

The Medical Practitioner

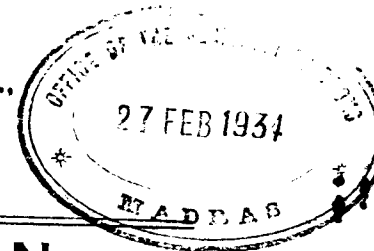
A Monthly Medical Journal

EDITED BY

Dr. M. S. Krishnamurthi Ayyar, M. B. & C. M.,
Retired Sanitary Commissioner, Travancore State.

AND

Dr. V. Rama Kamath,
Member, Madras Medical Council.



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From Dr. H. V. G.....L.M. & S., Head Quarters Hospital.....The evil effects on the system of women, due to Amenorrhoea are in many instances worse than those I had a case of Amenorrhoea in a young unmarried girl aged 19, the unfortunate fact that the girl was unmarried and appeared sh after the cessation of menses—evidently accumulation of fat—made anxious about their daughter and the matter was made worse when the hospital who was consulted by the parents suspected Amenorrhoea to and this nurse advised the parents to use Menestrin Capsules. As one had not the desired effect, the parents consulted me and on examination the girl was not pregnant though physically appeared to be so on account of fat in the lower abdomen, the breasts and also the gluteal region.

Ingredients of Menestrin Capsules have a rational indication for Amenorrhoea due to perine deficiency and Anaemia I advised the parents to continue giving these capsules till the girl had menses; and after a month's trial the parents came to me with the glad news of the success of the treatment.....I authorise you to publish this letter for the benefit of the public and the profession.

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CONTENTS.

	PAGE.
Editorial :	
All India Medical Conferences	79
Original Articles :	
Endocrinology, (concluded), By Dr. M. S. Krishnamurthi Ayyar, M.B.C.M.,	82
The Madras Medical Council, Review of Work, By Dr. V. Ramakamath.	85
Abstracts :	
The Investigation of Early Tuberculosis,	
By J. R. B. Hern, M.A., D.M., M.R.C.P.,	88
The XXVIth All India Medical Licentiate Conference :	
Welcome Address by Dr. U. B. Narayanrao, Chairman, Reception Committee,	91
Presidential Address by Dr. B. C. Roy, B.A.M.D. (Cal.), M.R.C.P. (Lond.)	
F.R.C.S. (Eng.)	92
Resolutions Passed	94
The Xth All India Medical Conference :	
Welcome Address by Dr. G. V. Deshmukh, M.D., (Lond.), F.R.C.S. (Eng.)	94
Chairman, Reception Committee	95
Presidential Address by Dr. M. A. Ansari, M.D., F.R.C.S.,	
Resolutions Passed	97
Subsidised Medical Practitioners' Conference :	
Resolutions Passed	99
The IIIrd All India Ophthalmological Conference	102
Correspondence, Reports, etc.	102
Change in the Routine	103
Congratulations...	103
List of Postings of Sub-Assistant Surgeons for the month of December, 1933.	104

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VOL. V.]

JANUARY, 1934.

[NO. 4

ALL INDIA MEDICAL CONFERENCES.

We are glad that almost all the subjects which we commended in these columns last November to the earnest consideration of the two All India Medical Conferences that met at Bombay last month, have been dealt with and discussed by the Presidents of both the conferences. We congratulate the Reception Committee of the All India Licentiate conference on their having given up the old convention of having the head of the Medical Department to preside over their annual gathering and having requested Dr. B. C. Roy one of the eminent leaders not only of the medical profession but of the country as a whole, to be the President. The old custom of having the Departmental Head as the President of the annual gathering though unconstitutional as per the memorandum of the Association might have been justified years ago, when the majority of the then existing Licentiate were in Government service, as such gatherings were held primarily to redress the service grievances. But now the medical Licentiate not only outnumber their brethren in service in very large numbers but form the largest bulk amongst the independent practitioners in the country. Service grievances can surely be ventilated more efficiently if they are supported by non-service members amongst the Licentiate also, but the grievances of the independent practitioners cannot find a solution in conferences presided over by officials as in this case, the discussions are likely to be hampered, on

account of the presence of the official. The next step should be to elect the President from amongst the members of the Licentiate Association and not outside their fold, as is done by the Indian Medical Association. Having an outside President to preside at the annual gathering of a registered Association is, in our opinion, unconstitutional.

It was certainly a very happy coincidence that the Presidents of both the conferences were the accredited leaders of the people apart from their being eminent members of the medical profession. So both the addresses were learned pronouncements full of patriotic and democratic feelings. Dr. Roy who presided over the Licentiate conference devoted the major portion of his address in tracing the origin and growth of the Medical Licentiate whom he declared, "have proved the mettle in various fields of medical practice. They have demonstrated that they are fully efficient and capable medical practitioners. I myself was a teacher in the Campbell Medical School for several years. I have been also teaching the boys of the college classes for many years. I have examined both groups of boys. I have been in daily touch with practitioners of both classes and I live amongst them. It is my conviction that even in the absence of the facilities for instruction which is available to the College students, the products of our schools compare very favourably with the graduates." Dr. Ansari who presided over the All India Medical Conference said of them in the following

terms: "Our Licentiatees are not a body of medical men to be despised. They are the back-bone of the medical profession in relation to the work that the profession has to do. It is they who, as a body come into contact with, and relieve the sufferings of those who really constitute India. They may not enjoy the advantage of what is called "higher education," but they are a privileged lot where actual service is concerned. When we think of them let us not forget, that, in certain respects that matter much to the people, they are superior even to the greatest among us."

All the four addresses delivered at both the conferences denounced rightly the Indian Medical Council Act. Dr. Ansari pointed out that the standard of medical education in India must be governed by efficiency and needs of the country without interference from outside interests and that reciprocity must be reciprocity that should not compromise the self-respect of the profession as a whole and that the Licentiatees should, as a matter of right, be within the purview of the Act. Dr. Roy carried the matter a little further and said that there should be a body of experts who must determine the minimum standard of qualification for a practitioner in India and decide upon the courses of study so that there would be only one class of medical practitioners without distinction of race, creed or colour.

The Chairman of the Reception Committee of the Licentiatees Conference, Dr. Narayan Rao, as well as the President, Dr. Roy, pointed out the necessity of increased representation of Licentiatees in provincial medical councils and wished that all the registered practitioners should be put in one list instead of grouping them separately and thus follow the medical register of Bihar and Orissa. We have pointed out more than once in these columns the urgent necessity of reforming the provincial medical councils, by bringing into existence a common electorate, an elected president, and proportionate representation to all the existing medical teaching institutions, due care being taken that the independent medical profession is well represented and the provincial medical councils are

thoroughly overhauled in the way suggested above, mere increase in the number of representatives to any section of practitioners is not likely to bring about the levelling up of the profession in this country. Such a course would eventually put an end to the caste system now prevailing, which has been the cause of hampering the growth and prosperity of the independent medical profession.

Plans for development of medical education in India with the ideal of establishing one medical brotherhood and with an aim to supply larger number of fully trained doctors so that the medical aid was made available to the poorest people in the villages, were discussed elaborately by Dr. Roy in his address. He pointed out to the Licentiatees that there was not any charm in the figure 'five' with regard to the increase of the present course, as, practically, he said, he could retail instances of Graduates who have completed 5 or 6 year course and yet enjoy the position and status in the profession much inferior to the Licentiatees practising in the same area. He advocated that the course of study should be such as to make the practitioners able to treat their patients most efficiently.

We trust the medical Licentiatees would carry out with them and put in practice the sound advice given to them by Dr. B. C. Roy, referred also in the address of the Chairman, Reception Committee, regarding the need of the Licentiatees joining in large numbers to the association which has at present on its roll only 2,500 practitioners, though the number of Licentiatees throughout India is nearly ten times the strength of the existing members of the Association, and taking concerted action in all their activities, as a house divided against itself could not stand.

Dr. Ansari in his address to the All-India Medical Conference dealt with problems that face India in connection with the health of the people and the main difficulties in the way. He pointed out that the State had failed totally in its primary duty to look after the health of the people in its charge. There was utter lack of spirit of service in the departments concerning the welfare of the people and service has been made a

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pretext to supply the so-called servants with luxuries. The policy of the State had been he said, "to show off splendour in the midst of penury." Consequently matters concerning sanitation, education, research, have been neglected by Government.

As usual Indian Medical Service was the subject of severe attacks both by Dr. Deshmukh, Chairman, Reception Committee of the All India Medical Conference and also its President, Dr. Ansari. Dr. Deshmukh called this service the "Indian Mercenary Service." Dr. Ansari argued and proved by past experience that the maintenance of I.M.S., as a military reserve or for the purpose of serving English men and women could not be justifiable as the actual wars, the Balkan and the Great War, proved that the military reserve was quite insufficient for the purpose and the fact that over 500 Indian medical practitioners have been thriving well in England commanding the confidence of English men and women had proved that racial considerations did not enter into the mind of average European patient. The unscrupulous attacks made against Indianisation of medical services by a few retired I.M.S. officers before the Joint Select Committee which was dealt by us in our News and Comments columns last November, were referred to by Dr. Ansari in terms which were as convincing as they were strong. They proved how utterly unsympathetic and anti-Indian the Indian Medical Service is in every respect.

Indigenous manufacture of drugs and instruments was another subject discussed by the Presidents of both the conferences. They rightly complained about the inordinate delay on the part of the Government in not taking action on the valuable recommendations made by the Drugs

Enquiry Committee. Dr. Ansari referred to the existing indigenous medical institutions and pleaded the necessity of their being recognised by the Government. In conclusion both Dr. Ansari and Dr. Roy made fervent appeals to the members of the profession to bring to bear upon their work a spirit of service and sacrifice. Such an advice coming from the lips of eminent patriots would surely be appreciated. All the same, the profession would have been under a deep debt of gratitude, if they showed practical ways of doing service with the spirit of sacrifice at the same time enabling those who do such service to maintain themselves, as the financial distress in the profession is certainly appalling in spite of the fact that the needs of the country required more qualified doctors. We have been mentioning in these columns year after year, while commenting upon the proceedings of the All-India Conferences that the relieving of distress in the profession should be the primary concern of the leaders in addition to the abolition of caste system. If these conferences sat even day after day till they achieved something substantial in this direction the independent medical profession, especially the rank and file amongst them, on whom alone the leaders have to depend for service and sacrifice, would be able to follow the advice given by the leaders founded on "self restraint and self abrogation". Panel system, club system and the system of getting a few honoraries paid from out of the fees collected from rich patients in the hospitals cannot solve the huge problem of unemployment which is now facing the qualified medical profession.

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Original Articles

ENDOCRINOLOGY.

By

Dr. M. S. KRISHNAMURTHI AYYAR,
M.B. & C.M.,

xxviii

The Effect Upon Human Evolution.

(Taken from L. Berman's "The Gland Regulating Personality.")

THE CONTROL OF MUTATIONS.

(Concluded.)

The true physical and intellectual evolution of man depends upon the production of mutations of a desirable kind that can survive. The information furnished by the study of the endocrines concerning the genesis of personality provides the foundations for a positive eugenics, a eugenics of the encouragement of desirable matings, with the proper legal and social procedures. Selective breeding for the production of the best endocrine types should become practicable. But the physician should be able to go farther. If the eugenist is to limit himself to the method of the animal breeder he will have to rest satisfied with the characters or hereditary factors given, that turn up spontaneously in an individual. But with the internal secretions as the controllable controllers of mutations, the outlook changes. It should become possible to produce new mutations, good and bad, to speed up their production at any rate. The feeding of thyroid to a gifted father before procreation might enhance immeasurably the chances of transmission of his gift as well as of its intensification in his offspring. A field of investigation is opened that would embrace in due time the deliberate control of human evolution. All the physical traits, stature, color, muscle function, and so on, offer themselves for improvement, as well as brain size, and the intellectual and emotional factors which have dominated man's social evolution. The general prevalence of nervous disorders in civilized countries, visible even in the nervous infants the specialist in children's diseases is called upon to treat, shows that the nervous system of the better part of mankind is in a state of unstable equilibrium. It may be another

example of the coincidences that have been called the Fitness of the Environment that the investigation of the endocrines promises to put into our hands the instruments of the control of the future of the nervous system. In general, meanwhile, the eugenist should strive for raising the level of the endocrine potential and discourage its lowering. That means the encouragement of matings in which all the internal secretion activities are reinforced. On the other hand, those internal secretion combinations, generally leading to a deficiency of all of them, which produce types of mental defectives, delinquency and crime, should not be allowed to occur.

THE INFLUENCE OF ENVIRONMENT.

In analysing environment, one must distinguish sharply in the jungle, the non-living factors from the living. For while the non-living act upon the endocrine directly, the living act upon the vegetative system as a whole. The non-living factors are those with the intimate scrutiny of which physics and chemistry have busied themselves: food, water, air, light, heat, electricity, magnetism. The living are the animals that prowl all over the planet, the predators spreading the gospel of fear. The dietetic habits of a person, for instance, are known to have an influence upon the glands of internal secretion. Meat-eating produces a greater call upon the thyroid than any other form of food. In time this ought to produce a degree of hyperthyroidism in the carnivorous populations.

Sea water contains iodine. People living in contact with sea would be apt to get more iodine in their systems, and so a greater degree of thyroid activity. On the other hand, certain bodies and sources of inland water hold something deleterious to the thyroid, so that whole population of Europe, Asia, and America drinking such water have become goitrous and cretinous, and a large percentage straight imbeciles. Endemic cretinism is the name given to the condition. Certain foods with aphrodisiac qualities may act by stimulating the internal secretion of the sex glands. Light, heat and humidity stand in some special relation to the adrenals. Pigment deposit in the skin as protection against light is controlled by the adrenal cortex. The reaction of the skin

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blood vessels to heat and humidity is regulated by the adrenal medulla. A change in the adrenal as a response to changes of temperature and humidity in an environment would result in a number of concomitant transformations throughout the body. So variation and adaptation are probably connected. Most Europeans living for a sufficiently long time in the tropics suffer from a combination of symptoms spoken of as "Punjab Head" or "Bengal Head." It is also said that after a stay of one year in Malabar the remembrance of proper names is lost and it is called the "Malabar Head." The condition is probably the result of excessive adrenal stimulation by the excessive heat and light of the tropical sun, followed by a reaction of exhaustion and failure, with the consequent phenomena of a form of neurasthenia. The relation between light and the pineal gland in growing animals in checking sex stimulation is known. The earlier puberty and menstruation of the warmer climates may be explained as due to an earlier regression of the pineal under the pressure of a great amount of light playing upon the skin.

Varieties of the human race exist. The Slav peasant is definitely subthyroid in his general effect: round head, coarse features, stubby hands, and his stolid, brooding, intellectual and emotional reactions. The Latin shows a pronounced adrenal streak in his coloration, his emotivity, his susceptibility to neurosis and psychosis. The Anglo-Saxon tends to be more sharply pituitarized, his features are more clean-cut, his mentality more stable. The Frenchman is rather a cross between the Anglo-Saxon pituitary-centred and the Italian or Spanish adrenal-centred. So national resemblances traceable to climatic influence being repeated from generation to generation upon the endocrines may be explained physiologically.

