiseworthy of this correspondent that he had suggested to the organisers to allot a full day for the discussion on prevention of blindness. He had also suggested that the Secretary of the All-India Association for the Prevention of Blindness be invited to attend the conference. It is very painful to learn that hardly any of the officers of the Government took part in the last two conferences of this Society. The correspondent is justified in bringing to the notice of the profession the indifference of the Government officers in not attending conferences of All-India importance. The indifference becomes more patent when it is known that some of these officers attended conferences of international importance outside India, which they did at Government cost. We hope that the appeal of our correspondent will catch the eye not only of the eminent ophthalmologist in Government service but also of the Government. The attendance of Government medical officers in charge of large ophthalmic hospitals will not only be beneficial to themselves but to those who seek relief in the Government institutions.

Medical Licentiates and University Degrees: Under the above caption we have published the suggestions of Major Amir Chand, I.M.S., Principal, Medical School, Amritsar, Punjab, wherein he makes valuable suggestions for the admission of the Licentiates to appear for the University degree examinations. Nobody in the Punjab could be a better judge than Major Amir Chand regarding the standard of medical education of the Licentiates, as he is directly in touch with the education of the Licentiates in the Punjab. His suggestions are worth the consideration of the University authorities and we trust that the members of the Senate of the Punjab University

will not be wanting in patriotism in allowing their Indian brethren, though in another profession, facilities to improve their knowledge and status in life. The past indifference of the University authorities throughout India becomes more palpable, and even culpable, when it is known that ever since the Medical Licentiates came into existence the medical faculties in England granted them facilities and concessions in securing higher medical qualifications in that country. Though the Madras University took the lead in this direction the concession allowed to the Licentiates for appearing for the University degree in Madras have not been attractive, as is evidenced by the fact that the majority of the students who are admitted for the M.B.B.S. course in Madras are not from the Madras Province itself but hail from other provinces. It looks as if those few that are anxious of getting university qualifications in Madras do so not with an idea of gaining more knowledge but only for the purpose of improving their status so as to enable them to get into Government service.

A Correction: In the August issue of The Medical Practitioner while commenting on the proceedings of the U. P. Second Class Health Officers' Conference, we inadvertently mentioned that the Public Health Department in India did not attract the best men in the medical profession. It was not our intention to belittle those in the Public Health Department. It is quite natural, nay human, that those who earn more either in Government Service or in private practice do not usually enter Public Health Department. Such a statement cannot be taken as a slur by those in the Public Health Department. We are glad to know that almost all that enter the Public Health Department in U. P. are above the average in the medical profession and we hasten to congratulate them for their zeal and patriotism in serving the public and the Government more selflessly than many of the members in the profession who are attracted into service by more attractive remuneration.

We wish to correct a mistake in our comments in these columns about this subject in August. The energetic Secretary referred to is Dr. H.H. Blanchfield, School Health Officer, Bareilly, who was in charge of the affairs of the Association during the period mentioned in the report under reference.

One Inconsistency after another: The peculiar ways adopted at one time by the head of the medical department in creating new appointments and filling them in as peculiar a manner which naturally served individual interest and not of the department of service, have given rise to undreamt of and most unnatural *sequelae* after retrenchment making most unhapppy and a few happy. At one time it was thought that those who teach in the Vizagapatam Medical College could not do so unless they were called Civil Surgeons as such. Consequently a few junior Assistant Surgeons superceded many senior Assistant Surgeons as Civil Surgeons. Abolition of some posts had to be effected due to retrenchment. One of such posts was the Professor of Chemistry, Vizagapatam Medical College. This Civil Surgeon, Chemistry Professor, was a junior Assistant Surgeon at the time he was made Professor of Chemistry. With the abolition of the post this Civil Surgeon ought to have been given either three months notice to quit service or if he liked to continue in service, he might have been reverted as Assistant Surgeon as a matter of equity. But the Chemistry Civil Surgeon was transformed into a pucca Civil Surgeon and was asked to practice Medicine and Surgery over the head of his seniors who all their life time in service were practising Medicine and Surgery but could not be Civil Surgeons.

