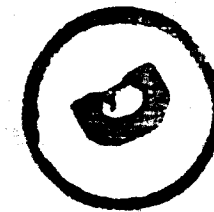


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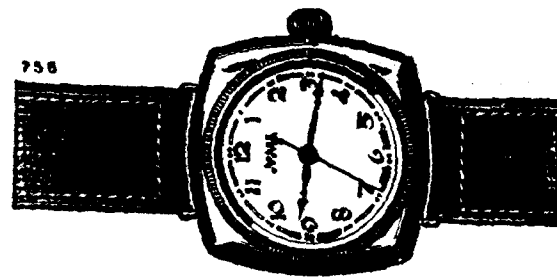
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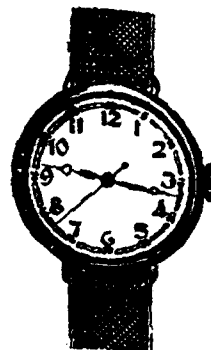


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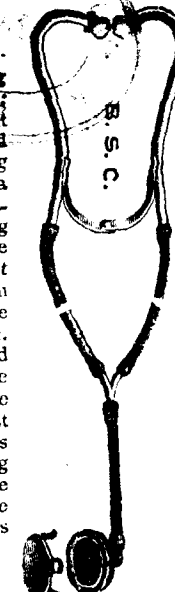
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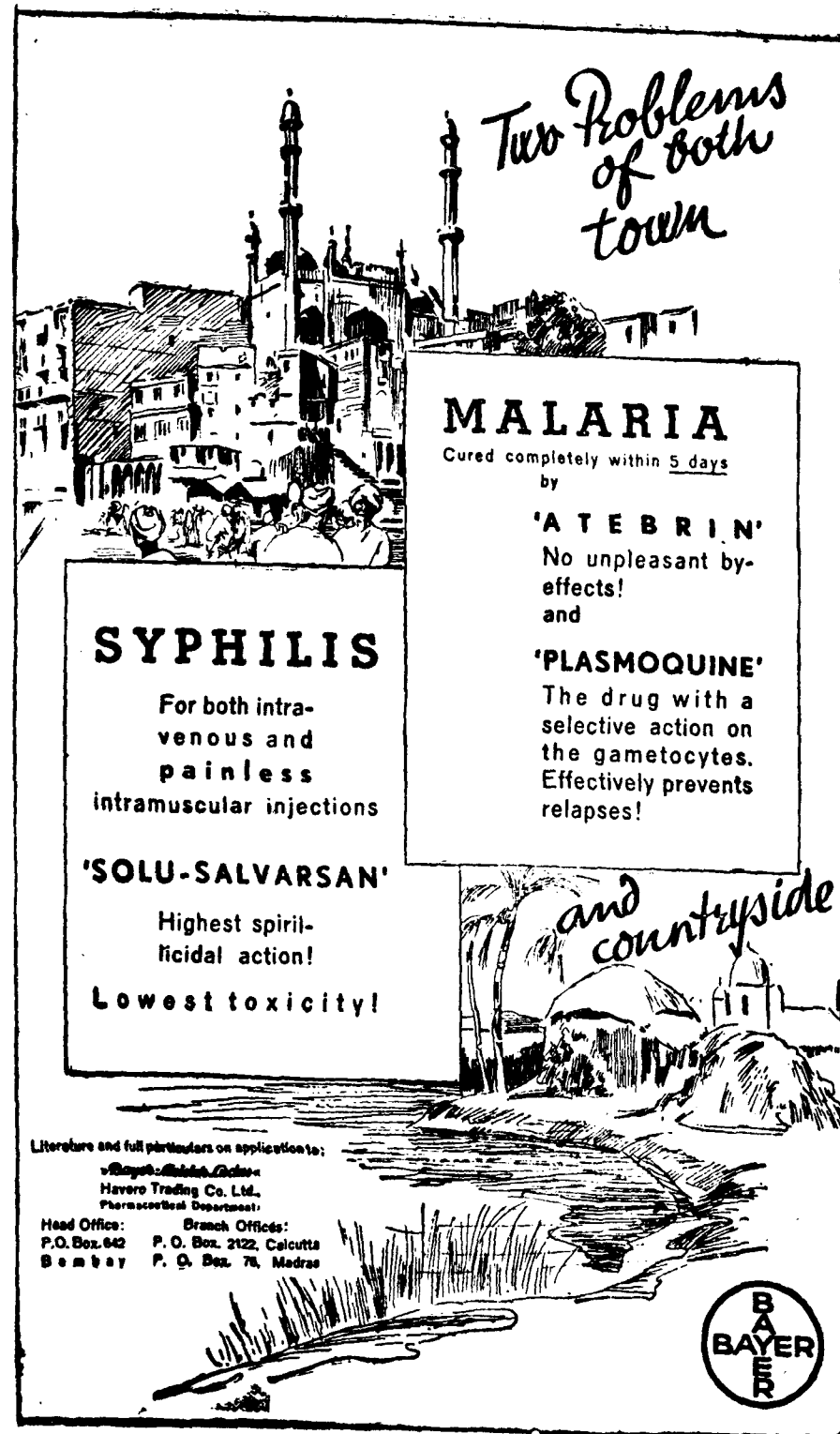
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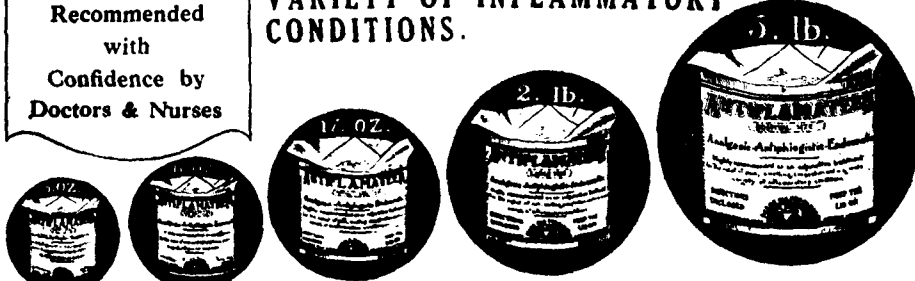
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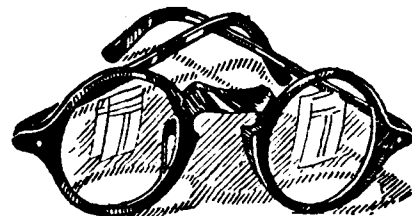
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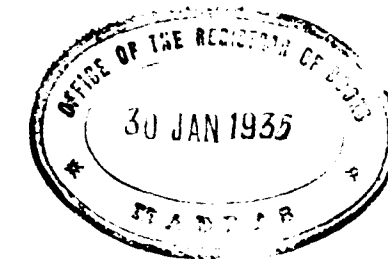
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NOVEMBER, 1934

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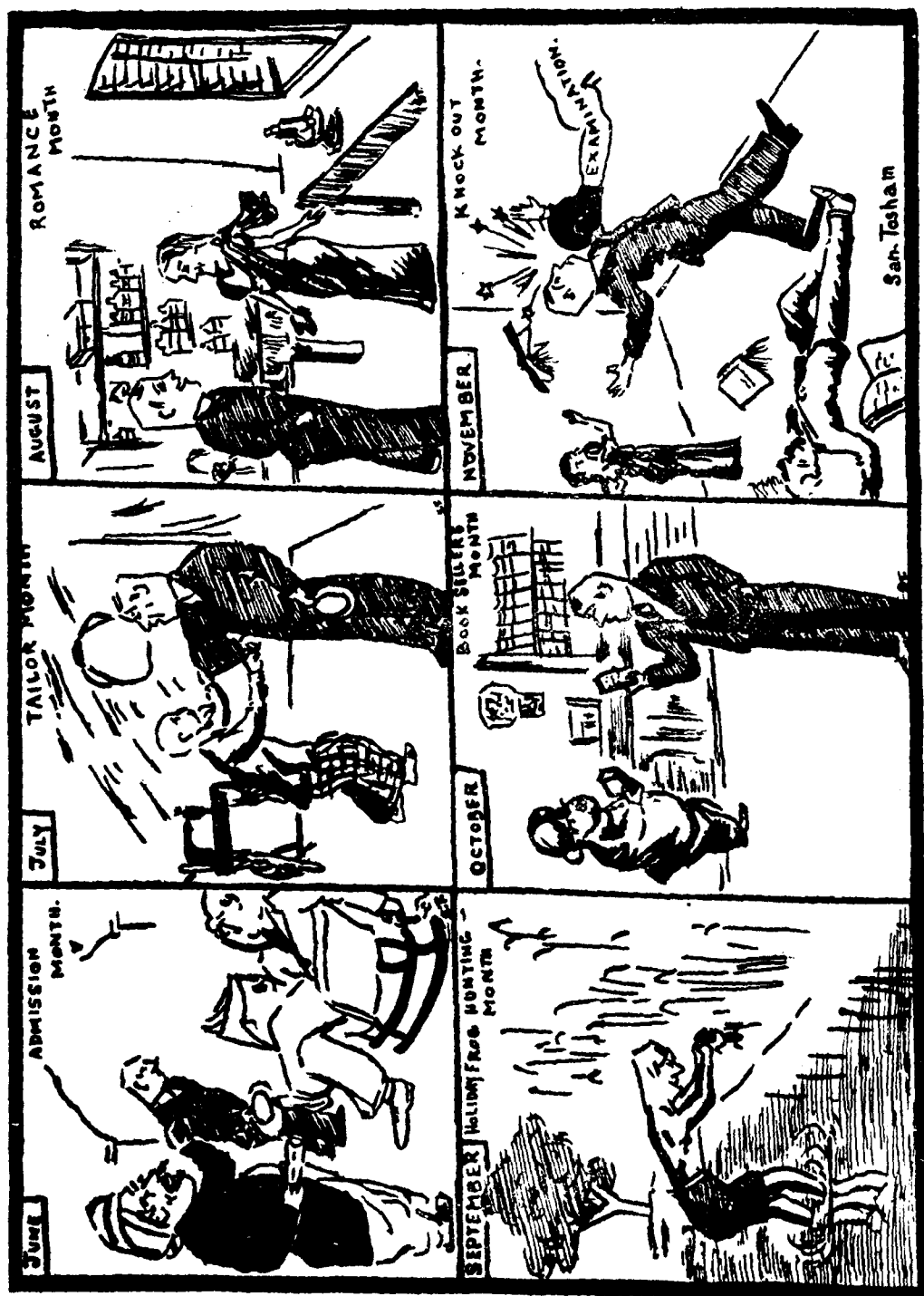
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NOVEMBER 1934

No. 2

Some Aspects of Malaria.

By

S. THAMBIAH, M.C., B.A., M.R.C.P., D.T.M. & H., F.D.S.,

*Lecturer in Dermatology, Medical College, and Dermatologist,
Govt. General Hospital, Madras.*

Malaria is a preventable disease and is one of the small class of diseases which can be treated with certainty of success; yet one finds, from the computation of experts, that a million of lives are lost annually in the British Empire. According to Public Health Statistics in India, 68.8% of deaths from all causes are due to febrile diseases, and perhaps malaria will account for a major portion. 25% of all deaths in India is due to malaria (Deshmukh). If this is the rate of mortality, then the morbidity and the consequent economic loss to the country must be something very enormous. Malaria is aptly described as the king of the tropical diseases, and holds undisputed sway over the tropical and sub-tropical belts of the globe.

Microscopical examination for the parasite is the only method of accurate diagnosis and all else is conjectural. Wherever facilities exist, a blood smear, either a film or thick drop, should be examined and the technique is easy and not a time-consuming measure.

Residence in an endemic area, characteristic history of the fever, divisible into the three stages—the cold, the hot and the sweating stage, and the periodicity will together furnish a highly presumptive evidence for diagnosis, and a final clinching

therapeutic test by quinine or atebirin will clear up matters. These are useful aids where a microscope is not available. High mono-nucleosis, pigmented mono-nuclears and polymorphs and the presence of stippled red blood cells (lead poisoning being ruled out) may be of some help in those who had taken quinine without a previous blood examination.

Sufficient consideration has not been paid to the cutaneous changes met with in Malaria. Partly as a result of anaemia and blood destruction, and partly from the deposit of pigment, face, backs of hands and particularly the wrists assume a dull brownish or earthy tinge, better noticeable in fair persons. Herpes is another frequent manifestation and affects the lips, sides of nose, eyelids, and sometimes the cornea. Punctate haemorrhages and urticaria not due to quinine administration have been described.

