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# The Medical Practitioner

## A Monthly Medical Journal

EDITED BY
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AND
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## CONTENTS



## AN APPEAL TO THE MADRAS LICENTIATES

THE MEDICAL PRACTITIONER was brought into existence as a result of a pledge given to the electorate by me when I contested for a seat in the Madras Medical Council in 1929. The journal has been intended for propaganda and service to the profession as a whole and especially to the Licentiate section of it; the journal has been keeping the profession informed about the activities of the Madras Medical Council. The fact that in the recent election to the Madras Medical Council a very large number of voters exercised their franchise indicates that the activities of the journal have been mainly responsible in educating the electorate and make them take more active part in the affairs not only of the Madras Medical Council but of the profession as a whole.

A large number of licentiates in addition to the other members of the profession have been co-operating with me and helping me these five years by enlisting themselves as subscribers. The subscription of the journal has been fixed at such a low rate of Rs. 2-0-0 a year with the sole purpose of making it reach the hands of even the humblest amongst the practitioners. This amount hardly pays the cost of the journal, yet it helps to keep the wheels going.

Last three months a good number of copies of the journal were sent with my best compliments to the non-subscribers of the journal with the purpose of not only keeping them informed about the election events but also to give them an idea of the usefulness of the journal. I hope the non-subscribers must have by now realised the necessity of a journal of the type of THE MEDICAL PRACTITIONER which not only deals with subjects of scientific importance but also discusses about topics concerning the life and prosperity of the profession as a whole.

I thank such of my brethren who were kind enough to respond to my appeal so promptly and I appeal to the rest of you to consider seriously about the desirability of encouraging the activities of the journal in the interests of the class to which you belong. All of you must have realised by now that there is no journal in this country which has been fighting for you so zealously as The Medical Practitioner. So is it too much for you pay an yearly subcription of only Rs. 2 which you should kindly consider as a contribution for a cause. Please indicate your willingness to help me by filling in the enclosed post card.

V. RAMA KAMATH.

THE

# Medical Practitioner

**Annual Subscription** { Inland Rs. 2. Foreign Rs. 3. **Single Copy As. 4.**

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## Our Revered Dr. Krishnamurthi Ayyar is no more.

It was the will of God that our revered Senior Editor Dr. M. S. Krishnamurthi Ayyar, should leave us for good exactly two days after The Medical Practitioner completed the fifth year of its life. Something common within both attracted our Dr. Kamath to Dr. Krishnamurthi Ayyar early in September 1929 soon after Dr. Kamath entered the Madras Medical Council. Dr. Kamath was at the time contemplating to start a journal to fulfil the pledge given by him to the electorate and when he approached Dr. Krishnamurthi Ayyar with a request to take up the responsibility of the Editor, the latter readily responded. During the period of five years when Dr. Krishnamurthi Ayyar was at the helm of our office he did the work most cheerfully and at times single handed for the last one year when Dr. Kamath was not in best of his health. The Medical Practitioner having to be conducted in an unique manner dealing with important and knotty subjects such as Medical Education, Honorary Medical Service and Rural Medical Scheme, not to mention about the Medical Politics, the strain on Dr. Krishnamurthi Ayyar must have been certainly considerable especially during his days of retirement from public service. But he did his duty so thoroughly and methodically that his work was appreciated throughout India and even on the fateful day of his death we had a requisition from one of the medical associations in Northern India to supply them with the journals of the series dealing with the Honorary System of Medical Relief Scheme. He was a stern critic and at times even uncompromising but his criticisms were always of a constructive nature. Discussions conducted by him in these columns about retrenchment in the Madras Medical Department did attract the attention of the local Government and the officer in charge of the Retrenchment Scheme expressed his appreciation of the criticisms offered by Dr. Krishnamurthi Ayyar, in the series of articles written by him in 1931. He took as keen interest in professional subjects as in his Editorial work. The original articles on Endocrinology written by him in the columns of the journal did not only attract the attention of the members of the profession but also of laymen, so much so, that a good number counting amongst them persons of the position of High Court Judges, Advocates etc. enrolled themselves as subscribers of the journal. The next subject of importance which is engaging the attention of the profession as well as the public and about which he wished to write was Vitamins. The first article of the series is published in the current issue and other articles may follow if we are able to decipher the manuscript written by him in pencil.

He was a profound scholar and led the life of a student till a few hours before his death. The last book he had been reading was on Vitamin Cardiology (A new outlook on

the prevention of heart failure) by Bruce Williamson,which book he finished reading on the 1st November 34, the day previous to his death. Is it not indeed a very strange and sad coincidence that he should have succumbed to failure of heart, a condition which he was trying to master?

His thirst for knowledge was so voracious that there was not a single up to date publication treating with Medical and Sanitary Science in the Madras University library which he did not read. He was not satisfied with going through books but took down notes and arranged them in an alphabetical order, ready for future reference. Notes on Treatment of Diseases which we have been publishing in The Medical Practitioner ever since 1929 were a copy of his notes jotted down by him in the course of his reading. Important domestic events of his own household and others of public importance were committed by him to writing which he did with his own hand and in one of the volumes of such memoirs written by him on 25-9-'15 it was most strange and yet heartrending to see a prediction jotted by him to the effect that he would die in his 67th year on an Ekadesi day in Tula masam—exactly the day of his passing away. We had been in intimate touch with him for the past five years and never did he mention to us about this prediction; but from what we could judge, being with him at the time when the noble soul was trying to get out of his frail body with no indication of pain and suffering, so peacefully and resignedly we could conjecture that he remembered what he wrote about his end.

He led a life of sacrifice and service and gave the benefit of his knowledge to the public free. Sree Ramakrishna Mutt at Madras has been running an outpatient department for the treatment of the poor. Dr. Krishnamurthi Ayyar offered his services as the Honorary Medical Superintendent of the dispensary a few years ago and from that time the number of patients attending the outpatient department rose from an average of twenty persons a day to over three hundred which number he treated at the dispensary on the morning of 2nd November till 10 A.M. and laid down his life at 5-15 P. M. that day. His ideal of sacrifice and service was indeed of a very high order.

Having spent the major portion of his active life as a Sanitary Commissioner in foreign service, the profession knew very little of Dr. Krishnamurthi Ayyar till he retired from service and settled himself in Madras in 1924. Ever since, he took keen interest in matters relating to public health. He was a moving figure in the Neo Malthusian League activities, was the Honorary Secretary of the Madras Branch and edited a journal for doing propaganda about the activities of that league. The services rendered by him to the members of the profession through the columns of The Medical Practitioner were duly recognized by them and the Graduate section of the profession unanimously elected him in June 34 to a seat in the Madras Medical Council which fell vacant due to the death of Dr. S. Rangachari, the only other candidate who wished to contest the same seat having withdrawn in favour Dr. Krishnamurthi Ayyar. He attended the meeting of the October Session of the Madras Medical Council on the 29th October and took keen interest in its deliberations having moved four important resolutions referred to in the News and Comments columns of the September issue of the journal. Alas ! the profession is very unlucky being deprived of the services of Dr. Krishnamurthi Ayyar by the cruel hand of Death.

Our loss is indeed great, nay, irreparable. We cannot do anything more, than meekly submit to the will of God and pray that our beloved and revered Krishnamurthi Ayyar be blessed with everlasting bliss. May He help us to fill the void in our office in the near future. Before closing we express our heartfelt sympathies to his only son and four daughters and pray Almighty to give them sufficient strength to bear the loss of their departed beloved father who was as useful to the profession and to the public as he was to his household.

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## OURSELVES.

Our inability to publish the journal in time has put us in an unpleasant situation due to our calamity, the sudden and unexpected death of our Senior Editor. In case we were able to publish the October issue in the month of October itself as we have been doing hitherto, we would not have had the sad duty of reporting about the passing away of our Senior Editor in the October issue though the event took place in the month of November. So, what we might have narrated about ourselves in these columns must necessariiy be altered to suit the report of our calamity. The sad event did necessarily mar the narration of the activities of the journal for the last five years to the extent that we are to-day not in a position to take advantage of one of the most eventful achievements of the journal i.e., about our Senior Editor being elected as a member of the Madras Medical Council.

The Medical Practitioner has just finished the fifth year of its active and useful life and is being ushered into the sixth year. The appeal we made to the members of the profession last year in these columns has not been in vain. We had very valuable contributions from the members of the profession of all grades not excluding the members of the I. M. S. and we express our heartfelt gratitude to one and all of them not only on our behalf but on behalf of our readers who form the largest section of the profession in India, as the territory of the activities of the journal comprises all the provinces in India including Burma and the Indian States.

We did not relax our activities regarding subjects affecting the life and prosperity of the profession and our touch with the members of the profession in other provinces made it possible for us to discuss problems affecting the profession in the other provinces as well. It has been our aim to bring about uniformity not only in the matter of Medical Administration in this country but with regard to the activities of the members of the independent Medical Profession in connection with the reforms in Medical Education, Honorary Medical Service, Rural Medical Relief and such other problems affecting the life and prosperity of the profession as a whole. We are glad to note that signs are not wanting to make us realise that what we have been aiming at is likely to come to pass in the near future. As referred to in these columns last year on this occasion, the authorities of the Calcutta University are seriously considering the desirability of allowing the Medical Licentiates of Bengal to qualify for the M. B. B. S degree. We are authoritatively informed that but for the indiscretion of a few overzealous and fussy members of the All India Medical Licentiates' Association in U. P. there would have been a possibility of the Government of that province considering the necessity of increasing the course of instruction in Medical Schools to five years. And if in other provinces the Governments are callous in not bringing about the necessary reforms of improving the Medical Education in schools, the fault lies in the Medical Licentiates themselves in not agitating in the way their brethren have been doing in Madras with the active help and support of the other members of the profession. Every year we have been pointing out to the Indian Medical Association the necessity of organizing an All India Rural Medical Relief Scheme and put the same into action with or without the help of subsidy from the Government or local bodies and we are glad to hear that the Central Council of the Indian Medical Association have recently appointed a Sub-Committee to go into this question and formulate a scheme to be placed before the All India Annual gathering which meets at Delhi during the Christmas.

We have been zealously and vigilantly guarding the interests of the independent Medical Profession in other spheres as well, affecting their prosperity and pointing out to the authorities the necessity and desirability of treating all the members of the Medical Profession alike in the matter of issuing of the Medical Certificates without showing invidious distinction in this respect, between official and non-official members. As a result, the baneful procedure of getting countersignatures of the Government Medical Officers on the certificates issued by the private medical practitioners, has been done away with; but unfortunately yet another equally objectionable procedure has been substituted which permits the Heads of the Departments to take a second opinion from the Government Medical Officers, on the certificates issued by private practitioners. We pointed out the necessity of starting an All India agitation not only with regard to this

new procedure but also with regard to the discourtesy shown to the members of the profession especially the Medical Licentiates by the Insurance Companies in not treating all the members of the Medical Profession alike with regard to the issuing of Medical Certificates in Insurance cases. Both these were the subjects of discussion at the annual gatherings of the Medical Licentiates and the Indian Medical Association but we regret to note that neither of these two associations nor the other medical associations in India have seriously taken up these questions to the extent they ought to have.

The Medical Practitioner was brought into existence primarily to level up the Medical Profession in this country and raise it to a level as obtaining in other civilised countries. It has been doing propaganda and service in this direction to the utmost of its capacities and what little was earned by the management, is not hoarded up but spent in increasing the circulation of the journal which now exceeds 6,000 copies a month and it will be possible for us to continue this service only in case those to whom we have been appealing, help us and co-operate with us. We sincerely hope that our appeal to the members of the profession of all grades will be appreciated in the spirit it is made. Our columns and our services are kept at the disposal of the profession and we are ever ready to help individuals and groups of individuals anywhere and everywhere in India and make our activities felt by those to whom they concern.



# Original Articles

## VITAMINS.

By

DR. M. S. KRISHNAMURTHI AYYAR, M. B. C. M.

After finishing the subject of Endocrinology, it is necessary to treat the subject of vitamins as these two are intimately connected with each other. It is said that Vitamins are to the Endocrine glands what the Endocrine glands are to the economy of the body as a whole. It is further said that the vitamins are the activators of Endocrine glands. One writer has aptly called the Vitamin, "Food Harmones." Vitamins are called exogenous harmones while the internal secretions are called endogenous harmones.

So late as the end of the nineteenth century what may be described as the natural elements of food—the protein, fats, and carbohydrates were considered the fundamental factors in the diet of animals. It was known that in spite of containing these constituents, certain food stuffs produced scurvey which could be prevented by the addition in the diet of certain fresh vegetables and fruits. There also existed emperical knowledge that Beriberi could, in some instances, be cured by a change from the normal diet. The close of the nineteenth century and the beginning of the twentieth saw the commencement of a series of investigations by various workers which established the fact that, in addition to the proteins, fats and carbo-hydrates in food, certain accessory substances known as Vitamins are essential if healthy growth is to be obtained and maintained. It was thought first that vitamins were related to "amines" but subsequently found out that they were not amines and hence they are called Vitamins instead of vitamines. The Vitamins are primarily formed during the synthetic activities of the green plants on the land or those of algae or other similar organisms in the sea. From these they are transformed to the tissues of animals, terrestial or marine. One vitamin, however, is found synthetized in the organs of certain animal species.





Col. McCarrison (now Major-General Sir McCarrison) summarises the functions of Vitamins as follows:

(1) Vitamins are constant constituents of living tissues though present in small quantities and the maintenance of health is dependent on their action.

(2) Vitamins do not themselves contribute to the energy supply of the body but facilitate utilization by it of protein, fats and carbo-hydrates and salts of food.