It is since made possible that an Assistant Surgeon as such could teach the students of the Medical College without being called or promoted as Civil Surgeon, and the Government has been grudging to call them as professors in the Medical College. They are styled as teachers though calling them by a more dignified name which their position deserves would not cost the Government anything more. One post was created in the General Hospital, another in the Government Hospital for Women and Children and junior Assistant Surgeons were transformed into Civil Surgeons to do the work of these posts. The former is made permanent and the latter, going to be perhaps, in spite of retrenchment. Then again only for Physiology and Anatomy a special teaching cadre was created and the Assistant Surgeons who joined this

cadre were given a higher grade of pay ranging from Rupees 350 to 800 with no private practice. On account of the abolition of the Tanjore Medical School there was no work for as many as were first recruited for these special cadres. So three or four who joined these cadres have since been transferred to general line as Assistant Surgeons. These will not mind how they are called so long as they are allowed to draw the salary fixed for the cadre. But it is said that they would be given the pay of the Assistant Surgeons and only their service in the special cadres will be considered in fixing the grade pay of Assistant Surgeons. Morally, if not legally, those who are recruited to special cadres should be given their cadre pay and allowed to work as Assistant Surgeons, as was done in the case of the Chemistry Civil Surgeon referred to above. It looks as if personal rule and not service rule counts much in the Medical Department.

Farewell Entertainments: As referred to in these columns last month, Major-General Sprawson was entertained at a dinner at the Medical College on the 5th instant. Though the chief organisers of the entertainment were Lt. Col. Newcomb and Rao Bahadur Dr. P. K. Warrier, representing the I.M.S., and the Provincial service, the hosts included almost all honorary physicians and surgeons in the city of Madras and a few assistant honoraries. There were only a couple of members of the independent medical profession. On the whole the gathering was a representative one consisting of members of the medical profession of all grades both in service and outside. Mr. Sengodaiyan, Deputy Secretary, Local Self-Government Department, was also the guest of the evening. The toast of the chief guest was proposed by Lt. Col. R. E. Wright who made a brief and humorous speech eulogising the administration of Major-General Sprawson as Surgeon-General with the Government of Madras. The guest thanked the hosts and made a suitable reply. There was a feeling that the toast ought to have been seconded by a practitioner outside service. The entertainment would have been a better success if in the list of organisers were included representatives of the members of the independent medical profession and Major-General Sprawson who always showed a regard and sympathy for non-official medical practitioners would have felt much happier. The gathering was on the whole very pleasant, though a tame one and lasted full four hours, the guest freely moving with as many hosts as could catch his eyes during these four hours.

As referred to in these columns last month this is the second occasion when the head of the medical department was given a farewell entertainment by service and non-service members of the medical profession. Such entertainments were purely official before. We hope that officialism will be totally forgotten by the organisers of such entertainments in future. Such entertainments should be made to serve a double purpose, a farewell and a welcome, by making it possible to include in the list of the guests, the incoming officer succeeding the outgoing one, and it would be most beneficial to all concerned if the incoming guest is introduced to the members of the profession by his outgoing predecessor.

Before closing it will not be out of place if we were to mention that the South Indian Medical Union desired to give a separate dinner to Major-General Sprawson but it had to be satisfied with a tea party which was a delightful function held on the Medical College grounds on the 7th instant. Dr. S. Rangachari, the President of the Union, while bidding farewell to the guest of the evening expressed the gratitude of the profession to the guest who was mainly responsible in increasing the number of honorary medical officers in the Government institutions. Major-General Sprawson thanked the South Indian Medical Union, the hosts, and wished good-bye individually to almost all those who attended the function.

Correspondence, Reports, Etc

Medical Licentiates and University Degrees.

Major Amir Chand, I. M. S., Principal, Medical School, Amritsar, Punjab, suggests that in his opinion, "a Licentiate, whether he has completed 4 or 5 years' curriculum in a recognised medical school in India should be admitted to the Final Professional Examination for the degree of M.B.B S., or its equivalent, of a recognised university provided: (a) He has passed not less than two academic years (1 year) previously a recognised Examination from a recognised college in Chemistry, Physics and Biology in accordance with the Regulations of a recognised Indian university for the F. Sc. Medical Group, or its equivalent; (b) Has completed two academic years medical and surgical Hospital Practice and training in Pathology, Medicine Surgery, Diseases of Eye, Ear, Nose and Throat and Midwifery and Gynaecology in a recognised medical college and Hospital in India and (c) Takes up Pathology as a subject for the Examination, whether separately or together with the subjects for the Final Professional Examination for the M.B.B.S. degree or its equivalent, in accordance with the Regulations of a recognised university.