I need not go into the details of the treatment by quinine except to point out some useful common places more often forgotten than not known. A dose of calomel combined with sodium bicarbonate overnight followed by an appropriate dose of saline on the following morning will relieve the hepatic congestion in addition to a cleaning out and help the ready absorption of specific drugs. Quinine sulphate will still hold its place in mass treatment on account of its comparative cheapness; its solubility can be improved by making it into an acid salt—bisulphate, by the addition of dilute sulphuric acid or citric acid. Quinine administered in a mixture is better absorbed than as powders and tabloids. Tinnitus and deafness may be obviated by a few drops of dilute hydrobromic acid added to the mixture, or quinine hydrobromide may be substituted for the sulphate. Ethyl-carbonate of Quinine-euquinine on account of its freedom from the bitter taste, is useful when prescribing for children. It is made into a mass with honey, treacle, golden syrup or jam at the time of administration. The solubility of bi-hydrochloride, 1 in 1, is taken advantage of when intravenous administration is indicated in cases of cerebral

malaria and bilious remittent type. When a patient can take quinine by mouth, other forms of administration as intramuscular or intravenous need not be resorted to, and the required concentration of quinine, is easily attained by this method alone. As above indicated, if bowels are well opened at the outset, absorption from the gastro-intestinal tract easily takes place. Even in bilious remittent type, when the patient cannot even retain sips of cold water, divided calomel with sinapism to epigastrium for 15—20 minutes will allay the condition and the mouth administration becomes feasible. If intramuscular injection is still found necessary, which is very rarely, quinine urethane will be found suitable.

The time for oral administration of quinine is of some importance. The best time is during the beginning of the sweating stage and if, in adults, 3 doses each of 10 grs. of the quinine sulphate can be administered before the next expected paroxysm, the next bout of fever will be much less in intensity or not appear at all. Abolition of symptoms does not mean that the parasites are all killed off. Unfortunately prolonged treatment with quinine is necessary and this has to be alternated with iron and arsenic to combat anaemia arising from red cell destruction. Three months will be required to complete the full course of treatment for malaria and the attendant anaemia.

In cerebral malaria, the agglutinative property of the malignant tertian parasites makes them to cohere and also stick to the capillary endothelium. This plugging of the arterioles by the parasites will exactly resemble the effects produced by an embolus. Intravenous administration of 10-15 grs. of Hexamine in 10 c.c. of sterile distilled water will dislodge the parasites and restore the comatose patient. How often have we been left in doubt, in an intravenous administration of quinine for a genuine case of cerebral malaria ending fatally, as to whether the death was due to the drug or to the bad cerebral condition. The cinchona febrifuge of the government factories will be

replaced by totaquina, which will contain a fixed and invariable quantity of the total alkaloids. Totaquina is specially recommended by the Health Section of the League of Nations.

The advent of synthetic products for treatment of malaria will demarcate a new epoch. Plasmoquine, a substitution derivative of methylene blue, was introduced by 'Bayer' and is an efficient gametocide. From the Public Health point of view, this synthetic compound solves the slogan, "Do not infect the mosquito, and the mosquito will not infect you", effectively. In other words, the sexual forms of all species and in particular the crescents of the sub-tertian on which the quinine salts have little effect are rapidly destroyed, and so the mosquito phase—sexual cycle—is done away with and this link in the chain broken. Quinine—plasmoquine combination will deal with the fever and the sexual forms. Whether it can be satisfactorily employed to control the prevalence of the diseases in general in endemic areas will require more extended observations. Plasmoquine may undergo further refinement to obviate some of its trivial drawbacks—abdominal pain, giddiness and cyanosis.

The next drug in this synthetic series is "Atebrin" a derivative of acridin. It is the dihydrochloride of an alkylamino-alkylaminoacridin derivative and Kikuth demonstrated, in the Elberfeld Laboratories, its schizontocidal properties utilizing for the purpose *hæmoproteus orizivoræ* present in the blood of finches. It is claimed that atebrin is distinctly superior to quinine and the advantages may be summarized as follows:— (1) It is administered in the form of tablets and the treatment is of shorter duration, 5—7 days. (2) Symptoms of cinchonism—tinnitus, deafness, amblyopia and tremor are absent with atebrin. (3) Relapses are prevented. (4) Patients with quinine idiosyncrasy stand atebrin well. (5) It can be exhibited to patients suffering from black-water fever. (6) Pregnant women can be treated with impunity. The only drawback with the drug is a yellow colouration of the skin and scleræ in a small

percentage of cases. This does not arise from any hepatic damage and is only a pigmentary action. Neither the kidneys nor the hæmopoietic system are adversely affected. Pigmentary effect does not develop in persons exposed to the sun's rays and I have not observed it in a single instance of over twenty cases treated in the City of Madras. Adult dose is 0.1 gramme thrice a day for five days and it may be carried on for two more days in cases of sub-tertian infection. Plasmoquine may be combined with atebrin to secure the gametocidal effect and such a small dose as 0.01 gramme thrice a day is quite effective. Such a combination, atebrin 0.1 gramme and plasmoquine 0.01 gramme in tablet form, is on the market.

Leo Giuseppe and others have reported good result from auto-hemotherapy in Malaria. 10 c.c. of blood is drawn from the bend of the elbow and injected every other day into the glutei. First injection, in some cases a second, brings down the temperature and the full course is completed in 6 injections. Further report and criticism are awaited. If this is an effective procedure, here opens another simple and effective therapeutic measure of considerable importance at no cost. Quinine-resistant cases and cases showing idiosyncrasy to quinine will preferably receive auto-hæmotherapy treatment.

Repeated attacks produce a certain amount of immunity to the disease; and one is induced to assume that the immune body is specific to the different species and strains. Owing to the immunity induced by repeated attacks adults in endemic areas show a very low splenic index and do not suffer so much as children.

Dubois's criticism of the report of the Health Commission of the League of Nations is very pertinent and worth-quoting at length to bring out the controversial points. An able summary by William Fletcher runs as follows:—

"The author finds that the Report is too theoretical and is opposed to practical experience.

He reviews and criticizes the salient points of this Report. He cannot agree that specific treatment should await the determination of the species of the infecting parasite, the virulence of the particular strain and the resistance of the patient. It sometimes happens that the species cannot be diagnosed from the scanty rings found in the blood; delays is dangerous; it is safest to assume that they are sub-tertian parasites and to treat the patient accordingly. It requires long observation to find out the degree of a patient's resistance to the infection; it would be wrong to postpone treatment until this has been done. How, too, is one to discover with what particular strain a patient is infected? Such are the counsels of the laboratory worker, rather than those of the practising physician. It is stated in the Report that quinine has no action until the parasites are sufficiently numerous to cause fever or to be demonstrable in the peripheral blood. This cannot be correct, because infection in bird or man, following the inoculation of infected blood can be completely stopped by treatment before the parasites become abundant in the circulation.

The author vigorously opposes the doctrine of the Report, that specific treatment should not be begun as soon as a diagnosis of malaria is made. In the majority of French colonials, who take prophylactic quinine, the primary attack is not very severe; it yields readily to prompt treatment with quinine, and frequently there is no relapse. To wait until the temperature comes down before giving quinine, or to permit several paroxysms to occur with the objects of inducing immunity, is to expose the patient to the risk of grave relapses and, above all, to the dangers of black-water fever. The cemeteries of Africa are full of such "*sujets d' experience*". The report lays great stress on the importance of developing the patient's immunity; but such immunity is only monovalent, and it has little solidity in places where strains of parasites are numerous and re-infections frequent. The author notes that Professor Nocht dissociates himself more or less from the

conclusions of the Report as regards delaying the administration of quinine, and he (the author) advises against an excessive temporization which might end in eternity".

Control of Malaria.

This is a Public Health problem of very great magnitude and the local conditions should be thoroughly studied before attempting a solution. All known measures need not be utilised for control in a certain area, but only the applicable few will be put into operation. Even this will undergo curtailment depending on the economic means of the community. In other words, the proposed effective measures will be made to depend on the available Public Health Budget of the place in question. If finance is of no consideration, then the control will be a very simple matter.

To gain a concrete idea as regards the effectiveness of the prophylactic measures adopted, malarimetry should be worked out by establishing laboratories in different sectors in the area, and maintaining the various indices—splenic, parasitic, sporozoitic and mosquito indices. Experienced and enthusiastic field personnel is a *sine qua non* for the success of the results.

The control problem is centered round three important factors:—(1) protection of man, (2) measures directed against the mosquitoes and (3) attention to water collections where mosquitoes are liable to breed.

Protection of man.—Mosquito-proofed houses to live in or dormitories is ideal but not practical politics. Even if it could be afforded by setting apart a suit of rooms as dormitories, the people should retire early before Sun-down and not get out till it is broad light. Bed rooms may be located upstairs, as ground rooms are easy of access for the mosquitoes and give protection to them by congestion of furniture and lumber. Mosquito-net is more popular and within the means of many; it affords good protection if properly used. The bottom part should be made

of calico or mull border of a foot depth for tucking in underneath the mattress and preventing tears of the net. When the weather get warmer, and night and day temperatures show slight variation, and the nights are sultry before the onset of a thunderstorm, mosquito-nets may have to be discarded. Spraying with Givrol or Flit by means of a pump will be found useful, if wind is not present to waft away the sprayed material. Five to six hours of protection is afforded and the spraying will have to be repeated during the later part of the night. Rubbing cut onions and lemons on exposed parts have been used to ward off the bites of the mosquitoes. Bamber oil (a mixture of Ol. Citronella, coconut oil, and kerosine oil with a 0.5 per cent of carbolic acid) or Ol. Citronella by itself may be substituted for Givrol and Flit. Of late, pungent vegetable matter ground to paste, and shaped into coils is imported from China and Japan; the open end of the coil is lit in the bed-room, after closing the windows and doors, and the fumes will pervade the room in a few minutes. The doors and windows are opened to allow the mosquitoes to fly out, and the stupefied ones fall down and die. A couple of coils will burn for six to eight hours and cost about 2 annas. The smell is not objectionable. Electric table-fan placed on a high stool at the foot of a bed is another method of getting rid of the mosquito nuisance.

The poor suffer from malaria much more than the rich. *Bonifica* scheme aims at providing better housing, enhanced wages, better dietary, etc., to the poor in the malarious districts to raise the average general standard of health to resist the disease. This has been tried in Italy extensively and the results are reported to be satisfactory.

Larvicidal measure are more effective than those directed against the adult mosquitoes as catching, fumigating, spraying and swatting. Larvae may be killed by a number of methods. Oiling (crude oil or saponified crude oil) is a temporary measure and is useful in places where the water cannot be effectively

drained for want of a proper gradient. When carried on over a number of years, it becomes expensive. Labour in oiling can be obviated by using "oil-bombs". Perforated cigarette tins and milk tins may be filled with cotton refuse soaked in oil and thrown on the water. Oiling will be carried out as the tin floats and drifts. Tins attached to stakes may be planted on the side of the sheet of water whence the wind blows. A wick passing through a single hole at the bottom of the tin will slowly drip oil drop by drop, and thus be a means of saving labour, and the oiling will go on continuously. Paris Green is cheaper than oil and still less costly if mechanical blowers are used, cutting out expenditure in labour and saving time. It is diluted hundred times with road dust or fine sand and sown on the water. The larvae of anopheles are killed off, but it does not affect the culicine larvae which feed below the surface and in the bottom of shallow water. Mosquito eggs and pupae are not affected by Paris Green. Paris Green does not affect crops, nor is it inimical to fish, human beings and cattle. Green Glide is an improvement on Paris Green as it floats on the surface of the water for a number of hours after treatment, and, on account of its easy visibility like crude oil, control by means of inspection becomes possible. Stoxal—another larvicide, is becoming more and more popular. On moving sheets of water, oiling is still the method of choice.

Top-feeding minnow has been used as a larvicide and the results are encouraging. Numerous species are available; selection should be made from those which are hardy-growers and breed freely. Some species feed on larvae under experimental laboratory conditions, but not in nature. This fact should be borne in mind when selection of the species is made. The species should be easy of transport and able to stand rough handling—essential points when distant places have to be stocked with the larvicidal fishes. *Gambusia* is one of the species which has given excellent results.

Water Collections.—The more radical and most successful methods of combating the malaria-mosquito consist in destroying its *breeding places* by means of drainage, clearing, cleaning, channeling, emptying, filling, flushing and drying; impounding, salting, or altering the composition of water; and above all, by the orderly progress of agricultural cultivation, which tends to do away with swamps and breeding areas."