(3) Proteins, fats, carbo-hydrates and salts cannot support life without vitamins nor vitamins without the proximate principles; they are complimentary to each other. Without the vitamins the body starves.

(4) A distinct relationship exists between the amount of vitamins required and the balance of food proximate principles, the efficacy of vitamins depending upon the composition of food mixture.

(5) A distinct relation exists between the amount of vitamins required and the rate of metabolic process.

(6) Each vitamin plays a specific part in nutrition.

(7) It appears that Vitamin A is associated with the metabolism of lipoids and calcium as well as the chemical reaction requisite for growth and maintenance.

(8) Vitamin B is associated with the metabolism of carbo-hydrates and with the chemical reaction and functional perfection of all cells particularly nerve cells.

(9) Vitamin C is associated with the metabolism of calcium and with the chemical reaction of growing tissues.

(10) All vitamins are concerned with the maintenance of orderly balance between the destructive and constructive cellular processes.

(11) One vitamin cannot replace another, though its function may be interfered with by the absence of another.

(12) The final results of their efficiency is the same whatever may be the degree of deprivation, the greater deprivation, the more rapid is the onset of the symptoms due to it; the lesser the deprivation the slower is the onset of the symptoms due to it.

(13) Each vitamin exercises a specific influence on the adrenal glands, the effect of its deprivation on the organs is one of the most outstanding feature of deficiency diseases.

(14) Vitamins influence markedly the production of hormones and all external secretions.

(15) There is reason to believe that the capacity of any given cell for work is impaired in proportion to the degree of vitamin starvation.

(16) Vitamins aid the tissues in resisting infection.

(17) Vitamins are one link in the chain of essential substances requisite for the harmonious regulation of chemical processes of healthy cellurla action. If the link is broken, harmony ceases and disease commences.

(18) Vitamins—especially B induce a desire for food.

(19) The place of vitamin in human economy must be considered in connection with metabolism as a whole and in connection with their relationship to endocrine regulators of metabolic process. Vitamin A. D & E are known as "fat soluble" since they are found associated with and are soluble in certain fats and oils. Vitamin B, C and G are "water soluble" as they are found in water juices of fresh fruits and vegetables.

### VITAMIN A.

PHYSICAL AND CHEMICAL PROPERTIES: It is found in the unsaponifiable portion of natural fats and oils which contain vitamins. It withstands heat to a large extent as high as 120° C but is destroyed by aeration at ordinary temperatures and more rapidly if ozone is employed. It cannot be produced by radiations upon the animal organism (Ergosteral) or upon natural food stuff composing the diets. The physiological activity of Vitamin A preparations does not appear to be impaired by chemical treatments which involve relations with hydroxyl groups, e. g., acetylation, benzoylation, etc., but on the other hand, oxidation, hydrogenation, bromination, lead to its complete destruction.

QUALITATIVE TESTS. On addition of Sulphuric acid to substances containing Vitamin A a purple colour is developed. Arsenic trichloride and similar agents give a blue colouration. By substituting antimony trichloride for arsenic trichloride and

using Lovibond's graded colour glasses, it is possible to measure accurately and compare the colour values of different oils, containing Vitamin A. The reaction is carried out by mixing chloroform solution to the oil and the reagent.

RELATION TO CAROTENE: The relation of Vitamin A to carotene is summarised as follows:

Carotene (1) synthesized in the plant (2) orange red colour (3) 328 m$\mu$ absorption band absent (4) greenish blue Sb. $Cl_3$ reaction present (5) absorption at 590 m$\mu$.

Vitamin A of Liver Oil (1) stored in animal. (2.) almost colourless (3.) 328 m$\mu$ absorption band present. (4.) vivid blue Sb $Cl_3$ reaction present. (5.) absorption at 572 and 606 m$\mu$. It has been shown that chestnut, nettle, carrots and leaves of spinach; etc., possess the same elementary composition but vary in their optical activity. The dextrorotatory component is called *D* carotene and the lavorotatory form is called *B* carotene. The former is more soluble than the latter,

THE FUNCTIONS OF VITAMIN A. It promotes growth and maintenance of health. It promotes appetite and digestion. It prevents infection.

THE EFFECTS OF DEFICIENCY OR ABSENCE OF VITAMIN A: The loss of vitamin A is followed by the involvement of epithelium, nerve tissues and of connective tissues. There will be loss of appetite, retardation of growth and development. It will cause susceptibility to diseases of the eye, ear, kidneys, air passages, lungs, skin and bladder. It will influence prejudicially reproduction either by producing failure of ovulation or reabsorption of foetus. Xerophthalmia is produced; night blindness is developed, as vitamin A is said to exist in the retina. It causes secondary anaemia and excessive growth of lymphoid tissue. Causes Thrombopenia. Keratinization of epithelial cells.

Before proceeding with the source of supply, it may be pointed out that as Vitamin A does not withstand oxidation, though it may stand a temperature of $120^0$ C it is necessary to prevent oxidation in cooking food stuff. In the case of butter which contains both Vitamin A and D, the practice of boiling milk before adding rennet or buttermilk to it, as is done now in Indian houses—should be abandoned. Rennet or butter milk may be added to the fresh drawn milk for the preparation of butter. If it is bad to boil milk for the preparation of butter, it is worse to melt butter for the manufacture of ghee. The butter may be used as such though it may not be possible to keep it for a number of days.

FOOD STUFF OF VEGETABLE ORIGIN CONTAINING VITAMIN A. It may be said that as a general rule seeds of plants contain the smallest quantity of vitamin A, the leaves the largest quantity, and tubers intermediate. As vitamin A is related to carotene it is contained in all vegetable with yellow colour such as carrots, yellow maize, all green vegetables, spinach, cabbage lettuce, brussels, sprouts, green peas, French astichoke, yellow sweet potatoes. tomatoes, banana, dates, papaya, mangoes, alfalfa etc. Animal Source—liver of animals, especially those which subsist on green vegetables, Cod Liver Oil and other fish oils, particularly Halibut fish, yolk of eggs, milk.

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## HYPOPYON ULCER OF THE CORNEA,

by

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Among the causes of blindness in this country, Corneal Ulcer with its sequelae is probably the chief. The fact that most of the eyes blinded by this ulcer could have been saved adds to its poignancy. If only treated properly and that immediately, much of the growing amount of blindness in this country could be prevented. But, as long as there is sparsity of medical relief in the mofussil, we cannot expect much; and, even the medical practitioners in charge of the sparsely situated dispensaries are hardly trained to do any useful work in these emergent conditions. If only this paper could impress on them the care they ought to bestow on these cases and show them a safe line of treatment, at least such cases which come to them immediately after the onset will have a favourable chance.





My purpose here then will not be to deal in detail with the aetiology, pathology etc., of the disease, but only to point out the commonest causes and the usual course of a corneal ulcer, especially of the hypopyon variety, as observed in cases coming to this hospital, and the general line of treatment as adopted here.

The worst types and the largest number of corneal ulcers are met with generally in the sowing and the reaping seasons, splashing of mud into the eye, whipping with the tail of a bull, splashing of stalks, injury with the twig of a tree, and such other accidents which a common village peasant is likely to come across are the most frequent complaints.

What occurs in these cases is this. There is an injury to the corneal epithelium and the materials causing the trauma are nearly always infected with virulent micro-organisms. The defect in the epithelium infected by these organisms spreads out as a big ulcer, especially where the man's resistance is poor and destroys the cornea and his sight ultimately.

In many instances, there is a heavy infective material in the eye itself. The conjunctiva itself may be infected, or as is often the case, there is pus in the lachrymal sac consisting of virulent pneumococci. In these conditions, as long as the corneal epithelium is intact, there is no danger to the eye, but when once the epithelium is abraded, there is an invasion of these micro-organisms into the cornea with subsquent destruction of its tissues.

Quite often it happens, an ordinary small abrasion is made worse by applying dirty, irritant quack remedies. Not infrequently, we see a badly managed foreign body in the cornea. Usually a Kurava Woman tries to take it out with her tongue!

I need not dwell much on the course of the ulcer. The abraded portion of the cornea gets infected, and the infection creeps in more between the layers of the cornea than straight down through its depth. Leucocytes appear early at the spot, and if the resistence of the patient is good, the progress of the infection is stopped. But if the residence be poor, as in old people especially, the ulcer quickly spreads on. There is a gradual infiltration all around or at one particular side with the destruction of tissues overhead till the whole cornea is lost.

In the meanwhile, owing to the severe reaction, there is a collection of sterile pus in the anterior chamber. This is what is called hypopyon. Though it denotes the response of the ciliary body to the infection, it frequently raises the intraoccular tension and prevents the proper lymph supply to the cornea, thus aiding the spread of the ulcer.

An infection at the same time in the conjunctiva or in the lachrymal sac or in both is the gravest source of danger as it affords an easy means of supplying the infective material. The progress of the ulcer is generally quick, vigorous and highly destructive. The whole cornea is very soon destroyed. If the ulcer has affected the whole depth of the cornea, the infection goes deeper down into the eye causing panophthalmitis. In perforations at a particular place the most favourable result that could be expected is a leukoma-adherans. A partial destruction of the corneal layers leads to a staphyloma.

But it must be remembered, all these come in quick succession and the patient is experiencing a severe pain at the same time. So, the treatment must be quick and effective. And if the doctors in charge of the mofussil dispensaries to whom these cases come early are anxious to treat these cases properly, it will be a real boon.

The best advice, a general doctor can give to a patient with corneal ulcer will be to go to a specialist immediately. We know how some of the hypopyon ulcers are most resistant to treatment and what great care and special knowledge are required to treat the condition present in a proper manner. If the patient can afford it, the general doctor should not keep the case in his hands but send him on immediately to a special hospital.

My further remarks are only for the treatment of that great number of our unfortunate countrymen, who have not the means to afford to travel a long distance to go to an eye hospital. The usual routine treatment for a corneal ulcer in a mofussil dispensary generally consists of atropine, yellow ointment and bandage. But in very few conditions of corneal ulcers all these go together.

When the patient comes to you with a foreign body of the cornea, try to take it

out with as little injury as possible to the deeper layers of the cornea. If you think it is infected, wash the eye well both before and after removal with any mild antiseptic lotion. We prefer Rivanol solution 1 in 1,000. It is a non-irritating but potent antiseptic. Then apply any mild, antiseptic, emolient ointment and bandage the eye. We use Collargol ointment 1%. It helps in the quick regeneration of the lost epithelium. A bandage here is necessary to prevent the rubbing of the lids over the ulcer and causing pain and also to keep the eye free from an external infection. In these superficial ulcers, the superficial endings of the corneal nerves are exposed and so they are very painful. Aspirine internally will be greatly appreciated in such cases. Atropine drops are not necessary.

In superficial scratches where there is not much loss of tissue, the treatment is the same. But this treatment is applied only when the conjunctiva or the sac is not infected. If there is a conjunctivitis, a brushing of the palpebral conjunctiva with silver nitrate solution 2% and application of an emolient ointment in the afternoon are indicated. The eye should not be bandaged in such cases. If you shut up such an eye, you close the exit for the discharge and help in its accumulation over the ulcer favouring the spread of the infection.

Where the lachrymal sac is infected or even there be a simple regurgitation, it should be excised immediately. As long as this is not done, there is no use whatever in trying to treat the ulcer. In dacryocystitis, the commonest organism found in the pus is the virulent pneumococcus. As long as the epithelium is intact, it cannot enter the cornea. But when once there is an abrasion, the pneumococcus invades the ulcer and causes a quick infiltration of the corneal layers. Hence, the immediate and urgent necessity of first excising the lachrymal sac even in the mildest scratch on the cornea, if dacryocystitis be present. Sometimes, a day's delay may mean the destruction of over half the cornea.

When the patient comes with an infected ulcer a more vigorous treatment is needed. The ulcer looks sloughly, with yellowish infiltration around or on one side. The whole eye is red and extremely painful. There is also present a hypopyon of varying degree. The following is the routine treatment adopted in this hospital in such hypopyon ulcers. The eye is anaesthetised with a few drops of Pantocaine 1% on the surface, together with a retrobulbar injection 1 in 500, Pantocaine to block the ciliary ganglion. The conjunctival sac is flushed with Rivanol solution 1 in 1,000 strength. The ulcer, especially the pussy, infiltrating margin, is well cauterised with an ordinary heat cautery. (Any fine pointed steel piece will do). One should not be overzealous to spare the tissues from destruction by heat. It is only a complete and effective cauterisation that tells, and the cauterisation should be aimed more at the infiltration margin than at the raw surface itself. The chamber is then opened with a small incision in the lower limbus, with either a cataract knife or a keratome. This not only gives an outlet for the hypopyon, but also relieves the tension, facilitating a free flow of lymph and the washing out of the toxins, besides supplying nutrition to the affected parts. The eye is washed again and bandaged after giving one drop of atropine 1% and zinc ointment 1%. This bandage is allowed only for a day. If there is no hypopyon, and no keratomy is made there is no need for a bandage at all.

When dacryocystitis is present, the sac is removed at the same time. An intramuscular injection of milk of about 6 to 10 c. c. is given to raise the resistance of the patient. Aspirine should not be given on the day of this milk injection.

On the second morning, the ulcer usually looks better. If there is any further extension, the infiltrating area is cauterised again. Otherwise, the eye is washed with Rivanol solution and left open with an application of zinc ointment and atropine drops. If there is pain, aspirine may be given. Hexamin internally is useful in some cases. Attention should also be paid to proper diet, rest, bowel action etc., which help a good deal towards a quick healing.

On the third day most of the ulcers look good, but if there is a formation of hypopyon again the chamber is opened again at the same place and the milk injection repeated. Another cauterisation may be necessary if the ulcer is still spreading.