In proposing this I have left out English from the F. Sc. Examination, because although a Licentiate after passing the Matriculation Examination does not study classical prose and poetry, yet during the course of his studies in a medical school he gathers enough working knowledge of the language and does not lag behind an F. Sc. in that respect. I have also not insisted on an examination in Anatomy, Physiology, Materia Medica, Hygiene and Forensic Medicine, because these subjects, with the possible exception of Physiology so far as it relates to electrical experimental physiology, are taught almost, if not quite upto the degree standard, and even if there was any appreciable difference in any of these subjects it could be easily levelled up in medical schools. This proposal I think, should satisfy both the parties—the universities and the Licentiates—and is worthy of serious consideration."

All India Opthalmological Society.

Now that it has after all been decided to hold the third conference of the All-India Ophthalmological Society about the third week of December in Calcutta, may I venture to give a few suggestions to the organisers through your valued columns?

It is not for a holiday trip that one tries to attend the conference whatever the distance nor is it merely for the cultivation of the acquaintance of fellow workers in the field. One should expect that there are ample returns for the heavy expenses incurred especially when one has to come from long distances, leaving his work and sacrificing his practice. So, it is incumbent on the organisers to see that the conference is not merely a technical success, but a really profitable concern to one and all.

The first thing for that is to see that only really first class matter is admitted. The agenda may be short, but it is better to have ample time for full discussions on useful original and scientific subjects than to rush through a host of practically useless or stale second-hand papers.

The list of subjects, if possible with a short abstract of each, should be in the hands of the members before they start from their places. It is only then that one can expect the discussion to be constructive and authoritative, as it will enable those who like to participate in the discussion on any subject to come fully armed with facts and figures from their own statistics and experience. But I wonder how far the organisers will be able to do it this year; for, while the conference is to start on the 19th, they promise to receive till the 1st of December the contributions for the conference.

What was neglected in the previous conferences was a proper scientific exhibition. It is only here that the members living in remote parts who are flooded with advertisements false and true can have an opportunity to see for themselves new instruments and appliances and decide their selections. Calcutta is eminently suited for such an exhibition and without much difficulty one could easily get the co-operation of the firms concerned for the exhibition of the latest instruments, appliances and books.

If it is not too late and if it has not so far been arranged, I wish it is possible to

get the attendance of some prominent Opthalmologist in Europe at least at every alternate session. This is sure to make the conference considerably attractive.

It is the aim of the Society to stimulate interest, cultivate a research mentality and to raise the general standard of Ophthalmology in India. The Society can scarcely do this work without a journal of its own. It is high time an Indian Journal of Opthalmology is started, at least a quarterly for the present. There can be no question of want of funds. I hope this conference will thrash out this question and make a definite decision.

The conference should not also forget its duty towards the preventive aspect of Ophthalmology. More than anybody else, the eye-surgeon is brought face to face almost daily with the great and urgent need for preventive work. The amount of blindness in India, most of which is preventable, is appalling. Just a decade back, Egypt and Palestine were far worse than us, but to-day, thanks to most intense preventive work, the number of blind in those countries has considerably been reduced. No doubt, the Society by itself cannot do much. But it is incumbent on the Society to take every necessary step to impress on the State and non-official public opinion the need for immediate and thorough action.

Your readers may know there is an All-India Association for Blind relief which is doing some useful work in certain parts of the Bombay Presidency. May I suggest that a session of that Association also be held at the same time, so that the professional as well as the interested lay associations could work together for something effective to be done? I wish also that the Secretary of the All-India Association for the Prevention of Blindness be invited to address our Calcutta conference on what all ways our Society could help them, and that a full day's session be allotted for the discussion and finding of ways and means for preventive work.

People in the Government service were conspicuous by their absence at the last conference, while some of their representatives were able to regularly attend the conferences outside the country.

I sincerely hope that the indifference on the part of the officers of the Government was not due to their thinking that the standard of the All India Ophthalmological Society was not coming up to their standard. I wish they realise that the name some of them have earned was at the expense of the Indian patient and Indian money too. So it is incumbent on the part of these officers not to ignore a Society representing India as a whole. It is only honest and selfless co-operation between the official and non-official element that would raise the level of the All India Ophthalmological Society and bring it to the level of the other societies of international fame. I therefore earnestly appeal those in Government service who are in charge of big Ophthalmic hospitals to make it convenient to attend the Conference and give the Society the benefit of their experience.