Small collections of water will also have to be kept in mind, as bamboo-stumps, rot-holes in trees, votary vases, hoof-marks of cattle, buffalo-wallows; puddles in hoof-marks and collections of water in broken pieces of crockery, empty tins, cocoanut shells, etc., will be dealt with by appropriate methods. Most of these resorts are used by the culicine mosquitoes, yet the anopheles may use these for breeding under stress of circumstances. *Culex* is as much a nuisance as the malaria-mosquito, and causes filarial infection, dengue and yellow fever. Effective methods will aim at exterminating both at the same time.

Intensive and continuous propaganda should be kept up by posters, placards, cinema-films, lectures, etc., in all endemic areas to educate the public and secure their active and intelligent co-operation. Otherwise even the best planned and expensive measures may result in unqualified defeat.

Therapeutic Malaria.

Malaria finds a therapeutic application in the treatment of certain nervous diseases, particularly tabes dorsalis, and general paralysis of the insane. It is now close on 17 years since Wagner von Jauregg of Vienna introduced it into practical therapy. Other physical agents as tuberculin, T. A. B. and other bacterial products, inoculation of recurrent fever, protein split products, etc., have not superseded malaria-therapy, which has the advantage of being free from serious accidents and the paroxysms can be definitely controlled, when desired, by the administration of quinine.

Induction of malaria for therapeutic purposes is carried out either by injecting intravenously 2 to 5 c. c. of blood from a patient suffering from benign tertian malaria or by allowing the patient to be bitten by mosquitoes infected with B. T. malaria. The paroxysms appear after a variable period and are allowed to continue for 6 to 10 attacks, depending on the general condition of the patient. This constitutes a course and the induced malaria is terminated by suitable administration of quinine. Specific treatment by arsenic, mercury or bismuth may follow the malaria treatment and has shown marked effect. Debility and Cardio-vascular degenerative conditions will contra indicate Malaria Therapy.

How malaria therapy brings about the good effect in general paralysis has been the subject of much discussion. Two views will claim our attention; one holds that the high temperature is inimical to the spirochetes and the other that malaria results in the production of some form of antibody which is spirochaeticidal.

Arneth and Schilling Count.

BY D. GOVINDA REDDY, M.D.,

Department of Pathology, Medical College, Madras.

The neutrophil leucocyte that we see in circulation is the mature stage, but there are various immature forms of the same, which are not usually seen in circulation. In certain pathological conditions, the immature forms gain entrance into circulation. These can be classified as follows :—

1. Mononuclear stage—*Myelocyte*. This has a single round nucleus and in the protoplasm, granules may or may not be seen. When there are no granules, it is known as *myeloblast*, and to differentiate it from simple monocyte or lymphoblast, special methods of staining are necessary. Such forms get into circulation, generally in leukaemic conditions.
2. Intermediate stage—*Metamyelocyte*. The nucleus is single and slightly indented; but there is no true lobulation.
3. The *polymorphonuclear leucocyte*, with differently lobulated nucleus.

These three groups are in ascending order of age or maturity. In the adult neutrophil leucocytes, the number of lobules vary. In normal blood the following varieties are seen:

One lobe		5%
Two lobes		35%
Three lobes		41%
Four lobes		17%
Five lobes or more		2%
Total		100 neutrophil leucocytes.

Arneth and Schilling Count

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Many observers are of opinion that the greater the number of lobules, the more mature is the cell, but this is a disputed point. The interpretation of Arneth count is partly based on this assumption.

Arneth Count.—In Arneth count the different types of neutrophil cells are expressed as percentages of the total neutrophil leucocytes. The leucocytes are numbered and grouped according to the number of lobes. At least two to three hundred leucocytes have to be counted. An increase of cells with fewer lobes is known as '*shift to the left*' and the opposite condition is '*shift to the right*'. A shift to the left is known as "High Arneth Index".

Arneth count is of little diagnostic importance, but as an index of prognosis, it is useful.

A high Arneth Index occurs in

1. Acute infections.
2. Pyogenic infections.
3. Tuberculosis.

A low index is mostly seen in pernicious anaemia.

Schilling's Count (Schilling's haemogram).—Here each variety of neutrophil leucocyte is counted separately and is expressed as a percentage of the total leucocyte count.

Schilling has classified all the neutrophil leucocytes into four groups:

1. *Myelocyte*—It has a single round nucleus.
2. *Young meta myelocyte*—Single round nucleus with slight indentation.
3. *Older meta myelocyte*—Deeply indented nucleus.
4. *Polymorphonuclear leucocyte*.

According to Schilling the blood of a normal person shows :—

Total leucocytes 6000 to 8000 per cmm.

Neutrophil granular cells 67%—distributed as follows:

Polymorpho nuc'ears	...	63%
Old meta myelocytes	...	4%
Young meta myelocytes	...	Nil
Myelocytes	...	Nil
Eosinophiles	...	3%
Basophiles	...	1%
Lymphocytes	...	23%
Monocytes	...	6%

The advantages of Schilling count is that it is simple and there is no difficulty in identifying the various types of cells. The significance of the counts—

1. A moderate increase of neutrophil leucocytes with a slight shift to the left is not of much clinical importance.
2. Distinct leucocytosis with a moderate shift to the left, and reduction of lymphocytes and absence of eosinophiles indicates infection.
3. High leucocytosis with a marked shift to the left and lymphopenia in a person with a septic factor indicates serious prognosis.
4. In a person with a septic factor, a falling leucocyte count with a shift to the left and lymphopenia definitely indicates grave prognosis.
5. Leucocytosis with absence of eosinophiles indicates pyogenic infection.
6. Leucocytosis with lymphopenia suggests an inflammatory process.
7. During normal convalescence the total count approaches normal, with relative lymphocytosis.

Professional Secrecy

BY T. E. HAMMOND, F.R.C.S.,

Assistant Surgeon, The Royal Infirmary, Cardiff.

When a doctor examines a patient it is necessary for him to review the whole of the history. At such a time a patient must tell everything, for he does not know what is of importance in the past history or in the family history. There may come to light something which was not suspected, such as an old venereal infection or the birth of an illegitimate child. In recent years the importance of anxiety and worry on the origin and the course of an illness has received much prominence, and doctors are now given information about the lives of patients which in former years could only be guessed at. Under the strain of an illness a patient may lack self-control and may say and do things which he would willingly forget. As visits are often paid at times to suit the convenience of the doctor, he has an opportunity of seeing the family when they are off their guard; and when any form of treatment is considered, the whole financial position has to be reviewed. It thus happens that a doctor is bound to get to know much about the private affairs of his patients, and, if he is a good practitioner, comes to be looked upon as a friend of the family and is placed in a position of great trust. It is not really possible to put into words the relationship that exists, for everything depends upon the respect in which he is held.

A doctor should never refer to anything he has seen or overheard, for any suggestion that he does this would undermine the trust that is placed in him. On the other

" Through the Courtesy of the Editor, *The Bombay Medical Journal*.

hand, a patient may say as much as he wishes. If any gossip should then arise, he alone will be responsible for it. Now most people so conduct their lives that they have little or nothing to conceal. As an operation or an illness is rarely as dramatic as many patients are apt to think, if everything came out nothing of importance would be revealed. But there is an occasional case where reticence is essential. For this reason a wise doctor keeps silent about all. A refusal to talk about his patients is the hall-mark of a properly trained medical man. When their illness crop up in a conversation, he will have cultivated the convenient habit of forgetting and of proceeding to talk about something else. When talking shop or referring to cases in lectures no reference should ever be made of a patient by name. It is always to a case of particular disease.

Some people have a habit of discussing freely the illnesses of another and at times are apt to ask the doctor in attendance for information. This is extremely bad form. It should be ignored, for so often it is really only curiosity and leads to much idle gossip. Where the interest is genuine or comes from friendship, the matter is different; but most doctors are disinclined to discuss in detail the illnesses of their patients. A doctor is not entitled to communicate to a third party anything about a patient without his consent if he is over the age of twenty-one.

It has been suggested that it is the duty of a medical man to warn third party when some infectious disease is present. This is rarely justifiable. In such cases medical men would do well to follow the action of the State. Most infectious diseases are notifiable, and hospitals are provided for the treatment of patients. Venereal diseases are not notifiable; and the State does not consider it necessary to provide hospitals in which people who are infectious can reside when under treatment. The most that is

done is to provide outpatient clinic. Now if the State is not prepared to protect its citizens, there is no reason why a doctor should take the responsibility on himself and, if a person leaves one house because his condition is infectious, he has to go to another where he is just as dangerous. The case that does occasionally crop up is where a mistress brings a servant for examination and pays the doctor's fee. In such a case the mistress feels she is entitled to know the nature of the complaint. This is not so, unless the servant gives permission. Generally there is no difficulty, but if she is pregnant or has some venereal infection, she may not wish it known, and in these circumstances the doctor cannot tell. If, however, the condition is infectious, the doctor would be right in letting the mistress know that this is the case, though he would not be justified in letting her know the nature of the disease. Many seem to think that it is the duty of the doctor to protect other people. This is not so. His duty is to his patient.

This resume of the need for reticence on the part of a doctor is the case for professional secrecy. The continued practice of this is obviously to the advantage of the patient, and, viewed in this light, its practice is extremely noble and fine. It is the right of the patient; it is the duty of the doctor to maintain it. The only privilege the medical profession claims is that its members should be allowed to keep faith with those who put their trust in them. For unless secrecy is preserved, a patient will no longer be able to approach his doctor with the firm conviction that anything which he reveals will never be disclosed and that frank relationship, which is so necessary for the practice of medicine, can no longer prevail.

A consultant has an opportunity of coming into contact with a large number of medical men in the course of a few years. It has always been a pleasure to me to note

the high standard that is maintained by the older practitioners. For them professional secrecy is no mere catch phrase that is of importance because it is discussed in the Press. It is regarded as an integral part of the practice of medicine and a duty they owe to their profession as well as to the patient. During a consultation it is noticeable how certain information is not volunteered; it is given only when the direct question is asked. They have profited by their education in the humanities and by the style of lecturing that was in being at the end of the last century. Physicians and surgeons then gave clinical lectures in which a patient would be brought before the students and the main points outlined. After the patient left the room, the problems that arose would be dealt with and the duty of a doctor would be stressed. It is not possible to compromise on such a thing as confidence. Either it exists in its entirety or it does not exist at all. Hardly a lecture went by in which the need for secrecy in the interest of the patient would not be brought out, if the presence of some old venereal infection had been detected, it would be pointed out how easy it was to stumble in life, and this need only happen once for a man to pick up venereal disease. Gonorrhœa and syphilis were no respectors of persons and many eminent men had suffered in their time. It would be brought home to students how keenly a patient must feel having to reveal this aspect of his life many years afterwards, and how he should receive their sympathy. In this way the need for secrecy was brought home to all. It is unfortunate that this type of lecturing is disappearing.

Now the medical profession has kept faith with its patients and has refused to discuss their illnesses with those whom it does not concern. For no important action has in recent years been brought against a medical man for breach of confidence. The action of some judges in

calling upon medical man to reveal incidents in the lives of their patients so that justice shall be administered has led to a widespread impression that professional secrecy is no longer binding. Though such cases are few in number, they have received much prominence in the Press. Consequently many have come to think that the sanctity of medical confidence is no longer upheld by the medical profession. It is unfortunate that no firm stand has been taken against the action of the judges, for in this respect they have exceeded their duties. The sanctity of medical confidence is the oldest right of the British people; it is beyond the law. Nor has a judge the power to call upon a medical man who is giving evidence when subpoenaed to reveal any incident in the life of his patient.

The Right of the People to the Sanctity of Medical Confidence.

It is frequently stated that there is no legal basis for the establishment of professional secrecy between a doctor and his patient. None is needed, for it is a right of the people which is dependent upon custom. In the Hippocratic oath it states: "Whatsoever I shall see or hear in the course of my profession as well as outside my profession in my intercourse with man, if it be what should not be published abroad, I will never divulge holding such things to be a holy secret." It may be suggested that this amounts to little more than a declaration against gossiping. But the oath was dependent upon the relationship that existed between a doctor and his patient, and this cannot be expressed in words.