Rivanol irrigation is continued if the conjunctiva still shows discharge. This sort of treatment is repeated till the ulcer looks clean and healthy. But in most cases the first day's vigorous treatment is enough.

When the infiltration is stopped and the epithelium covers over the ulcer area, yellow ointment may be started and continued till the inflammation in the eye has completely subsided.

It is worth repeating some important things observed in the treatment:—

(1) The infiltrating margin of the ulcer should be thoroughly cauterised.

(2) The sac should be excised immediately if infected.

(3) Milk injection should not be forgotten.

(4) No aspirine should be given on the day of milk injection.

(5) The eye should not be bandaged except on the day of keratomy.

(6) Yellow ointment should not be used, until the epithelium covers over the ulcer area.

(7) There is no necessity for atropine in superficial ulcers.

(8) Hot fomentations are inadvisable.

There are various drugs and methods advised in the text-books for the treatment of a corneal ulcer and each has its own value for a particular condition. The general practitioner cannot be expected to diagnose that particular condition and adjust the treatment. The treatment I have suggested above is one which can with safety be used as a routine method.

After the healing of the ulcer, there is often reason to send the patient to an eye hospital for further necessary treatment, as iridectomy, tattooing etc.

Before closing, I would like to mention a word about prophylaxis. Whenever you come across a patient with a chronic dacryocystitis, advise him strongly to have the sac excised, since it is a potential danger to the eye. When a patient comes even with a mere scratch on the cornea, or with a small ulcer, don't treat it lightly. Give it your undivided personal attention daily, till it is completely healed.

Lastly, if you have not got the time and facility for treating a corneal ulcer properly, please, for the sake of the patient's precious sight, send him on to a specialist immediately.

I am much indebted to Dr. F. Ysander, M.D., Chief Medical Officer, for his valued suggestions in preparing this article and for his kind permission to publish it.

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# Abstracts

## Deferring old age through the Endocrines.

By

J. S. LANGFORD, M.D.,
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Life is glorious in youth when the rich blood flows tumultously and stirs the body and mind into thrilling action. The mind is alert; the heart is full of hope; ambition lures and life is great. It seems that no obstacle can come that cannot be surmounted by energetic and imperious action. Even when difficulties arise, handicaps, disease, discouragement, still life is sweet and precious at this age when the body is young and buoyant and the endocrine glands are functioning generously.

The thyroid secretion energizes the brain into action and its function is to turn activated by the suprarenal secretion, with the gonads also playing a part. Mental capacity and achievement depend upon the proper functioning of these important glands. If they are up to a high standard and well balanced in their inter-relations, the youth passes on into mature years with good prospects of a successful life. If function is poor and unbalanced, the chances are against a profitable existence in health and mental achievement, in spiritual values and in happiness. If there is great abnormality, there may be borderline insanity and the individual is, in part at least, incapaciated erratic, queer, unsuccessful and may be a menace to his family and neighbours. If function is greatly impaired he may be frankly psychotic.

One important thing, therefore in deferring old age, is that the endocrine system shall be studied by a competent physician in youth, the deficiencies and excesses controlled, and the body brought through the adolescent years in the best possible condition. It is surprising what may be accom-

plished by the proper care of the endocrine system in the growing years by indicated organotherapy and by the proper regulation of the habits of life and everything that will promote the functioning powers and the proper balance of these glands. Then, when active business life begins, there is a fair chance for success. The best time, therefore, to defer old age is in youth when by temperate and correct habits of life and by developing a splendid and beautiful body by physical training, diet and wholesome thought, preparation can be made for service and happiness.

### MATURITY AND THE BUSY YEARS.

Life softens somewhat when the maturer years come and we are able to realise that some of our ambitions and hopes have been unreasonable; that we cannot reform the world; we cannot achieve what we thought was possible. But we pass into the middle, active years determined to make every possible effort to achive success; to love and be loved. To provide for a family; to do big things if possible; to do everything that we can to make life worth while. Life is fine and full during these busy years, if we are not too much discouraged by seemingly insurmountable obstacles. And even then it will happen sometimes that our greatest difficulties spur us to extra endeavour and lead us on to great achievement when it seemed impossible.

We all want to live when there is any promise or hope in life at all. Few, even the very ill, want to die. The physician sometimes sees a patient who is hopelessly ill, bound in the shackles of disease so that there can be no escape; entirely incapaciatated, and yet filled with an intense desire to live. Others may do, but death is distant and unconsidered by the most of us. After all, it is not death but decay that concerns us and makes us think.

Youth is so full of desire and joy that life rides us in a mad race, like the jockey on the race horse, and we do not have time to think; and in the middle years we are so engaged, in supreme effort to succeed in some profession, occupation, trade or in politics; to be in the lead in the race for the best things in life, that we do not stop to consider. Life is too busy for thought; we can't stop even to learn how to live in the right way.

If we would live long we must live right; live wisely in thought and work, avoiding all excesses; giving body and mind a chance for health. More men and women kill themselves by work and worry and by overeating than are killed by disease and automobiles.

When growth and development are complete, so far as the body is concerned; when the organ of intellect is matured to a good standard, we should not strain and injure these fine structures. Work is honorable and necessary to contentment, but a man should not become slave to his work and try to carry impossible burdens. The expenditure of energy should be judiciously directed without undue stress and should be sufficient to perfect physical development. Particularly should we not worry and strain the posterior part of the pituitary body, which governs a wide field in the emotional life. Herein lie great things pertaining to art, literature, music, the songs of life and many things concerning life at its best, as well as life at its worst, if we suffer anger, jealousy, envy or hatred to dominate us. Exhibitions of anger, fear of impending evil, every trouble that hurts what we call the human heart, should be avoided. Here the pituitary is involved.

When the gonads have come to maturity one of the greatest essentials in health is to avoid devastating excesses. Reasonable use of this great system tends to promote health and prolong life, but abuse is disastrous. The thyroid, with its multiplicity of functions, must be conserved within reasonable bounds and not overstimulated by senseless speed in life. The suprarenals, in addition to being the organs for the maintenance of functions of many organs, are the glands of emergency. We live upon this secretion in fighting all the battles of life, and the burdens should be kept at a point that can be borne and body and mind not ridden to destruction. It is not work, but worry, that kills. If we hurry and worry and endure strain beyond reason, it may be that we can accomplish more for a while, but in the end we may become neurasthenic and be greatly handicapped. It is well, therefore, to live temperately in all things—in food, drink, business; to have some exercise and play and not tax the liver and kidneys by overeating.





Veritably, if we have a good inheritance in blood and live correctly, we can preserve the endocrines and all the other organs in good working condition throughout a long life.

A man should have forty good years of active service, and then a little time to philosophize. If he pays proper attention to the laws of Health and lives wisely and happily, he will probably not break before three score years and ten or later, provided always that his ancestral blood is good. Life will move steadily onward in reasonable success if he does not tear down the endocrine system by various excesses, for this miraculous system of glands is at the very basis of life, function, mind and spirit. If we can maintain the endocrines at high functioning power old age will be deferred.

### OLD AGE.

Plain signs of old age must come at last. The body creeks and groans in the joints and hinges; that great organ, the skin is dry, wrinkled and rough, and the body is shrunken; the muscles for sore and the bones ache; but some men and women, at this period of life, can still be content as the shadows lengthen.

At the recent meeting of the American Academy for the Advancement of Science, Professor Judson, C. Herrick of the University of Chicago, discussed man's brain. It is so extensive and so great in its possibilities that we cannot begin to comprehend its magnitude. The illimitable and incomprehensible distances of space are not comparable to the marvels of this organ of intellect—ten to fourteen millions of nerve cells, every one an electric battery and all inter-connected by 'telephone line' of communication, and all working in perfect harmony in the normal individual.

Dr. Robert T. Morris, in a remarkable little book, "Microbes and Men," written nearly twenty years ago, foreshadowed the relation of electricity to the operations of the human mind. His views were largely theoretical but based on sound sense, and were strangely prophetic. Crile has backed up these findings and expresses the opinion that the brain undoubtedly is an electric mechanism. Morris is a great thinker and Crile an accurate experimenter.

If Morris, Crile, and Herrick are correct or are near the truth at least, that the brain is the instrument of the mind, actually coordinating thought and all mental operations through the working of a human-dynamo, the question arises, how is it operated? The great Sajous and scores of his followers have demonstrated that the endocrine gland system runs and governs through its chemistry, this great and delicate machine—not only the mind with all its powers, but the body and all of its organs and functions.

In evolution, in the first place, governing development of the brain, comes the influence of the anterior portion of the pituitary body and the gonads, fixing the intellectual organ and its possibilities, as well as body growth and sex determination. In the second place, the posterior portion of the pituitary is the site of sensation and emotion and all that is great in love, art, literature and music; closely related to the emotional things of life that are alone worth while. Third, the thyroid is the supreme organ in stimulating the brain to thought and action, in addition to many other functions. And fourth, the suprarenal secretion activates the thyroid, as well as caring for numerous other functions, including the oxygenation of the blood, the governance of the temperature of the body and the blood pressure, the stabilization of the kidney function and aiding the pancreas and liver in carbohydrate digestion. Creative work in life depends upon the normal functioning power of all these glands. They must function well if we would have old age pass us by until the good old years have come, for advancing old age is nothing more than a failure of the functions of the endocrines.

The great Incas worshipped the raising sun, but they bowed also when he departed. So man must bow to the inevitable. Glancing back over the trail that we have travelled, we see much evidence of wreck and ruin; many things that we could have done to have made life greater, steadier and grander in youth: more potential in the years of maturity. In retrospect we find that the splendid, majestic mountain of hope has diminished and is now an indifferent little hill.

What more can we do to defer this unhappy day of age; to live a few more

years ; to spend the extended years of life in further usefulness, seeking further enjoyment mental and spiritual even though the body is failing in its function?

This: Scientists tell us, and with good reason, that we use only about one-twentieth of the brain in ordinary life. We can live longer by bringing into action unused areas of the brain ; and it is perfectly feasible that this can be done ; that new portions of this great cerebral structure can be put to work by will power by extra endeavour in the study of science, language, philosophy, psychology, biology, botany, geology ; in active constructive thought along new lines—something new every day, to broaden consciousness in scope, in richer, deeper thought, in search of truth over a wider region of the field of life. There can be no doubt but that new and different parts of the brain can be put into action, and this is new life and will keep us younger. In this way a substantial modicum of youth can be maintained and old age can be deferred until some suitable distant day when we will be more willing to view the fading sunset that must come to us all.

Finally, pluriglandular therapy, according to indications, used wisely and consistently, will do much to defer old age and prolong useful years with a full measure of the joys of life.

(*Clinical Medicine and Surgery, June 1934.*)

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# Notes on Therapeutics, Diagnosis and other Medical Subjects.

## Treatment of Carbuncles.

Dr. R. Stewart MacArthur M.D., writes in "Clinical Medicine and Surgery" America, that the application of a cold evaporating lotion reduces the inflammation, limits the size of the carbuncle (may even abort it) and lessens the duration of the disability. The formula of the lotion is:

R
Plumbi Acetat. drs. 4.
Alcohol denat. drs. 4.
Aq. Dest. p.s. ad ozs. 16.

In addition, the patient should have an injection of furunculosis vaccine every third or fourth day, beginning with 4 minims and gradually increasing the dose until 30 minims are given at a single dose.

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## Vitamin A in Pregnancy and Lactation.

When a concentrated cod-liver oil preparation is given to lactating rats, the nursing young rats show a much better growth than the controls.

Cod-liver oil exerts a favourable influence on nursing mothers and several hundred observations have shown that, in women who, during the last months of gestation, had been given additional quantities of vitamin A, the incidence of febrile complications is four times as small as in other women—Drs. H. Fasold and H. Peters, in Munch. Med. Wchnschr., Sept. 8, 1933.

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## Staphylectomy to prevent Colds.

A careful study, will follow-up methods, reveals that staphylectomy (complete removal of the vulva) checks susceptibility to "colds" to the extent of more than 50 per cent.

The "soft palate," or vulva, is an evolutionary remnant, and its removal is attended by no unpleasant results—Dr. Arthur E. Ewens, Atlantic city, N.J., in Virginia Med. Monthly, April 1934.

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## Epinephrin in Labor.

Epinephrin, given hypodermically in doses of from 3 to 15 minims will relax uterine contractions for a time. It is, therefore, of value in relieving contraction rings and irritable uterus in labor; given along with anesthesia in the second stage, where indicated, it may minimize the trauma due to precipitate expulsion; and it partially counteracts the effects of pituitrin given unwisely—Dr. Samuel L. Dodek in Med. Ann. Dist. of Columbia, Feb. 1933.

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## Cod-liver oil Concentrate in Chronic Gonorrhoea.

BY

Dr. DAVID STEIN, M.D.

Of a group of 92 rats fed on diets deficient in vitamin A, 44 per cent showed infections of the genitourinary tract; while a control group of 50 rats, on the same diet with the addition of cod-liver oil, showed none. This is in accordance with several reports showing that a deficiency of vitamin A predisposes to abnormalities of the mucous membranes of animals.

On this basis I experimented with the addition of cod-liver oil concentrate tablets (since the whole oil is objectionable to many and the fatty acids are of no importance in such cases) in the treatment of a number of cases of chronic gonorrhoea, and found the results highly satisfactory in clearing up cases which had been refractory. Three tablets were given, three times a day.

(*Clinical Medicine and Surgery, July* 34.)





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## Therapeutics of Filix Mas and Ol. Ricini.