A Member.

The Indian Prison Doctor.

BY

A MAJOR, I.M.S.,

An Associated Press message dealing with the health of the Jail population in India says "There was again very little epidemic disease."

This is certainly encouraging in view of the prevalence of epidemic of cholera, small-pox, dysentery and plague amongst the free population of this country. The prisons are reported to be constantly overcrowded and the majority of the jail population is illiterate and quite ignorant of the elementary principles of hygiene. Nevertheless the prison doctor has managed to keep epidemic disease from the people who are in his care. It is the Licentiate that does the work. All credit to him for his hard work which is neither appreciated nor remunerative. If the dispensary work outside begins at 8 A.M. his day begins at 6 A.M. when he goes with his medicine chest attending to light cases, directing more serious ones to hospital and looking after the sanitation of the various wards and yards.

He examines all the new admissions, weighs them, classifies their health according to weight into good, indifferent or bad

and segregates them for observation for a period of ten days. He inspects the whole jail population on parade and directs any prisoner who looks anaemic or sickly to hospital for further investigation and treatment. All the new admissions are vaccinated by him. It so happens that this turns out to be the first vaccination and a severe type of reaction is noticed. Skin diseases are all segregated and dealt with.

Kitchens are under his control and the raw rations are all inspected by him before issue and to his initiative is due the change in the daily fare of the prison diet. The life in an Indian prison is very monotonous and mechanical and it is the doctor that breaks this montony by issuing different kinds of doll vegetables, fish and meat. In order to prevent scurvy a chutney made of molass and tamarind is issued daily and fresh lemons are squeezed into the dal and vegetables. Contamination by flies is prevented by the storage of food into fly-proof kitchen annexes. A good supply of drinking water keeps out disease such as cholera and typhoid. Bacillary dysentery which was once a scourge of Indian prisons is now a scarcity. All bowel complaint cases are kept segregated and their excreta are incinerated.

One can say without fear of any contradiction that the prison population commands the best medical attention of all communities in India from the presence in the premises of a doctor by day and night and the service of experts whenever necessary. There is no restriction placed on the purchase of medicines for sick prisoners. Those who need operative treatment are transferred to the civil hospital at once and the prison rules have been relaxed to meet emergencies.

It can be said without any hesitation that the prison is the most sanitary spot in a district. According to season the issue of clothing and blankets is regulated by the doctor. Prison labour is divided into hard medium and light and the doctor regulates the labour of the prisoners. The old and infirm are relegated to light work in an infirm gang.

The work sheds are kept free from dirt and dust and are not used for sleeping at night. The wards are well ventilated and are used exclusively for sleeping. Before a punishment is executed the doctor certifies as to fitness of the prisoner to stand the same. Whipping is inflicted in his presence and though unpleasant to watch he has to supervise the proceedings.

Briefly stated the doctor is the mainstay of an Indian prison as he regulates the life and habits of the prisoners, clothes them according to season, supervises their food and keeps them in a fit state of health and efficiency and receives no recognition for his hard labour.

Leprosy Clinic.

Dr. Santra is a specialist and his views about the expediency and advantage of a leprosy clinic attached to a dispensary or hospital deserve consideration. The same however cannot be said when he says that "let every doctor be made to understand that under the terms of his service he is expected to treat leprosy just as he would treat cases of cholera or small-pox" and that "no allowance should be given because it is their duty" as the incidence, severity or work involved vary with diseases compared.

True it is that in the monthly statement of diseases there is a column for leprosy and it can be considered part of routine work, if one has to deal with a handful of leprous patients. Managing quite a crowd on every injection day, maintaining a register of lepers whether under treatment or not, noting down detailed particulars of the disease of each individual, maintaining treatment cards and noting down the progress of individual patients at stated intervals, sending monthly and quarterly returns, preparing and sterilising medicines and appliances, are neither routine work of a light nature, nor required in the case of other diseases.

If Dr. Santra's contention is that all medical men in service are full-time servants and should therefore do without any extra allowance any work apportioned to them, how then can he justify the giving of such extras as officiating or duty allowance, personal allowance, teaching allowance or remuneration as examiners of pupils or patients.