THE RACES OF MANKIND.

Arthur Keith, conservator of the Museum of the Royal College of Surgeons of England, was the first to apply the principle of endocrine differentiation to the problem of the color-lines—the lines which have divided mankind crudely into the yellow, the red, the white, and the brown, the Negro, the Mongol, the Caucasian, the

copper-tinted American. The ideal Negro is built upon a pattern in which all the elements are specific and singular. He is characterised by a gleaming black skin, kinky, black hair, squat, wide-nostrilled nose, thick, protruding lips, large, striking teeth, prominent jaws, and staring eyes. As his upright carriage and bone-muscle-fat proportions are distinctive, so are his musical voice and his easily wrought upon nerves. The Caucasian has a good deal of hair on his body, his skin is a pale tan-pink, his lips are thin, and his nose especially has the definite bridge which narrows it. The Mongol, like the Negro, has the hairless body and the beardless face, but unlike him has lank, straight hair on his head, while his features are flattened and fore-shortened.

Upon the basis of these structural, functional, and mental differences, the qualitative and quantitative evolution of which in the race as in the individual is guided by the glands of internal secretion, Keith presents a very good case for the view that the white man is an example of relative excess of the pituitary, thyroid, adrenal, and gonad endocrines. "The sharp and pronounced nasalization of the face, the tendency to strong eyebrow ridges, the prominent chin, the tendency to bulk of body, and height of stature in the majority of Europeans," are signs of pituitary dominance. The sexual differentiation, the robust manifestations of the male characters, is more emphatic in the Caucasian than in either the Mongol or Negro racial types. Especially in Nilotic tribes, with their long stork-like legs, there seems to be a manifestation of abeyance in the action of the interstitial glands. As regards the thyroid, a comparison of the face of a cretin with that of the Negro or Mongol tells the story. In the Bushman of South Africa the cretin's face is even more startlingly recalled. There is every reason, then, for believing that the white man possesses more pituitary, adrenal, gonad, and thyroid internal secretions as compared with the yellow man or black man. And since these endocrines control not only physique and physiognomy, anatomic and functional minutiae, but also mind and behaviour, we are justified in putting down the white man's predominance on the planet to a greater all-around concentration in his

blood of the omnipotent hormones. While the Negro is relatively subadrenal, the Mongol is relatively subthyroid.

MAN'S ATTITUDE TOWARD HIMSELF.

A last, but by no means least, application we may consider of the developing knowledge of the internal secretions in relation to human evolution is its effect upon Man's attitude toward himself and so toward his fellowmen. Whatever else he is, man is a land animal with ideas. That makes him the last word of mind working upon materials. In a word, he is the last word of mind working upon matter. But persistently he has refused to recognize himself as matter and as subject to the laws, to the physics and chemistry of matter. History consists of the protocols that record the high lights of the interactions of materials and ideas which is the adventure of man in time and space. Materials and ideas have reacted, the record shows; materials come upon have begotten strange fantasies. Ideas that flashed from nowhere into a consciousness have transformed utterly the face of the earth. For the progressive education of the race, a single discoverer here, an inventor there, and thinkers everywhere have been inspired. In due time their inspiration becomes the possession of even the lowest brain but capable of grasping it.

Man's attitude toward himself, his self-consciousness, and his attitude toward his fellow creatures has grown and varied and evolved with his education about himself. According to the theory he formulated concerning his being, his why and wherefore, he directed and governed, punished and mutilated himself and them. But the pressure of his curiosity, and the inexorable quality of the truth would not let him stand still. The poetic genius within him, as Blake called it, struggled on from one dogma concerning his nature to another. Behaviour malignant or beneficial, horrible in its tragedy and pitiable in its comedy, flowed inevitably on. Heretofore the imaginative spirit has had its day in the matter. And, curiously enough, an obsession to subjugate the natural has made it exalt the supernatural. Visions, dreams, portents, revelations, all symptomatic of an order of things above nature, are the stuff of what

more than ninety-nine per cent of the millions of the race believe about themselves and their fate. Man's cruelty to man, through the ages, is a comment upon how vast and ramifying may be the consequences of a delusion.

But now for a couple of centuries the critical spirit, which is the spirit of science, has been invading the affairs of men. Humble but persistent corrosive of delusion, it has infiltrated the furthest bounds of ignorance and superstition. It has not dared to assert the supremacy of its fundamental views upon the everyday problems of human life because it was without concrete means of vindicating its claims. That lack is now supplied by the growing understanding of the chemical factors as the controllers and dictators of all the legion aspects of life. The profoundest achievement of the biochemist will be the change his teachings and discoveries will bring about in man's attitude towards himself. When he comes to realise himself as a chemical machine that can, within limits, be remodelled, overhauled and repaired, as an automobile can be, within limits, when he becomes saturated with the significance of his endocrine-vegetative system at every turn and move of his life, and when sympathy and pity informed by knowledge and understanding will come to regulate his relationships with the lowest and most despised of the men, women, and children about him, the era of the first real civilization will properly be said to be born.

Morality, as society's code of conduct for its members, will change in the direction of a greater flexibility with the establishment of organic differences in human types. There is nothing that is more emphasized to the pathologist than that one man's meat is another man's poison. Schools will function as the developers, stimulators, and inhibitors of the endocrines, as well as investigators of the individuals who have not enough or too much of one or some of them. Prisons will have the same function, only they will be named detention hospitals. The raising of the general level of intelligence by the judicious use of endocrine extracts will mean a good deal to the sincere statesmen. The average duration of life will be prolonged for an enormous

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THE SECOND ANNIVERSARY CELEBRATION OF THE CITY COLLEGE, MADRAS,

5TH DECEMBER, 1933.

under the distinguished Presidency of Lt. Col. C. A. F. Hingston, C. I. E., O. B. E., I. M. S., Ex-Surgeon-General with the Government of Madras. The group includes Medical Licentiates and others from all parts of India who appeared through this College for the Senior Cambridge Examination, in December 1932, at the Madras centre.



The following extracts are from the addresses presented by the Students on this occasion and read on their behalf by Miss Sarala Ben Patel, the daughter of Dr. Purushothamdas T. Patel, L.M.S., (Bom.), M.B., B.S., (Lond.), M.R.C.P. (Lond.), D.T.M. & Hy. (Camb.), Water Tower Bungalow, Malabar Hill, Bombay:

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Coming to the personal tuition branch of this institution, our experiences have taught us to say nothing but praise about it. The untiring efforts of the staff under the personal guidance of our revered Principal will certainly be remembered throughout our life.

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THE MEDICAL PRACTITIONER

85

mass of the population. Man is the animal that wants Utopia. So long as human nature was looked upon as fixed constant in the ebb and flow of life, a Utopia of fine minds could be conceived only by the dreamer and poet. The physiology of the internal secretions teaches that human nature does change and can be changed. A relative control of its properties is already in view. The absolute control will come. The equality of Utopia can be the equality of the highest and fullest development possible for each of its inhabitants. The applications of endocrine control will not necessarily interfere with the life of the individual. There will be breeding of the best mixtures of glands of internal secretion possible.

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ARSENO-
SOLVENT.
a Painter's Solvent for Sulfarsend

THE MADRAS MEDICAL COUNCIL.

Review of Work.

(From October 1931 to March 1933.)

By

DR. V. RAMA KAMATH,

Member, Madras Medical Council.

(Continued from December issue).

DISCIPLINARY CASES.

Eversince 1929, the year I entered the Madras Medical Council, almost all the cases reported against the registered practitioners were not properly entertained by the Registrar and consequently it took 2 to 3 years for the Council to decide these cases. Severe strictures were made against the Registrar by the Committee appointed by the Council in 1930 and the report of the Committee was published in The Medical Practitioner last year in the February issue. In spite of this, the delays in investigating disciplinary cases continue. A case that was reported in 1930 could be only decided by the Council in October 1933. A Standing Committee to do preliminary investigation and to report to the Council about these cases was first appointed in October 1932 (the term of office to continue for 14 months) with the object of facilitating investigations about disciplinary cases with less delay. The members of this Committee were Drs. F. J. Dyson, Dr. V. Ramakamath and Lt. Col. Pandalay. In 1933 at the March session of the Council Dr. F. J. Dyson resigned due to difference of opinion between him and the President of the Council, regarding the procedure to be adopted by the Standing Committee, during the course of investigation of disciplinary cases. I feel it very delicate to comment on the resignation of Dr. F. J. Dyson from the committee, as the full details that led to this resignation do not appear in the proceedings of the session of the Medical Council and I do not wish to take the risk of publishing any statement from me depending upon my memory. But being a member of the committees appointed by the council for conducting preliminary investigations since 1929 even before the standing committee for this purpose was brought into existence, I could say that Dr. F. J. Dyson was a real acquisition, who did his work without forgetting the spirit of the Medical Registration Act treating all registered practitioners

alike without minding either superior qualification or high official position when deciding upon the opinions arrived at by two practitioners, even if one happened to be in the position of District Medical Officer and the other a private practitioner holding L. M. P. qualification. Dr. Dyson is the chief medical officer of the M.S.M. Railway, having under him practitioners of all description and is an European and hence his opinion would have counted much in an official ridden council. The vacancy created by the resignation of Dr. Dyson was filled in by electing Dr. Guruswami Mudaliar in his place.

Though there were about six cases before the Council during the period under report I could make mention of only one case that was reported in 1930 which was decided by the council in 1932. The other cases were decided by the council in October 1933 and till March 1934 the proceedings of the Council at the last October session have to be treated confidential. This case was decided in October 1932 and was referred by me in these columns in the first article last month while commenting upon the item 'Medical Registration'. This was a practitioner who got himself employed in the State Railway Medical Service of H.H. the Nizam, producing a registration certificate granted to him by the Registrar, Medical Council, Madras, in which it was said that the practitioner was an L.M.P. of Madras. The most suspicious part of the story was that this practitioner was able to get the registration certificate signed by the Registrar, Medical Council, though the rules for medical registration clearly laid down that a practitioner holding L.M.P. qualification should be registered only after the production of the diploma and in the case of this practitioner the diploma was with the Chief Medical Officer, Nizam's State Railway, at the time of his alleged registration by the Registrar. The Medical Council not having the jurisdiction of a criminal court and as this practitioner's name was not found in the medical register, they had to drop the proceedings approving the report of the Committee who went through this complaint. The Committee was of opinion that the case should be reported to the police for necessary action. Apart from fraudulent registration of this practitioner

various other acts have been committed by all concerned in the process of procuring the Registration certificate. There is no evidence so far if as recommended by the committee this case was reported to the police. I learn that there are more persons in the Madras Medical Register who are not qualified. One such person seems to be a compounder employed at one time in one of the hospitals in the city of Madras. I am making enquiries about this person and shall report this matter before the council at the next session. It has been a most melancholy feature in Madras that the Medical Registration Act has done little or no good to the medical profession and it now transpires that the Act is being misused for the very purpose to guard against which the Act was brought into existence and it is scandalous that the management of the office of the Madras Medical Council has been so slack as to permit such a state of affairs.

CONTROL OVER MEDICAL EDUCATION.

One of the most important functions of the Medical Council is control of the curricula of medical education so that medical students are trained and examined in a way most suitable to the needs of the public. In all civilised countries where medical councils exist any change either in the course of medical studies or the methods of examining the students should receive the approval of the Medical Councils but in Madras the Government has usurped this function and the Government does not show the courtesy of even consulting the Medical Council in these matters. The discourtesy becomes more palpable as the Surgeon-General who is the only adviser to the Government in all medical matters is the President of the Council. I moved two resolutions one in 1931 at the March session pointing out the desirability of deputing a representative of the Council to supervise the examinations, one for the school and another for the College. This resolution was approved by the council but the other moved in 1932 at the October session calling upon the authorities in charge of Allopathic medical education to consult the medical council before any changes are brought about in the medical curricula fell on deaf ears. Evidently the members

did not want to incur the displeasure of the President who in his capacity as Surgeon-General acts as the sole arbiter in this matter.

ELECTIONS.

There was only one election in 1931 for returning a representative of the practitioners in the first group of the register, i.e., those who were registered in the British Register. As at the time the Medical Register for 1930 was not published and as the Register is also the voters' list, I suggested the necessity of publishing the Register before the election was held. I thought at the time that due to election at least the Council would ask the Registrar to get ready the Medical Register, but my proposal fell through and the election was held without the register, the Registrar being asked to publish in the Fort St. George Gazette the names of practitioners registered in the British Register after the date of publication of the then existing Register i.e., for 1930. Dr. F. J. Dyson, Chief Medical Officer, M. S. M. Ry., was returned unopposed in the place of Major Cruickshank, the predecessor of Dr. Dyson in M. S. M. Railway service.

MISCELLANEOUS ITEMS.

The other items of interest that came before the Medical Council for discussion during the period under review, is the Indian Medical Council Bill, in 1931 at the October session. As the Bill has since become an Act, the discussions held on the Bill are not likely to interest the readers but it is desirable that the practitioners should know some salient points with regard to the discussion of the Bill. Apart from other minor details of the Bill for which suitable amendments were suggested by Dr. T. S. Tirumurti to make the Medical Council a real democratic institution, I moved an amendment about a most glaring omission, i.e., non-recognition of the medical Licentiates' qualification for the purpose of the Bill. I proposed that the Diplomas granted in Medical Schools and Colleges be recognised. My proposal was seconded by Major Coshan, I. M. D. When the resolution was put to vote there was a tie and the amendment was carried by the casting votes of the Vice-President, Dr. U. Rama Rau, who presided over the

meeting due to the absence of the President from India. Those who voted with me were Major Coshan, Dr. Tirumurti, Azizullah Sahib. Those against were Lt. Col. Hingston, Major Cruickshank, Lt. Col. Anderson and Dr. Fridodt-Moller. Drs. S. Rangachari and Venkataswami Chetty chose to be neutral. I have referred to only one item amongst others which were discussed by the Madras Medical Council with the object of pointing out to the members of the profession the unjustifiable attitude of the Europeans in not recognising the medical Licentiates as their comrades in the profession. "The sitting on the fence" attitude displayed by the two Indian members of the Council will, I am sure, be deplored by a large section of the Medical profession.