W. Kuck (Med. Welt. May 12th, 1934 p. 661) notes that while all are agreed as to the efficacy of extract of male fern and its dosage, some still consider its combination with castor oil as dangerous while others hold that the risk of poisoning is reduced if caster oil is given at the same time or a little later. The investigations of Fahin have revealed the publication of forty-six cases of poisoning by extract of male fern during the past forty years. In as many as thirty-seven of these cases no castor oil was given. In three of the nine cases in which it was given the dosage of the vermifuge had been far too great. In another case it was probale that the poisoning was due to idiosyncrasy to male fern, and there remained, therefore, only five cases in which the combination of castor oil with a normal dose of male fern coincided with poisoning by it. The author has himself combined extract of male fern with castor oil in 123 cases without any mishap other than the occasional return of the drug by vomiting. He gives the extract (8 grams for a man, 6 grams for a woman, and 4 grams or less for a child) with a mixture of castor oil and malt extract, and as the treatment is apt to be heroic he does not recommed it for elderly folk, nor for the subjects of acute diseases, uncompensated heart disease, aneurysm of the aorta, and abdominal disorders nor during pregnancy and the puerperium, nor for persons subject to haemorrhage from the gastro-intestinal tract. The oldfashioned preliminary treatment of the patient is not only weakening, but also favours absorption of, and poisoning by, the extract. Even able-bodied persons should be kept in bed so as to lesson the chances of vomiting,

(*B. M. J. Aug.* 4 1934.)

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## Headaches and Ocular Diseases.

B. L. Gordon (Arch of Ophthalmol. May 1934 P. 769) basing his findings on 1,339 cases, believes that ocular pain is extracranial, and is reflexly seated in the muscles of the head. Heredity plays an important part, the Semitic, Celtic and Italian races being more prone to headaches. Impaired health, nervous exhaustion, and neurasthenia are predisposing factors. He recognises three classes of ocular headache : organic ; due to retinal irritation ; and to eye strain. The organic type is exemplified in glaucoma, iritis, retrobulbar neuritis, and choroiditis. Retinal irritation follows exposure to the sun's rays, lightning, electric flashes, X-rays, and coloured silks, and is associated with local ocular signs of congestion and inflammation. He found 60 per cent of his cases had headache due to eye strain. The topographical site of the pain is suggestive of the type of ocular trouble, and he gives charts showing the different areas affected in various ocular defects. Astigmatism accounts for most cases of headache. It is the low degree of ametropia and muscle imbalance, unsuspected because the vision is normal, that causes most severe headaches. With a low error the patient struggles to overcome it, while with a larger one the attempt is abandoned. A weak correcting glass should be worn, even though it blurs the distance vision. Headache is rare in monocular people because the complexity of fusion, with its associated muscular adjustments, is eliminated. Disappearance of a headache when one eye is covered always suggests heterophonia and it is a safe practice to consider all headaches as ocular until proved otherwise. Headache due to organic disease is persistent with exacerbations, while that due to eye strain is relieved or abolished by resting the eyes. Of other types of headache the nephritic is throbbing, migratory, and often associated with vertigo and tinnitus; the uterine is occipital, radiating, and sharp; the anaemic is

pressing in character ; the hysterical is as if a nail is being driven into the vertex; the neurasthenic is like a tight hand, worse in the morning, and the migrainous has a persistent similarity and periodicity. Careless refraction increases headache, and ill-fitting glasses will make matters worse, however careful the refraction. Finally, headaches which are due to ametropia are not always cured directly glasses are put on the nose.

(*B. M. J. Aug.* 4 1934.)

## Transmission of Kala-Azar.

C. E. Forkner and Lily S. Zia (Jorn. Exper. Med., April 1st 1934 p. 491) examined material obtained by gently passing culture swabs into the nasal passages of fifteen patients suffering from proved Kala-azar, and then smearing slides. In nine cases typical Leishman-Donovan bodies were found in the smears in small numbers. Smears from the tonsillar surface and from the saliva in one of these cases also revealed the presence of these bodies. The tonsils of this patient who died as the result of Kala-azar and secondary infection, were found at the necropsy to be massively infected with Leishman-Donovan bodies. The organisms in the nasal discharge of two patients were shown by inoculation into susceptible animals to be viable and capable of producing infection. The authors state that sufficient time has not yet elapsed to determine the viability of the organisms recovered from the remaining cases. They conclude, however, that there has thus been demonstrated for the first time the existence of a rich source of infective material, occuring in a large proportion of patients, and available for the transmission of the disease. They add that the only point which now needs to be demonstrated in order to confirm the finding that one of the natural modes—possibly the most important—for the transmission of Kala-azar from person to person is to transmit it experimentally by this route. The experiment has been approached in two ways; by transferring infected material from the nasal cavities of patients to the nasal and mouth cavities of hamsters, and to the nasal cavities of two human volunteers. It is stated to be too early as yet to report the results but it is remarked that such a conception of transmission suffices to explain many of the epidemiological problems, and is open to no series objection from the epidemiological or protozoological points of view.

(*B. M, J. Aug.* 4 1934.)

## A Vitamin Claim.

TWO YEARS' SECRET TESTS IN FACTORY.

A secret experiment at the Port Sunlight works of Lever Brothers has, it is claimed, ended after two years in the virtual banishment of the common cold from among a section of workers who have taken part in thousands of tests.

It has been proved that daily doses of vitamins render both men and women almost immune from colds and influenza.

Arrangements are being made for all the thousands of clerical and indoor employees at Port Sunlight to be given further daily treatment in the coming winter.

Two years ago, when an influenza epidemic was raging, the firm was losing hundreds of thousands of pounds by sickness among its employees. Then the experiment of giving daily doses in capsule form of vitamins A and D to about 100 men and women began.

A careful study was made of their health records and of the records of other workers in the same departments. There was an immediate and remarkable improvement in the health of those who were taking the vitamins, and last winter nearly 300 people were co-opted into the experiment.

"Our results have been most striking," an official told a press representative. "We want to keep the statistics to ourselves for a little longer until we have still more data.

(*The Times of India.*)





# CLINICAL NOTES. AND PRACTICAL SUGGESTIONS

## A brief survey of Opocrin Therapy.

It is well-known that the status of organotherapy is progressively improving. In the present day therapeutic domain as can be seen from the variety of diseases and their symptoms which respond to it. The therapeutic value of the Opocrins (the name given to these products of biological origin) has been proved beyond doubt. It is designed in this article to review the position of these Opocrins briefly in the light of the latest scientific knowledge.

The most important and the most widely employed hormone-containing extract at the present day is that of the liver. This therapy can be carried out by means of Opocrin Hepar which contains the active constituents of fresh liver substance, 0.15 gm. in one opocrin. Anaemic conditions of different degrees of severity from the pernicious type to the secondary respond well to its continued exhibition. Not only does it exert a direct haematopoietic and antitoxic action but it has an indirect influence also in that it appears to enhance the blood-regenerating power of the haemoglobin. It has a marked reticulocyte response and improvement in the blood-count and the normal state is soon established. This Opocrin is also employed at present in functional insufficiency of the liver, cirrhosis, atrophy, intoxications, gout, certain skin diseases and several acute infections. In all these affections Opocrin Hepar brings about complete improvement in the symptoms.

Another hormone-containing extract which has been even more widely used than the one above is Opocrin Pituitary which was almost the pioneer in the field. The position of this Opocrin is definitely established both in obstetrics and general medicine. It is advisable to inject this extract only in the second stage of labour. It must on no account be given in the primary stage or in complete inertia. In primary and secondary atony of the uterus it is recommended. Other uses for the injections of this extract supplemented by the Opocrins are post-partum haemorrhage, accidental haemorrhage and also in the puerperal stage when there are clots or pieces of placenta in the uterus. Besides its use in obstetrics it has been employed with success in the treatment of post-operative ileus and intestinal stasis, haemorrhage and shock. Because of its stimulant action on the unstriped musclefibre it promotes peristalsis in intestinal stasis and restores the bowel movements and thus prevents or relieves the accumulation of gas in the colon.

There is a certain state known as Pituitary Cachexia which manifests itself by varying degrees of depression. This can be favourably influenced by the administration of Opocrin Pituitary owing to its tonic effect on the general circulation.

In cases of Ischuria Paradoxia it is of very good service as its timely administration will in many cases prevent catheterization either after delivery or surgical operations.

It has been observed that injections of Pituitary ampoules (3 to 5 minims) effectively control nocturnal enuresis of children. Only three to four injections are necessary to bring about a complete cure in children 5 to 10 years in age. These injections are usually well-borne and there is a marked amelioration of the bladder condition. Gradually the intervals between the bed-wettings are lenghthened until the child gains perfect control over his bladder.

The most useful remedy for Diabetes Insipidus is Pituitary Extract either by the mouth or hypodermically. Following its administration the patient has a feeling of well-being and comfort due to the disappearance of extreme thirst and excessive urination. It must be admitted however that the treatment is symptomatic because permanent cure can only be obtained by looking out for the cause of the pituitary hypofunction usually found in this complaint, and removing it.

Another remedial agent which holds a preponderant place in Organo-therpay is the Thyroid Extract, as the results obtained with it have really shown that there are few therapeutic agents of such dependability. Either Opocrin Thyroid or Thyratoxine is the best medium in which thyroid medication can be carried out.

In Myxoedema of childhood long-continued use of this Opocrin beginning from one and increasing it until a maximum dose of 3 to 4 is reached according to the age of

the child leads to gratifying results. This treatment carried out with intermission of rest for a period of 10 to 20 days soon restores the normal functions of the thyroid and even after the cessation of the treatment no relapses occur. Combined with Pharmasol Collo-Calcium this treatment can work wonders. The prognosis of Myxoedema of adults is quite favourable under this Opocrin Thyroid treatment, although complete recovery is rare. These Opocrins increase basal metabolism which is much reduced in this condition and other symptoms such as fatigue, apathy etc. also improve. The treatment is to be started with 4 Opocrins per day and is increased to 8 within a few days.

In Infantilism uninterrupted treatment of Opocrin Thyroid for a period ranging from 1 to 2 years produces remarkable changes. Mental faculties are improved, normal body-growth is attained and the children soon become assets to society.

Excellent results obtained from Opocrin Thyroid administration in cases of Thyroigenic obesity need hardly be pointed out. It is usually the result of Thyroid hypofunction and therefore Thyroid administration is very useful but it only requires patience and systematic procedure.

Opocrin Thyroid together with the Salicylates has proved very useful in acute joint rheumatism in the initial stages. Alone it has been found beneficial in arthritis deformans and in angina pectoris where there is also hypothyroidism.

In toxaemias of pregnancy, eclampsia, chronic nephritis, Thyroid medication has proved very valuable. In these cases Thyratoxine is preferable as this preparation is specially standardised as to its iodine content and is absolutely free from the toxic amines and lipoids of the gland. Good results have also been reported after administration of these tablets in vomiting of pregnancy.

In the arsenal of modern therapy another organic-extract which has become almost indispensable is adrenalin which is the active principle of the medullary substance of the Suprarenal glands. Opocrin Suprarenal, the best means of carrying out this treatment, is widely employed on account of its stability, purity and safety. It is very useful in surgery because of its vaso-constricting effects in haemorrhages. Suprarenal ampoules can be injected with good results together with the local anaesthetics as it effectively helps anaesthesia and the haemorrhages during the operations are almost nil. After-bleeding should also not be expected after the use of these ampoules.

Either Opocrin Suprarenal or the ampoules are successfully employed in haemorrhoidal haemorrhages.

Opocrin Suprarenal is of value in conditions of low blood-pressure on account of its pressor action. The ampoules of Suprarenal have a great life-saving effect in shock, collapse, narcosis, decrease of blood-pressure in toxic conditions, because of the intense vaso-constricting effect it brings about. In bronchial and cardiac asthma and in hay-fever it gives genuine relief and makes the attacks disappear though the treatment cannot be considered as rational one for asthma.

Another organic-extract that is largely made use of in a variety of conditions now-a-days is Opocrin Orchitic. It has been discovered that the endocrine function of the testes affects the development of the secondary sexual characters besides playing a predominant part in the nervous mechanism of normal sexual activity. It is therefore that this Opocrin can be used in sterility, neurasthenia, exhaustion, fatigue premature senility, arrested growth and in many other neurosis. In impotency it has become a specific remedy. Its administration ameliorates many of the endocrine disturbances that follow prostectomy. For its tonic action it has been used with great benefit for various run-down conditions.

Intensive and widespread research of the ovarian gland has made it possible to apply this gland-extract in various clinical conditions. On account of the hormones contained in it Opocrin Ovary is a valuable agent in amenorrhoea as it supplies adequate hormones which in this condition are lacking due to ovarian hypofunction. Other clinical uses for this Opocrin are found in the treatment of symptoms of the menopause such as hot flushes and nervous disturbances. Obesity traced to ovarian deficiency, rheumatism and certain dermatosis also





respond well to this gland treatment if it is continued long.

From the above brief review we can come to one definite conclusion that the effects of an insufficiently functioning endocrine gland can be overcome by the administration of the same gland. But now the question arises when the existing relations of the internal secretions of these glands are considered. The problem then becomes more complex and not so simple as above. When a particular illness attacks one or two glands or sometimes when the whole endocrine apparatus is faulty we must be able to treat the various glandular insufficiencies in their entirety. For this purpose pluriglandular products which are a combination of certain gland-extracts are necessary in order to restore and maintain the hormone balance, which has been rendered out of order by the impairment of the function of different glands of the endocrine system. The inter-dependance and the balance of the various internal secreting glands is so exquisite that insufficiency of one easily affects the other. Besides, clinically it is not always possible to exactly know the individual glands that are at fault or to what extent the whole endocrine apparatus is defective. Taking into consideration all these points the following products have been put up which can be justifiably applied in the various indications for which they are meant:

(1) Gland Complex (M.)
(2) Gland Complex (F.)
(3) Gland Complex (I.)