At the time when medicine was established on the Island of Cos and the first patient approached the first doctor, there must have arisen in his mind the following question: "How much can I trust this man not to reveal to others what I am going to tell him, or what he may discover?" And any one who read through the writings

of Hippocrates will realise how careful he was to refer only to the records of cases and never to patients by name. Now when it was assumed that professional secrecy was maintained, a custom was established, and after a custom has prevailed for a number of years, it becomes a right of the people. In this part of Britain if a path has been walked along uninterruptedly for twenty-one years, a right of way is established. If twenty one years can give the people the right to a path, surely the same number of years should give them the right to the sanctity of medical confidence. It would thus have been established before the death of Hippocrates. As the Romans inherited their system of medicine largely from the Greeks and introduce it into Britain after their invasion, the right was established at that time. After their departure medicine was for a time practised by the priests and the sanctity of medical confidence must at least be regarded as equivalent to the sanctity of the confession. When the medical profession became a separate corporation, the right was never called in question. As such a right existed before the days of Parliament, it is quite unnecessary to have any law to establish it, for it has become an inherent part of the British Constitution. One of the functions of Parliament is not only to create rights, but to safeguard those that already exist, and a right of the people cannot be taken away except by the passage of an Act of Parliament. Until recent years there has never been any attempt to tamper with professional secrecy. Those who call it in question demand some law to uphold it. None is necessary for this right existed before the days of Parliament. Consequently it is beyond the law.

Medical Documents.

When writing became common, notes about the history and the clinical findings were kept. These served two purposes : to act as a record for the investigation of disease,

in which case the patient's name must never be mentioned, and to serve as an aid to memory to recall certain points about the patient at some future date. These represent the thoughts of the doctor and are his personal property. Few medical men would suggest that any legal significance should be attached to these notes or that they are to be regarded as a record against the patient. For if they are to serve to represent the line of thought at the moment or to recall the case at some future date, the method of expression should be as free as possible. Were the notes to have any legal significance, the expression must be precise and accurate, and the main value to recall the line of thought at some future date would generally be lost.

In no circumstances is the doctor allowed to give the notes to any one else without the patient's consent, for this would constitute a breach of confidence. Sometimes a patient requests that the note should be destroyed at the end of treatment. There is no objection to this. But for the future the patient must rely on his own memory about the nature of his complaint and the findings, for no doctor can be expected to memorise details of his cases. After the death of a doctor the notes go with the practice if this is saleable. If not, a doctor should give instructions to his executors to retain the notes for a certain number of years. During this time they could be sent to a new doctor, if the patient desires. Otherwise they should be destroyed.

In the case of hospital patients more exact notes are made, for the patient may be seen at a later date by some other doctor to whom the notes must convey as much information as possible. If the doctor does not intend to take charge of this note, it is the property of the patient ; but the keeping of these notes by the doctor or the patient is not practical, for they would be lost or would not be available when required. In the circumstances the hospital authorities take charge. There is, however, an implicit

understanding between the medical staff and the administrative body that medical confidence will be respected; but to prevent information leaking out, nothing that is not relevant to the case is incorporated in the notes. If the patient has had venereal disease, this is referred to by signs that would not be understood by laymen. The care with which these notes are guarded in most hospitals reflects the greatest credit on the authorities. If a medical man wishes to look up the notes of cases with a view to research into disease, no difficulties are placed in his way. But immediately the notes of a particular patient are sought, many formalities have to be overcome, and permission to inspect them is given only when it has been ascertained that this is in the interest of the patient. Such notes are rightly regarded as confidential documents whose contents are to be revealed only to the patient or his doctor, and every effort is made to protect them. Were this not done, there would be a great reluctance on the part of medical men to incorporate the whole history of the patient in the notes. As a result, their value both for reference about the patient at some future date and for the purpose of research into disease would be considerably diminished.

It will thus be seen that medical notes represent the thoughts of the doctor. Their contents must be kept secret. In no circumstances is the doctor entitled to hand them to any one else without the patient's consent.

The Duty of a Citizen to the State.

Since the existence of the State is to the advantage of the citizens, it is expected of each that he will do everything in his power to protect its interests. Should a medical man in the practice of his profession become aware that any treason against the State exists, it would be his duty as a citizen to bring the matter immediately to the notice of the authorities.

The preservation of life is to the advantage of the citizen, and, if the life of any one is at stake, each citizen is expected to make every effort to protect it. It is his duty to prevent murder and manslaughter and to do everything in his power to bring the culprit to justice. If any one who is unable to protect himself, because he is too young or too old or is in some way afflicted, is found to be suffering from the action of others, the citizen is expected to take action to prevent this, and if it is liable to recur, to inform the authorities. Otherwise if the person dies he will have acquiesced in the death. No medical man is exempt from a duty of this kind; and it has never been suggested that the question of secrecy should be upheld, where the welfare of the State or the life of any citizen is at stake.

In the case of adultery, the State has laid down laws. It has never considered that this offence warrants intervention by the State itself. Nor has it ever been suggested that it is the duty of a citizen to give information to a wronged husband or wife. The weight of public opinion is that generally it is unwise to interfere. Everything is left to the discretion of the citizen and to his sense of duty. Most people would pretend to see nothing and would prefer to remain silent. I will assume that a husband contracts venereal disease through intercourse with a prostitute. He comes to a medical man for the treatment because he trusts him. If this reveals that the patient has committed adultery, in no circumstances is a medical man permitted to give information to the wronged party, whatever his view of the action of the husband may be or however friendly he may be with the wife. This would be an absolute breach of confidence. He may, if he suspect anything, refuse to treat the husband; but once having taken him on as a patient, he must for ever remain silent. Now it is just this type of case where the State has never suggested

that a citizen fails in his duty if he is not prepared to come forward to give evidence that judges have at times rebuked medical men who wished to remain silent.

The Action of the Judges.

Judges of the High Court have at times compelled medical men to give evidence and have demanded the production of documents even when it is claimed that this involves a breach of confidence. Such a claim has never been put forward by the medical profession when the welfare of the State or the life of any citizen was at stake. The cases are usually those in which an applicant for divorce wishes to show that the respondent has committed adultery by proving the presence of venereal disease. It is somewhat anomalous that in these cases a citizen can be subpoenaed only if he has been unwise enough to speak, whilst a medical man may be subpoenaed no matter how discreet he has been. When a doctor makes a disclosure about a patient without his consent, a breach of confidence has been committed.

If judges administer the law, they are also governed by it. They can interfere with the rights of the people only when this is permitted by some law. Medical confidence is a right of the people that dates back long before the days of Parliament. As there is no law that entitles the judges to interfere with his right, they cannot call upon medical men to break confidence with a patient by giving evidence or by producing documents or notes.

Judges have also exceeded their duty when they have compelled a medical man who is giving evidence on a subpoena to state the disease from which his patient is suffering. For in doing this he expresses an opinion and is giving expert evidence. There is nothing in the common law of England which permits judges to compel a medical man to give expert evidence when subpoenaed. The most

they can compel a witness to do at such a time is to answer questions of fact. A professional man is entitled to refuse to give expert evidence unless he wishes, and the privilege claimed by the medical profession does not differ from that which is granted to all the other professions.

Judges have justified their action by suggesting that it is essential for the administration of justice. They have been concerned only with the case before them and have failed to realise that large issues are at stake. It is almost unbelievable that the right of the people and the privileges of a profession should be abused merely to settle a dispute between two people. By their action they show that they have not appreciated those words of Cicero: "Salus populi suprema lex esto"—which being translated mean: "Let the good of the people be the paramount law." For what is insisted upon in the High Court to-day may become a far greater abuse when carried on in the lower courts.

The Medical Profession.

The function of a medical man is to treat the sick. It is not his duty to detect crime other than in cases of poisoning. If he has any suspicion that death has been due to violence or that there has been negligence, he will bring the matter to the notice of the coronor, who will investigate the case further if he thinks fit. In other respects he is expected to carry out those duties which a State demands from all its citizens, that is to say, he must assist in the detection and arrest of a person who has committed a serious crime.

The aim of the medical profession is to win the respect of the people, so that they will come as soon as they feel ill. This is more likely to take place when they know that their confidence is respected and that a medical man is more likely to hush up scandal than to reveal it. This is well seen in our voluntary hospitals, which have won the respect of the poor, who come to them so eagerly when sick

and in trouble. Much of their family history may have to be revealed, but they have no fear for they know that nothing will be disclosed. As a result there are often so many opportunities for giving good advice. I have noticed how these people dread the possibility of an inquest, which they make every effort to avoid. For there they know that family affairs are so often revealed; and there is much more pride among the people than is commonly thought. If the medical profession ever felt it to be part of their duty to detect crime, they would lose the respect and trust of their patients and all that this means. In the long run many would suffer for the sake of the few. Burns in children may be taken as an example. These are often due to carelessness, but rarely to negligence. The mother sees the suffering of her child and this is a severe lesson for her; the doctor can so often point out the risks she runs and how these can be avoided. Such advice if generally followed, but occasionally it happens that a mother takes no notice; she continues to be negligent and the child receives another burn from which it dies. It might be said that had the doctor reported the mother to the authorities this death could have been prevented; but the result of this would be that people would not bring their children if they once thought that the practice of our profession was to investigate cases with a view to informing the police and many children would in consequence suffer. It is useless attempting to compromise. It is better to follow the procedure which has succeeded so well in the past, namely, that it is the duty of the medical profession to treat sickness and disease; and in cases of negligence it is their duty to take action only when the matter is brought to their notice.

In recent years much importance has been attached to medical evidence given in murder trials in the criminal court. Many people have come to think that the detection

of crime is part of the duty of a medical man, but apart from the detection of cases of poisoning, he has no training in this respect. He can give the cause of death and can say when it occurred, but the investigation and reconstruction of a crime is not part of his work. This should be left to the Criminal Investigation Department. It is possible that now and again a medical man thinks that he has some ability as a detective, but it should be borne in mind that this is a thing peculiar to him and not dependent upon his training. But in fairness to those members of the medical profession who limit their evidence to medical points that need interpretation, an attempt should be made to differentiate between what is and what is not medical evidence. It does not add to the standing of the profession for it to be assumed that it is the duty and practice of medical men to take on the role of the detective.

Hints to Doctors.

BY SIR J. BRADFORD ON BEDSIDE MANNERS.

We have heard a lot about the great advantage of the right "bedside manner" for the physician and his patient. Sir John Rose Bradford, former President of the Royal College of Physicians, evidently believes there is a good deal in it, and particularly in the approach and general attitude of the doctor to the sick person and his relations.

Sir John gave his views on the subject in a speech at the opening of the new session of University Medical College in London. "One of the fundamental lesson," he said, "is that nothing should be said or done to a patient by the practitioner that would be resented by the practitioner if it were done or said to him were the positions reversed." Much needless mental suffering is caused by incautious statements to patients or their relatives about their ailments--statements often merely thoughtless but sometimes not to be justified.

"Thus nothing is more common than for the doctor to be equally dogmatic in his statements on facts which are definitely known to be established and on other so-called facts that are merely matters of opinion. You must never forget that much of what the public really desire to learn from us is not known with the certainty that justifies dogmatic statements."

Cautiousness in Speech.

"This cautiousness in speech does not mean that you should say nothing, still less that the matter should be obscured by a cloud of words, especially of the professional jargon, but that the actual position should be put in as few words as possible, and in the simplest language possible."

"Further, never forget that no patient, and no anxious relative, is really quite normal when face to face with the doctor, especially when he is summing-up and pronouncing judgment."

Although in some respects patients were often in an abnormal state when confronted with the doctor, said Sir John, on the other hand, the realities of illness stripped from them many of the trappings and artificialities of life.

"Never forget," Sir John added "that perhaps the worst suffering is mental and not physical." Much misery may be caused by a careless word, as well as by carelessness and roughness in physical examination.

"A thorough physical examination is not the same thing as a rough physical examination, and more will be elicited of value to us by gentleness than by roughness. It is by no means uncommon for roughness and thoroughness to be strangely confused in the mind and actions of the diagnostician."

"The Hindu."

Madame Curie (1867-1934.)*

The death of Madame Curie which took place in a hill sanatorium on July 4, has deprived the scientific world of a great investigator and her family of a loving relative. Her death was the result of a short illness which seems to have been due to constant exposure to radiations from radio-active bodies with which her whole life-work was connected. Madame Curie was for the last few years engaged in preparing a more powerful source of actinium : she has thus died in full harness, but leaves a capable daughter and son-in-law to carry on the good work. Her remains were interred at Sceaux by the side of her beloved husband in accordance with her last wishes.