Dr. T. S. Tirumurti brought before the Council in 1930 at its March session the following resolutions:—

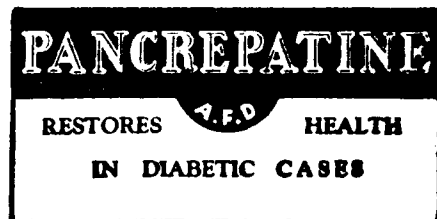
- (1) As the number of members elected by the registered medical practitioners who are graduates in Medicine of the Madras University has been curtailed from three to two, it should be restored to the original number by the curtailment of one from those nominated by the Governor in Council.
- (2) That the number of members elected by all other registered medical practitioners in Part III Register be raised from two to three by curtailing one more from those nominated by the Governor in Council.
- (3) That at least one lady should be nominated from Part II of the Madras Medical Register.
- (4) That the voting paper and the declaration paper be in two separate sheets of paper, instead of the declaration paper being a counterfoil to the voting paper, as it is at present.
- (5) That the register number should not be entered in the voting paper as a serial number.
- (6) That all the meetings of the council shall be summoned by the Registrar by a letter addressed to each member stating the time and place of the meeting at least one month before the due date of the meeting.

These were referred to a Committee consisting of Drs. U. Rama Rau, Venkataswami Chetty, V. Ramakamath and T. Krishna Menon, and in the Committee Stage I recommended to the Committee that

A Rangoon Doctor wishes us to publish the fact that Pulmo Calcium is very effective for all kinds of Tuberculosis.

the President of the Medical Council should be an elected member and that there should be a common electorate for the purpose of electing representatives to the Council with reservation of seats for the particular class of practitioners. This latter proposition of mine was further amended by Dr. T. Krishna Menon who desired to have only a common electorate without reservation of seats and I accepted his amendment. The Committee then placed before the Council the proposal of Dr. Tirumurti, with the additional amendments proposed by me, all of which were passed, except (2) and (3) of Dr. Tirumurti's proposals and the first one was further amended by the Council by deleting the words, "by the curtailment of one from those nominated by the Governor in Council." No action seems to have been taken by the Executive so far to move the Government to bring about the reform suggested in the above proposals.

On the whole it has to be said that there is now a tendency for the better working of the Council and I trust my brethren in the profession will not charge me for flattery if I were to mention that the little progress by way of better working of the Council, is mainly due to the agitation conducted in the columns of *The Medical Practitioner* and I am confident that not only the interests of the medical profession with regard to Madras Medical Registration Act but all matters concerning the growth and prosperity of the medical profession could be improved if the members of the profession take lively interest in the discussions conducted in the columns of *The Medical Practitioner* regarding these subjects.



A Rangoon Doctor wishes us to publish the fact that while finding other treatments more to his liking in early stages, finds Biocholine alone useful in promoting recovery in later stages of Consumption.

Abstracts

THE INVESTIGATION OF EARLY TUBERCULOSIS

By

J. R. B. HERN, M.A., D.M., M.R.C.P.,

Out-patient Physician, City of London Hospital for Diseases of the Chest, Physician, St. John's Hospital, Lewisham.

(Continued from December 1933 issue)

3.—GENERAL IMPRESSION.

A wise rule for the very inexperienced would be to disregard appearances altogether in the diagnosis of pulmonary tuberculosis. There is no mien or habitus which is incompatible with the disease, nor is there any appearance confined to the phthisical until the later stages have been reached. Mere looks are never enough to outweigh other facts demanding full investigation, though on occasion looks alone are enough to raise a suspicion which is later confirmed. The "sick" person so often met and easily recognised in other types of serious disease—the pallid toxic individual who may be suffering from cancer, uraemia or surgical shock, &c.—is very seldom seen in phthisis, and when seen has the gravest possible prognosis. It usually indicates excessively active and often widespread disease. Usually nothing characteristic is noticed about any case over the age of 30 in the early stage, but many of the young adults, and particularly the young women, are a distinctive type. To the layman, even when seriously ill, they would appear to be "in the pink of condition," well-covered, sometimes positively fat, with florid or pink-and-white complexion, clear skin, long eyelashes and sleek hair, intelligent and pleasant to deal with, the very antithesis of the "sick" person.

4.—SPECIAL INVESTIGATIONS.

There are but two among many which are safe and of general application. The most fundamental, the simplest and the cheapest within its limited sphere is the detection of tubercle bacilli in the sputum. It is the only absolutely conclusive proof; nevertheless it is not safe to rely upon a single

positive result unsupported by other evidence, except as an indication for at least another dozen tests. Occasional mistakes in dealing with large numbers of sputa do occur; other acid-fast organisms sometimes lead to confusion; and even a few genuine bacilli must occasionally contaminate a sputum. If these as well as every particle of evidence gleaned from other sources are against tuberculosis the diagnosis must be given up. Two positive results must always be accepted as proof absolute. On the contrary negative results prove nothing whatever. It should be always true that the highly responsible task of sputum testing is competently carried out. Needless to say it requires an expert in constant practice who should be selected with discrimination. Also it must be assured that the material tested is sputum, not saliva. Stomach washings and faeces have a limited field of usefulness where sputum is not obtainable in small children.

Admittedly less conclusive but with a much wider field of usefulness is radiology. What the value of X-rays in phthisis is shown by what they have already done. Before their introduction and perfection (perhaps not yet complete) there was tolerable unanimity about the onset and later course of phthisis as seen by clinician and morbid anatomist respectively. Starting near one apex and spreading slowly downwards, it crossed to the other apex sooner or later and thenceforward spread downwards on both sides. Aberrant cases were recognised in which it started at a base or took a lobar form or spread outwards from the roots, but were only common enough to prove as exceptions the soundness of the rule they broke. X-rays provided general confirmation of these facts in orthodox phthisis, showed that cavities were even commoner than supposed, and that in general without aid they did not heal. But they exposed for the first time the presence of many unsuspected homolateral and contralateral broncho-pneumonic spreads of which no clinical evidence was obtainable, and showed how much more variable in position they were than had been realised. Thus for the first time a sound basis was provided for the control of artificial pneumothorax. But they revealed in addition an entirely new phase of pulmonary tuberculosis with some distinctive characters. Lesions were discovered, generally deep in

the lung anywhere below the clavicle, devoid commonly of any localising signs, fairly circumscribed and well-defined unless already accompanied by bronchopneumonic spread. On the symptomatic side these lesions corresponded usually with no more than a sudden, apparently brief and trivial illness of the kind that passes usually for influenza, and therefore distinct from the usually insidious and progressive onset of ordinary phthisis. On the pathological side, amid much doubt on other points, there was no room for doubt as to their tuberculous nature owing to the frequent finding of the tubercle bacillus, but their morbid anatomy and relationship to ordinary phthisis presented difficulties which have not yet been completely resolved. Presumably they represent an earlier stage, since the apex of the lung is as yet clear of disease. Such lesions have other special characters, since they heal more readily (though not with the casual treatment appropriate to influenza), and even the cavities often seen in them may vanish without the aid of lung collapse. Most curious of all are the isolated thin-walled cavities sometimes seen at the extreme base of one lung. Such a cavity may appear and disappear like the Cheshire cat without change of size, and it was mooted that they were not cavities but "pleural rings." There is no substantial evidence of any connection with the pleura, and the sputum is positive with most suggestive frequency. This type of disease is by no means rare and possesses at present no assured morbid anatomy but only a new sort of radiological pathology—a shadow language in which it is necessary for the present to think. Physical signs are so frequently absent as to be no considerable help. So X-rays here are the basic diagnostic factor, no less than in the study of hilar phthisis and of bronchopneumonic spreads in ordinary phthisis.

Clearly the moral is pointed—more and earlier and better X-rays whenever tubercle in the chest is reasonably suspected. I believe that on balance more good than harm would result were it possible to prohibit entirely physical examination of the chest for tuberculosis. Some established cases would escape, but these early ones would be more likely to be found instead of being overlooked owing to the absence of signs.

Unfortunately, the problem of X-rays does not end with the wise decision to employ their aid. In common with every other clinical aid their practical application demands clinical common sense. To be reliable they must be of the highest quality, and even with the best obtainable at hand as a guide purely clinical questions remain to be answered on ordinary clinical grounds by a clinician. They may at times tax severely the greatest expert, though at others be simplicity itself. The following pretends to be no more than a brief and necessarily unsatisfactory summary of the main indications:—

(a) When the sputum is definitely positive.

(i) If the film shows (or the report states) that widespread bilateral changes are present, the diagnosis is settled, but none but sanatorium treatment (if both desirable and obtainable which it very frequently is not in either sense for such a case) or other general measures can be appropriate. Home treatment dictated purely by the degree of illness of the patient is usually all that is needed, and all that will benefit him.

(ii) If the film shows (or the report states) that extensive tuberculous changes are present on one side, the other side showing nothing or some slight or doubtful changes only, the patient particularly if young may be in need, even urgent need, of collapse therapy, and it is a plain duty to guide him to where the decision will be competently made and the treatment, if decided on, carried out efficiently.

(iii) Slighter unilateral involvement most particularly in the young or ill, even though the X-ray changes be very slight or doubtful, merits the same attention with the same or greater promptitude.

(iv) If X-ray is completely negative the procedure is not obvious. Both the positive sputum and the negative X-ray need confirmation and will seldom both survive it. (These are vital test cases for the assessment of the value of radiology, and their extreme rarity one of its most valuable testimonials.)

(b) When the sputum is definitely (i. e., repeatedly) negative.

(i) and (ii) Provided that the X-rays are from a thoroughly reliable source, the procedure with regard to both these types of case is in no way altered by the negative sputum results.

(iii) Only if the changes shown by X-rays are doubtfully tuberculous is the procedure altered by the negative sputum. In such a case clearly expert aid is needed without delay. It is unsafe to wait and see what may happen. However, in the elderly or the fit a little delay followed by a fresh investigation is not likely to do much damage.

(iv) Again, the greatest difficulty is presented by this group, in this case a very large group. Unless the symptomatic evidence is of quite exceptional strength the suspicion of tuberculosis should be, and can safely be, frankly abandoned and the patient exonerated and reassured. In the face of such evidence obtained from the most reliable sources I do not believe that it can ever be justifiable to notify and send to a sanatorium such a patient, even on the strength of a gross haemoptysis. To do so is not "playing for safety" as some think by taking every precaution. Often it must be to inflict the most serious damage, moral, psychological, and economic, which may prove irreparable. It is an insult to the reliability of X-rays for which I have never seen anything approaching sufficient warrant.

There are perhaps three types of case for which complete exoneration is not appropriate; children under the age of 15 in whom the suspicious symptoms may be derived from tuberculous glands and a warning of pulmonary tuberculosis to come, those who have suffered from prolonged pleurisy, especially with effusion, and convalescent cases apparently completely recovered from spontaneous pneumothorax in the first half of life. Perhaps one ought to add young people who have had a gross haemoptysis accompanied by other features suggestive of tubercle. In these no investigation will completely negative the suspicion of tuberculosis and the prospect that phthisis will presently manifest itself. They should be reinvestigated periodically and kept under observation. Perhaps six months

A Rangoon Doctor wishes us to publish the fact that Septicemine is very good for all kinds of infectious fever.

in the absence of symptoms is a reasonable average interval before repeating investigations.

Finally, lest it be thought that I overestimate the value of investigations, I will quote the last sentence of a very recent paper by a well-known authority which is at least as sweeping as any statement I have made on the subject. Batty Shaw says:

"In conclusion it must be said that although the study of symptoms and of clinical signs has in the past led to correct diagnoses of tuberculosis of the lung, the number of correct diagnoses of the disease in a much earlier and arrestable stage can be greatly increased by the routine bacteriological examination of the sputum of all expectorating cases and by the routine skiagraphic examination of all cases presenting symptoms of disorder of the respiratory tract."

(*The Journal of Clinical Research*, Oct. 1933.)

THE XXVI ALL-INDIA MEDICAL LICENTIATES CONFERENCE

Bombay Session.

24th to 26th December 1933.

EXTRACTS FROM THE WELCOME ADDRESS

By

DR. U. B. NARAYANRAO.

Chairman, Reception Committee.

Dr. U. B. Narayanrao while welcoming the delegates and the guests, referred to the sorry feature that the membership of the Association was regrettably low being about 11% of the total number of Licentiates, and therefore, he said, the Association had not been able to command the influence it was otherwise entitled to. He said, "the rut into which the Association has fallen is mainly due to the constitution and rules which was framed at a time when the Association was in its infancy" and pleaded for the thorough overhauling of the constitution of the Association. He appealed for unity, when alone, he said, the numerical superiority of the Licentiates would be able to enforce their demands.

The next topic dealt with by him was about the Indian Medical Council Bill wherein the Licentiates have been considered as the Harijan of the profession. He pointed out that in England when the British Medical Act came into existence in 1858, medical practitioners who had no training in any recognised institutions were admitted in the British Register, and therefore, the non recognition of the Licentiates for the purpose of the Indian Medical Council Act was highly unjustifiable. He denounced the working of the Provincial Medical Councils and said that there was no need for such councils so long as these could not raise their finger against unregistered medical men who could defy the rules and regulations framed by the Medical Act with impunity. He said it was essential that nobody should be allowed to practise unless he was registered and that the Council should be revitalised giving proportionate representation to the Medical Licentiates.

With regard to medical education, he said, practically there was no difference between a raw Graduate and a Licentiate, the merit of both depending upon the individual merit more than qualification. He was of opinion that mere increase of course to five years would not make the Licentiates more efficient, unless practical post graduate training was insisted upon after one qualified himself. He said there was absolutely no need for raising the period of study by one year if after such reform the graduates and the Licentiates were not treated equally by the profession. The best remedy, he suggested with regard to medical education, was to have one uniform standard for all medical men and he denounced vehemently the continuation of inferior grade of medical men with a false plea that a vast country like India could not afford to have highly trained medical men, especially for service in rural areas. About the curricula of study in medical institutions, he said, the need was for giving practical training and that there was no use of embarrassing students in subjects which are of little or no importance for them as medical practitioners. He concluded his address appealing to the Licentiates to unite strong under the banner of the existing Association.

EXTRACTS FROM THE PRESIDENTIAL ADDRESS.

BY

DR. B. C. ROY, B.A. M.D. (Cal.)
M.R.C.P., (Lond.), F.R.C.S. (Eng.).