And when the Madras Government spend specially for propaganda and organisation why grudge a small allowance to medical men actually engaged in the treatment of patients? They are the chief leprosy officer

and the group leprosy officers. And as if the Director of Public Health and the Assistant Directors, the District Heath Officers, the Assistant District Health Officers, the Rural Sanitation Officers, the Health Inspectors and Vaccinators cannot do adequate propaganda and survey, why a special organiser and a full-time secretary—both of them lay people—should be appointed? Would not a small extra allowance to hospital medical men give them a stimulus and incentive to take a greater and abiding interest in the work? These are questions to ponder about for specialists like Dr. Santra and advise the authorities.

Pro Bono Publico.

South Canara District Medical Association.

PROCEEDINGS OF THE THIRD ANNUAL GENERAL MEETING HELD ON 23-9-1933 AT 5-15 P. M. AT THE WENLOCK HOSPITAL, MANGALORE.

The annual general body meeting of the above Association was held at the Wenlock Hospital, Mangalore, on the 23rd September and was presided over by the President, Dr. M. Siva Rau. Dr. K.R. Kini read the annual report in the course of which he said that the total number of members at the end of the year was 43 comprising of 23 resident and 20 non-resident members. The practitioners belonging to Udipi Taluk formed a separate branch of the Association. Consequently the number of non-resident members would be proportionately less in coming years. The membership fee was rupee one per month for resident members and Rupees Four per year for non-resident members. The total receipts including the opening balance came to Rs. 545-4-3 leaving a balance of Rs. 235-15-0. Owing to the formation of a separate branch for Udipi Taluk, the finance was likely to be affected in future. There were 14 meetings for the year out of which 13 were devoted for the discussion of clinical subjects. At the instance of Dr. K. G. T. Menon, Superintendent, Wenlock Hospital, interesting cases in the hospital were demonstrated at some of the clinical meetings. The Secretary mentioned that two of the members of the association, Drs. K. Vittal Shetty and P. G. Acharya were elected to the District Board of South Kanara and Dr. C. Manjunath Rai to the Kasergode Taluk Board. The Association expressed its gratitude to the Government of Madras for allowing them the use of the Head Quarters Hospital and the Lady Goschen Hospital for conducting the proceedings of the meeting. Dr. K. G. T. Menon and his staff were thanked for the help rendered to the association in all possible ways. The Secretary concluded by saying that the work of the third year has not been spectacular but it had been useful and showed improvement in all directions. He appealed to the members to co-operate with him as steadily as they have been doing before.

The following resolutions were passed:—

1. Resolved that the Annual report and audited statement of accounts be adopted—Passed unanimously.

2. Resolved that the following bye-law be adopted as bye-law No. 19 with the change of the addition of the word "collected" at the end of the first clause as recommended by the Executive Committee:—

"Bye-law No. 19. The branches of the Association shall pay an annual affiliation fee of 5% of their total annual subscriptions collected. A further 5% of the total annual subscriptions collected shall be paid to the Association, when journals and library books are supplied to the branch, the conveyance to and fro charges being borne by the branch. All payments shall be made half yearly."

3. Resolved that the subscriptions from the half year commencing from 1-1-1933, of the non-resident members in the Udipi Branch area be paid to the Udipi Branch, if collected and all subscriptions prior to 1-1-1933 be collected by the main Association.

4. Resolved that the budget estimates for the year 1933-34 be adopted. The Executive Committee is requested to find ways and means to improve the permanent fund of the Association, and put forward concrete proposals at a general body meeting within three months.

5. Resolved that the President, Honorary Secretary and Treasurer and the members of the Executive Committee of the previous year do continue in office during the present year.

6. Resolved that this meeting of the Association offers its thanks to the District Medical Officer, Dr. K. G. T. Menon, for his uniform kindness and courtesy to the members of the Association in their work during the year.

7. The Honorary Secretary is requested to find out an All India institution which will affiliate this Association.

8. Resolved that this meeting offers its most grateful thanks to Mr. P. Ramakrishnayya, retired District Registrar, for his presentation of a book "Recent Advance in Medicine" to the Association.

Trichinopoly District Medical Association.

A monthly meeting of the above Association was held at 5 P.M. on Saturday the 23rd September, in the Methodist Mission Compound, Woriur, Trichinopoly. About 45 doctors were present. Mrs. W. A. Sandford was "At Home" to the members.