Madame Curie was Polish by birth and her maiden name was Marie Sklodowska. She was born at Warsaw on the 7th of November 1867 and received her early education in that city. Her love of science was so strong that in spite of straitened finances she determined to complete her education at Paris. Here she entered as a student at the Sorbonne and came under the influence of M. Pierre Curie who was one of her Professors. The common interest of master and pupil in scientific discovery ripened into a closer sentiment Marie Sklodowska became Curie in 1895. Madame Curie was not only the helpmate of her husband in domestic affairs but shared his scientific work to such a degree that M. Curie was most anxious later on to give all the credit of their joint discoveries to his wife.

It is now a matter of history and common knowledge how she became interested in Becquerel's discovery of radio-activity in 1896 and assumed the dominating place in this science by her discovery of Polonium and later by the isolation of Radium. When it is recalled that a ton of pitchblende yields a few milligrams of radium and that the separating of this small quantity of the precious element from the large mass of mineral was done

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MADAME CURIE.

mostly by Mme. Curie, who was responsible for the chemical part of the joint investigations we can appreciate the patience and love of pure investigation which contributed to her just fame.

The work was done under very unfavourable conditions in a building in their backyard and mountains of pitchblende were piled up in all the available space. All the extraordinary pains taken fructified when the discovery of radium brought her honours from the entire learned world. Even here she had to contend against the disabilities of her sex ; people expected her to remain in the background and enjoy the honours due to her work through her husband. But M. Curie was insistent that she should be recognised through her own individuality and brought her to London in 1903 when he was requested to deliver a lecture before the Royal Institution on their new discovery. She was an applicant for a place in the Academy of Sciences at Paris some twenty years ago, and received an unusually large number of votes ; yet dissent was expressed against the principle of admitting woman and she did not find a place in that august body. She was so sensitive and modest that she did not renew her application when a change in the public outlook was sure to secure her admission. There was no lack of honours, however she is the unique example of a person receiving the Nobel Prize twice—once for Physics in 1904 with Becquerel and C. Curie and again for Chemistry in 1911. Other honours, too numerous to mention, were showered upon her. She was the first woman to become a Professor at the Sorbonne. She became the Director of the Radium Institute and continued till her death to direct a large mass of important original work. Her heart must have expanded with pride when her daughter Irene Curie-Joliot repeated her own history as it were, and with her husband M. Joliot discovered the neutron and induced Radio-activity. In 1921 she visited the United States and received a gram of radium as a suitable present.

The importance of her discovery was such that it originated new branches of investigation in more than one department of

science. Her discoveries were fundamentally responsible for the new developments in Physics and Chemistry; but a larger section of humanity will bless her for the benefit conferred by radium therapy. She volunteered during the War to place herself at the disposal of the Red Cross Society and personally superintended the radiological cars amidst the fighting armies.

She has done notable service to her native country, Poland, and to her adopted country, France, and has served on numerous committees and commissions. The reconstruction of Poland after the War was a source of gratification to her. She was associated with H. A. Lorentz, Paul Painlevé and Albert Einstein in the International Committee of Intellectual Co-operation of the League of Nations, and interested herself chiefly in the problems of the future of the human race—mass education and co-ordination of international scientific research.

In spite of the enviable position she occupied in the esteem of the world, she retained her serenity and simplicity to the last. The unfortunate death of her beloved husband M. Curie by a street accident in 1906 dealt her a blow from which she never perfectly recovered. Her noble and affectionate nature endeared her to all her friends. All those who came in contact with her were struck by the simplicity of her character and the penetrating quickness of her intellect. She will ever be remembered as one who by her personal example and eminence secured to womenkind a recognition of equality with men in all departments of life including scientific research. The present position of woman is founded on the secure foundation of the greatness of such personalities as Madame Curie.

A Summer Itinerary

BY DR. J. C. DAVID.

A sea voyage to Europe is not much of a novelty now-a-days but a summer holiday trip to the Far East is still something out of the common. Thanks to the cheap return fares offered by several steamship companies such a voyage is not beyond the capacity of the middle classes. While the single second class passage from Colombo to Yokohama is £26, the offer of a return ticket valid for two months for just £28 is certainly a bargain. So on the morning of a certain Sunday early in May we, *i.e.*, my family comprising of the *mem-sahib* and two boys and myself boarded the P. & O. liner 'Rawalpindi.' This boat is a 17,000 tonner and a very comfortable one. Among our fellow passengers we were glad to find a few friends, European and Indian.

The dawn of the fourth day found us at Penang. Penang is a picturesque island and from the sea looks a veritable paradise. It is *one of the* Strait Settlements and is a mile away from the main land of the Malay Peninsula. After breakfast we took a taxi and visited various places of interest, *viz.*, the Chinese temple with its innumerable Buddhas, and the snake temple with the creepy things crawling all over the place and drove alongside various rubber plantations, etc. We sailed again at noon reaching Singapore the following morning. The voyage for the most part was very picturesque with the island of Sumatra one side and the Peninsula on the other.

Singapore has one of the best natural harbours in the East and forms the naval base for the British in the Pacific. This is also an island but is connected by a causeway with the mainland. It is a very pretty city with beautiful roads

and buildings. Some of the bungalows are rather quaint, being built after the fashion of Malay houses standing, as it were, on pillars. I visited the medical college. The college though small is well equipped. The total number of students is 120. The professors are all European. Professor Kay-Mouat who teaches both Physiology and Pharmacology took me round and showed me the different departments. The students are luckier than ours because the college diploma is recognised by the G. M. C. The General Hospital is a big institution and well manned. During my visit special classes on malariology were being held there under the auspices of the Health Bureau of the League of Nation and post graduates from India as well as the Far East were attending them.

Hongkong is a beautiful island with a natural hidden harbour, which we reached about 4 days after we left Singapore. The town called Victoria is built on the slopes of a hill and at night the illuminations make the place look like a fairy town. The ships anchor at Kowloon on the mainland of China and frequent *ferries* take passengers to Hongkong which is less than a mile across. The island was ceded to Britain by China and so is a British Colony. Both Hongkong and Singapore are free ports and so silks, watches, etc., are much cheaper than in India. Through the kindness of a Parsee doctor practising there I was enabled to visit the Medical College, which is affiliated to the university. A final year student, hailing from the Punjab, took me round. The university is a residential one and all faculties are grouped together. The buildings of the Medical faculty are not very big but quite well furnished. It is interesting to learn that the Medical College was started with a donation from a Parsee merchant. It is very well endowed by rich Chinese merchants too. Unfortunately the College was not in session, it being the summer vacation, but I saw two dainty Chinese lady students dissecting in the anatomy hall! The

fair sex there seems to be as painstaking as in our own College here! The university boasts of a fine students' club where we sipped iced coffee through straw!

Two days after leaving Hongkong we found ourselves at the mouth of the Yangtsekiang. The sea is turbid and yellow for about 30 miles or more beyond its mouth. We sailed up the river for about 30 miles before coming to its tributary, the Wangpoo up which Shanghai lies. The Yangtsekiang is several miles in width near its mouth. We had to go about 15 miles or so up the Wangpoo before we reached Shanghai. On the way we could see Woosung which was bombarded by the Japanese about three years ago and the ruined buildings still stand-a silent monument to the old adage "Might is right."

Shanghai is a very big city as big as Paris, comprising the Chinese city, the French concession and the international quarter. We went to Chapei, the Chinese city which also contains ruins of the Japanese bombardment. The chief shopping road is the Nanking Road and with its blaze of advertising slogans in multicoloured lights it is at night a sight worth seeing. Piccadilly circus pales into insignificance! A Chinese Y. M. C. A. secretary with a strong American accent befriended us and invited us to lunch at a Chinese restaurant. Trying to fill one's stomach with the aid of a pair of chopsticks reminded one of the story of the stork inviting the fox to supper and serving it in a high necked goblet! The indiscriminate dipping of the chopsticks into the common dishes also made my stomach rebel! There were great varieties of food but most of them had a smoked flavour! On our return visit to Shanghai our friend Mr. Leung invited us to dinner in his house and provided us with spoons and forks as well! I visited the Lester institute for Medical Research and was shown round by Prof. B. E. Read of the Pharmacology department who is responsible for the introduction of Ephedrine into therapeutics. He is

doing much pioneer work on ancient Chinese medicine. For example, he told me that donkey's glue was used by the Chinese for rickets etc., and he has found that an active principle resides in it which can raise blood calcium! On his staff are chemists, botanists and a scholar for translating ancient Chinese works! I was also privileged to visit the National Medical University and met Prof. Chu, the pharmacologist, who is also the Dean. The College is still in its infancy but has a very enthusiastic staff and its future is very bright.

Three days steaming from Shanghai brought us to Kobe after passing the beautiful inland sea of Japan. The weather cooled down perceptibly after we left Shanghai and we had to don warm clothing throughout our stay in Japan. Kobe is one of the most important sea ports of Japan. Osaka which is twenty miles off is the commercial metropolis of Japan. It is of interest to learn that the Indian Community at Kobe numbers about 500, mostly Sindhis who go out of their way to help Indians who are strangers there. Kobe is flanked on one side by hills as high as 3,000 ft. One such Rokko-San is easily ascended by a suspension railway and on the top are a beautiful hotel, golf links and fine residences. Two hours by steam railway is the beautiful town of Kiyoto, the ancient Capital of Japan where even now the Emperor repairs to be crowned. It is full of temples, Buddhist and Shinto and there are two picturesque palaces which can be visited. The architecture is ancient Chinese with wooden walls and sliding doors. The walls are all covered with paintings. At Kiyoto we had some trouble in overcoming the language difficulty. But one of the men in the Municipal Information Bureau could speak English and to him I communicated my desire to visit the Medical side of the university and specially the department of Pharmacology. He did not know what this science meant. But luckily I was armed with the Japanese translation of

this word, namely "*Yaku bhutsu*"! So furnished with a letter from this friend I discovered the university and Professor Ogiu, in charge of Pharmacology. His assistant who knew some English first took charge of me but later Prof. Ogiu conducted me round. With a mixture of German and English we contrived to understand each other. Here, a new Pharmacology Institute almost as big as the Goschen Pathology block was nearing completion. This shows the advance Japan has made in medical sciences.

Our next port of call was Yokohama. This city along with a portion of Tokyo was completely ruined by the earthquake of 1923. But nobody who visits the modern city can picture such a colossal calamity. The modern city contains fine edifices most of them earthquake proof. The Hotel New Grand in which we stayed had the finest accommodation among all the hotels we had visited in Europe and the East. In the hotels one can get European or Japanese food. In the Japanese inns only Japanese meals are to be had and no English is spoken. These are built in Japanese style—wooden walls, clean polished floors and sliding doors. One sat on cushions and slept on mattresses piled one over another. The floor is covered with thick mats, each 6' x 3' so that the size of a room is calculated in terms of the number of mats required to cover the floor. Of course chop sticks were much in evidence in these Japanese style hotels!

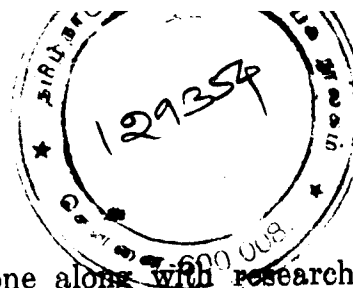
In Yokohama one must not fail to visit the earthquake museum, where the horrors of the earthquake are brought home to you when you see souvenirs, wrecked tramcars, melted glassware, the contents of the pocket of a school boy who met with an untimely death, pictures, etc.

From Yokohama we took a day's trip to Miyanoshita—a hilly sanatorium with a most picturesque hotel. Here we saw the long tailed cock looking pitiable with a tail 25 feet long. These are specially bred and only three, I believe, exist

in the whole country. Numerous hot springs exist all over Japan and this hotel had a natural hot water swimming pool. Flowers abound everywhere. Cherries are the road side trees and while they are in bloom the country side is one riot of pink. We were too late for the cherry blossom season but saw a few here and there. Wistarias were in full bloom. Azaleas, Iris and numerous other flowers were to be seen everywhere. On our way to Miyanoshita we saw the snow capped top of the sacred mountain Fujiyama. We hastened to Lake Hakone to see the much admired reflection of this mountain but were disappointed by cloudy weather.

From Yokohama to Tokyo is a distance of 18 miles. We took a taxi for Rs. 2 and reached the Imperial Hotel which is styled the jewel of the orient. This is the aristocratic hotel of Tokyo and while we were there the Belgian mission arrived and stayed there as Government guests. The whole distance from Yokohama to Tokyo was flanked by houses and factories including a big one of Columbia records; and so one did not know where one city ended and the other began. Tokyo is said to be second only to New York in the size of its population. We were more impressed by it than any other city we had visited excepting London. Like other cities of Japan, Tokyo also had plenty of shrines, the chief being the Meiji shrine where the spirit of the great Emperor Meiji, in whose time Japan defeated Russia, is worshipped. The Yasukunni shrine is dedicated to the departed warriors of Japan and to it is attached a military museum.