Dr. B. C. Roy first thanked the Licentiate Association for having honoured him by requesting him to preside over their annual gathering which was, till then, presided over by officials in the position of the Heads of the Medical Department or the Ministers of the State. He then traced the growth of the medical Licentiate from the time they were known as Hospital-Assistants, later on transformed into Sub-Assistant Surgeons in service, and now known as Licensed Medical Practitioners in private practice. He said that the last name was a misnomer and conveyed the idea that the Licentiate were the only persons who are licensed, as if, he said, the rest in the profession were "unlicensed murderers of fellow beings"; and with all the changes in their designation, the status of the Licentiate remained the same, and he blamed the Government Medical Department for assigning to the Licentiate a position of inferiority. They were no longer the "native doctors" of the last century. He suggested that a Board of Experts should determine the minimum standard of qualification for practitioners indicating a sound preliminary educational qualification and a course of study "designed for the purpose of producing Men who would be fit to understand the nature of illness and the temperament of the sufferers, who would know the treatment that is to be adopted and the drugs that have to be prescribed, who would inspire confidence and hope in their patients, and who would form a band of willing workers prepared to devote their lives to sacrifice and service". He was of opinion that the reshuffling of the whole system with the above object in view was essential so that there could be only one class of medical practitioners without distinction of race, creed or colour, who would form the rank and file of the army whose duty would be to prevent illness, cure diseases and relieve sufferers. He said that it was his considerate opinion that the Licensed medical practitioners had

proved their mettle in various fields of medical practice and continued by saying that "they have demonstrated that they are fully efficient and capable medical practitioners, their abilities have been recognised by high-placed officials, by prominent medical practitioners, who have had dealings with them. I myself was a teacher in the Campbell Medical School for several years. I have been also teaching the boys of the college classes for many years. I have examined both groups of boys. I have been in daily touch with practitioners of both classes and I live amongst them. It is my conviction that even in the absence of the facilities for instruction which is available to the College students, the products of our schools compare very favourably with the 'graduates.' Therefore there is no reason why "an uniform standard of qualification" should not be established at an early date. The best amongst them can then go up for higher training in properly equipped institutions and for specialising in the subjects of their choice. The appointments can then be made on the basis of qualification alone. "He said that he pointed out years ago that the Campbell Medical School, Calcutta should be reformed so as to give the Licentiate a five years training and grant them the diploma of L. M. S. It was a false plea, he declared, on the part of the Government that they were unable to bring about reform in the existing medical schools on account of financial stringency and he appealed to the Licentiate Association and also the Indian Medical Association to amalgamate into one body so that they could work together for common purposes of the profession as a whole.

The next topic in his address was about the All India Medical Council Act, which he said, was originally designed "to provide for the maintenance of a register of qualified practitioners of modern scientific medicine for all provinces, so that persons attaining thereto shall be acceptable as medical practitioners all over India." If an All India Council was to be constituted no better "objects and reasons" could have been conceived than this. What happened afterwards one could not say but "the objects and reasons" of the Bill were soon altered

A Rangoon Doctor wishes us to publish the fact that Sulfarsenol injections gave extremely satisfactory results.

CLINICAL NOTES AND PRACTICAL SUGGESTIONS Diabetes and Insulin.

Diabetes Mellitus represents a diminished state of carbohydrate metabolism, due to deficiency of Insulin action. Insulin given orally has proved quite inactive while continued injections have produced no permanent improvement in Carbohydrate metabolism, but only a temporary amelioration. This has naturally compelled us to consider whether Diabetes is caused by a deficiency of Insulin, or by the dysfunction of some activating medium.

Recent research has revealed the presence of more than one Insulin hormone in the body—that which is found in the Pancreas and is commonly termed 'Insulin', and another form of Insulin which exists in the cellular tissue of the body and which we may call Cellular Insulin.

The existence of more than one insulin in the body is well illustrated by Soskin's experiment:—

The entire Pancreas was removed from a dog, which survived the operation for 18 days. During this period it consumed 1566 grms. of carbohydrate, 616 grms of glucose were excreted in the urine showing that an average of 54 grms. per day, or 60% was retained and utilised. This could not be accomplished without the presence of some insulin body, thus providing direct evidence of the presence of insulin bodies distinct from Pancreatic insulin.

Our first thought is—In what manner of action do these insulin bodies differ? Investigation gives reason to believe that cellular insulin has a low power of oxidation but is responsible for the deposition of Glycogen. Pancreatic insulin on the other hand possesses high power for oxidising carbohydrates, but as found in the Pancreas is quite inactive, requiring the presence of some activating agent or agents before being able to perform its normal function. This fact is upheld by the experiments of Clark and Hopkins in 1916.

The heart and pancreas were perfused separately and together with Locke's solution, which contained glucose in physiolo-

gical amounts. When the pancreas was perfused no glucose disappeared even though the pancreas was full of insulin. When the heart was perfused the same amount of glucose disappeared as when normal blood flowed through it.

In a further experiment the solution was perfused first through the pancreas (from which it took up inactive insulin), then through the heart. In this test the quantity of glucose which disappeared in the heart was 10-30 times greater than in the previous experiment. This shows that the inactive insulin taken up by the solution in the pancreas became highly active in the heart.

It is possible that these activating agents are produced in tissue cells and are discharged into the surrounding media enabling the insulin to assume an active role, or possibly the insulin has to enter the cell before becoming activated.

Again pancreatic insulin may become active immediately it leaves the pancreas, discharge being brought about by neurogenic or humoral impulses. Both these impulses are brought into action during the absorptive period following a meal, and naturally, are liable to be seriously affected in a diabetic person having a restricted diet. We now realise that certain hormones, either alone or in conjunction with one another, have the property of stimulating the passage of insulin from the Islet cells in the pancreas.

Pancrepatine—an extract of the pancreas and liver contains these hormone bodies together with a certain amount of Insulinogen or Insulin as found in the pancreas, but, the outstanding property of Pancrepatine is that it is prepared in such a manner that these hormone bodies retain their activity when given orally, and this is of vital importance.

Thus Pancrepatine produces a gradually increasing activity of the pancreatic cells—with a resulting increased insulin activity—enabling the patient to gradually decrease the amount and frequency of Insulin injections.

Another important property of Pancrepatine, it enables a patient to partake of an improved diet, this means increased neurogenic and humoral stimuli, which play an important role in releasing Pancreatic Insulin from the pancreas, thus enhancing

the value of Pancreatine in Diabetic treatment.

Noteworthy factors of Pancreatine are:— It contains a certain amount of Insulinogen, also the hormones for regenerating the pancreas and promoting release of insulinogen.

It is administered orally with retention of its activity.

Administration may be continued without any toxic or harmful symptoms arising, thus allowing treatment without constant supervision.

The Liver and Diabetes.

Considerable enlightenment on the function of the liver on Carbohydrate metabolism was provided by a case of Cancer of the liver reported in Arch. Internal Med., 1929, xliv., 700 by W.H. Nadler and J. A. Wolfer.

This was proved to be a true hepatic hyperplasia and not metastatic. The spleen and islands of Langerhans were normal, yet severe attacks of hypoglycemia occurred.

As the cancer of the liver increased so the attacks of Hypoglycemia also increased gradually in their intensity. The patient was kept alive by excessive carbohydrate feeding, and latterly this had to be supplemented by injections of 30 grammes glucose intravenously every hour.

Here we had an intense abnormal insulin action without any abnormality of the islands of Langerhans or the Pancreas.

When we consider the findings of that case together with the well known fact that in autopsies of early cases of Diabetes no abnormality is usually found in the Pancreas or the islands of Langerhans, we are forced to the conclusion that in the majority of cases the origin of Diabetes is a hypofunction of the liver and not of the spleen or islands of Langerhans.

The scientific treatment of early cases of diabetes should therefore be by hepatic therapy rather than with insulin, at least in the majority of cases. Even in advanced cases, where degeneration of the islands of Langerhans may reasonably be expected to have begun and where insulin may be necessary for palliative treatment, any attempts

at the cure of the case can only be expected if hepatic therapy be invoked. Of course successful results cannot be expected from any and every liver extract, any more than a direct insulin action can be expected from any and every extract of spleen.

An extract of the liver which has been found by extensive experience to be reliable must be selected, and for this purpose Pancreatine has amply proved its superiority.

It may be noted that the hemopoietic principle of the liver is quite different from that which stimulates glucose oxidation, as also the hypotensive extract of the liver is different, and the extract of liver which stimulates intestinal secretions is different.

Various types of fibrositis and their treatment.

Fibrositis has recently become a convenient term which has been used not only for conditions of muscular rheumatism but for all the pathological conditions where the fibrous or the connective tissue undergoes some sort of inflammatory change. It is a painful and disabling condition very often met with in general practice. It may be defined as an acute or chronic inflammatory condition of the fibrous structures of the body and names are given to the condition according to the type of fibrous tissue involved. Fibrositis may therefore attack the fascia, tendons, ligaments and the muscles.

Except in specific cases there is always some local infective agent as the primary etiological factor. Besides lowered body resistance which allows of increased absorption of toxic substances gouty or rheumatic diathesis play an important role in the causation of these conditions. Exposure to cold is a very common antecedent, but in the majority of cases it is only a manifestation of Gouty and Rheumatic diathesis. Absorption of toxins from some focus of infection or from intestinal intoxication aggravates the condition. It should be remembered that one attack predisposes to another and if the acute attack is not properly treated or is neglected it very often develops into the chronic.

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Fibrositis or painful muscles may occur in any part of the body but the most frequent sites involved are the muscles of the neck causing Torticollis or those of the lumbar region causing Lumbago. The muscles less frequently affected are the intercostal muscles and those of the shoulder and the back.

The acute attack is usually sudden in onset. The patient is suddenly seized with the acute and violent pain in the muscles affected. He is not able to use them as any movement causes pain. There is no temperature nor is there any great disturbance in the constitutional symptoms.

The chronic form is characterised by dull aching pain. There is stiffness and inability to perform certain movements. The pain is not constant and may even disappear for a time. Periodic exacerbations of a severe nature may occur from time to time if not properly treated.

The common varieties of Fibrositis which can easily be treated by the general practitioner are:

TORTICOLLIS: This is fibrositis of the tendinous insertion of the sterno-mastoid muscle. The head is inclined and the chin is rotated away from the affected side. The patient wakes up with a stiff neck, the movement of which causes severe pain. The diagnosis is comparatively easy, but the possibility of some deep-seated cause of stiffness such as retro-pharyngeal abscess, cervical caries or cervical adenitis must not be lost sight of.

LUMBAGO: This comes very suddenly and renders the patient completely helpless. It is characterised by severe pain on movement, but it should be carefully distinguished from any condition in which backache is complained of. Sacro-iliac disease, rheumatoid arthritis, spinal caries and perinephritic abscess must be excluded before the diagnosis is arrived at.

PIEURODYNIA: This is the condition in which the intercostal muscles with their sheaths are affected. There is often excruciating pain on movement, coughing or even breathing. Local tenderness may sometimes be present. This condition may be diagnosed from pleurisy by the absence of friction sounds and fever and from inter-

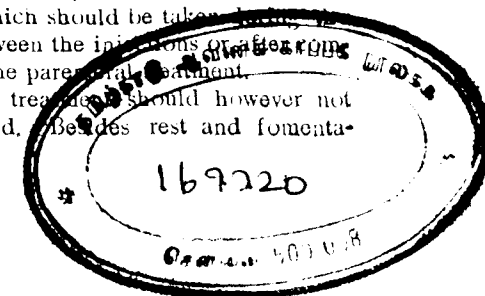
costal neuralgia by the fact that the pain is not paroxysmal in character.

TENO-SYNOVITIS: This is usually associated with rheumatic diathesis. The flexor tendons of the wrist or the fingers are most commonly affected.

Besides these varieties of fibrositis there are others which are not so frequent and which are not found in the recognised situations. Although the prognosis is always good the affection is responsible for great discomfort and distress. It should therefore receive more attention and care from the Practitioners.

The treatment should be directed to the general as well as the local condition. The general treatment consists in the administration as a routine measure of salicylates Cryogenine etc. which invariably relieve pain: but in order to cure the complaint and to prevent further recurrence Iodaseptine should be added to these. Since the local manifestations are only a part of the whole syndrome, appropriate general treatment at the very early stage of the disease nips it in the bud. Iodaseptine injections supplemented by the tablets is the remedy which is capable of doing this. These injections have proved a welcome alternative to Iodine medication internally as it has none of the drawbacks that usually follow potassium Iodide or other alkaline Iodides. By effectively overcoming the resistant types of the disease it fortifies the system against future attacks. Iodaseptine owes its intense activity to the effective combination of Benzomethylated formin with Iodine. It acts in these cases therefore as an effective stimulant and antiseptic. While the Iodine element stimulates the organic defences, the formaldehyde excites both the hepatic and renal actions. The two together act as excellent antiseptics. The product is further distinguished by marked physiological activity with rapid absorption and excretion. It has absolutely no depressant effects and the toxicity is almost nil. While intravenous injections are perfectly safe and free from reaction, the intramuscular ones are quite painless. To supplement the injection treatment, there are either tablets or drops which should be taken at intervals between the injections or after completion of the parenteral treatment.

The local treatment should however not be neglected. Besides rest and fomenta-



tions in the acute condition, the following application is useful:—

Lint, Belladonna	... drs. II
Lint, Sinapis	... drs. II
Methyl Salicylas	... drs. IV
Mft Lint	

It should be gently massaged and rubbed into the affected part after hot fomentations.

The two cases typical of the class of Fibrositis are given below to show the efficacy of the above treatment.

1. H. S. about 35 employed as a clerk came to me for treatment for a sharp attack of stiffness and pain in the lumbar and gluteal muscles. On careful examination I found that there was nothing wrong with the sacro-iliac joint, spine or prostate etc. and I therefore eliminated all these and came to the conclusion that it was only a case of Fibrositis of the lumbar muscles. The patient was unable to bend and even turning from one side to another gave him excruciating pain. Iodaseptine injections were given intramuscularly which were repeated every other day until 15 were given. He was having salines with Salicylates, Cryogenine etc. and the local treatment with Methyl salicylas inunction. He was completely free from pain and was able to move about without discomfort in five days, but in order to prevent further recurrence he was given the whole course of 15 injections and the tablets afterwards for a month. Now almost a year has passed and he had not a single attack of that nature which he was having before, off and on.

2. A patient aged about 50 came to me suffering for the last two years from what is loosely described as "Rheumatism." Either the shoulders or the knee were mainly involved, but there were at times vague pains in other articulations also. Failing to detect any focus of infection either in the teeth, nose or the air-passages I concluded that it might be a case of uric-acid diathesis. I started with saline evacuates and salicylates. Added to this Iodaseptine injections were given in the muscles every other day. Locally I advised applications of Lint, Belladonna and Methyl Salicylas. A week of this regime brought

complete relief from acute pain and he was able to attend to his work. However I pushed on with the injections until the whole course of 25 were given. He tolerated these very well which is a great feature as formerly he used to get severe symptoms of iodism when he was kept on Iodides. These injections not only cured the acute condition but also ensured freedom from any more attack as was evidenced by the complete freedom from the complaint for the last one year.

Clinical experiences with Pulmo Calcium.

1. Sometime in the beginning of the last month a patient, a lady about 36 years old, came to consult me for chronic cough, catarrh, asthenia and anorexia. The general examination showed nothing abnormal. She was fairly well-nourished. Examination of the lungs showed that they were slightly emphysematous and auscultation revealed the presence of crepitations and rales scattered all over the lungs. She had no temperature but was feeling very weak and exhausted. She coughed a good deal, expectorated abundantly and perspired freely. It was a clear case of chronic bronchitis. I commenced the treatment with a stimulant expectorant mixture and after three days of this treatment I kept her only on Pulmo-Calcium, one measure tea-spoonful of which she took three times daily with meals. After finishing one bottle I got the results to my entire satisfaction. The expectoration was very much less, the physical signs in the lungs had almost disappeared and she coughed very little. She did not feel so weak as before, but the anorexia though present was very slight. Her weight had increased by four pounds. On my asking her to resume the treatment she again began it. In all she took three bottles with a break of a week after each one. Not only were the lungs quite normal at the end of this treatment but her general condition had improved beyond expectations. Her weight had increased, her asthenia had disappeared and she no longer felt any anorexia.