These products were originally used for troubles of development either physical or psychical and irregularities of growth, in all of which they have given successful results. Their use has now been extended to a variety of conditions which are the result of defective working of the endocrine apparatus. It has been the experience of many that these give more rapid and lasting results, because these mixed gland-products are able to maintain efficient mental and physical functions due to their correcting and restoring the whole internal-secretary system.

From the above one can realise how organo-therapy is developing in recent times. The advances in the physiological assay and activity of organo-therapeutic substances have been well supplemented by clinical observations. Furthermore the difficulty of estimating exact dosage of these products has been eliminated by the discovery of physiological titration methods. For example we can have an exact assay of the internal secretion of the Suprarenal on blood-pressure and that of Thyroid as regards its iodine content or its influence on basal metabolism. As a result of these advances in estimating exact dosages and the discovery of their precise contents etc. we have been able to treat a number of diseases which hitherto were refractory to any kind of treatment.

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## Common Colds.

The risk which every patient suffering from common cold runs, is really great, for in the great majority of cases this virus infection, as the common cold is, exercises a marked effect in lowering the patient's resistance to the organisms which usually infect the respiratoy tract. These latter not infrequently cause more obvious or serious effects. These mild nasal catarrhs may be comparatively trifling in the beginning, but if allowed to remain like that, or if not adequately treated may lead to conditions of utmost gravity, such as lobar or bronchopneumonia. Although the controversy as regards the causal infective agent in the common cold is still raging, certain clinical effects and sequelae justify adequate and right treatment at the very onset. Experience has proved beyond doubt that this incidence of cold can be lessened or even eradicated by means of Kinectine. It has been observed that the incidence and after-complications have been less in cases treated by means of this medication.

Kinectine is available in the form of tablets. Each tablet is a combination of Sodium-Benzo-Sulpho-p-Amino-Phenyl arsinate (7 cgms) with Quinine Hydrocholor (5 cgms) and sugar (7 cgms). This composition has been found very successful for the production of deep local antisepsis by means of internal treatment. It exerts a benefical influence in the treatment of acute inflammations of the upper air-passages. It Supports the ordinary physiological defences of the body, protects the tissues which are likely to be infected and destroys the infe[illegible]. All these results a[illegible] causing any [illegible] to the tissues.

A large number of cases of acute coryza are successfully treated with Kinectine. In these cases where the patient complains of cold in the head with coughing, hoarseness and abundant discharge from the nose, the use of these tablets for some days, 3 per day at the commencement and 2 later on, will soon bring the inflammatory process to an end. Cases in which there is blocking of the nose associated with increased secretion due to the acute infection, have been benefitted by the use of Kinectine for some days. If these symptoms are caused by hypertrophy of the nasal mucous membrane Kinectine is not of much benefit. In acute infections, however, the nose becomes clear and cold in the head soon disappears. The treatment is absolutely simple and easy; the patient swallows 3 tablets per day for 3 consecutive days, one at 10 a. m., one at 4 p. m. and one at bed-time. After 3 days he takes one tablet twice a day until the cure is effected. In severe forms of Coryza cure can be looked for in a few days with this remedy.

The earlier this treatment is commenced, the more rapid the cure. The swelling and the redness of the turbinate bones disappear and the serous, and even the purulent secretion stops. Headache, heavyness, depression etc. are also relieved. In children also, in acute coryza the results are most gratifying. Even such cases as are accompanied by the infection of the upper respiratory passage were relieved after three to five days' treatment with Kinectine. The nasal discharge diminishes and the symptoms are soon relieved. The relapse never occurs and in many instances such complications as adenitis, otitis and mastoiditis, which usually follow acute infections in children, have never made their appearance.

In febrile catarrhal attacks of Influenzal nature, Kinectine has been found to be a specific which cuts short the duration of this affection in a marked degree, if the treatment is begun in the initial stages. Due to its invaluable components this preparation brings about favourable results in this affection. Fever abates quickly and subjective symptoms such as headache, pain in the limps, lassitude etc. disappear in many cases within 24 hours. The characteristic feature of this treatment is that the feeling of well-being soon sets in, which usually results in the early cessation of this treatment. In order to ensure perfect cure and to avoid the possibility of relapse it is necessary to continue the treatment with 2 tablets per day for some days more.

Hay-fever, which is fortunately rare in India, is amenable to treatment by Kinectine. Due to its phenylarsinate and Quinine content its action is extremely pronounced in this affection, as in less than three days the patient is completely free from sneezing, abundent nasal secretion, dyspnoea and fever, the usual symptoms of this disease. Kinectine has has been found by a host of physicians to meet this indication, which is refractory to other lines of treatment, with striking results. In fact it is a real specific against Hay-fever.

In people usually accustomed to cold and coughs a good deal of protection can be obtained from the prophylactic use of Kinectine. It is a common experience that in those who have been previously taking Kinectine, if acute coryza occurs in them, it never passes to the purulent stage. In some cases it is even aborted before it takes the complete hold of the organism. Again the protection afforded to those under Kinectine regime against the secondary infection of the respiratory tract is really complete.

Not only is Kinectine an effective prophylactic and a curative against the infections mentioned, but it is very simple and easy of administration, and free from all unpleasant reactions. It is well tolerated and it does not cause digestive disturbances. Unlike vaccines there is no difficulty about exact dosages and there is no risk of causing any sort of exacerbations. Vaccines with all their attendant dangers do not confer complete immunity. It is therefore always advisable to employ this simple and harmless remedy which aborts the attack if given in the initial stages and which minimises the risks of secondary infections. This internal antiseptic deserves therefore a much more extensive use than at present.

An illustrative case:

A male Hindu patient aged nearly 40 had been suffering for a couple of days from lassitude, debility, cold in the head, running of the nose and general pain all over the body. He was given Salicylates with Quinine for two days, but these had no effect. The sneezing, running of the eyes and the blocking of the nose still continued, although there was some relief from the general pain. I stopped the Salicylates after this and gave him Kinectine tablets, 3 per day, one at 10 a. m. one at 4. p. m. and the last one at bed-time. This was continued for three successive days. On the first day in the evening the nasal secretion was very much less, cold in the head was better and running of the eyes had almost disappeared. There was no pain at all on the second day and after three days all the symptoms of Coryza had completely disappeared and the patient felt quite well. He took two tablets of Kinectine per day, one in the morning and one in the evening for about six days more in order to ensure a complete cure and to prevent relapses.





## Common coccal affections of the Skin.

Of all affections of the skin the most frequent that the general practitioner has to treat are the coccal infections. It will be to his great advantage therefore if he gets some easy and reliable method of treating them. It is well-known that staphylococci and streptococci are the normal inhabitants of the skin, but they usually remain saprophytic. Warmth, moisture, dirt or low vitality favour their growth and reproduction. They commonly develop pathologically in such regions as the groin, axilla, fingers and toes. Sebaceous and sweat glands and hairy parts of the body are also the usual sites for their growth. So long as the horny layer of the skin is not affected these cocci lead a dormant life, but no sooner is the horny layer cracked or destroyed these cocci penetrate to the deeper layers and it is then that the infection starts. The severity of the infection generally depends on two factors, the susceptibility of the individual and the virulence of the organism.

Among the principal infections of this nature are furunculosis, carbuncle, acne, sycosis, styes and breast abscesses. The usual cause is the staphylococcus, but several conditions influence the form and frequency of these affections. They are age, sex, climate, occupation and above all nutrition. The course of each disease of coccal origin presents typical characteristics. In some, the infection extends more or less deeply into the curtis or even into the subcutaneoue tissue. In the latter case there is considerable loss of cellular tissue due to suppuration by staphylococci and other bacteria. In most of the cases therefore, it is always advisable to indicate some internal remedy together with external applications, because it is through the blood and the cellular tissue that a cure can be brought about. Stannoxyl fully and satisfactorily meets this requirement.

FURUNCULOSIS: This is perhaps the most common of all skin affections. It can be aborted when seen early enough, but if the infection has already set in, it can be eradicated in a few days by means of Stannoxyl treatment. The infection consists of a general eruption of furuncles and boils, and it may extend from one hair-root to another. These boils are often staphylococcal in origin. Oral medication with Stannoxyl Tablets is sufficient in most of the cases. These tablets when given regularly, check suppuration, hasten the healing process, abort immature or blind boils and help ulcers formed to heal by granulation. This remedy has been found remarkably effective in promoting epidermization. With this treatment no scars are even left behind. Stannoxyl prevents suppuration if given in sufficiently early stages, and if given later causes rapid healing with a cicatrix which soon disappears. When the pus has already formed as a result of staphylococcal infection, and when the destruction of tissue is considerable, Stannoxyl even in such cases exercises a remarkable healing and regenerating influence. The process of suppuration is soon put a stop to, the slough is thrown out and healing takes place by first intention, leaving no cicatrices.

CARBUNCLES AND STYES: In styes the clinical proof is overwhelming as regards the efficacy of Stannoxyl tablets. Six or eight tablets per day will check the course of styes and rapid recovery will soon result. These tablets together with Cod-liver-oil are a beneficial and harmless method of treatment in any persistent and refractory case. Recurrence is avoided and the general condition is much improved. In the case of

Carbuncles oral medication with Stannoxyl has entirely done away with the surgical method of treating them—crucial incisions and antiseptic dressing over lengthy periods of time. In a number of cases of Carbuncles the value of Stannoxyl has been proved beyond doubt. Not only is suppuration arrested but the Carbuncle shrivels up and where suppuration has already taken place and the Carbuncle has been opened up, it helps to replace the destroyed tissue by the granulation one. The wound thus heals up without the formation of cicatrices. The wounds may be dressed with 1 or 2 per cent of liquid Stannoxyl, which is available for the purpose and which hastens healing when combined with the oral use of the tablets. Stannoxyl therefore, is the best and the only remedy at our disposal to be given by the mouth for such staphylococcal infection of the skin.

SYCOSIS: This is one of the most intractable of all skin ailments that the practitioner has to treat. It is commonly a staphylococcal infection, usually of the albus type, but sometimes aureus or citreus, of the sebaceous follicles. It is generally found on the chin but it may occur anywhere. It must however be distinguished from Barber's itch, as the treatment for the two is entirely different. While Sycosis is widespread, tinea is localised and in the form of rings. In Sycosis the upper lip is usually affected, which is not the case in Tinea. Under the microscope we find cocci in Sycosis and fungus in Tinea. With regard to treatment local puartz light together with the application to the infected part of liquid Stannoxyl or the ointment, and the ingestion of the tablets of the same preparation have given excellent results. In chronic cases injections of Stannoxyl ampoules intramuscularly have yielded rapid and wonderful results. The local application of the ointment or the liquid preparation is specially advised as it does not irritate the skin, and as it penetrates sufficiently into the tissues to destroy the cocci lying deep in the hair-follicle. It is hence a good coccicidal and penetrative. The tablets or the injections will reach the local part through the blood and will hasten, cure and prevent recrudescence.

ABSCESS OF THE BREAST: The use of Stannoxyl tablets together with dressings and irrigations with liquid Stannoxyl has resulted in rapid cure of this condition. If the pus has not been formed internal administration of these tablets, 8 or 10 per day, arrests the inflammation and aborts abscesses. In severe types, injections are essential. The abscess either aborts, or, if opened is soon cured under Stannoxyl regime. The secretion of milk is also restored if the breast is inflammed during lactation. This remedy is not contra-indicated during the latter period, as it is in no way harmful to infants.

The common skin ailment for which Stannoxyl tablets have been used with beneficial results is Acne Rosacea or Vulgaris. This treatment is really a safe and a sure cure. Sulphur preparations either internally or externally are not without their disadvantages especially for prolonged treatment. Besides the causation of gastric troubles which result from Sulphur treatment prolonged external application produces irritation of the skin. This treatment has now become obsolete and its place has been taken by Stannoxyl which is considered a superior therapeutic agent devoid of gastric or any other disturbance.

AN ILLUSTRATIVE CASE. Sometime last month I had occasion to treat a case of Acne Vulgaris in a boy of 18. His face was fully covered. The nodules, most of them as large as a pea, were congested and sore. Many of them were full of pus. Some of them were opened by a small lancet and liquid Stannoxyl was applied to them. He was kept solely on Stannoxyl tablets with daily administration of saline purges. About a fortnight of this treatment improved his condition to a great extent. Pustules were dry and there were only comedones here and there at the end of a month's treatment. Stannoxyl treatment, only with the tablets, was persisted in and his face was almost clear. Very few black marks had remained. He continued taking those tablets and after nearly two and a half months' of this treatment his face was quite clear with no signs of the disease. The patient himself admitted that he had never experienced such a quick and complete relief from his trouble, from which he suffered for nearly six months.





## Rational treatment of Pyogenic infections.

It is a well-known fact that Staphylococci and Streptococci play an important role in a great number of affections, such as burns, conjunctivitis, furunculosis, puerperal infections, phlegmon, metritis, osteomyelitis etc. These cocci are normally saprophytic and harmless inhabitants of the skin, but as soon as the general resistance is lowered they become extremely virulent and may invade the tissues and this invasion may sometimes end in fatal septicaemia. Formerly these infections were dealt with by means of stock vaccines or autovaccines which were used by subcutaneous or intravenous routes. This method which was based upon the formation of anti-bodies was not very satisfactory, as it only partially fulfilled the purpose for which it was meant. Thanks, however, to the introduction of Bacte-Pyo-Phage we have the most effective means at our disposal of not only enhancing the local tissue protective power, but encouraging the localisation of the septic process, leading ultimately to its cure.