Dr. R. Sambhasivan welcomed Lt. Col. N. M. Mehta back to the District and to the Association of which he was one of the founders, four years back. Lt. Col. Mehta thanked the members for the welcome and promised his wholehearted support for the Association.

There was an interesting discussion on the Leprosy Clinics in the various parts of the District and about half a dozen doctors gave their experiences in conducting the same.

A Case for Diagnosis.

On Friday the 7th July 1933 at 4-30 p.m. I was called in to see a case of an elderly male aged about 56 years with the complaint that he had been having since that morning severe rigors.

History of the case: Three days back he had completely fasted without even a sip of water, being an Ekadasi day. He however travelled about a distance of nearly 50 miles by rail and walked about a distance of 4 miles to take a bath in the river Cauvery at Erode. The next day he had a full meal. The third morning at about ten o'clock he developed severe rigors which did not abate till about ten in the night.

Examination: I saw him at 5 p.m. His temperature was 102° F. and pulse only 90, tongue clear. The heart was slightly weak. He was covering himself with 2 to 3 blankets and was still having severe rigors.

Previous history: An year and a half ago while going along a street in Madras the patient suddenly fell down unconscious and was under the treatment of some Allopathic doctor. Within a fortnight he was quite all right. Ever since he has been quite fit. No history of constipation, diarrhœa or dysentery.

Treatment: 7-7-1933. Judging from the situation and from the fact that he had exerted much during the fast at Erode, which is now considered to be a malarial place, I gave him three 5 gr. tabloids of quinine bisulphate, one to be taken every 3 hours. At 8 in the night I was again called in to see him as the patient was very bad. The temperature was 103·8 F and the pulse was 100. He was delirious. I applied evaporating lotion to the forehead and gave him a powder containing 5 grs. of phenacetin and 4 grs. of caffene citras.

8-7-1933. The second day morning I saw him at 9 a.m. Temperature was 97° and the pulse 68 and he was in a great prostration; by now he had passed about 15-20 motions. A few doses of brandy and 3 ten grain doses of bismuth were given. Towards the evening his condition had improved very much. But to my great surprise and alarm he passed 3-4 motions containing blood in fairly large quantity. He was complaining of pain in the abdomen. Few thread worms were also observed in the motions. At bed time he was given a powder containing 2 grs. of santonine and 3 gr. of calomel with soda bicarb. All this time his diet was only whey and barley water with glucose added.

9-7-1933. In the early hours of the third day at about 3 a.m. the patient had a single very broad motion, full of scabalous masses and some bilious fluid. The masses were hard and smeared with blood and mucus. One or two lumps of worms also were passed. This gave the patient considerable relief. His temperature was 97·8 F and pulse 70. There was no pain in the abdomen. He was feeling quite well.

10-7-1933. The patient was progressing satisfactorily and there was no complaint and ever since he has been making very satisfactory progress.

Diagnosis: At the very outset I confess I had not been able to make any definite diagnosis. I request the readers through the courtesy of this Journal to give their views regarding the probable diagnosis.

As far as I could think of I have considered the following as likely affections:

Typhoid Fever: Text Books call the attention to cases that develop in great suddenness, severe fever, delirium, abdominal symptoms etc. etc. Such cases have been referred to as Ambulatory Cases of Typhoid. In this particular case, the pulse, the diarrhœa, the sudden fall of temperature from 103·8 F to 97·0 the next day with plenty of blood in the motions would naturally suggest any one to typhoid-fever of ambulatory variety with hæmorrhage.

Worms: Of late years one has been quite alive to the far reaching mischief, simple worms in the intestines at times give rise to. Rigor is a prominent symptom in children suffering from intestinal worms. It is probable that in a case of absolute fasting-water free-when intestinal contents get dried up, the worms, especially in man who has plenty of worms in his bowels, find their home quite uncongenial and hence eat into the intestinal mucosa, thus resulting in ulcers and consequent bleeding. The focus of mischief, if this be the cause in this particular case, must be quite low as the blood that was passed had not altered to any extent.

Malarial-Dysentery: Fever preceded by rigor with haemorrhagic dysentery is characteristic in this condition.

A. K. VASUDEVA RAO, L.M.P.
Rural Medical Practitioner, Uttukuli.

List of Postings of Sub Asst. Surgeons for the month of September, 1933.