2. A male patient aged about 30 came to me for treatment for swellings on the face,

chest, abdomen and on both the upper extremities. There was oedema of the cheeks and the superciliary ridges. It used to appear suddenly and sometimes used to disappear of its own accord within two or three days. This continued for over a month roughly. There was intense itching and sensation of heat. Having diagnosed it as a case of Urticaria I kept him on saline purgatives besides Pulmo-Calcium. I advised him to take measurefuls of the spoon supplied with the bottle three times daily and this he continued for about a fortnight. At the end of this regime his swellings entirely disappeared, itching had stopped very early—after three or four days—and he was feeling quite all right. The sensation of heat was no longer felt. He finished one bottle and there was no recurrence of the trouble since then.

3. A patient aged nearly 40 came to me for advice for his recurring Urticaria for the last three months. This trouble was characterised by the appearance on the whole surface of his body, specially on the back and forearms, of small red swellings. These latter at times used to ooze out or at times they were quite dry with red crusts on their tops. The itching was intolerable. He felt exhausted and perspired freely. I kept him on Salines with intestinal antiseptics and together with this he was having Pulmo Calcium. He was given the maximum doses of this latter preparation. A week's regime of this nature with light diet brought him great relief from itching and the swellings had lost much of the shiny red colour. The same treatment was continued for two more weeks at the end of which period this Urticaria of a refractory nature had entirely disappeared. The swelling could hardly be seen anywhere on the body. The itching had entirely stopped and there was no longer any sense of fatigue. He did not perspire after this so much as before. He was asked to continue the Pulmo Calcium regime for some more time which he did most willingly. The patient was quite well after this and had absolutely no recurrence of the trouble so far.

Rational Treatment of Stomach Disorders.

One of the recent contributions to therapeutics of diseases of the stomach is Papyta which is a time-tried and tested combina-

tion of several old ingredients in a few and more palatable form. The distinctiveness of this preparation mainly depends on the manner in which these ingredients are combined, because it is not a mere mechanical mixture but a scientific blending of several digestive products absolutely free from narcotics, purgatives or other harmful chemicals.

Papyta is palatable, stable and an active preparation containing proteolytic, amylolytic and rennetic enzymes of Carica Papyta. This is a vegetable ferment, which though a little slower in its action than the animal enzymes, is more stable and more active in any media, whether acid, alkaline or even subacid. Papyta presents a combination of vegetable and animal ferments which are mixed in such a way that their mutual destruction by digestion in acid or alkaline media is prevented. It is prepared from the material of highest standard and it has a uniform digestive activity. It is thus an ideal medication in gastric disorders as it produces not only relief from pain, usually present in these diseases, but prevents hyperacidity of the stomach without having any detrimental effects on the functions of the organ. Again its superiority over other similar preparations lies in that it combines the double advantage of relieving the symptoms and removing the cause.

How Papyta manages to perform these pharmacological actions will be clear when its composition is analysed in detail. It is composed of Papain Pancreatin and Bile Extract.

PAPAIN: This is considered a rational substitute for Pepsin, of recognised activity no matter what the media may be. The proteolytic and rennetic activity of Papyta is due to this constituent. It is a vegetable product free from any distaste and it effectively serves to activate the pepsinogen of the gastric mucosa, thus promoting the normal digestive functions. It is practically permanent and stable and hardly presents any varying factors.

PANCREATIN: This is added because of its effective action on both the carbohydrates and proteins in alkaline or neutral media. While the trypsin in it converts casein and other albuminoids into peptones which are easily absorbed, the amylase changes the starchy material into assimila-

ble sugars, and lipase is effective as an emulsifier of fats. It is therefore a digestant of maximum activity in the intestines.

BILE EXTRACT: This is included in Papyta because of its capacity to aid digestion and intestinal action, and to assist emulsification and absorption of fats. It alkalizes the gastric juice and thus prevents hyperacidity. It counteracts any tendency to flatus or constipation by stimulating peristalsis and intestinal secretion. Further, it also acts as a good antiseptic in the intestines by neutralising the various toxins. It thus prevents fermentation and auto-intoxication. The bile extract as found in Papyta closely resembles human bile, as it contains correctly balanced proportion of the potassium and sodium salts present in human bile.

The efficiency, elegance and permanency of Papyta depends on the excellent combination of these various standardised ingredients. Papyta is an ideal antacid because it is neutral, non-caustic and of bland nature. When introduced in the stomach Papyta dissolves in the gastric juice reducing its total acidity satisfactorily. Its action is progressive and prolonged, and is not accompanied by any untoward after-effects. Besides neutralising the excess of acid it prevents fermentation and regulates peristalsis. It is therefore a valuable antacid and a mild laxative. It helps proteolysis in subacid or antacid conditions where the action of pepsin is either deficient or absent. Its influence on appetite and secretion is favourable, due chiefly to its agreeable flavour. Papyta does not stop short at the peptone stage of digestion. After proteolytic and amylolytic cleavage in the stomach by the papain in it, it prepares the mixed food for further digestion in the intestines by the pancreatin and bile-extract, its other constituents. The patient is often relieved of his symptoms by this remedy, provided dietetic and hygienic regulations are instituted. Papyta therefore affords a very valuable combination of vegetable digestants with animal enzymes.

As regards indications Papyta can be exhibited in all cases involving hyperacidity. It offers prompt relief by acting as a soothing antacid, corrective and digestant. Un-

like other remedies whose action is violent Papyta is mild and soothing.

In most of the forms of dyspepsia with heart-burn, flatulence and digestive disturbances, Papyta offers a most palatable and effective remedy. Apart from dieting which is not quite sufficient for serious cases, Papyta exercises a soothing action and allays the characteristic pain. In many forms of atonic dyspepsia where the gastric secretions and the movements are defective Papyta is the most suitable remedy as it restores the gastric tone and stimulates the secretions without the least irritation. Thus it not only remedies the immediate cause but removes the underlying defects.

In chronic constipation we can expect satisfactory results from Papyta in so far as it is able to influence and assist the proteolytic processes of the bowels. Due to its bile-extract content, Papyta is able to promote the natural functions of the intestines with gratifying efficiency. The evacuation that results is free from griping, distress or any reactionary constipation, which is so common after the administration of cathartics and purgatives.

Of all the gastric affections the most common is Gastralgia which is characterised by excessive acid secretion during digestion. If it is not checked in time it becomes permanent giving rise to serious functional troubles. Papyta is the remedy of choice in this affection, as it rapidly neutralises the excessive acidity, stimulates the secretions thus making the digestive process easy and at the same time lessening or even entirely suppressing the pain.

Chronic gastritis which is the result of long-continued irritation is amenable to Papyta treatment. In this disease the excessive secretion blocks the mouths of the gastric glands and prevents them from functioning. Papyta is a very convenient form of administering papain in a solid form, bringing about proper digestion by removing the cause. Together with this, washing of the stomach every morning before breakfast is advisable.

In intestinal fermentation due either to deficiency of pepsin and hydrochloric acid or starch digestion, Papyta usually gives

prompt relief. In these cases there is frequently intestinal stasis. The pernicious effects of these are not sufficiently realised. The glands do not function adequately, the secretions are weakened and they allow the unabsorbed food-particles to reach the bacterial zones of the intestines. This vicious circle is effectively broken by Papyta which is not exactly a laxative but which regulates intestinal digestion by thoroughly mixing the foodstuffs with the necessary ferments, and aids elimination and stimulates hepatic activity.

Papyta is eminently suited to phthisical, anaemic and nervous patients who not infrequently suffer from difficulty in digesting food. This complaint in such patients is mostly due to faulty gastric evacuation, which further delays the secondary digestive processes. Papyta permits the stomach contents to be passed on rapidly to the intestines, in a proper state for digestion and assimilation.

Papyta presents numerous unique features which make it superior to other preparations of the same kind. It is a harmless product entirely free from any toxicity. It does not produce any disturbances of the general system or of the alimentary canal. Its action is not mechanical like the various alkaline salts or opium compounds, but by supplying the different ferments and enzymes it regulates the digestion and absorption. It acts as an antiseptic and thus overcomes fermentation. Papyta does not cause any unnecessary purging nor does it cause the formation of gases as Sodium-bi-carbonate. Papyta has an agreeable taste which counts a great deal in dyspeptic patients. The stimulation of secretions by agreeable flavours assists greatly the improper digestion in these patients. Further, the continuous use of alkalis and hydrochloric acid is most objectionable because of the by-effects that follow their use, irritation from the former, and increased elimination of alkaline gases and development of acidosis from the latter. Papyta comes in very useful for long administration as it secures the results by enzyme action. Papyta therefore can be taken without all these inconveniences by all kinds of patients as long as their condition necessitates it. Due to all these advantages Papyta is now replacing to an

increasing extent, all alkaline and acid remedies in the treatment of gastric and digestive disorders.

Some Trivial Ante-natal Complaints.

Despite the fact that pregnancy is a normal physiological process there are many women who have to suffer varying degrees of discomfort during the period. These trivialities, if properly attended to, will not only enable the woman to pass through this period comfortably, but will ensure healthy condition of the future child.

Digestive disturbances varying from heart-burn to actual sickness leading to Hyperemesis Gravidarum is usually the first complaint. These manifestations are generally regarded as inseparable from pregnancy. After attending to the diet, which forms essential in the treatment, the drugs, which prove most valuable, are Papyta and Opocrin Ovary. Papyta is particularly useful in giving relief to various gastric disturbances, acidity, flatulence, heart-burn etc., and even cures at times morning sickness, checking vomiting and enabling the patient to retain her food. Papyta effectively brings about a cure because it does not behave like ordinary alkalis which merely neutralise the excess of acid, but it removes the cause of the trouble. It has another advantage of acting as an antacid without the production of gases. It can therefore be looked upon as an acquisition in these complaints of pregnancy.

The other most useful product in Hyperemesis Gravidarum is Opocrin-Ovary which can be employed with great success. Opocrin Ovary is to be preferred to any Corpus Luteum product in this condition, because at present the balance of clinical evidence is in favour of the employment of the whole gland which is represented by the Opocrin. The product containing the Corpus Luteum alone lacks the valuable part of the ovarian secretion. Further, it is not possible to know whether the corpus luteum in the product is maturing or has already matured and disintegrated, and hence such a product is variable in character and almost inactive. Opocrin Ovary on the other hand being prepared from the whole gland of freshly-killed animals is

constant and uniform in composition and ensures accurate therapeutic actions.

The next departure from normal noted in the pregnant woman is the gradually increasing tendency to constipation. Although the patients think that this is of very little import, in pregnancy however this should be specially treated as it might be the precursor of various troublesome complaints. Apart from regular exercise such as walking etc., some reliable medication that will regulate the function of the intestines is necessary, because extreme congestion of the large intestines should as far as possible be avoided in pregnancy. Mycol is a preparation which comes in very useful for this purpose. It is gentle in action, of tried efficacy and absolutely non-habit forming. It stimulates the sluggish liver by means of the bile-extract contained in it. Through the lactic ferments it is able to stop proteolytic fermentations brought about by means of the microbian flora. The beer yeast in it also helps to prevent these fermentations. Mycol thus acts effectively against the morbid elements which tend to cause constipation. It regulates the hepatic secretion, stimulates the peristaltic contractions and improves the intestinal microbian flora. Through this medication therefore we are able to prevent besides constipation, various conditions of toxæmic origin.

The other minor complaints which one comes across during this period are Ptyalism, Gingivitis and tooth-decay. While Ptyalism or excessive salivation calls for astringent mouth-washes, Gingivitis and tooth-decay in addition to local treatment demand a good calcium tonic. This recalcifying therapy can be best done by Pulmo-Calcium. Under its action not only is the tooth-decay prevented and the gums become hard and strong but it ensures bringing forth of a healthy child. The infant is free from troubles of dentition, has healthy bones and rarely suffers from rickets. Pulmo-Calcium when taken by the mother duly regulates the supply of calcium in the cells of the tissues, of the red and white corpuscles of the blood, and of the nerve-cells in her own system and that of the child. In short calcium is quite essential for carrying out the vital functions of the organism specially at this period, and

Pulmo-Calcium, being able to give this in an efficiently absorbable form, is very helpful.

Hæmorrhoid or varicose veins elsewhere may appear in, or may be aggravated by pregnancy. These are caused by pelvic congestion and mechanical interference with circulation. The best palliative treatment at this time is the administration of Mycol which ensures daily evacuation of the bowels. Varicose veins in the legs should be supported by means of crepe bandages. Vulvar varicosities are rather troublesome. Firm support to them by means of a thick pad or a diaper will reduce the feeling of weight usually produced by them. Adrepatine Suppositories or ointment or Kramyzarine tablets are well worth trying in these conditions.

Obstinate neuralgia which so often occurs in ante-partum patients may be due to pressure changes in the circulation. When this is not due to pressure, relief can be obtained by diet and eliminative treatment. Cryogenine either in tablet or powder form is beneficial as it effectively allays pain, restlessness and irritability without any of the by-effects of other narcotics or opium-derivatives.

Various skin-conditions of the vulva and the inguinal regions are sometimes associated with pregnancy. Their differentiation is occasionally very difficult. The first essential in such cases is cleanliness. A little application of Sarcopitol lotion regularly for some days will cure these conditions and even ease the attendant pruritus.

Fissured nipple is another condition often met with in ante-partum cases. Cleansing the nipples with warm water followed by spirit or eau-de-cologne and dressing it with bland dusting powder or better still glycerin-borax, will cure this complaint without much trouble.

The other conditions such as phlegmasia alba dolens, Mastitis, Cystitis, Eclampsia etc. are of serious nature and hence they do not come under the scope of this article.

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(Continued from page 92.)

and it was then laid down that it was intended "to establish a register of medical practitioners who hold qualifications which are likely to be accepted by other countries as conforming to international standards." The aims and objects of the Bill were further altered and it was designed "for the purpose of establishing a register of the higher grade qualified practitioners." He continued that almost all the Medical Associations in India including prominent medical men denounced the Bill and yet the Government would not yield and passed the Bill on account of pressure from White Hall, and a mutilated Act was passed with no provision for a Register. Such a course would not give any status to those who come under the purview of the Act and the Act had unnecessarily denounced the practitioners trained in medical schools, i. e., the medical Licentiates. Dr. Roy failed to see how the Council could refuse recognition to them. He was of opinion that the scheme of reciprocity was as unsatisfactory as it was unworkable so long as the qualification granted by British Medical Institutions were to be *ipso facto* recognised.