Bacte-Pyo-Phage is a mixture of various strains of Bacteriophage in combination with the dissolved substance of the bacteria which they use for reproduction and increase. This Phage is capable of destroying the various species of bacteria generally found in suppurative processes. This Bacteriophage has been found very efficacious for a complete cure of septic sores or suppurating wounds and many kinds of abscesses. The physical signs in most of these cases rapidly disappear, especially the pain and when used as a dressing after the pus is evacuated, this Phage ensures easy separation of sloughs and rapid healing of the cavity with free drainage.

We have three forms of Bacte-Pyo-Phage. One consists of 2 c.c ampoules for injection or ingestion, or for local application. The two others are in ampoules of 10 or 50 c. c. for use in minor or major surgery respectively.

The methods of administration of this Phage depend on the extent and kind of infection. If it is a small abscess it is better to aspirate the pus and instil 2 c. c. of the Phage. In these cases it is advisable to reinject and aspirate several times so that the procedure may constitute Bacteriophagic lavage and irrigation of the purulent cavity. In pyogenic infections of the skin it is better to advise the patient to swallow every morning 2 c. c. of the Phage diluted in half a glass of water, preferably Vichy, on an empty stomach. If the suppuration exists and the abscess is opened, taking away the necrotic tissue and dressing the wound with gauze moistened in Bacte-Pyo-Phage is usually recommended. In suppurative affections of the soft parts such as paronychia, phlegmons, or large abscesses evacuative puncture and instillations in situ should be tried in the beginning, but if the pain is not relieved after 36 or 48 hours, it is advisable to incise and evacuate the pus and dress the wound with gauze moistened with Bacte-Pyo-Phage, which is renewed every 12 hours. Instillation in situ is successful in cases where the tissue is only inflamed and the pus has not formed or collected. In infected burns or in septic wounds dressings with Bacte-Pyo-Phage renewed twice a day brings about a complete cure in a couple of days. After surgical incisions compresses moistened with Bacte Pyo-Phage are usually sufficient to bring about rapid healing. In surgical cases Bacte-Pyo-Phage has been found very serviceable. Besides its specific action on the various cocci there is prompt relief of pain and rapid healing of wounds and lesions.

Thanks to the introduction of Bacte-Pyo-Phage the general practitioner to-day does not find much difficulty in treating all kinds of suppurative processes wherever they are met with. Due to the excellent and prompt manner of its action no serious complications ever ensue, even when one has to deal with such cases as Carbuncles, Furunculosis, Osteo-Myelitis and above all puerperal infections. Early application of this Phage enables the physician to cut short any staphylococcal or mixed infection. This phage is also indispensable in those wounds or lesions where the physician anticipates some secondary staphylococcal or streptococcal infection. Its powerful preventive action is very useful in such cases. This method of treatment enables the practitioner to effect a definite cure in a minimum period of time without giving

rise to relapses or complications which were usually the rule before the discovery of this Bacte-Pyo-Phage. Being a mixture of various strains of bacteria this Pyo-Phage can be used at once without waiting for the results of a bacteriological examination. Often the infection is due to various microbic agents and this Phage is sure to act on them all at once and thus secure a speedy cure. It is thus a valuable therapeutic measure which is absolutely innocuous and which hastens cure in all suppurative processes with the greatest possible certainty.

The following case illustrates the efficacy of Bacte-Pyo-Phage:

A lady of 32 came to me with indurated swelling on the dorsum of the right hand. The swelling was acutely inflamed and the Oedema had spread all over the back of the hand. The history I elicited was that the woman had a small papule which she had pricked and squeezed about a fortnight back. The whole part was hot, tender and intensely painful. There was lymphangitis of the forearm, and the lymphatic glands at the elbow were distinctly felt. Hot fomentations were advised, but they hardly gave any relief. After two more days there were clear signs of pus formation. The pus was therefore let out by means of a clean crucial incision and the whole wound was cleaned with warm water and packed with gauze soaked in Bacte-Pyo-Phage. She was advised to take 2 c.c. of the Phage in half a class of Vichy water internally every morning on an empty stomach. Pain was completely relieved within four hours and lymphangitis of the forearm together with the epitrochlear glands had disappeared within two days. On the fourth day, after continuing this dressing together with the internal ingestion of the Phage, there was absolutely no pus, and on the sixth day the wound was clean, superfical and granulating. For ten successive days she took the Phage internally and after twelve days of dressing with the same the wound had almost healed.





# THE LATE Dr. M. S. KRISHNAMURTHI AYYAR:

Dr. M. S. Krishnamurthi Ayyar was born on 17-6-1867. Soon after he took the M. B. C. M. Degree of the Madras University he was entertained as an Assistant Surgeon in the Madras Medical Service. His services were chiefly employed in Plague and Sanitary duties. His work while on Plague duty at Vaniyambady and Bellary was appreciated by the Government and the Public who presented him with a gold medal in recognition of his hard and sincere work. He was selected by Col. King the then Sanitary Commissioner of Madras as his first personal Assistant and soon after in 1903 he was appointed as the Sanitary Commissioner of Travancore. His steady, successful and silent administration was testified to in the Census Report of the Travancore State. He retired from service in 1924 and settled in Madras. Ever since he was taking keen interest in questions relating to public health and medical relief. He was the Editor of The Medical Practitioner and edited also the Bulletin of the Neo Malthusian League Madras of which he was the Hony. Secretary. He was a great scholar and was very fond of reading. He annotated the books and journals he read and arranged his annotation in alphabetical order in volumes. It is very unfortunate that the notes he took down cannot be deciphered. He did not care to earn money by private practice though he was a very sound physician having most modern knowledge of diseases and their treatment. He gave the benefit of his knowledge to the poor and volunteered to be the Hony. Medical Superintendent of the Sree Ramakrishna Home Free Dispensary, Mylapore, Madras which he attended till the last day of his death. He was of very active habits and his relaxation was a change from one work to another. He took great interest in the details of his household and was very fond of children. He had a pleasant phase of retirement and was never seriously ill. He had been feeling for about couple of months before his death that all was not well with his heart. His zeal for service and sacrifice would not permit him to take rest which he needed most. His death on 2-11-34 was unexpected and it was as sudden as it was peaceful. He leaves behind him one son an Auditor and four daughters. The photograph reproduced here shows him in young middle life, no more recent portrait being available.

## News and Comments.

**All-India Medical Conferences:** The Indian Medical Association and the All India Medical Licentiates' Association both of which held their annual gatherings at Bombay last year decided to hold their annual conferences in a common place in future. We now learn that the Indian Medical Association has decided to meet in conference at Delhi and the Medical Licentiates at Indore. It is reported to us that official influence was the cause which prevented the Licentiates to respect the resolution passed at their last annual gathering. If our information is correct we have only to pity those who are at the helm of the Licentiates' Association. Times are rapidly changing and the Licentiates' Association which was primarily started to redress the grievances of this class in service, has now necessarily to increase and change the scope of its activities as the Licentiates in private practice have outgrown to a large extent their brethren in service and consequently the Association should adjust itself to existing conditions. If this is not found possible we do not think that the Independent Medical Practitioners who are members of the All India Medical Licentiates' Association will benefit much by continuing to be members of that body.

**Adventerous Patents:** That fifty recorded deaths were due to injudicious use of Atophan a drug that "acts like a charm" and which is sold under various trade names, was mentioned at a Birmingham inquest in connection with the death of an electrician of Birmingham. We published last month the report regarding the inquest in our Correspondence Columns. If inquests were held in India in the way that is being done in other civilised countries, more horrid causes of deaths might have been discovered due to misuse of drugs by the public, than those reported at the Birmingham inquest. Want of statutory control over patent and proprietory drugs, has been necessarily causing lot of harm to public health. Such a state of affairs must necessarily increase the responsibilities of the members of the medical profession who should guard against the drug habit in the patients who many a time cause irreparable injury to their constitutions by having recourse to drugs which for the time being relieve only the symptoms of the diseases from which they suffer.

**Wanless Tuberculosis Sanatorium:** India owes much to the Christian Missionaries from all parts of the world for the development of education and medical relief. Miraj is a renowned example of medical Missionaries' activities in Bombay Presidency, where about 40 years ago the late famous Dr. William Wanless of the American Presbyterian Mission began his work with the help of the chief of Miraj. Dr. Wanless started with a very small hospital which later on developed into one of the biggest and most popular centres of medical relief in India. Dr. Wanless continued to work in Miraj almost to the time of his death which took place in 1933. A medical school where pupils are trained for the L. C. P. & S. Diploma is attached to the Wanless Hospital and it was a well conceived idea to attach to this medical institution a sanatorium not only for the treatment of Tuberculosis but also to serve as a centre for training medical men in the treatment for Tuberculosis. This is one of the social diseases which is eating away vitals of the India's population. Yet either the Government or the public have not been taking as much interest as the situation demands to check the spread of a disease which if diagnosed early is amenable to treatment without the help of extraordinary drugs or appliances but with the mere obeying of the ordinary laws of nature, rest, good nourishing food and a healthy surrounding. It is the Missionaries again that have come forward to combat social diseases like Tuberculosis and Leprosy and we trust that the Government and public will follow the lead given by them in combating these diseases. The Sanatorium is called after the late Dr. Wanless and was opened on the 24th October by His Excellency Lord Brabourne, Governor of Bombay. The Governor remarked: "It is unfortunately a fact that in many of our hospitals only makeshift arrangements can be made for the treatment of tuberculosis at present and this is more especially true in the case of our village dispensaries." We are glad that at least one Head of a major province has realised that some of the Government institutions are "makeshift arrangements" and we trust that His Excellency Lord Brabourne will not allow



such makeshift arrangements to continue as large amounts of public money are being spent in the name of Medical Relief which should no longer be allowed to run as makeshifts as in this case the money spent in the name of Medical Relief would be a culpable defect in the administration involving wasteful expenditure. We wish that the Heads of other provinces in India will note what was said by their colleague in Bombay, as conditions prevailing in other provinces regarding Medical Relief cannot be said to be better than that in Bombay Presidency.

**Local Fund Medical Service:** In the Correspondence Columns we have published an extract of G. O. No. 2403 P. H. dated 15th October 1934 regarding medical staff in Local Fund and Municipal service. We are at a loss to understand the principle which guided the Government to fix the new scale of pay to the medical staff under the employ of Local Bodies much lower than the new scale fixed by them to the members of the medical profession under the employment of the Government. It cannot be said that the duties and responsibilities of the medical officers in Local bodies are less onerous than those of their brethren in Government Service. On the other hand the service under Local Bodies is considered to be not secure and even risky. The new scale of pay in Government Service has been applicable only to new entrants and those who already enjoy the old scale of pay were allowed to do so. Whereas the new scale of pay has been made applicable to those already in service under the Local Bodies. There are Medical officers under Local Fund Service who are drawing a salary more than the maximum fixed by the Government and these will be hit hard. Apart from the monetary loss, these medical men will materially suffer in their prestige and status. Teachers under the Local Fund Service have been agitating very actively and so far, we do not hear of any public agitation on behalf of medical men under the same service. The medical practitioners under Local Fund and Municipal Service are almost all of them members of the medical associations in their respective districts and we trust that these associations will take up their cause and appeal to the Government not to make any invidious distinction between the members of the medical profession in the Government and the Local Fund or Municipal Services.

**Section 21 of Medical Act at Work:** Section 21 of the Madras Medical Registration Act (IV of 1914) empowers the medical council to call on the authorities of any recognized medical college or school to furnish information to enable the Council to judge of the efficiency of the instruction given in Medicine, Surgery and Midwifery and to provide facilities to enable any member of the council deputed by the council to be present at the examinations. The Madras Medical Council came into existence in 1915 and from this year no action was taken by the Council to exercise any control over the medical education in this province till at last in 1931 at the instance of Dr. V. Rama Kamath two inspectors Dr. R. J. Dyson and Lieut-Col. C. A. F. Hingston were appointed by the Council to supervise the examination of the medical colleges and schools respectively and it took three years for this resolution to take effect. Both the Inspectors have submitted their reports to the Medical Council and we learn that a report regarding the inspection of University medical examinations was submitted to the Syndicate of the Madras University also, who referred this matter to the Board of Studies in Medicine for remarks and the Board of studies replied that it was not in favour of the inspection of examinations by two independent statutory bodies the Indian Medical Council and the Madras Medical Council and we learn that the Syndicate have addressed the Government the necessity of amending Section 21 (b) of the Madras Medical Registration Act so as to deprive the Madras Medical Council the right of inspection over the University medical institutions. We also learn that the Madras Government have forwarded the remarks of the Syndicate to the Medical Council for its opinion. We trust that the Madras Medical Council would not condemn itself but continue to exercise its legitimate control over the University medical education as there is nothing in the All India Act preventing any other authority to have additional control over the University medical education. All the same we trust that the Indian Medical Council will do well to co-opt a member of the local council whenever they find it necessary either to supervise the

University Medical Education or take any action regarding the medical education imparted by the Universities. The Indian Medical Council Act permits the medical council to appoint Inspectors from outside the council and that body will have no difficulty to carry out our suggestion.

More supervision and control is urgently needed at the medical schools and we are glad to hear that Lt. Col. Hingston has made some valuable recommendations after inspecting the procedure adopted by the Board of Examiners in medical schools. He seems to have reported amongst other things the necessity of co-education (of boys and girls) to improve the standard of knowledge of women pupils especially in Medicine, and Surgery. The recommendations of Lt. Col. Hingston in this direction did not come a minute too late, as at the time when he was writing his report perhaps early in the month of September to submit the same to the Council at its October session, Dr. (Miss.) H. M. Lazarus the Superintendent of the Lady Willingdon Medical School, Madras in the same month expressed her opinion to the same effect on the occasion when she presided over the Triumph Tutorial College Day held on 3rd September. She remarked that co-education brought out "the best in both men and women". We wish the Madras Government would note what their Lady Superintendent said about co-education and when the Medical Council forwards its report to the Government through its President who is also the Surgeon-General with the Government of Madras, the Government will change their angle of vision towards a reform considered necessary by both sexes in the interest of progress and efficiency of medical education in women. The report of Lt. Col. Hingston has to be treated as confidential till the next session of the Madras Medical Council. We have at present commented upon what we heard in our journalistic capacity and shall revert to this subject once again in full detail as the affairs of the medical schools are not what they appear on the surface and require a good thrashing.