No.	Names of Sub-Asst. Surgeons.	From	To
1	Dr. N. Sundara Rao	Leave	King George Hl., Vizagapatam.
2	„ T. S. Kasturi	Engineering College Dispry., Guindy	L. F. Dy., Sattiavedu.
3	„ R. Ramachandran	Agency Duty	L F. Dy, Ottapidaram.
4	„ U. Venkataraya Nayak	Leave	Medical College, Madras.
5	„ P. Satyanarayana Rao	Govt. Hd. Qrs. Hl., Masulipatam	c/o Collector, Bellary.
6	„ A. Krishna Rao	„ „ Cocanada	L. F. Dy., Razole.
7	„ J. Appa Rao Naidu	L. F. Dy., Razole	„ Porumamilla.
8	„ A. P. Srinivasa Rao	Govt. Hd. Qrs Hl., Nellore	Engineering College, Dy., Guindy.
9	„ B. S. Sahasranamam	L. F. Dy., Sattiavedu	Medical School, Royapuram.
10	„ P. Kesavan Nair	Leave	L F. Dy., Tiruvadanai.
11	„ T. K. Nilakanta Ayyar	L. F., Dy , Manamadura	„ Kadayam.
12	„ H. Manjunath	Govt. Hd. Qrs. Hl., Berhampur	„ Purushottapur.
13	„ R. Appalaswamy Naidu	L. F. Dy., Purushottapur	Medical School, Royapuram.
14	„ K. Ramaswami	Govt. Gen. Hl., Madras	L. F. Dy., Vridhachalam.
15	„ S V. Raghavalu Naidu	Govt. Hd. Qrs. Hl., Trichy	Govt. Hl , Ariyalur.
16	„ M. Varantharumperumal	Govt. Hl., Ariyalur	Dt., Hd. Qrs. Hl., Tanjore.
17	„ N. Sundara Rao	King George Hl., Vizak	Police Hl., Vizianagaram.
18	„ G. Raghavayya	Govt. Hd. Qrs. Hl., Anantapur	L. F. Dy., Darsi.
19	„ M. Rama Rao	L. F. Dy., Darsi	Leprosy Duty, Chingleput.
20	„ V. Vijayaraghavan	L. F. Dy., Tanjore	Govt. Hl., Negapatam.
21	„ D. Satyanarayana	Forest College, Coimbatore	Govt. Hd. Qrs. Hl., Masulipatam.
22	„ R. Pranatartiharan	L F. Dy., Tiruvadanai	L F. Dy., Manamadura
23	„ M. Dattatriya	L. F. Dy., Arcot	Munl., Dy.. Walajapet.
24	„ S. Rama Rao	„ Pamarru	L. F. Dy,, Tiruvur.
25	„ K. Sriramamurthi	„ Tiruvur	„ „ Pamarru.
26	„ P. S. Dorai Raja	Leave	Govt. Hd. Qrs. Hl., Madura.
27	„ V. M. Ramunni Nair	„	L. F. Dy., Kondamuthur.
28	„ K. P. Kunhiraman Nair	L. F. Dy., Kondamuthur	Govt Hl., Kasergode.
29	„ D. V. Moses	Leave	Govt. Hd. Qrs. Hl., Masulipatam.
	Vasa Narasimham	Forest Duty	„ „ Berhampur.
	Miss [illegible] E. Stephens	L. F. Dy., Pithapuram	W. & C. Hl., Tuni.
	[illegible] M. Govindarajulu Naidu	Leave	L F. Dy., Dharmavaram.
32	„ V. Baradarisna Iyer	„	„ Perundurai.
33	„ K. P. Chidambaram	L. F. Dy., Marungapuri	Govt. Hd.Qrs. Hl., Trichinopoly
34	„ [illegible] Kandaswami	Govt. Hd, Qrs. Hl., Trichy	L. F. Dy., Kulitalai.
35	„ [illegible] Venkatraman	L. F. Dy., Kulitalai	L. F. Dy., Marungapuri.
36	„ [illegible]		

AN APOLOGY.

We very much regret that on page VI of our August issue a statement has been made inadvertently that a patient could not stand the smell of Carnrick's Corpus Luteum Capsules. Whatever might be the experience of the patient, it is certainly not good taste to make a statement in the way it was done on the page referred to. We regret that this matter eacaped our notice but we have censured the author adequately.

V. RAMAKAMATH,
Managing Editor.

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