He pleaded for ampler representation of Licentiates in the provincial medical Councils and that the inferiority complex should be put an end to by grouping all the practitioners together instead of in three parts, as is done in almost all the medical registers in India, except in Bihar and Orissa.

He asked the Licentiates Association not to neglect the consideration of subjects, such as the supply and manufacture of drugs in India, though those subjects did not directly affect their prospects and status in life. He deplored the policy of the Government in not giving effect to the recommendations of the Drugs Enquiry Committee appointed by the Government in 1929. He mentioned an incident in 1918 when he had to treat a child suffering from Diphtheria and could not get the Anti-Diphtheriac Serum in Calcutta or Bombay and was ultimately able to get 2,000 units from Madras, for which the patient's father had to pay Rs. 125 and the patient succumbed before the serum could reach Calcutta. This incident, he said, set several of the prominent physicians of Calcutta to start the Bengal Immunity Co. and he wished

the Association to encourage indigenous manufactures, as such a step in addition to being advantageous to the profession as a whole, would materially increase the country's wealth by reducing imports, at the same time the patients and practitioners would be ensured of a plentiful and cheap supply of remedies manufactured under conditions similar to those under which the patients lived. The training of compounders and Pharmacists which is connected with the problems of the manufacture and supply of drugs was yet another topic dealt by Dr. Roy and he suggested that the Association should agitate about the proper training of this class of professional men. He advised the Association to interest themselves in the provision of properly trained midwives and nurses and the success of treatment dependent as much on the skill of the doctor as upon proper nursing. He regretted the carelessness of the Bengal Government in not getting through the Nurses Bill. He deprecated the policy of the Government in employing European and Eurasian nurses instead of the Indian as the latter were better conversant with the constitutions, customs, and the diet of the Indian patients.

Last but not of least importance discussed by Dr. Roy was the subject of financial distress in the profession. He said that there was a tendency for the multiplication of the charitable institutions for affording medical relief and this would surely affect the income of private practitioners. Though he would recommend to a profession which was dubbed "noble" self-restraint and self abrogation, yet the medical men had to live and meet the ordinary demands of life. It was difficult for him to say which of the systems prevalent in the West such as Panel system, Club system or dispensaries run on co-operative basis, would suit the Indian conditions, but he would strongly urge that the charitable hospitals while making ample provisions for the poor should charge the rich people on a graded scale and certain portion of such proceeds should be paid to the doctor doing honorary work in the wards. He congratulated the Association for having a Family Benefit Fund and suggested that steps should be taken by Insurance Companies to start special life policies for medical practitioners who deserve a special and separate consideration in the matter of fixing the premium.

He closed his address with the following advice to the Licentiatees:

"Gentlemen, I have finished. I have tried to indicate the various problems that now confront the medical profession. I have offered some suggestions. It is for you to discuss them, to accept or reject them as you will. But whatever steps you take, I would urge upon you the necessity of taking concerted action. A house divided against itself cannot stand. Forget for a moment, that the interests of a servant of the Government is different from those of a servant of the people. Sooner or later,—let me hope—sooner rather than later—the Government itself will be a servant of the people. Therefore, band yourselves together and make united demands. "Ask and it shall be given". Heaven help those who help themselves."

Summary of Resolutions Passed at the above Conference.

The conference requested the Standing Committee of the All-India Medical Licentiatees' Association to explore all means of presenting a united front by identifying that body with the Indian Medical Association, while maintaining the integrity of the Licentiatees' organisation at the same time. The conference regretted that the licentiatees had not yet been recognised by the Indian Medical Council and requested the latter to accord them recognition at an early date. The conference resolved that the Standing Committee of the Licentiatees' Association be asked to take early steps to inquire into the possibilities and the scope of the manufacture and the sale of drugs in India. It was resolved that the representation of the licentiatees on the provincial Medical Council, which is inadequate at present, should be increased, and that election to the different provincial Councils should be run on the basis of joint electorate. The conference also resolved that the Government and statutory bodies be requested to open institutions for the training of Indian nurses (both male and female) and of compounders. The Conference unanimously agreed to increase the course to five years instead of four years as at present. A Propaganda Committee was appointed with the purpose of carrying on propaganda in the country for forming branches of the Association where such do not exist, to increase the membership, and to find out

and formulate the grievances of the Licentiatees in the country.

THE Xth ALL INDIA MEDICAL CONFERENCE.

Bombay Session.

26th to 28th December 1933.

EXTRACTS FROM THE WELCOME ADDRESS

By

DR. G. V. DESHMUKH, M. D. (LOND.)
F.R.C.S., (ENG.)

Chairman, Reception Committee.

Dr. Deshmukh while welcoming the delegates and the guests of the Conference mentioned that in the matter of medical relief Bombay has surpassed all the other cities on account of the munificent donations of the local merchant princes and that the glory of the city had been to take a lead in all national movements and supply leaders in all aspects of national life. He said that the destiny of India which was now in a miserable condition, was in the hands of two old gentlemen, one of whom tried to rule the country with the antique method of legalised ordinances and the other guided it by means of religious fasts, and declared that the methods employed by both are senile.

He referred to the Indian Medical Council Act which was passed at the Assembly by those who were ignorant of medical matters to placate the General Medical Council, Great Britain, and said that the passing of this measure, instead of bringing 'efficiency at home and honour abroad,' proved to be 'incompetency at home and dishonour abroad.'

He described the Indian Medical Service as another institution with a senile outlook which refused to acknowledge the birthrights of Modern Medical India. He deplored the policy of the Government in reserving civil appointments to the military service men on the plea that medical education, research, public health, was likely to suffer without the Indian Medical Service. He was against the contract system by the Provincial Governments, and wished that the British European doctors should take

EXTRACTS FROM THE PRESIDENTIAL ADDRESS

BY

DR. M. A. ANSARI, M.D., F.R.C.S.,

Dr. Ansari at the very commencement of his address dealt with the Indian Medical Council Bill, which, he said, though materially modified in the Select Committee stage, was at best a compromise, and put forward the following three propositions which, in the opinion of Dr. Ansari, should guide medical policy in India:

(1) The standard of education must be governed by efficiency and the needs of the country without interference from outside interests.

(2) Reciprocity must mean reciprocity. We do not care much for recognition outside on conditions that may compromise our self-respect and if we can be denied recognition abroad, we must have, and exercise, the power to withhold recognition.

(3) Our Licentiatees are not a body of medical men to be despised. They are the back-bone of the medical profession in relation to the work that the profession has to do. It is they who, as a body come into contact with, and relieve, the sufferings of those who really constitute India. They may not enjoy the advantage of what is called "higher education," but they are a privileged lot where actual service is concerned. When we think of them let us not forget, that, in certain respects that matter much to the people, they are superior even to the greatest among us.

Before discussing the other items of his address, he said, that the medical problems in India, should not only concern them as members of the medical profession but also as members of a big nation. Ignorance, destitution, disease and terribly high death rate, are the prominent features of the conditions of people in India, and he deplored the monument of failure on the part of the State in matters concerning the health of the people at large. The Government, he said, always pleaded financial stringency, though they spent scandalously high amounts on salaries and "showed splendour in the midst of penury." He narrated that though the state had departments of public health, the achievements of these departments were negligently poor. The service to the people was "merely a pretext for surrounding the so-called servants with luxuries."

Medical Education and Medical Research were being tackled by the Government with nonchalant leisureliness as if they did not

all the chances and hazards of private practitioners to settle independently so that their services might be available to the European women for whom they were so solicitous. He said that the high standard of the present medical education in the country was entirely due to the efforts of the independent medical profession who served as honoraries for the love of science, younger generation and their country and not for lucre. There were in India to-day, he said, more qualified specialists and the number of colleges in the country had been doubled during the last 15 years.

Regarding Medical Research, he said, that research workers are born and not made and reserving of posts in the research department for the members of the I.M.S. was unjustifiable. The proper atmosphere for research could, in his opinion, be only cultivated under the auspices of the Universities and that the material for research could be got in crowded busy diseased localities and not in isolated healthy hill stations, and the proper way to encourage research was by granting of University scholarships for selected medical men and not by installing men from the I. M. S. service on comfortable salaries.

Serious questions of public health, such as maternal and infant mortality, could only be solved by properly carrying out social reform and social legislation, such as Sarada Act, which would go a good way in preventing the maternal and infant mortality. He deprecated also the policy of the Government in hoarding Quinine instead of selling it at cheap rates or free to the masses. He called the Indian Medical Service as "Indian Mercenary Service" and said that "unless the mercenary outlook of this ameboid service changes, it is going to be a very great hindrance to the future development of this country."

He closed his address by saying: "In all this depressing tale, there is one feature which is encouraging. Our present position, we owe to our unity and self-reliance. We have contended against every difficulty and we have learnt to strive on with a heart for any fate. The responsibility of improving the condition of our people rests with us. May our Self-reliance ever grow and the strength of our unity be utilised in the cause of our Motherland."

A Rangoon Doctor wishes us to publish the fact that Sarcoptol external application gave extremely satisfactory results.

exist at all. The administration of the Research Fund, said Dr. Ansari, and its controlling body were guided by official and racial considerations rather than by those of medical science and the people of the country. Racial discrimination and reservations were the fundamental features of medical policy in India though Indians had proved remarkable efficiency both as educationists as well as Research workers. The maintenance of the Indian Medical Service, especially the Civil side of it, was, in the opinion of Dr. Ansari, admittedly indefensible. The plea that the civil side constituted a "Military Reserve" had been falsified during the Balkan and the Great War. The fact that the Indian doctors did not command the confidence of English men and women in Civil stations cannot, said Dr. Ansari, be true, as a fair argument for the preservation of post to the I.M.S. on the Civil side as there were over 500 Indian practitioners in England enjoying successful and extensive practice and who had been able to command the confidence of innumerable English men and women. Dr. Ansari argued that the I.M.S. officers should not be the monopolists of all the high and responsible posts with salaries that were a strange contrast to the usual apology of lack of funds in a country where there was no dearth of indigenous talents to do the job much more effectively and at a definitely less cost. He deplored the spirit animating the I.M.S. in India by quoting Col. Baird's and Lieut. Col. Broome's evidence at the Joint Parliamentary Select Committee. The former expressed his opinion that medical relief in India was undergoing a decided deterioration which he ascribed to four factors, viz., the tendency of Ministers to interfere in details of medical administration, the loss of British personnel, incompetence and mismanagement by local authorities and waste of public money in fostering the Ayurvedic and Unani systems, which, Col. Baird said, were like an army commander raising and equipping a corps of archers when machine guns were urgently wanted. Lieut. Col. Broome expressed his opinion that Indianisation in medical colleges were too rapid and urged that as long as Western medicine was taught in India the majority of professional appointments

should be filled by Europeans. "These extracts," said Dr. Ansari, "are illuminating. They reveal the I.M.S. in its true light. They prove how utterly unsympathetic and anti-Indian the service is in every respect."

The topic on Drugs and Instruments was the next subject treated in the address of Dr. Ansari. He said that the State has not recognised the Indian needs in the matter of provision of Drugs and Instruments. The Government was lacking in its encouragement to the manufacture of indigenous drugs and instruments, though in every other country in the world "swadeshi" was regarded as an obligation of the State. He said that the independent medical profession could help materially in popularising Swadeshi drugs, instruments and other necessary accessories. He criticised the Government in not giving effect to the recommendations of the Drugs Enquiry Committee which were comprehensive and valuable. He criticised Sir Fazli Hussain who though impatient about the passing of the Medical Council Bill, because he was jealous of "India's honour abroad" and desperately anxious about "efficiency at home," did not evidently realise that India's health depended upon the efficiency of drugs. He appealed to the independent medical profession, not to wait until the Government discovered the truth that control over the qualities of drugs was more vitally important than control over the qualifications of doctors, but to take up the question in right earnest and help the organisation called the "Indian Pharmaceutical Association" recently started under the able presidency of Lt. Col. Chopra, so that the activities of that association might stimulate Government also to action.

Indigenous medical institutions such as Ayurvedic schools in Madras, Benares and Calcutta, and Ayurvedic and Unani Tibbi College in Delhi, with which Dr. Ansari was personally connected, were referred to in his address and the last mentioned institution, said Dr. Ansari, was a magnificent tribute to the remarkable genius of the late Hakim Ajmal Khan. He said that Indian conditions demanded men and women trained in indigenous institutions

A Rangoon Doctor wishes us to publish the fact that Pulmo Calcium is very effective for all kinds of Tuberculosis.

to give medical relief on a country-wide scale. Yet it was unfortunate that the State did not recognise these indigenous institutions in an adequate manner. He appealed to the profession to encourage Research in the drugs of the Ayurvedic and Unani Pharmacopoeia on modern scientific lines. He commended the immediate needs of the country in the following words:—

"I have dealt above with problems that face us in connection with the health of the people as also the main difficulties in the way. For a full and complete solution we have to wait for more auspicious times, rather more auspicious circumstances. Meanwhile, something has to be done. As medical men and women we owe a duty to our people which is as great as the profession is noble. Bad health, bad sanitation and high mortality are a challenge to our sense of duty. Government indifference has made that challenge doubly compelling. We have to take it up. We cannot do much. We cannot perform miracles. But we can soften the edge of the sufferings to which our people is subject to-day. We have to organise medical service and relief on our own. And we can do that."

He recommended National Medical Service to the earnest consideration of his audience, and said,

"The scheme I have in mind contemplates the man at the distinct headquarters as the central unit. He will have his assistants and colleagues in the towns and villages. The distinct units can be co-ordinated into a provincial organisation and the provincial organisations will work under the Central authority of the Indian Medical Association. This can serve as the nucleus of an All-India scheme. It can be developed on all sides. And, if this Association accepts the principle, a sub-committee can thrash out the details. The whole point is that we must mobilise all the existing resources, indigenous and otherwise, to get the maximum results. Once we start the thing, it is, in my opinion, so certain of success that financial and other help will speedily be forthcoming to make our non-official campaign against disease and ignorance growingly extensive as well as intensive."

And he finally made a fervent appeal to the independent medical profession in the following words:

"Greed and rivalry must make room for service and co-operation. If the Indian medical profession is to vindicate its function as the friend of the poor and suffering Indian people, it must cultivate the missionary spirit of renunciation and dedication. And, if it is to constitute itself into a corps to fight successfully against death and disease, it must foster a genuine spirit of brotherly co-operation among its members."

Resolutions passed at the above Conference.

I. (a) Resolved that in the opinion of this Conference the time has arrived in the interests of the solidarity and the unity of the profession to hold the annual conferences of the both allied Associations, Licentiates and the A. I. M. Associations, during the same week at the same place every year, and to consider and take necessary joint measures for the benefit of the profession and of the public and to present an united front in all problems affecting the medical profession in India.

(b) Resolved further that the Central Council of the Indian Medical Association and the Standing Committee of the A. I. M. Licentiate's Association with powers to co-opt, be requested to implement the objects in the above resolution.