**Madras Corporation Medical Service**: It looks as if there is no body in the Council of the Madras Corporation to champion the cause of the medical profession. We are told that medical men including graduates are now given a scale of pay ranging from 50-5-100 and recruited as Medical Registrar whereas the Sanitary Inspector's scale is Rs. 60-5-120 to 150. No body will have any grievance against the corporation for giving the Sanitary Inspector the scale mentioned above. But it is really degrading the medical profession in offering Medical Registrar a pay lower than that of Sanitary Inspectors. There is no comparison between the course of studies of Sanitary Inspectors and the Medical officers, the former finish their course within a year at the most whereas the latter have to undergo a four or five years course. During these days of unemployment it is possible for the Corporation to get the services of the members of the medical profession even for such a meagre salary, but there will be little or no contentment amongst the medical men thus employed and many of these are likely to use their appointments as stepping stones taking the earliest opportunity of either kicking the Corporation Service or finding out other means of livelihood to make up for the scanty salaries they receive and therefore no satisfactory work could be turned out by this discontented subordinates. In Bombay, Calcutta and other cities medical officers doing the same work as those in Madras are paid double of what their brethren get in the city of Madras. There is a need for remodelling medical service under the corporation and we wish the City Corporation which has six medical men as Councillors will take up the cause of these unfortunate subordinates and bring about such reforms in justice to the profession as well as the rate-payers.

**Madras Mental Hospitals**: There are three hospitals in the province of Madras, one in the outskirts of the Madras city, another at Calicut, Malabar District and a third at Waltair, Vizagapatam District. The first has an accommodation for 744 patients, the second for 280 and the third for 124. The Madras Mental Hospital has always been a separate unit under a whole-time medical officer of the rank of Civil Surgeon and the other two are nominally under the administrative control of the District Medical Officers of the respective districts, a wholetime Assistant Surgeon actually doing the work. The outlook of the treatment of mental diseases is now



completely changed and the patients are not left to their fate as was the case at least in India in the past when the institutions where these unfortunate creatures were treated, were called Lunatic Asylums, the public conception of them being at the time that these institutions were meant for the detention of unwanted persons till the time of their death. From the annual reports of the working of the mental hospitals it is seen that the population of these hospitals is increasing year after year so much so, that more patients than the hospital could accommodate, had to be admitted. This indicates that not only the incidence of mental diseases is on the increase but also that the idea of the people regarding the admission of patients into mental institutions is also rapidly changing, the mental hospitals not being considered as a place of refuge for the incurable lunatics. The popularity of medical institutions depend entirely on efficient and sympathetic treatment of the patients therein. In this respect the Madras Mental Hospital seems to be most popular as is indicated by the fact that though the sanctioned accommodation in this institution is only for 744 patients there is in this hospital according to the last Annual Report an average daily population of 1214. The Madras Mental Hospital has been lucky in having a superintendent who is not only a good administrator but a specialist in the treatment of mental diseases. He has as his lieutenant a medical officer who is also a specialist. This must be yet another factor adding to the popularity of the Madras Mental Hospital.

For some years past the local Government spent large amounts of money and granted special study leave with full allowances to a number of its subordinates for specialisation. But they do not seem to have taken full advantage of the officers so trained at public cost. For example, in addition to the two specialists in mental diseases, the superintendent and the assistant superintendent, Madras Mental Hospital, there is another in the provincial service whose services have not as yet been availed of by the Government for work in a mental hospital. It will certainly be a culpable neglect if mental patients are not under the charge of specialists when these are available.

Apart from the indifference of the Government in not providing specialists for the two mental hospitals under them, we are sorry to note they have been equally callous in not providing suitable accommodation for the patients in the Madras Mental Hospital where as referred to above though there is only a sanctioned accommodation for 744 patients as many as 1214 seems to be the average daily population of this institution. We see from the annual reports that the Superintendent of the hospital has been bringing to the notice of the Surgeon-General with the Government of Madras year after year, the necessity for increasing the accommodation in this institution as over-crowding in his opinion was a serious menace to the health and welfare of the patients and the Surgeon-General did bring this fact to the notice of the Government. Yet nothing seems to have been done to reduce congestion in this institution.

Institutions like Mental Hospitals should be the first charge on the state medical budget, as the patients within them are completely at the mercy of those under whose care they are entrusted, not being able to express their needs or sufferings to those around them. Additions of buildings to institutions like the Madras General Hospital in the form of Pathological Institute, or Bernard X-Ray Institute and similar spectacular work might have been postponed by the Government in preference to the more humane and urgent need of providing accommodations to mental patients.

**Queries Answered**: Our comments on "A Tragic Incident" published on page 283 of the August Issue seem to have puzzled a good many of our readers some of whom find fault with us for not being more explicit than we were while others blame us for having published this incident. We very much regret that the purpose for which this incident was commented upon by us has not been properly understood by both the parties. With all due care on the part of a medical attendent any complication might start in the course of an illness for which a medical attendent cannot be found fault with. We commented on this subject for quite a different purpose and we cannot say anything more than what we did in the August issue.

**A Gratuitous Insult**: The organisers of the Memorial to the Late Sir Bhala-

chandra Krishna have sent us a circular which is published in the Correspondence columns. It is an announcement about the award of a medal to any member of the medical profession in India who submits a thesis or delivers a lecture on any medical subject before the Bombay Medical Profession. Medical profession has been specifically defined in this circular. Graduates of Universities in India and all those possessing qualifications recognised by the General Medical Council come under the category of the above definition. It is evident from this that Medical Licentiates are not recognised as members of the medical profession. This reactionary and most unreasonable attitude of the Bombay Medical Union has been the subject of comments in these columns more than once. We feel that the Medical Licentiates in Bombay are not sufficiently organised to snub the gratuitous insult offered to them by the members of this Union. It is therefore necessary that members of the profession outside Bombay should offer help to their brethren in Bombay who are oppressed by an Union as a body while the members of the same Union in the position of the ex-President, did exploit the Licentiates when such exploitation was necessary for their purpose. The attitude of the Bombay Medical Union should be protested against by the profession in India which is now represented by an All India Organisation, the Indian Medical Association and we trust that this All India Body will come to the help of the Medical Licentiates in Bombay and find out effective means which will eventually force the Bombay Medical Union to recognise Medical Licentiates as good members of the profession as the members of the Bombay Medical Union itself.

**An Appeal**: Elsewhere we have published an advertisement about "Fill Gap" competition. The organiser of this competition has made us a special request to make a reference to the readers of The Medical Practitioner about his puzzles which he intends publishing in a series in the columns of The Medical Practitioner. He proposes to award prizes in the form of valuable books on Medicine, Surgery and Midwifery and Surgical instruments. Solving of these puzzles is a harmless amusement and will be a useful relaxation to busy practitioners, while those who have not much to do, will be benefitted materially by solving these puzzles, as their solution will bring them a prize useful to them in the exercise of the profession. We commend this harmless yet useful hobby to our readers who we hope will encourage the organiser of these puzzles and at the same time get themselves benefitted.

**Announcement**: Messrs The Denver Chemical Mfg. Co. 163-167, Varick Street, New York (U.S.A.) have been publishing a journal by the name "The Bloodless Phlebotomist" which is supplied to the members of the medical profession free. Though the purpose of the journal is to acquaint the readers about Antiphlogistine, it contains other matters likely to interest the medical profession. The company requests those who have not received copy of this journal to write to them so as to enable them to place the name of the practitioner in their mailing list.

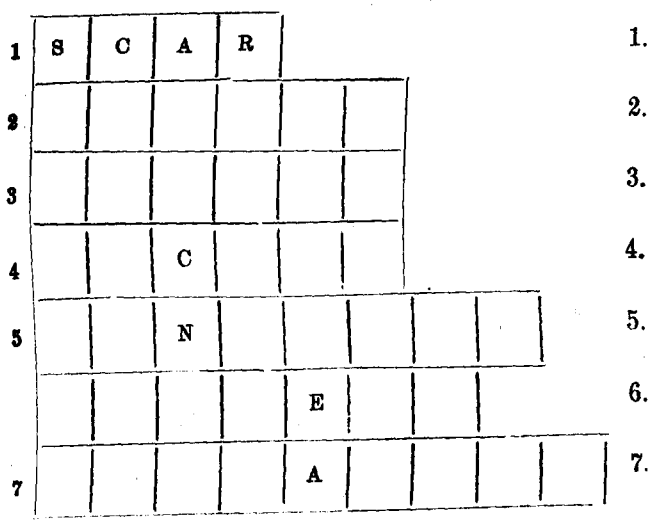
**A Correction**: We regret that on page XIII of our advertisement columns September issue, EVER READY COMPANY (INDIA) LIMITED has been by mistake printed as EVER READY (INDIA) COMPANY LIMITED. Our readers might know that EVER READY COMPANY (INDIA) LIMITED are the manufacturers of EVER READY India's best battery.





## "FILL-GAP" COMPETITION.

Puzzles.




Clues.

1. Mark left after a wound.
2. Where "navicular" is
3. An icteric tinge
4. A spot in skin.
5. Scaly scurf on scalp.
6. What you now do for 'Tices'
7. Pain of a nerve.

### RULES AND CONDITIONS.

1. Fill up each block with one letter only along with the key letter given to form the word which means the clue given aside. Ex. S, C, R with key letter A in Puzzle 1, forms the word S C A R which satisfies the condition.
2. First Prize. Tice's Practice of Medicine for an all-correct solution i. e., one which entirely agrees with the sealed solution deposited with the Managing Editor, THE MEDICAL PRACTITIONER, Madras and many other consolation prizes to the runners up at our own discretion.
3. In case of tie or ties the prize money will be equally divided and distributed in the shape of books to the winners. On failure to receive an all-correct entry the first prize will be given away to the nearest correct entry.
4. An entrance money of annas eight is payable for each entry. Entries may be on plain paper and must be in block capitals and should be submitted along with the M. O., receipts and the published coupon pinned to them. A single competitor may send any number of entries with one coupon but the necessary entrance fees should be sent in a single M. O., and the receipt submitted along with the entries.
5. Prizes will be increased or decreased in proportion to the number of entries received. A winner can receive only one prize.
6. The decision of the undersigned is final and legally binding and is an express condition of the entry. No correspondence can be entered into nor interviews granted. No responsibility can be accepted for any entries lost, mislaid, delayed or not received.
7. Address all entries and money orders to 'Fill-Gap' Competition.
   M. S. Pandyan, c|o Managing Editor, THE MEDICAL PRACTITIONER,
   Vepery, P.O., Madras.
8. The address of each competitor should be in block capitals on the back of the envelope.
9. Entries not confirming to these rules will be disqualified.
10. Entries received later than the 15th December 1934 will be disqualified.

(Sd.) M. S. PANDYAN.

Cut here.

1st prize— Tice's Practice of Medicine.

Coupon.

Closing date 15-12-34 Results Published in January, 1935 issue in THE MEDICAL PRACTITIONER.

I agree to accept your decision as final and legally binding.

*Name and Initials*.....

*Address*.....

## Correspondence Reports, Etc,

### Obituary.

We deeply regret to announce the death of Dr. M. Vijiaraghavulu, B. A., M. B. C. M. one of the distinguished private practitioners of the city of Madras, which took place at his residence on 20th October 1934 at the age of 64. He had a brilliant college career both in the Christian and Medical Colleges, came first in many examinations, won medals and inspired admiration in his professors. He had very lucrative practice till about his 50th year when due to defect in his hearing he led almost a retired life. He took very keen interest in public affairs and was the councillor of the Corporation of Madras for two terms. He placed before that body plans for all round sanitary improvements, efficient maternity relief, for coping with the epidemics, for better purification of water and almost everything vitally touching life in a big city. He had great many original ideas and devoted the later part of his life in writing books on medical subjects as well as on mathematical astrology. He wrote on Diabetes, Malaria and human Physiology. His books on non-medical subjects were highly appreciated even by western authors. The British Journal of Astrology described his text book of Mathematical Astrology as the most complete and extensive work on the mathematical side of Astrology ever publised. Yet another work of his "Hindu Astrological Calculations" was highly praised by Dr. Jarodin of Germany as the best of what he found of Hindu Astrology. He was an unbending individuality and bore excellent character. We express our heartfelt sympathies to his two sons and other members of his family.

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### The XI All-India Medical Conference, 1934 Delhi.

The following are the appeals sent to the members of the medical profession by the organising secretaries :—

No. I.

The XI All-India Medical Conference will be held in Delhi this year during the Christmas week. As the Scientific Section forms a very important part of the Conference and gives us an opportunity of exchanging our views on Research work, new methods of diagnosis and treatment of diseases, we invite your co-operation in making this section a success by the contribution of original papers and case notes etc.

As there is plenty of time we would request you to prepare the paper on the subject you are interested in and to send us a typed copy in advance to enable us to print an abstract of the papers. The journal of the Indian Medical Association will publish the accepted papers and will furnish the usual number of reprints.

We hope you will kindly respond to our request.

No. II.