We were taken to see the various show places by some American friends from the Y. M. C. A. We can never forget the spotless and dainty Japanese inn where we partook of "Sukiyaki" a Japanese meat dish cooked by the individual guests on electric hot plates. I visited also the Kitasato Research Laboratory where the director, Professor Shiga very kindly took me round. Clinical bacteriology as well as



vaccine work were being done along with research. This laboratory supplies antirabic vaccine and Professor Shiga told me that every dog in Japan was given a prophylactic dose of this vaccine. With an introduction from him I went to the Imperial University and saw the Pharmacology laboratories. Professor Hiyashi very graciously received me and deputed his assistant Dr. Azuma to show me round. This latter gentleman had spent four years as a post-graduate in London and Cambridge and could speak fluent English. At least half a dozen doctors were pursuing research in this department including one lady. Researches on digitalis assay, insulin, Hepatic functions, etc. were being conducted. I saw an aseptic operation of hepatectomy on a dog and was also shown a full cinema picture of the operation. There is another Medical University in Tokyo which I was unable to visit. But I was glad to be shown round the biggest hospital in the East, St. Luke's International centre, an up-to-date hospital maintained by American munificence. To describe this institution will mean another full length article! Some of the arrangements there were similar to what was depicted in the film "Men in White" which we saw at Shanghai.

From Tokyo an electric train took us 85 miles north to Nikko, where the most beautiful shrines are located. This is a hilly place to the north of the capital and is colder. The hotel we stayed in should be seen to be admired. The flower decorations were gorgeous. The same evening we went by car a distance of eight very risky mountainous miles to Lake Chuzenji and the Kegon waterfalls. The following morning as we just got up from our beds we experienced our first earthquake shock in Japan. The building rocked for a few seconds only but it gave us quite a thrill! The children had a unique experience and are still full of it. Such tremors are felt at least once a week. From there we retraced our way to Tokyo and thence to Yokohama and the good old ship "Rawalpindi" as our twelve days stay had come to an end.

I am very sorry I cannot write at length about the country and its people. The Japanese did not strike us as yellow. They were quite fair, rather pinkish! The women are not dainty—but buxom, more like the figure of the short Greek woman, one encounters commonly in Egypt. But for their snub noses and eyes aslant they would pass off as beauties even in Europe. They did not, however, consider us as blacks! I quite remember how four years ago at Oberammergau in Germany, a little girl who shook hands with us quickly withdrew her hand to see if any stain or dirt had struck to her skin!

The women are very advanced and quite modern. You can see them in their pretty kimonos or in businesslike European clothes. You can see them in the breeches of a bus conductor, in the pretty red uniform of a lift boy, as waitresses and shop girls. The 'Geisha girls' are a class of waitresses in gay costume whose duty is to entertain guests and make them spend more in the restaurants.

The politeness of the race gets on one's nerves! The constant bowing and the "*Arigatho*" (Thanks) should lead to a chronic lumbago! As you get out of the lift in a department store the lift girl says "*Arigatho Goseimus*" meaning, "we are ever grateful to you"!

The cleanliness of the Japanese cannot be excelled. The houses as well as the roads are spotlessly clean. You are relieved of your tram ticket before you get off, lest you throw it on the road! Bathing twice a day is quite common. They bathe in very hot water and just love the innumerable hot springs which are all over the country.

The shops are even bigger and better than those of "Oxford street". The department stores are at least six in Tokyo only and are housed in seven-storeyed buildings where you can buy anything from a pin to a radio. Radio sets

are available from prices ranging from 10 yen to 200 yen (1 yen is 13½ annas).

Petrol is sold at 4½ annas per gallon and so taxis are dead cheap! For six annas you can traverse a distance as from Central Station to Mylapore! Electric and steam railways are most up-to-date. To go from Kobe to Osaka a distance of 20 miles one can choose a private taxi for about Rs. 2, or a street tram or bus or steam railway or three different kinds of electric railways, one partly underground.

Cinema houses and theatres, both foreign and indigenous abound. The architecture and furnishing are superb and modern. The *Kabuki* is the real Japanese drama. The performances commence at 2 P.M. and end at 11 P.M.! The *Takarazuka* is a girl's opera company where modernised Japanese music can be heard, more in the fashion of American Jazz.

Schools and universities are in plenty. In Tokya there are six universities. I was surprised when a three-storeyed big building with extensive grounds was pointed out to me as an elementary school. Here in India, anything is good enough for children. But in Japan nothing is too good for them. Children are constantly taken on excursions to see the various points of interest and to realise the magnitude of their heritage.

Japan has achieved in about 34 years what Britain took 300 years to establish and all because their motto is similar to the German *Vater land uber Alles*, Fatherland above all. We in communalism-ridden India have a great deal to learn from this country which is as much oriental as ours is.

The day we sailed back saw Japan in mourning over the death of its greatest admiral, who was responsible in

putting Japan on the map. Admiral Togo was being buried that day. It was he who defeated the Russians in the battle of the Japan Sea.

So we returned, touching the same ports over again, each impressed with some particular aspect of Japan and Japanese life. To our children the Nikko earthquake, the toy shops and the swimming pool on the ship are unforgettable memories. They, of course, enjoyed themselves thoroughly. They had both grown older since our travels on the continent of Europe and so were on their best behaviour throughout this trip. You might imagine my consternation travelling from Berlin to Amsterdam in 1930, when a fellow traveller casually told me he was a Jew and little Ranjan, then not yet five, shouted to me "Father, is that the man who crucified Jesus"! This time he was our interpreter sometimes, because he had learnt up a few Japanese sentences from a vocabulary and was always ready with his "*Arighatho*" (Thank you) and *Syamara*, which means "Good-bye".

'The Inevitable'

Students in Colleges have a special gift for spreading scares perhaps they grow false capacities after joining them. The mention of cholera in the city sent the shivers down our backs and this drove us in streams to the O. P. to get inoculated. You see, we had to do it and we were quite a big number who got it done one afternoon. The following night was historical.

We, (Demon, my room mate and two others) four of us were sitting in the room, looking out through the window and discussing 'Death.' 'I believe one theory is that the souls of the dead go into the sun to replenish his eternal energy' one said. 'How glorious?'—another remarked. Demon is a Christian, rather staunch and was obviously feeling awkward when we ragged about death, like that. 'Of course Demon, don't believe all this. He thinks he'll become an angel—but how can he become one?' was the next query. Our conversation became as frivolous as unscientific. Of course it is very interesting sometimes to talk like that. When you are inoculated you can waste time with good conscience. In fact, you can even cut lectures without any one suspecting your sense of duty! After an hour of this talk, we decided to settle in bed. How awful to lie on one side only and save the inoculated arm all right!!

It was a moon light night. The room was flooded with it. 'Why should souls go to the Sun and not to the Moon'? I wondered. What are spirits and ghosts and the like? My thoughts wandered for and I even forgot the pain in my arm. Demon must have been fast asleep. He moaned once or twice. I wonder if he really believes he is going to heaven where I can't go simply because an idea about religion differ. What a mystery death is to us still—after centuries of knowledge and science!

The night must have advanced far. But for the prattling of a few nocturnal birds now and then all was quiet. I was wafted from my bed and lo! in a moment and I had gone past the moon and a million stars. There was no pain or sense of fatigue—just perfect peace and a feeling of splendour all round. •

Then I thought somebody touched my arm the inoculated one. I turned and beheld a tall strange figure. I'm-- in ... I ... am ... from ... Med ... ic ... al ... Co ... llege I stammered.

'You need no introduction here—your name is on our lists of illegibles. It was only at last night's meeting of the celestial staff that they decided you were fit to enter heaven if—!' Here he scowled. 'If, what?' I made bold to ask. 'If you have your admission ticket.'

From the appearance I guessed the stranger to be St. Peter. 'What ticket!' I murmured. 'Your admission ticket with the Head Clerk's signature acknowledging the payment of Rs. 5', he added in a most inhumane manner. Was there a God of Justice and freely who permitted this tyranny? 'I'm sorry Sir, but' ... Here, my voice broke off. In one moment I recalled the many occasions when I had stood at the historic door of the College office waiting indefinitely to get this admission ticket. However in this instance truth would be the best thing. Besides, the office was open that morning but I suppose had no idea of going to heaven, then. 'I'm very sorry' I repeated looking straight in his face 'I had no idea I was coming here to night or at any other time perhaps if you telephone or tele ... something to the office—they may consent'. 'It's impossible' he said. 'It's long since you left college and there are many of them who are now on their way to this place'. His grip of my arm tightened. He grunted 'Back you go to the earth and live your life again and remember..... remember to bring your admission ticket when you come next.' I felt a hard push. The return to earth was done in a minute, but with intense pain. I clutched the head rail, I realised I was falling off. The swelling and pain in the inoculated arm increased. Demon are you awake? No answer.

What a vivid dream it was? I suppose I was subconsciously thinking of students who don't get their attendance at the beginning of the term, if they fail to produce their admissions tickets.

'NO MAN.'

Gleanings.

Insulin and Glucose in the Treatment of Heart Disease.

On the assumption that anginal pains are related to faulty carbohydrate metabolism in the heart and that insulin acts immediately by its stimulating effect on glycogen metabolism of the heart, and progressively by promoting the combustion of fat, which leads to resolution of early atheromatous changes in the coronary arteries, K. S. Smith (*Brit. Med. Journ.*) has used a combination of glucose and insulin in the treatment of coronary syndromes with good results, and in congestive heart failure with satisfactory results.

Five units of insulin are injected subcutaneously before the morning and the evening meals. Thirty grams of glucose are given with each meal. Treatment was continued from varying periods up to 17 weeks with the result that the number and severity of the paroxysmal attacks of angina pectoris were greatly reduced and often, there was a complete cessation of these attacks. Improvement was maintained even after insulin and glucose were discontinued.

Some clinicians prefer to give glucose *intravenously* in the dose of 60 grams daily. The amount of insulin given depends on the blood-sugar. The dose varies from 5 to 15 units daily and is calculated to maintain the blood-sugar within normal limits. In the presence of persistent hypo-glycemia the dose did not exceed 5 units daily. Under this therapy one can regulate and moderate cardiac rhythm and induce diuresis. According to Carriere (*Gazette des Hopitaux*, 106: 535, 573, April 12 and 19, 1933) this treatment is most effective in controlling cardiac symptoms of exophthalmic goiter and he further believes that insulin-glucose therapy is just as important as premedication with iodine in toxic diffuse goiter (exophthalmic goiter) showing symptoms of heart failure.

The Alternating Use of Vegetable and Metallic Diuretics in the Treatment of Edema of "Congestive Heart Failure."

It is by combining the purine diuretics (e.g., theobromine, theophylline) which act primarily by increasing the rate of filtration through the renal glomeruli, with heavy metal diuretics (which act by decreasing tubular reabsorption)—alternating one with the other—that Hermann *et al.* (*Journ. Lab and Clin. Med.* 18: 902, 1933) have been able to

Autobiography.

To commence with the commencement of my life I was born on Monday 4th August 1912 at 1-30 am. I am the sixth child of my parents but I may tell you that to the earliest time my memory can recall saw only three of my predecessors. Even if I had been gifted with an unusually remarkable memory power I could not have seen the other two of my elders since they died before I saw the light of the day. So I always considered myself as the fourth child of my parents. At the time of my birth my father was serving in one of the Western stations, and according to the local custom the birth of a male child used to be announced by the dangling of the bolts of the door, my birth was announced by the servants by the noise of the bolts supplemented by my own cries.

One important feature about my birth was many of my grandmothers were present at the time of my birth. Chief among the grannies present were my mother's granny and my father's mother. Like many other orthodox Hindu families myself and my mother were kept in a separate room and anybody who wanted to have a look at me was permitted to look at me as visitors look at the animals in the zoo by not being allowed to get inside the room but must stop short at the door.

The succeeding fifteen days were uneventful days but the sixteenth day the prohibit came to clear away pollution from me and give me greater liberty of being carried by others to all parts of the house. The same day I was also to be named. All my elders were named by my father though my grandmother wanted to give every one of them a different name but was unsuccessful. So, there was a clash till the time of my birth in the matter of naming my elders but when I was born either my father had either exhausted the list or he wanted to give my grandmother a chance to name one of his children he did not have any name for me. My grandmother was so much vexed with her failures in the past she has taken an oath not to name me even before I was born.