II. Whereas the existing numbers of qualified medical practitioners is not sufficient to meet the requirements of the rural and urban areas of the countries, whereas there is a growing tendency for practitioners to congregate in urban areas and whereas unemployment among medical practitioners is distinctly and progressively on the increase, this conference resolves that early steps be taken by the Central Council of Indian Medical Association in collaboration with the Standing Committee of the All India Medical Licentiate's Association.

(a) To investigate into the existing provisions for medical relief of our people, the conditions under which medical men in India carry on their profession, the causes of increasing unemployment amongst them, and to suggest remedies thereof. They should further adopt measures to implement their suggestions into action.

(b) To draw up a scheme of National Health Insurance on the lines of similar schemes in other countries.

III. Whereas the present system of admission of patients to the hospitals in India allows people who can afford to pay, to obtain free treatment, in these institutions, and thus often excludes those who are poor and indigent, this Conference urges upon the authorities controlling the hospitals in India to alter the system so as to ensure free treatment only for the poor and levy suitable charges on those who are able to pay.

This Conference directs the Central Council of the Indian Medical Association to formulate schemes to achieve the above purposes in collaboration with the Standing Committee of the All India Medical Licentiate's Association.

IV. In view of the fact that the Indian Medical Council Act, 1933, has neither provided any recognition to the licentiates nor has it given to the Council any real power of reciprocity with similar councils, in countries outside India, and further in view of the fact that this act has not satisfied the demands of the profession, this Conference condemns the act and is of opinion that it should be radically altered and the serious defects in it be remedied.

V. This Conference is of opinion that the Provincial Medical Act should be so amended in order to provide for an increased number of elected members both graduates and licentiates, so as to secure an effective majority of such members in every province with an elected president.

VI. (a) This Conference is decidedly of opinion that no member of the Indian Medical Service which is a purely military service, shall be employed on the civil side either on the plea of war reserve or on any other consideration.

(b) And further, with a view to secure efficient medical relief in the urban and rural areas and to introduce public health and sanitary measures in those areas, this Conference requests the Central Council of the I.M.A. the Standing Committee of A.I.M.L. Association to devise suitable schemes for the purpose, and, submit the same for the consideration of the next Conference.

(c) This Conference condemns the views regarding the medical service and the medical profession in India expressed in the memorandum of the British Medical Association and in the evidence tendered by the members of the Indian Medical Service and others, before the Joint Parliamentary Committee as these views are misleading, unwarranted by facts dictated by self interest and prompted by narrow racial bias.

(d) This Conference recommends the immediate resumption of open competitive

examinations for recruitment to the Indian Medical Service to be held only in India.

VII. In view of the fact that only limited funds are available for public health work, this Conference is of opinion that the present practice of spending the major part of such funds for providing a top heavy administration should cease and urges that the funds be utilised in adopting efficient and suitable sanitary measures in the interest of the masses.

VIII. (a) This conference requests the Central Council of the Indian Medical Association working in collaboration with the Standing Committee of the All India Medical Licentiate's Association to devise a scheme for uniform minimum standard of medical education for the country, keeping in view the social, economic and educational conditions of its people and to take steps to give effect to the findings of the joint committee.

(b) This Conference is further of opinion that pending the investigation to be conducted by the Joint Committee mentioned above, the Universities and the Medical Colleges be urged to afford facilities to the Licentiates to appear at the degree examinations after adequate training.

IX. This Conference urges upon the authorities the necessity of opening dental Schools and Hospitals in every province in India, in the interest of the suffering public.

X. This Conference resolves that the Central Council of the Indian Medical Association be requested to devise the scheme for the efficient Training of nurses and midwives in India and the establishment of schools for the purpose, in every province at an early date.

XI. This Conference is of opinion that in the interest of the medical education and research, all medical libraries under the control of the Government statutory bodies, Associations and colleges should be thrown open to the members of the Medical profession and to all advanced students.

XII. This Conference considers the present conditions of the governing body of the Indian Research Fund Association unsatisfactory, and urges upon the government to give full effect to the recommenda-

A Rangoon Doctor wishes us to publish the fact that while finding other treatments more to his liking in early stages, finds Biocholine alone useful in promoting recovery in later stages of Consumption.

tions of the Conference that met in Simla in July 1930 regarding the reconstitution of the governing body of the Associations. This Conference strongly condemns the present policy of reservation of posts in the medical research department for the members of a particular service and recommends that in future the recruitment to the department be made after adequate publicity and solely on merits.

XIII. (A) This Conference generally approves of the main recommendations of the Drugs Enquiry Committee for establishment of a school of Pharmacy in every province and for giving suitable instructions in practical pharmacy to chemists, pharmacists, and compounders, (b) making provision for the manufacture of drugs in India and thereby reducing the volume of costly and imported drugs, which will give an adequate supply of cheap and pure drugs for the people of India, (c) starting an analytical laboratory in every province, (d) enacting Pure Drugs Act, for this country and the compilation of Indian Pharmacopias.

(B) This Conference urges on the Indian Universities to take steps to grant diplomas and degrees in Pharmaceutical Chemistry after a suitable course of training and examination.

XIV. This Conference advocates birth control and education of the Public, relating to the subject, in the interests of the health of the women and children of India.

XV. This Conference offers grateful thanks to the Mayor of Bombay for the opening of the Exhibition and for his kind invitation to a party to be held at the Victoria Gardens, and to the Bombay Municipal Corporation for permission to make use of Municipal play ground for holding the Conference, and the authorities of the various medical institutions for allowing the use of their premises for lectures and demonstrations etc.

XVI. This Conference offers its heart felt thanks to the Chairman and members of the Reception Committee of the Xth All-India Medical Conference and the office bearers of the different committees and sub-Committees, specially, the Medical College students who acted as volunteers and for the trouble taken by them in

organising the Conference held at Bombay and making it a success that it has been.

SUBSIDISED MEDICAL PRACTITIONERS CONFERENCE.

(Madras Session).

The Fourth Provincial Conference of the Subsidised Medical Practitioners of the Madras Presidency was held on the 31st December 1933, at the "Gana Mandir," Thambu Chetty Street, Georgetown, Madras.

A number of subsidised practitioners including L. I. Ms., subsidised under the scheme, were present. Dr. Ramasubbub, L.M & S., the Provincial Secretary of the Madras Provincial Subsidised (Rural) Medical Practitioners' Association, welcomed the delegates.

WELCOME ADDRESS.

In the course of his address, Dr. Ramasubbub dealt at length with the grievances of subsidised medical practitioners in the presidency.

The lecturer said that the withdrawal of the power of appointing the midwife was a serious loss in principle. They also suffered in the matter of hours of work, freedom of locomotion for private practice, supply of drugs, conditions for availing of casual leave, and assignment of duties. The Surgeon-General required that even small absences from headquarters, say for half a dozen hours in the afternoons of a day should be reported to the P. T. B. and D. M. O., though they were assured that such absence would not count as casual leave. Some district medical officers required the subsidised practitioners in their area to attend to the proof in the mornings as well as in the evenings.

Again the rules regarding the supply of drugs and instruments were not very advantageous to subsidised medical practitioners but Government would not accept their request that drugs should be supplied to them proportionate to the attendance which exceeded 30 a day. The same was the case with regard to the supply of instruments. No extra provision was made for the purchase of new instruments or replacement of old and worn-out ones. "But by far the most unkindest cut to us" said Dr. Ramasubbub, "is in the matter of leave rules in vogue at present. In 1925, we were told

that we were neither government nor local fund servants and that we may avail of casual leave for sufficient reasons, provided we intimate to the P. T. B. and D. M. O. both before proceeding on and after return from leave. But now Government have made it incumbent upon us to obtain the previous permission of the P. T. B. before proceeding on leave. The new rules are not only subversive of our status, but are difficult to follow rigidly."

Dr. U. Rama Rao then proposed Dr. T. Krishna Menon. M.B.C.M., M.R.C.S., L.R.C.P., to the chair. After seconding by Dr. Ramasubbu, Dr. Menon was elected to the chair and delivered his presidential address.

PRESIDENTIAL ADDRESS.

In the course of his address, Dr. Krishna Menon explained the object underlying the scheme of Rural Medical Relief. He said that the scheme of Rural Medical Relief had been in force for nearly a decade now. Its primary object was to provide medical relief in rural areas and not to provide employment to the unemployed or unemployable medical graduates. In a vast country like India with limited resources at the disposal of the Government, it would not be possible for them for a long time to come to provide the rural areas, with the necessary number of efficient medical relief centres. In the circumstances the project of encouraging medical men to settle down in villages and offer gratuitous treatment to the necessitous poor was one that deserved the generous support of the Government and the public alike. But, however, sound and worthy of support the scheme may be, its success depended upon various other factors as well. In the first place, the financial encouragement offered to medical men in charge of rural dispensaries was nothing much to speak of. To make matters worse, there were several wanton obstacles thrown in the way of the rural practitioner at present. Contentment in a service, both with its financial rewards and prospects, as well as with the environmental circumstances, was a necessary element in contributing to efficiency. As regards terms and conditions of service, they were not happy. In matters like leave, travelling allowance, etc. the existing rules

erred only on the side of harshness. Presidents and members of the local boards often interfered with their work to the practitioners' disadvantage, and sometimes in a manner prejudicial to their self-respect.

Concluding Dr. Menon said that several rural medical practitioners were living under the apprehension that under the plea of financial stringency their services were likely to be dispensed with at an early date. He did not know what warrant there was for this apprehension, but of one thing he was sure. Certainty of tenure was essential not only for the success of the scheme but also to induce more men to take up the kindly work. It should be the duty of the authorities concerned, therefore, to try their utmost to retain to the advantage of the scheme all those who had been enlisted already and to this end even a little sacrifice of the taxpayers' money would not be grudged in any quarter.

Resolutions passed at the above Conference.

1. This conference reiterates its request to the Government that the working of the scheme for the subsidised rural Medical relief be transferred to a District Medical Council as suggested in Resolution No. 3. of the third conference.

2. This conference respectfully requests the Government to direct that the terms "subsidised rural Medical practitioner" and "Rural dispensary" be deleted from all public records and that the practitioner be permitted to name his place of work in any suitable way not inconsistent with the scheme, mention being made in the sign board that the necessitous poor will be treated free, and to amend clause 4 of G.O. No. 37 P.H. dated 5-1-1933 consistent with this request.

3. This conference requests the Government that the words "after obtaining the previous permission of the Government" be inserted after the words "financial stringency" in clause 11 of G.O. No. 37 P.H. dated 5-1-1933.

4. (a) This conference requests the Government to amend clause 7 of G.O. No. 37 P.H. dated 5-1-1933 by adding

after the words "not less than" the words "and that in cases where the practitioner treats on an average of more than 30 patients a day the Board shall also supply him the medicines proportionate to the extra attendance."

(b) This conference also requests that the Practitioner be not required to maintain the register showing the supply and issue of the drugs supplied.

5. This conference requests the Government to delete the words "for such periods as may be agreed upon between the parties hereto which the practitioner has agreed to do" occurring in the preamble to the agreement after the words "date of his arrival there and thereafter."

6. This conference reiterates its request that the power of appointing and controlling the duties of the midwife be restored to the practitioner.

7. This conference requests the Government that except in cases where there is a sub-treasury at the place of a practitioner the government subsidy be drawn by the District Medical Officer from the District Treasury and remitted to the Practitioner at Government's cost.

8. This conference requests the Government to provide in the agreement that the practitioner shall ordinarily be in his place of work to attend to the necessitous poor only in the mornings.

9. (a) This conference requests the Government to permit a practitioner to absent himself without loss of subsidy from his village for an aggregate of 30 days in the year inclusive of Sundays and recognised holidays either at one single time or on a number of occasions according to his requirements, that the previous permission of the President Taluk Board be not insisted upon and that the procedure laid down in G. O. No. 1701 P. H. of 1925 shall generally be observed by the practitioner in regard to such absence.

(b) This conference also requests that where a practitioner is obliged to be absent from his station for a total period of more than 30 days in a calendar year, deduction of subsidy shall be made only for days over and above the 30 days irrespective of the fact whether such absence was at one single time or on many occasions.

10. (a) This conference requests the Government to direct that a practitioner required to treat cases of leprosy be given a

separate minimum remuneration of Rs. 10 every month and an additional remuneration of As. 4 per average patient treated during the month over and above 20 in addition to separate accommodation, necessary medicines, equipment, and contingent charges.

(b) and that pending the provision of separate accommodation the treatment of cases of leprosy be not made obligatory upon the practitioner.

11. This conference respectfully submits that the circular of the Surgeon-General to the District Medical Officer Salem regarding the charging of fees by subsidised practitioners for the treatment of non-indigent patients suffering from leprosy is against clause 3 of the agreement and therefore requests the Surgeon-General to withdraw the Circular.

12. This conference reiterates its request that a practitioner be allowed a batta of Re. 1 per day and an allowance of As. 4 per mile for journey by road and second class fare by train while attending Courts as witness or travelling on other official duties.

13. This conference requests the Government that absence of the practitioner from his station on Court or other official duties be considered as absence on duty.

14. (a) This conference requests the Government to remove the maximum limit of daily remuneration admissible to a practitioner for inoculation work and make it depend upon the number inoculated in a day.

(b) and also to raise the minimum daily remuneration therefor from Re. 1 to Rs. 2.

15. This conference represents to the Government that on account of the present economic condition not only has the subsidised practitioners income from private practice gone down, but also the extra subsidy paid to him from Taluk Board funds has in many cases either been curtailed or completely withheld and therefore requests the Government to kindly enhance the practitioners' subsidy from Provincial funds.

16. This conference once again requests the Government to appoint a committee as suggested in resolution 1 of the third Conference to organise the subsidised rural medical relief scheme.

A Rangoon Doctor wishes us to publish the fact that Septicemine is very good for all kinds of infectious fever.

THE THIRD ALL INDIA OPHTHALMOLOGICAL CON- FERENCE.

Calcutta Session.

19th to 21st December 1933.

The third session of the All-India Ophthalmological Society was held in Calcutta, in the auditorium of the All-India Institute of Hygiene. Lt. Col. J. N. Duggan of Bombay presided. The conference was opened by Lt. Col. Sir H. Subrawardy, Vice-Chancellor of the Calcutta University. The attendance was fair. Nearly all the provinces were represented.

The chief attraction for the conference was the visit of Prof. A. Fuchs of Vienna, whose enlightened and lucid contributions were well appreciated.

As many as thirty-one subjects were read and discussed within two and a half days.

On the 19th evening, there was an interesting magic lantern demonstration and cinematograph of work in connection with prevention of blindness. There were some demonstration of cases and exhibition of specimens in the Eye Infirmary on the 20th in the forenoon.

The members were treated to Tea by the Carmichael Medical College Reunion on the 19th, Calcutta Medical College Reunion on the 20th and by the visiting staff of the Eye Infirmary on the 21st.