We believe you are aware that the XI All-India Medical Conference is going to be held in Delhi during the ensuing Christmas week. Subjects of vital interest to the medical profession of India and the general public *e.g.* rural medical relief, Health Insurance Scheme, Indian Medical Council Act etc. will be discussed in the Conference. The Scientific Section as well as the medical Exhibition will be of particular interest to the profession. We shall be obliged if you would kindly arrange to give wide publicity to the Conference through your local press and also try to induce members of the profession of your place to become delegates. Arrangements are being made for free accommodation of the delegates. A charge may be made for board. The new rules regarding the Conference delegation fee etc. as sanctioned by the Central Council recently are enclosed herewith. Delegates or members desiring to move any resolution will please send a copy of the same to the Organising Secretary as early as possible.

For further particulars please write to the Provisional Organising Secretaries, XI All-India Medical Conference, D.M.A. House, Darya Ganj, Delhi.

G. N. KHANNA,
S. C. SEN,
*Provisional Organising Secretaries.*

Rules and bye-laws for the Annual Medical Conference as passed at the XXVII meeting of the Central Council of Indian Medical Association held at Calcutta on the 14th July 1934:—

Resolved that—

1. All registered medical men will be entitled to be delegates of the Conference on payment of certain scale of fees. They will be entitled to vote and take part in the Conference. Those practitioners who are already members of the Indian Medical Association directly or through its branches will pay Rs. 5 as delegation fee each and those medical men who are not members of the Indian Medical Association will pay a delegation fee of Rs. 8 each. Besides the above those who do not want to be delegates of the general conference may be delegates of the Scientific Section only on payment of Rs. 5 each and take part in the proceedings of the Scientific Section; *bona-fide* medical students shall also be entitled to be visitors on payment of Rs. 2 each as admission fee but shall not be allowed to take part in the discussion.

Scientists who are not medical men will also be entitled to be delegates and take part in the Scientific Section on payment of a delegation fee of Rs. 5 each.

Half of the delegation fees realised from the above categories should go to the local branch to meet the expenses of the conference and the remaining half is to be credited to the funds of the Central Council of the Indian Medical Association.

2. Subjects Committee of the Conference shall be elected as follows:

Not more than 10 be elected by the Reception Committee.

Not more than 10 be elected by the Central Council.

Not more than 10 be elected by the delegates present at the Conference.

The President elect, Past President, Secretaries, Indian Medical Association, Secretary of the Reception Committee and Chairman of the Reception Committee to be ex-officio members of the Subjects Committee.

3. President elect of the Indian Medical Association for the ensuing year shall be the President of the Conference.

4. The Local branch of the Indian Medical Association inviting the Conference shall elect the Organising Secretary of the Conference.

5. The Chairman of the Reception Committee and other office-bearers shall be elected by the Reception Committee as a whole.

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## Notice to the Madras Povincial Subsidised Rural Medical Practitioners.

(From Dr. S. Ramasubbu L. M. S.. Secretary, The Madras Provincial Subsidised Rural Medical Practitioners' Association.)

It has been suggested that the next Annual Conference of the Subsidised Medical Practitioners of this Presidency should be held during the ensuing Christmas week. I request subsidised medical practitioners to send me their suggestions as to the venue, date and name of the President for the conference. If the conference is to be held outside Madras, the subsidised practitioners of the District will have to serve as the Reception Committee and make the necessary arrangements.

Other suggestions and resolutions proposed to be moved at the conference are invited. Particulars about individual disabilities with special reference to resolutions passed at previous conferences may be kindly sent. In particular, practitioners with midwives attached are request to report about the number of labour cases conducted and the quantity of drugs consumed by each, while practitioners who deal with more than thirty patients a day are invited to report about the adequacy of drugs etc. supplied to them.

As a conference requires extra expenditure, I request an early remittance of subscriptions due.

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## Medical Officers in Local Boards.

In exercise of the powers conferred by Sub-Section 3 of Section 67 of the Madras Local Boards Act, 1920, as amended, the Local Government, in their order No. 2403, dated 15th instant, have fixed the following grades and scales of salaries payable to the Local Board officers, servants, etc., in the medical institutions including leprosy clinics under the control of District Boards and Panchayats in the Presidency:

Local Fund Assistant Surgeons Rs. 100—10 (biennial) Rs. 200.

Local Fund Sub-Assistant Surgeons Rs. 60—5 (biennial) Rs. 120.

Lady Apothecaries Rs. 80—10/2—Rs. 150.

Local Fund Nurses (fully qualified) Rs. 35—5 (biennial) Rs. 65.



Local Fund Nurses (not fully qualified, Rs. 25—2 (biennial) Rs. 31—1 (biennial) Rs. 35.

In respect of the Lady Apothecaries, the order states that "when the existing incumbent vacates office, the post should be filled by appointing a Woman Sub-Assistant Surgeon on Rs. 60—5 (biennial) Rs. 120.

The Municipal Councils are requested to adopt the above designations and grades and scales of salaries for municipal medical officers and servants in their institutions.

The order further states: "The incumbent of the existing post should be appointed to similar post carrying new scales of pay sanctioned in para 2 above. If the existing pay of a medical officer or servant exceeds any stage in the new scales of pay, his pay should be fixed at the next stage below that pay and he should be given personal allowance equal to the difference, the personal pay absorbed in the next increment. If the existing pay exceeded the maximum of the new scales of pay, it should be fixed at the maximum.

"These orders will come into force on 1st November 1934. Presidents of District Boards and Panchayats and Executive Officers of Municipal Councils are advised to issue a month's notice to the existing incumbents who may be now drawing pay in excess of the maximum in the revised scales that if they are not willing, they may quit the service."

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## Sir Bhalchandra Krishna Memorial Prize.

At a meeting of the Subscribers of Sir Bhalchandra Krishna Memorial Fund held on the 11th July 1924 the following resolution was adopted :—

"That from the funds collected to perpetuate the memory of the late Sir Bhalchandra Krishna, Kt., a Memorial Prize Medal be founded to be awarded every year on the anniversary of his death to a member of the Medical Profession* who submits a thesis or delivers a lecture on any medical subject before a Meeting of the Medical Profession to be held under the auspices of the Bombay Medical Union, preference to be given to one who submits any original or research work especially with reference to Indigenous Medicine on Western lines."

In consonance with the above Resolution, Members of the profession are invited to submit a thesis or a paper by the 15th of January 1935 to the undersigned for submission to a Selection Committee for making the above award.

The thesis or paper shall have to be read by the prizeman on the day of the award at a Meeting of the Profession to be held in accordance with the above Resolution.

*N.B.* A member of the medical Profession is one who holds a degree or a diploma from an Indian University created by statute or from an University, College and other Corporate Body recognised by the General Medical Council of Great Britain and Ireland, as defined by the rules of the Bombay Medical Union.

NASARVANJI CHOKSY,
M. D. D. GILDER,
S. P. KAPADIA,
R. D. P. MODY,
V. G. RELE,
} Members of the Memorial Prize Medal Committee.

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# Reviews.

## Annual Report of the Calcutta School of Tropical Medicine and the Carmichael Hospital for Tropical Diseases 1933.

The report is highly interesting and records the varied activities of the Institution which contains 22 branches altogether and the report of each branch deals with matter which are instructive and useful—and enhance the value of the report. The supplement to the Report gives the summary of the work done since the commencement and reflects high credit to the author Col. Knowles, offg. Director. The list of books reviews etc. published by the staff is a long and valuable one and shows the volume and the nature of the work done. It is indeed gratifying to learn the personal intimacy of Col. Knowles of the treatment given in the Tropical School of Medicine which he says is more efficient than obtaining in the United Kingdom excepting in one institution there, the Queen Alexandra Military Hospital Mill Bank, where he found, conditions comparable with those in the Carmichael Hospital of Tropical Diseases. The suggestions made by him that all the I. M. S. and R. A. M. C. officers serving in India should undergo a course of training in Tropical Medicine is indeed highly desirable.

The finance of the institution is unsatisfactory and with more money a large volume of work can be done. The Provincial Governments instead of spending money on pay of doctors on the curative side, may spare large portion of that amount by the employment of honorary doctors and make adequate contribution to this All India institution. Further, after the introduction of degree in Public Health

and Hygiene, in the University of Calcutta, the B. S. Sc. and similar degrees granted by Universities in provinces may be abolished and the degree in Calcutta enforced for appointment as Health Officers. The amount of money now dissipated in giving inadequate training in provinces may be saved and given over to the Calcutta Institution.

We offer our congratulations to Col. Knowles the officiating Director for the work done in the Institution and we hope that the Institution will grow and become the best one in the East.

## The First Annual Report of the Kadri Sevashram Maternity and Nursing Home, Mangalore, (1933-1934.)

The first annual report of the above institution for the year ending 30th June 1934 has been published by the Board of management. We congratulate the Ishwaranand Mahila Sevashram Society, Mangalore for not only conceiving the idea and put the same into action of a Maternity Home and dispensary as an adjunct of the activities of the Society. We are glad to note that Dr. Rao Sahib Benegal Raghavendra Rau Retired Assistant Surgeon is the President of the Board of Management and Dr. M. Shiva Rau one of the oldest private practitioners in Mangalore and one who has specialised in Maternity and gynaecological work in Dublin is the Vice-President and also the Honorary Medical Officer and under the kind care of both these popular doctors the institution is bound to attract the attention it deserves. The institution though only a year old seems to be very popular being utilised by not only the poor, but the middle and well-to-do class of people, the latter being charged a moderate fees depending upon their circumstances. Besides the treatment of labour cases, Ante-natal and Post-natal work is being done in the institution methodically. We welcome institutions for medical relief run by private agencies and wish to suggest the organisers of such institutions that free service by honorary medical officers should be given in these institutions only to the necessitous poor and the middle and rich class of patients should be charged for services adequately of course not more than what they would spend in their own houses and a reasonable portion thus collected from the latter class of patients should be paid as honorarium to the medical officers offering their services in such institutions without any pay. There is an abuse of the word charity in the matter of medical relief which should be guarded against by the organisers of the institutions of the nature under review. The popularity and utility of the institutions is bound to bring a good income as in the case of many christian missionary institutions where charity brings money not only to help the poor but also the staff who should be paid an honorarium commensurate with the work turned out by them and then alone medical relief to the masses will be solved satisfactorily.





*List of Postings of Sub Asst. Surgeons for the month of September, 1934.*

| No. | Names of Sub-Asst. Surgeons | From. | To |
|---|---|---|---|
| 1 | Dr. D. A. Syed Nazir-ud-din Sahib | L. F.Dy.. Nidamangalam | L. F. Dy., Mimisal. |
| 2 | ,, N. C. Govindaswami Pillai | L. F. Dy., Valavanur | L. F. Hl., Tirukkoilur. |
| 3 | ,, V. Ramakrishnan | Govt. Hd. Qrs. Hl. Cuddalore | Ganjam Agency. |
| 4 | ,, T. C. Sitaraman | Leave | L. F. Dy., Ginjee. |
| 5 | ,, K. Govinda Menon | Leave | L. F. Dy., Rasipuram. |
| 6 | ,, S. Ramachandra Rao | Leave | L. F. Dy., Podili. |
| 7 | ,, Miss A. Janaky Ammal | Leave | Govt. Hl., Madanapalle. |
| 8 | ,, M. V. Srinivasan | Leave | L. F. Dy., Merkanam. |
| 9 | ,, M. Lakshmanamurthi | L. F. Dy., Guntakal | King George Hl., Vizagapatam |
| 10 | ,, A. Govindakutti Nayar | L. F. Dy., Ayyampet | L. F. Dy., Perumpanniyur. |
| 11 | ,, K. Sankaranarayana Unni | L. F. Dy., Yercaud | Govt. Hl., Attur. |
| 12 | ,, K. Natarajan | Govt. Hl., Attur | L. F. Dy., Kolacombai. |
| 13 | ,, R. Sundararajan | C. M. P. Hd. Qrs., Hl. Mettur | L. F. Dy. Nattam. |
| 14 | ,, R. Krishna Iyer | L.F.Dy., Bungalowpudur | Forest Duty, Sadivaya. |
| 15 | ,, T. S. Kasturi | L. F. Dy., Rasipuram | L. F. Dy., Harur. |
| 16 | ,, S. Sengaliappan | L. F. Dy., Harur | C.M.P. Headworks Hl., Mettur. |
| 17 | ,, V. Viswanathan | L. F. Dy., Nattam | L. F. Dy., Sholavandan. |
| 18 | ,, A. M. Arulanandam Pillai | L. F. Dy., Sholavandan | Govt. Hd. Qrs. Hl., Madura. |
| 19 | ,, V. Venkaramanjulu Naidu | L. F. Dy., Punganur | Govt. Hl., Madanapalli. |
| 20 | ,, R. Ramanathan | L. F. Dy., Palliput | L. F. Dy., Voyalpad. |
| 21 | ,, Chinnappa Reddy | L. F. Dy., Voyalpad | L. F. Dy., Punganur. |
| 22 | ,, N. Ekambara Acharya | Leave | Govt. Mental Hl., Madras. |
| 23 | ,, Mrs. A. George | Leave | Govt. W. & C. Hl., Tuni. |
| 24 | ,, K. Rajamannar L.M.S. | Cholera Duty Ganjam | L. F. Dy., Chintalapudi. |
| 25 | ,, V. Ramanujachari | L. F. Dy., Chintalapudi | L. F. Dy., Kovvur. |
| 26 | ,, A. J. C. Joseph | Agency Duty, Koraput | Govt. Hl., Cochin. |
| 27 | ,, P. Raman Nayar | L. F. Hl., Tirukoilur | L. F. Dy., Orattanadu. |
| 28 | ,, J. T. Moses | L. F. Dy., Tirupanandal | Govt. Hd. Qrs. Hl., Palamcottah. |

Reg. No. M. 2528.



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