The situation on the sixteenth day of my life was my father has no name for me and my grandmother will not name me. The prohibit came

and began his chantings. He got on with his part of the ceremony like a gramophone record. In the midst of his chanting he stopped his chanting and asked for my name. My father did not say anything. The prohibit hesitated a little but the servant maid who was witnessing the ceremony cried out "Suppamani swami" name the child "Suppamani", and so I was christened but a slight change into Subramaniam was effected when my name was entered in the school. The prohibit after naming me Sappamani went on chanting the mantrams at a higher speed probably to compensate for the delay that occurred in not having a ready name for me. He finished his mantrams in the allotted time and wound up his mantram by asking my father to say as follows "even though I give very little you must consider this as ten thousand time their worth and accept the same". My father repeated the same and the prohibit went away nearly emptying half the contents of the hall leaving the scattered grains to the servant maid.

Days, months, and years rolled by till I was nearly four years old. One day I got permission to go to school with my elder brothers. She readily gave her consent, dressed me in clean clothes and sent me to school. When I reached the elementary school the headmaster of the school took me to all the other four classes in the school and asked the students to follow my example in the matter of attending the school for said he "this boy is not even four years old still he has come to school whereas for many of you boys I have to send the monitor or a teacher to your house to bring you to the school. "The headmaster might very well have reserved his praises for me for before the end of the day I created enough mischief in the school and made the Headmaster realise boys are not what they seem to be. The headmaster asked me to sit in the infant standard but I refused to obey his orders and went and sat by the side of my brother which was the highest class in the school and handled by the headmaster himself. There was slight giggling in the class but the headmaster began teaching seriously and all was quite. A short time elapsed then I got up and requested the headmaster to give me the green coloured chalk that was on his table. This procedure evoked the laughter of the whole class. The headmaster got wild, threatened to cane me if I did not keep quiet. Having never seen a cane I could not understand him and I persisted in my request. This exhausted the headmaster's patience and he actually administered two cuts with his cane.

The caning instead of the desired effect produced an effect which made the entire school aware of my little adventure: I began to course the headmaster as an old bloke and by such other epithets that came uppermost to my lips and rushed out of the school. Since the school was situated in the bazaar street the headmaster being afraid of my safety ran after me to catch me. It was an easy task to him and he caught me before I ran some fifty feet. He took me to a shop, got for me some sweet and took me to the school.

When I entered the school in company with the headmaster the whole school, including the boys, the four teachers and the servant were at the door. All eyes were on me and I was the bowe of the day. My act was imitated by other boys and the result was like the ass that began to play with his master in imitation of his master's dog. The atmosphere of the school was too hot for the headmaster to bear since the mischievous elements sprouted up in every class. The headmaster ordered the servant to close the door at the entrance and bolt the same. After adopting this judicious measure the headmaster caught hold of a few boys at random and gave them severe thrashing, which brought the entire school to its normal life.

It was nearly 11 a.m. when I got up again and asked the headmaster to give me leave to go home since I felt hungry. The headmaster being a stern disciplinarian became wild by interruption and threatened to cane me if I did not resume my seat. I was able to see the bolted gate from my seat and understood escape in that direction was impossible and any mischief on my part will result in corporal punishment, still the call of the stomach was imperative and must be answered. Necessity is the mother of invention. My little brain began to contemplate the situation in all its aspect. All of a sudden I saw the almirah on the wall behind the back of the headmaster's back wide open with the headmaster's tiffin box and kooja containing water. The almirah was ten feet behind the headmaster's seat with a side window without bars near it. With all possible humility that can be shown by a boy of my age I requested the headmaster to give me permission to go outside to the veranda to quench my thirst. Permission was given and I went out. I re-entered the class room by the window behind the Headmaster's back. The cane on the table controlled the laughter of the class. The shelf holding the tiffin box being high up I had to climb to the last shelf to reach the tiffin box. The tiffin box

was too big for my little fingers and I was not able to hold with one hand due to its bulk and weight and because of the oily nature of the same on the outer aspect it escaped my fingers and obeyed the laws of gravity. The tiffin box reaching the floor with some amount of force was damaged at the bottom and the lid was thorwn off with most of the contents of the tiffin box. Immediately I jumped down and began to eat the spilt.

The noise of the tiffin box reaching the floor attracted the attention of the headmaster and he caught me. In spite of his hold on one of my hands I was going on eating with the other free arm. I was eating so quickly that a morsel of food went the wrong way and I was caught with severe coughing and the headmaster came to aid by unscrewing the kooja and pouring the down my throat.

Since the headmaster's house was situated at a considerable distance from the school, he dismissed the class early that day to enable him to go home, take his tiffin and be back in time for the afternoon class.

After dismissing the class he caught hold of me and took me home, called for my mother and recalled to her the incidents of the day. The headmaster said to my mother "please don't send your little son to the school till he knows how to behave in a school". "Sir", "my mother, your saying is like asking a man not to enter the water before he knows swimming thoroughly". The headmaster nodded his head and went away.

Thus ended the first day of my scholastic career.

R. SUBRAMANIAM

The Jaya Mansions.

OUR HOSTEL.

BY BOILER.

In days long gone by, so says that great spinner of yarns, Aesop, the frogs in a certain pond stood in sore need of a king. They all in one voice—if they had been capable of such a feat—croaked praying to Jupiter for some one to reign over them. That God from the top of the Mount Olympus—whether out of appreciation of the need of his ravine devotees, or on account of pity for their vocal chords or due to sheer disgust at the noise they made, he alone knows,—threw down a big log of wood in consolation whether that gift was liked or not is altogether a different story.

Now coming to the subject proper, the students—the less fair sex of course—of our Alma mater were from time immemorial clamouring for a hostel, both in season and out of season. At last one of the Joves—here Gods are as plentiful as black berries—could not brook the nuisance any longer. He though not so kindly disposed as his celestial colleague to send down something solid, yet contented himself by offering a suggestion, and that was the Jaya Mansions. The drowning men caught at the straw so proffered. This is the genesis of launching the long expected sister—or would it be wrong to say brother?—to the famous White Ship. But no bottle of wine has been broken over the new ship's bows as yet.

'Jaya Mansions'—a high sounding name for a tall structure, the biggest building on the Poonamallee Road—is obviously not the ideal hostel. Anyway it is better than having no hostel at all. But the young Medicoes are capable of discovering Helen's beauty in the brow of Egypt. Their adaptability towards environment is indeed remarkable. Shrieking trains, creaking trams and other roaring traffic fail to impress them, a day or two after their arrival.

The strength of the hostel is increasing by leaps and bounds, and constitutes a representative lot, considered geographically, scholastically, and socially. Some members are blessed—if marriage could be

The Jaya Mansions

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called a blessing—and they are the most conspicuous by their frequent absence, particularly for the week end. We cannot boast much of our social activities till now, but our business meetings, held not infrequently, serve a dual purpose by being our social gatherings also. Very free criticism of each others views, and highly practical advice are the slogan there. For example a member whom the hostel meal timings did not suit was politely asked to buy a cycle so that he can rush up for food whenever he required it. Another gentleman demanded a dozen 'iddalies' for an anna. He was made aware that the trade depression has not reached such a sad level.

We have among us a few oddities as there would be anywhere else. One of them has put in only two years and a half in the college, but already he calls himself a surgeon and what is more considers himself as such. He surely shows signs of becoming one at a future date. Still human nature being what it is, none has so far volunteered to get the benefit of his latent talents. His habits might seem sedentary but viewed from all aspects he is a rolling stone, and changes his abode often probably to improve the practice—of his imagination! Some say that he shifted in order to be very close to his great friends, guide and the common Philosopher of our hostel. By the way the Philosopher entertains his friend by making the hairs of his head stand on end at a moments notice and challenges him to repeat the same trick on his head. Our surgeon first wanted him to live upstairs near him. But he for philosophic reasons of his own went downstairs. This act of his friend did not in the least perturb our cutter of cadavers. The story of Mohomed and the mountain came in handy; and he followed his ideal to the first floor. They are sometimes much worried settling the doubt who exactly leads the other. They unnecessarily eat their heads about this, for a simple toss of a coin will decide their problem for them. Whatever it is our surgeon and our philosopher between themselves constitute the modern Damon and Pythias.

The inmates have turned ardent students of anthropography, especially in the evenings when the Poonamallee Road tends to outrival the Marina. That fascinating and interesting study is the only relaxation that one could afford owing to the exacting nature of the college work. People desiring a bird's-eye view go to the terrace whereas those who are satisfied with closeups stay below. Any passing friend

is hailed with ample lungs but sometimes—such occasions are fortunately few and far between—cases of mistaken identities arise.

We are not bothered with too many unnecessary rules that are the hall-mark of other similar institutions, which are more honoured in their breach than in their observance. We knowing our short comings do not have those regulations in print which we are sure to break. The factor that guides life at Jaya Mansions is the firm belief that men are rational. So long as they continue to be so, our hostel can certainly be a paradise.

The hostel is not yet full-fledged and its needs are great. The absence of a non-vegetarian mess is keenly felt. But the import of eggs, chutneys, etc., make the discontented ones pull along. Another need is a common room, but it is not minded much, as jolly good care is being taken to get the papers and magazines to one's own room. But this cannot go on long for the magazines might forget the way back. Occasionally we are faced with a few minor worries of life, like the taps going on a strike when one has just soaped himself, or the flush might refuse to budge. But such trivial incidents truly lend the spice to life. The lapse of time which would tune up the whole machinery, will set them right.

Our warden—there is no better name for his designation—is a student. This piece of information would make the reader open his eyes wide. Still our warden is a student all right, in flesh, blood, bones, books and what not, he is the hub on which the whole show revolves. He believe—it is not known exactly whether in exercise or economy—but takes advantage of the proximity of the college to the hostel and indulges in a morning walk to the classes, weather permitting. He is on the look out for some members to keep him company but others are not so enthusiastic about combining physical improvement with business. Our warden—to use the courtesy title—is one of the plain living, high thinking sort. Many parties claim him as their own, but neither they nor he do really know to which he actually belongs. He is a man of mystery though he does not look it. He has certain uncanny gifts and the human palm has as many secrets to him as to the great Cheiro himself. His previous itinerant life has given him profound experience and made him the best man for the ob. He relise

The Jaya Mansions

more on the smoothness than on the sharpness of his tongue. He is a cheerful fellow capable of adorning anything that he touches.

Our active General Secretary gives his best to us, and his able assistance will be necessary for a long time more.

A description of the Jaya Mansions without a word about the landlord Mr. Jayaram Nadar will be acting Hamlet without the Prince of Denmark. He will be the happiest person on earth, when the whole hostel is full—but that would not be far off. In him the medicoes have a very philanthropic God-father who has incredible faith in them, and it is their own fault if they fail to live up to it.

The hostel is as yet a baby, and it needs the motherly hand of the authorities to aid it in facing the trials and tribulations of life.

Editorial.

We regret the delay in bringing out this number. It is mostly due so lack of co-operation of the students with the general editor. The student editors also have unfortunately been remiss in their duties, perhaps due to the examinations looming very near. It must be clearly recognised that this is a students' magazine and that members of the staff are on the committee mostly in an advisory capacity. There is enough material in the various hospitals for supplying interesting case reports. We know there is enough originality among our students to keep the magazine supplied with interesting general contributions. Our fair friends are numerous enough to make their presence felt in the pages of the magazine. We shall reserve a few pages for some exciting comments from their pen in subsequent issues. We therefore appeal to the several hundreds of our students to flood the editor's table with their contributions, literary, humorous and otherwise.

* * *

Since going to the press, we have been shocked to hear of the sad death of one of the most promising of our students Narayana Prabhu was always a good student and need not have had any worries regarding the results of the examination. We understand that he has now qualified for the M. B. degree. Our heartfelt sympathy goes out to his aged parents.

* * *

Several changes in the staff have occurred within the past few months. We are glad to welcome back our permanent principal, Lt.-Col. C. Newcomb, I.M.S., from leave.

Major McRobert, I.M.S., comes to us with academic honours. He has acted as Professor of Physiology, Biochemistry and

Editorial

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Pharmacology and so has the necessary foundations for an excellent Professor of Medicine. We welcome him and wish him great success both as a professor and a physician in Madras.

We are sorry to lose from our midst Rao Bahadur Capt. P. Krishnaswamy, M.R.C.P.E., who was till lately our Professor of Therapeutics. He is now on leave and expects to go to the Stanley Medical School as Professor of Medicine.