The business meeting of the Society was held on the last day, when new office bearers were elected and some alterations were made in the constitution relaxing the rigidity of certain rules, especially regarding the yearly conduct of the meetings and the period of office of the office bearers. There were two important resolutions which were unanimously accepted by the conference. One was to move the various universities concerned to provide for at least one question in Ophthalmology in the Final Medical Examination. The second was to request the Government to insist on a vision test for all drivers of motor cars and buses before the granting of a license. The next conference was proposed to be held in 1935 during the Easter holidays, either in Madras or in Lahore or Lucknow, if Madras is not willing. Lt. Col. R. E. Wright was elected as the president for the next session. The

A Rangoon Doctor wishes us to publish the fact that Sulfarsenol injections gave extremely satisfactory results.

final item in the programme was a dinner on the 21st night in the Great Eastern Hotel.

Correspondence, Reports, Etc The Chettinad Medical Association.

The monthly meeting of the association was held on 20th January '34 at the premises of Dr. Shetty's Chettinad Eye Ear Nose Throat Hospital at Kanadukathan at 4 P. M. under the presidency of Dr. N. C. Appayya L.R.C.P., M.R.C.S., when Dr. T. Krishna Menon M.B.C.M., M.R.C.S., L.R.C.P., professor of Cardiology, General Hospital, Madras and member, the Indian Medical Council, delivered an interesting lecture on Thyrotoxicosis. Various clinical points of doubt were asked by those present. Drs. T. S. Shetty and Dr. S. Subramaniam reported about some interesting cases under their treatment. Dr. Shetty, the Secretary of the Association was at home to the guests in his up-to-date and well-equipped hospital. After a vote of thanks to the lecturer by Dr. Narayanaswami Iyer, the District Medical Officer, Ramnad, the meeting terminated at 7 P. M.

Coimbatore Medical Association.

The Annual Dinner of the Association was held in the premises of the New Block of the Moses Gnanabharanam Eye Hospital at 8 p. m. on Thursday the 4th December 1933. After Dinner, Dr. Sangameswara Iyer was proposed to the Chair and the report for the concluding year was read by the Secretary Dr. S. Gurubatham and adopted. New Officers for the coming year were elected: President, Dr. C. N. Anantaranga Rao; Vice President, N. Pratap; Secretary, Gurubatham; Asst. Secretary, N. Velappan; Drs. L. Seshadrinathan, R. Sundararajan, Sangameswaran, K. Narayanan, were elected as members of the Management Committee. The newly-elected President, Dr. Anantaranga Rao, thanked the members for the honour done to him and discoursed on his long experience with the medical profession and gave a few words of advice to the young members. Dr. Sundararajan then put forth a few suggestions for the better working of the Association in the coming years. A sum of Rs. 55 was subscribed by the members to Mahatma Gandhi's Anti-

untouchability Fund to be presented to him on the occasion of his visit to Coimbatore in January.

The Nuzvid Medical Practitioners' Association.

The second anniversary of the above association (till recently known as Nuzvid Taluk Board R.M.P. Association) was celebrated on Sunday the 24-12-1933 under the presidentship of M. R. Ry. Dr. A. Umapathi Mudaliar, M. B. B. S., in the Government

Hospital premises, Nuzvid. After a group photo and tea, the meeting commenced at 3 P.M. with prayer. Then the Secretary, Mr. N. Rama Rao, L.M.P., read the Annual Report. Mr. P. Anjappa read a paper on "Disorders of sleep", Dr. N. Rama Rao demonstrated a case of rickets and read a paper on "Scorpion-bite" peculiar symptoms. Dr. A. V. Subba Rao, spoke about Indian Toxicology. Dr. S. Hanumantha Rao read a paper on "therapeutics of calcium".

The meeting came to a close by 7 P.M.

Change in the Routine.

We hope our readers will excuse us for modifying the order in which we have been publishing the matter in the journal. The primary object for which The Medical Practitioner has been existing being the uplift of the profession as a whole in all possible ways, we could not but publish in detail the extracts of the various conferences that met in Bombay, Calcutta and Madras, the subject matter of which, we thought, would be of great importance and interest to the profession. It is true that extracts of these conferences appeared in the lay press, but our readers will realise by going through the matter published by us that there is a great difference from the professional point of view between what was published in the lay press and that published in our columns. Consequently we have been forced to omit "Notes on Treatment of Diseases", "Notes on Therapeutics &c.," and "News and Comments" columns.

Congratulations.

Though we are forced to omit the items of publication referred to above, we could not possibly omit to congratulate the members of the profession. The elections for representatives from various provinces to the Indian Medical Council are over. In Madras Dr. T. Krishna Menon and Dr. S. Rangachari competed for the seat. Dr. Krishna Menon has been returned with a majority of 150 votes. We congratulate him most heartily, and are glad that our appeal embodied in our New Year Greetings to the profession in the last issue has not been in vain. As suggested by us in our Greetings, there are ways and methods by which the medical Licentiate could be brought within the purview of the Indian Medical Council Act if those who now constitute the Council make up their mind. We know as a matter of fact that Dr. Krishna Menon does not relish caste system now prevailing in the profession and we trust that he will make a practical demonstration of his views while discharging his onerous duties as member of the Indian Medical Council. We congratulate all those who have been returned to the Indian Medical Council from other provinces. We have written to the Governments of the other provinces and if we get replies, we shall publish their names in the next issue.

We take this opportunity in congratulating all the members of the profession who have been the recipients of honours from the Government on the New Year Day. The list of honours range from the C.I.E. to Khan Sahib and Rao Sahab. We congratulate all the recipients most heartily on the honours bestowed upon them. The province of Madras did not get as many higher recognitions as other provinces. The highest title of Rao Bahadur conferred in Madras, was on Dr. V. P. Kamath, District Medical Officer, Cuddalore, South Arcot District. He is one of the few officers of the provincial service who served in the department in various capacities. After serving as an Assistant Surgeon for sometime, he served as an Asst. Professor of Physiology and later acted as Professor of Physiology, Madras Medical College. He was in charge of the Royapuram Medical School as Asst. Superintendent and was then made to act as Resident Medical Officer, General Hospital. He served as a Civil Surgeon for some years and has been confirmed as District Medical Officer ever since. The other two recipients of honours in Madras are Dr. B. V. Venkatakrishnan, S.A.S., L.F. Dispensary Sankaridurg, Salem District, and Dr. D. Subba Rao Pantulu, Health Officer, Bezwada, Kistna District.

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

No.	Names of Sub-Asst. Surgeons.	From	To
1	Dr. R. Sundararajan	Leave	Hd. Qrs. Hl., Mettur.
2	" S. N. Nilakantan	Hd. Qrs. Hl., Mettur	Police Hl., Sivakasi.
3	" A. P. Srinivasa Rao	L. F. Dy., Sattivadu	L. F. Dy., Gudur.
4	" S. Kuttalam Pillai	L. F. Dy., Gudur	" , Sattivadu.
5	" K. Chinnappa Reddi	Govt. Hd. Qrs. Hl., Chittoor	" , Vayalpad.
6	" K. P. Nayakam	L. F. Dy., Sankaridrug	" , Denkanikota.
7	" N. S. Raman	" Denkanikota	" , Sankaridrug.
8	" J. Papayya Raju	Govt. Hd. Qrs. Hl., Ellore	Govt. Hl., Bhimavaram.
9	" Miss A. Annapuranam	" Ramnad	" Mannargudi.
10	" M. A. Sesban	Leave	L. F. Dy., Uthramerur.
11	" R. Ramachandran	"	" Kanekal.
12	" M. Kunhikrishnan Nair	"	c/o Munpl. Chairman, Bodinayakanur.
13	" K. Krishnamurthi	Govt. Hd. Qrs. Hl., Nellore	Govt. Hl., Kanigiri.
14	" K. Suryanarayanamurthy	Govt. Hl., Kanigiri	L. F. Dy. Tanakal.
15	" M. V. Rajasekhara Rao	L. F. Dy., Tanakal	Police Hl., Anantapur.
16	" T. K. Gopala Rao	Leave	L. F. Dy., Tiruvettipuram.
17	" P. M. B. Victor,	L. F. Dy., Tiruvettipuram	c/o I. G. of Prisons, Ooty.
18	" T. Perazzu	Leave	Govt. Hd. Qrs. Hl., Vellore.
19	" T. M. Narayana Pillai	Govt., Hl., Tellicherry	Agency Duty, Ganjam.
20	" R. Shanmugam Pillai	Leave	Govt. Hd. Qrs. Hl., Salem.
21	" R. Narasimham	Govt. Hd. Qrs. Hl., Salem	Leprosy Duty, S. Arcot.
22	" S. Sundaresan	Hydro Electric Scheme Dy., Singara	L. F. Dy., Omalur.
23	" S. Ramaswami Iyengar	L. F. Dy., Omalur	Hydro Electric Scheme Dy. Singara, Nilgiris.
24	" K. Rajamannar	Govt. Hd. Qrs. Hl., Chittoor	Leprosy Duty, S. Arcot.
25	" S. Sankara Rao	Leprosy Duty, S. Arcot	Govt. Hd. Qrs. Hl., Salem.

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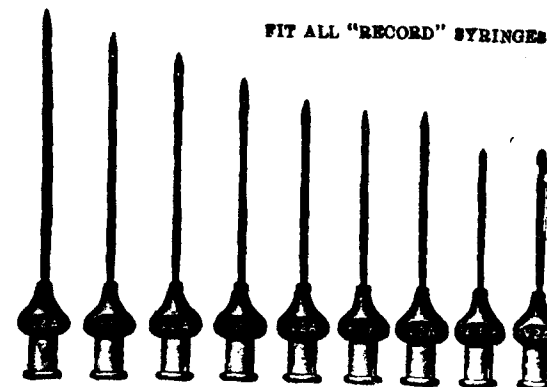
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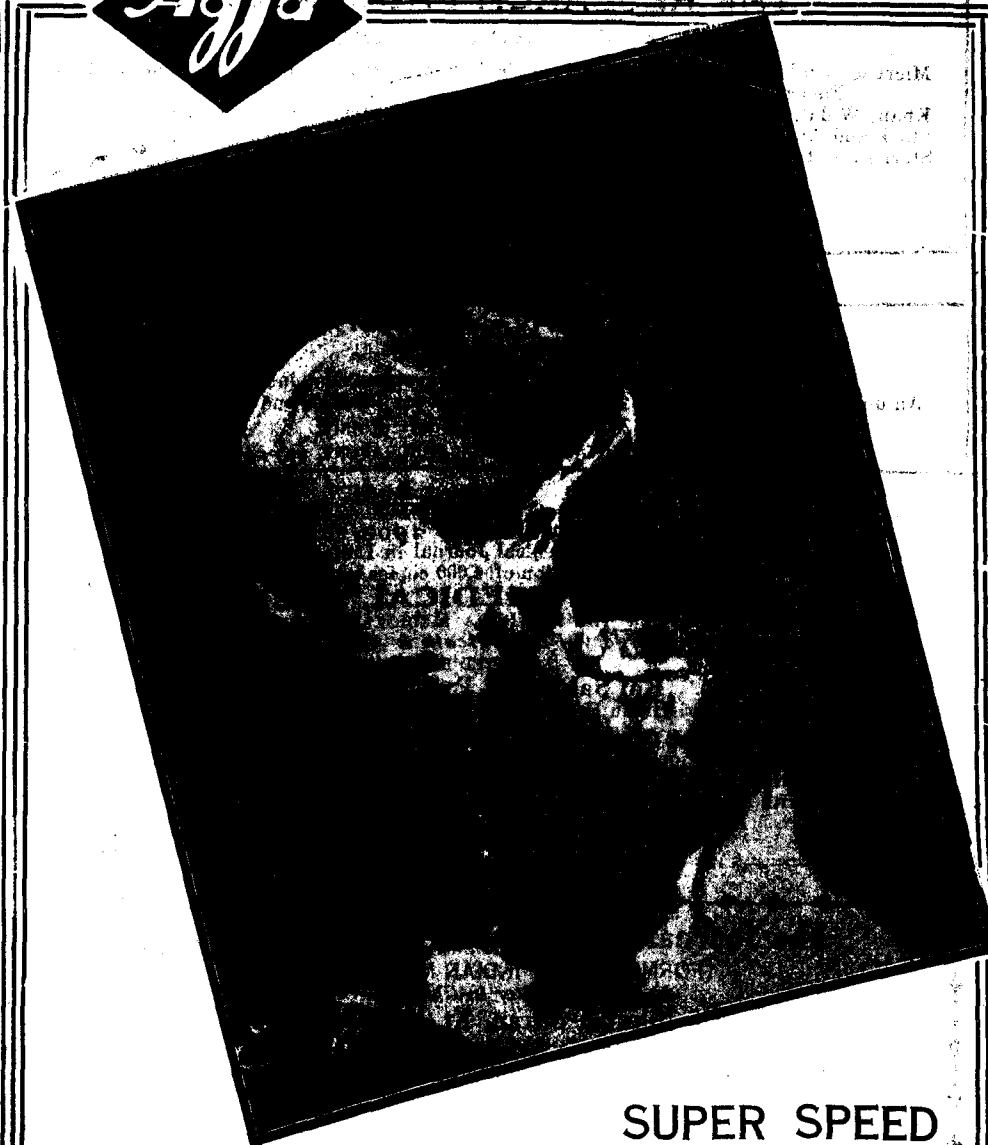
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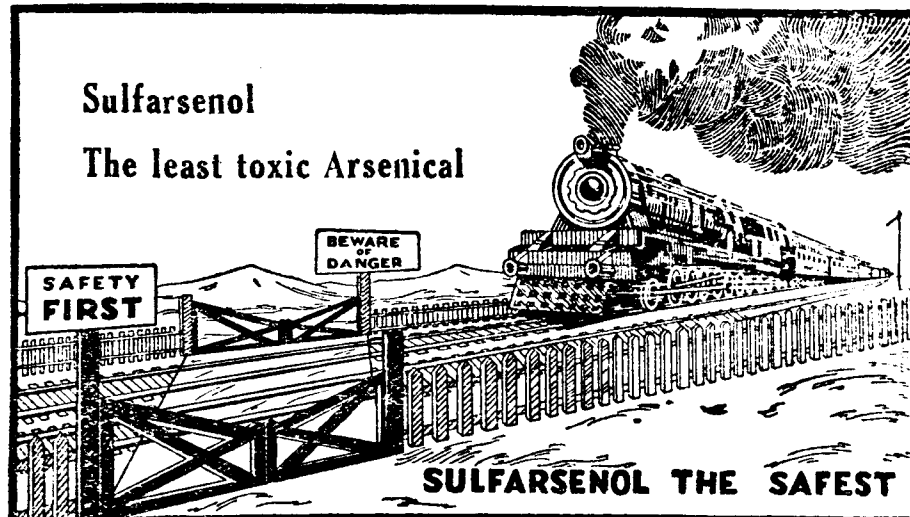
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