The sports loving section of the college has lost a valuable friend and enthusiast by the transfer to Tanjore of Dr. M. Narayana Pai. The Pathology department is also a loser. The transfer of personnel from such highly specialised departments is to be deprecated. We understand Dr. Habibullah is temporarily appointed as sports Secretary

* * *

As we go to the press the medical examinations are nearly over and most of the results have been published. We congratulate the successful candidates and wish better success next time to those that unfortunately failed.

Sacred Promise.

I desire not for the goods of Earth,
I care not for the enjoyments of **Flesh** ;
I pine not for the pleasures of **Wealth**,
I crave not for power, authority, or **Earthy Pleasures**.

For, I wander in the wilderness of **Truth**,
And seek the **Omnipotent**, all-known, but unseen;
In this world of **Melancholy**, and **Mirth**,
There is nothing greater, than **Devotion to Him**.

T. NANDA, G

Tributes to Cig.

Oh ! **Mighty sceptre**, oh ; **magic hand**,
Thou art supreme in ev'ry land ;
With you dawns the western civilisation,
With all its splendour, and fashion.

In every country far and wide,
Thou hast establish'd a royal pride ;
None is happy without thy company,
Either in solitude, or in 'gala' party.

To possess thine, is pride youthful
Of ev'ry lad and lass cheerful ;
Tho', thy presence on every lip,
Is stamped with a blacken'd tip.

It is a sovereign pleasure for men,
It is a sensuous fashion for women ;
To make you dance betw'n the lips,
As the **Ultra-Modern Etiquette** bids.

Thy bearing is grand and royal,
As we are true and loyal ;
We pay the ransom sometimes high,
To effect your sublime freedom in the sky.

Thou art the true companion,
When in solitude we remain ;
Thou art the sworn accomplice,
In ev'ry clever scheme we device.

Wherefore, dear friends ! hats off in loyalty,
And be regular in paying the royalty ;
Enlist thyself (if not) as a true subject,
To the mighty sway of the **Cig'rette**.

T. NANDA, G.

In Lighter Vein.

Easily Tempted.

"What are you taking for your dyspepsia?"

"Make me an offer."—*Boston Transcript.*

"Are rosy cheeks a sign of good health?"

"I should say they are."

"Well, I saw a girl the other day who was a lot healthier on one side than the other."

Don't worry if your job is small

And your rewards are few,

Remember that the mighty oak

Was once a nut like you.

Drugless Prescription

Agitated Coller: "I want something to quiet my nerves."

Lawyer: "But I'm not a doctor. I'm a lawyer."

"Yes, I know. I want a divorce."—*London Opinion.*

The Team Might Give Him a Cough-Drop

"Yes, my husband's laid up, a victim of football."

"But I didn't know he even played the game."

"He doesn't. He sprained his larynx at the match last Saturday."—*Boston Transcript.*

Likes the Treatment

"Let me kiss those tears away, sweetheart," he begged tenderly. She fell into his arms and he was very busy for a few minutes. But the tears flowed on.

"Can nothing stop them?" he asked breathlessly.

"No," she murmured, "it's my hay fever, but go on with the treatment."—*Candy Factory.*

Grouchy Patient: "Doctor, I send for you because I'm in terrible pain—but I warn you I have no faith in you modern doctors. I believe in the faith cure."

In Lighter Vein

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Doctor: "Never mind. Your faith has nothing to do with it in this case. You know, a mule has no faith in a veterinary surgeon, and yet the surgeon cures him just the same."

A New Married Pair.

Scene:—Newly married pair on bench in Park; old gentleman supposed to be asleep.

She:—"My Darling"

He:—"My Love"

She:—"My Doggie"

He:—"My Pussy"

She:—"My Duck"

He:—"My Pretty birdie"

She:—"My Goosie"

He:—"My Lambkin"

Old Gentleman (interrupting brutally):—"Can't you call each other Noah's ark and have done with it."

A Dangerous Medicine.

A dangerous medicine was praised by a Lady who advised many to take it. "I know many who praise it to the skies." "No doubt, madam, for it has sent many to the skies to praise it."

Throwing Back a Kiss.

"Mary, why did you kiss your hand to the gentleman opposite, this morning?" said a careful mother to her blooming daughter. "Why, the gentleman had the impudence to throw a kiss clean across the street to me, and of course, I threw it back indignantly, you wouldn't have me encouraging him by keeping it, would you?"

Verdict of a Jury.

"We find the man who stole the horse 'not guilty'."

Sweet Heart.

Physiology teacher:—"My boys, if you smoke tobacco you will get an irritable heart, if you drink alcohol you will get a fatty heart". A smart boy interrupting "Sir, if I eat sweets will I get a sweet heart?"

Miser and Charity Sermon.

A notorious miser having heard a very eloquent charity sermon exclaimed. "This sermon strongly proves the necessity of alms I have almost a mind to turn beggar."

Defer not Till To-morrow.

"My dear boy, never defer until to-morrow what you can do to-day." "Then mother" replied the urchin. "Let's eat the plum pudding to night."

Praising First Wife

A widower, having taken another wife, was, nevertheless, always paying some panegyric to the memory of his late spouse, in the presence of his present one; who one day added with great feeling, "Believe me, my dear, nobody regrets her loss more than I do."

Economical Diet

Stay at a hotel for a week and quit without paying.

Get Vaccinated.

The word small-pox fell to Tommy to spell, but he floundered hopelessly. "Tommy" said the teacher "Do you know what a little boy who fails on so simple a word as small-pox ought to get." "Yes, Sir" replied Tommy; "He ought to get vaccinated."

Election Promises.

An elector of a country town, who was warmly pressed during a contest to give his vote to a certain candidate, replied that it was impossible since he had already promised to vote for the other. "Oh" said the candidate "in election matters, promises, you know, go for nothing."

"If that is the case" rejoined the elector "I promise you my vote at once."

Tax on Air.

"The air in Ireland is very excellent and healthy" "Madam," said swift "Don't say so in England, for if you do, they will certainly tax it."

Medical College Song.

(வண்ணன் வந்தானே என்னும் மெட்டு.)

Medical College இலே—அம்மம்மா (Med)

அன்னம்மா, சின்னம்மா, தங்கம்மா, கங்கம்மா
ஈப்பன், செரியன், குரியன், நரியன் (Med)

மயக்கு தந்த அன்ன நடை ஐயோ
சொக்கு தந்த பட்டு உடை ஐயோ
நடுக்கு தந்த நீண்ட சடை ஐயோ
என்னை கிருக்கனாக்கது உடுத்தும் ஜாடை (Med)

துரைகள் உடையும், டை (t) கள் வகையும்
மோட்டார் பைக்கும், கடியாரக் கையும்
எங்கெங்கு பார்த்தாலும் சிகெமெட் புகையும் (Med)

கூச்சல் செய்யும் ஆண்கள் படை ஐயோ
அன்னவர்கள் அழகு உடை ஐயோ
மேற்படியார் Style நடை ஐயோ
தோற்கடித்திடும் Hollywood ஐ (Med)

ஆண்களில் சிலரும் பெண்கள் எல்லாரும்
சலாங்கள் செய்தும் புன்னகை புரிந்தும்
Quietly, Quietly, Catching the காக்கா (Med)

Full attendance Talkies இலே ஐயோ
முக்கியமாய் Roxy இலே ஐயோ
Class attendance Proxy இலே ஐயோ
பரிசைச் சமயம் Coaxing வேலை (Med)

A. W. Mathuram Santhosham.

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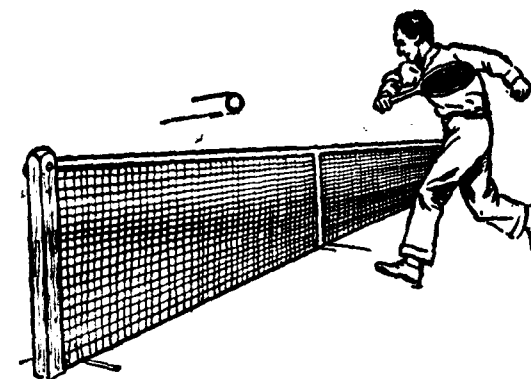
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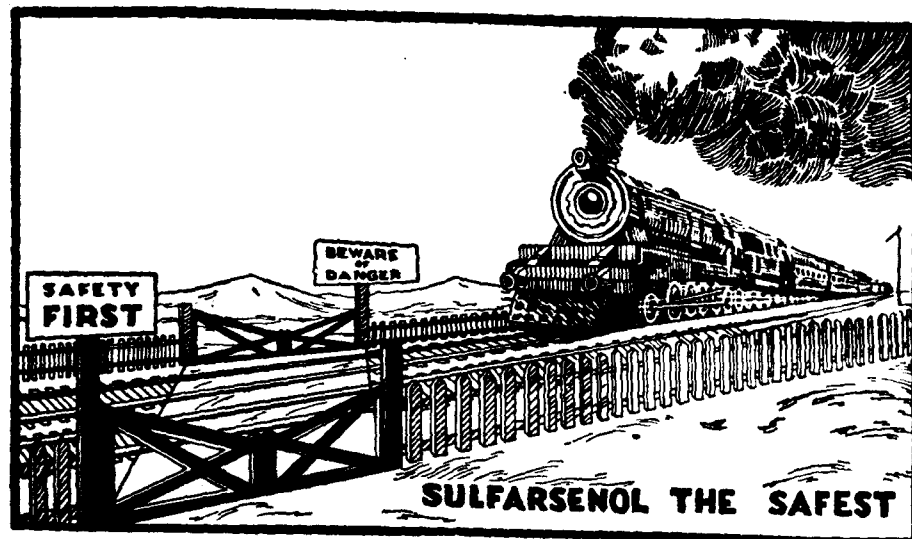
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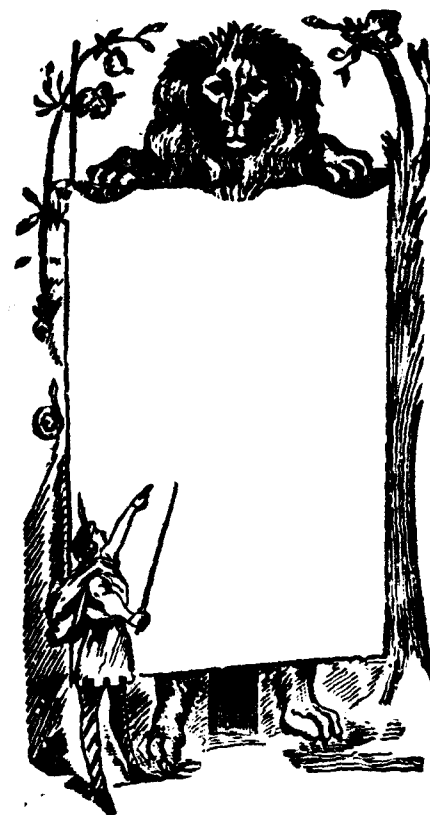
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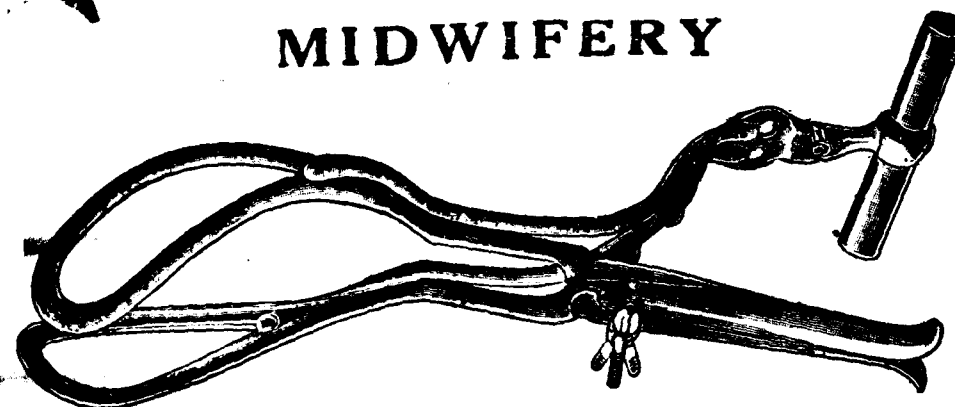
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MIDWIFERY



A NOTE OF WARNING

Cheap Instruments have come in. They are really costlier in the long run. Instruments of pig iron, wrought iron have set in. Within a short time such of those who have purchased them have expressed openly unsolicited opinions not in favour of them for a second time.

CAUTION

BEWARE

CAUTION

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