

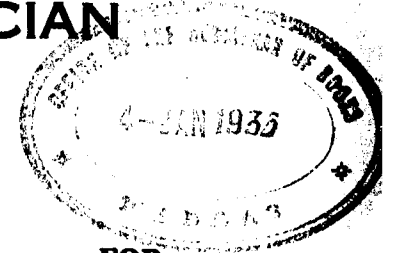
The Medical Practitioner

A Monthly Medical Journal

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

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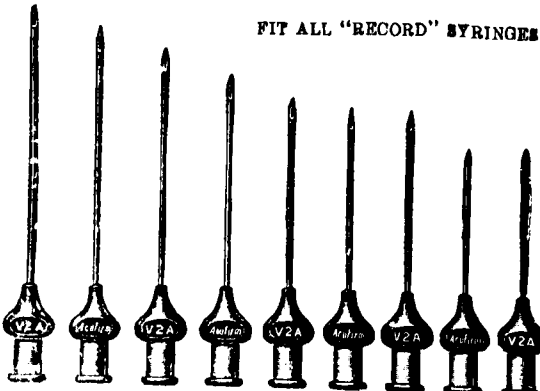
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NOVEMBER, 1934.

[NO. 2

ALL INDIA MEDICAL CONFERENCES.

As usual the Indian Medical Association meets in conference during the Christmas week and Delhi has been chosen as the venue. We are sorry to hear that the All India Medical Licentiate's Association is not likely to meet this year as the Licentiate who invited the conference at Indore this year seem to have indicated their inability to organise the conference at Indore on account of the illness of Dr. Soorji Prasad. The decision of the Licentiate at Indore will be regretted throughout India. Dr. Soorji Prasad is one of the most prominent Licentiate who has been guiding the destinies of the Licentiate's Association and the illness of this veteran instead of being used as an excuse for not holding the conference at Indore must have served as an incentive. Dr. Soorji Prasad who has been holding the interest of the Licentiate so dear to his heart, would have had the satisfaction to realise that his younger brethren at Indore were equal to the occasion and did not allow the annual activity to lapse in spite of his illness. Indore Licentiate must have known what their brethren did at Bombay under similar circumstances last year when one of the chief organizers Dr. Karandikar fell ill just a few days before the annual conference was held in that city and in spite of this handicap the Bombay Licentiate did not fail to do their duty. We trust better counsel will prevail and the office bearers of the Association will send the necessary whip and will prevent a lapse of the annual function.

It is really very unfortunate that efforts were not made by the All India Medical Licentiate's Association to hold this annual conference at the place where the Indian Medical Association meets and during the same week so as to enable both the Associations to present an united front in all problems affecting the medical profession of India. Those who are in the know of the present state affairs of the internal working of the All India Medical Licentiate's Association may perhaps excuse that body, though not the office bearers in not being able to initiate co-operation with the Indian Medical Association to solve such problems as unemployment in the medical profession, National Health Insurance, Hospital Administration etc., about which specific resolutions were passed at the annual conference organised by the Indian Medical Association last year. But the Indian Medical Association cannot escape the blame for not attempting to do anything in this direction even without the co-operation of the Licentiate's Association. This body represents the medical profession as a whole in India and have on their roll members of different grades now existing in India and there would have been little or no difficulty in getting representative opinions on the subjects referred to above so as to enable them to draft practical schemes and work them out. All the same the profession will not fail to appreciate the services of the Indian Medical Association if they are able to put before the next annual gathering a workable all India scheme for rural medical relief which we are told is attracting the

immediate attention of this body under the leadership of Major Naidu who in his presidential address delivered by him at Lucknow in 1932 formulated a scheme for rural medical relief. We are told that an All India Committee is at work for drafting a scheme which will be placed before the All India Medical Conference at Delhi during the Christmas week. We trust the scheme will be made acceptable both to the profession and the public. We suggest to those concerned in the drafting of the rural medical relief scheme that it will be detrimental to the interests of the qualified medical profession and safety of the welfare of the rural population if Major Naidu's suggestion in his presidential address of training lay men to do the duties of medical profession in the rural areas is given effect to.

Any amount of seriousness and sincerity of purpose will not be too much on the part of those who organize annual gatherings. Those who attend these gatherings expect a lot from the organisers and attend the conference full of expectations and hopes. These gatherings necessarily command maximum amount of publicity which if utilised will lead those concerned to paths of progress and utility and in case these conferences are made to serve mere spectacular demonstrations of pious wishes and thoughts however idealistic, but not followed by action, time will not be far when the activities of the annual gatherings will dwindle down to nothing.

We appreciate the zeal and enthusiasm of the honorary workers who guide the destinies of the All India Medical Licentiate's Association and also the Indian Medical Association. Both these bodies are the outcome of self sacrifice and devoted service by the members of the profession. The former association is 28 years old and the latter is perhaps just closing its fifth year of existence. The Licentiate's Association was started with the set purpose of redressing the grievances of the medical subordinates in Government Service. It served well in this direction for some years. There are at present proportionately much larger number of licentiate as independent medical practitioners than as Government Medical Subordinates. The existing rules of the All India Medical Licentiate's Asso-

ciation prohibit its members from taking part in medical politics. The interests of those in service not being identical with those in private practice, the rules and regulations of All India Medical Licentiate's Association should be modified consistent with the existing conditions or else this association cannot be useful to those in private practice. It is no wonder that there is a lull in the activities of this association. Want of courage and foresight on one side and vested interests on the other, have set back progress in the affairs of this association and there is a fear of a break down which had been averted by the fortunate circumstance of the association commanding satisfactory finance. In spite of an official organ and an all India executive body of management, the Licentiate's Association has not been able these years to give effect to the decisions passed either at the annual gatherings or at the various meetings of the committee of management. The affairs of management of the Indian Medical Association may be more satisfactory than those of the Medical Licentiate's Association but the actual work turned out in comparison to the decisions arrived at by this body at its annual gatherings has not produced any effect on the profession so far.

It is our considered opinion that it is not possible to expect responsible good work from honorary workers individually or working in groups, unless they have under them a paid executive officer who can be made responsible for the work entrusted to him. We therefore suggest to both the associations to make provision in the rules to have a paid General Secretary who should hold office for a period of 3 years, legible to continue his office subject to the vote of the General body once in three years provision being made for his removal at any time on charges of bad management, misdemeanour etc. He should do all sort of propaganda for the growth and prosperity of the association of which he is the executive head.

Regarding the work to be turned out at the annual gatherings, we wish to reiterate what we have been saying in these columns repeatedly that the first and most important work before the profession is to bring about unity, prosperity, and contentment. The

medical profession in India cannot at present speak with one voice and it therefore loses authority and influence which should belong to it. There are medical degrees and diplomas of various grades conferred in the United Kingdom. Yet the complex of superiority or inferiority does not prevail in that country to the extent it does in India. The exclusion of the Medical Licentiate within the purview of the Indian Medical Council Act in spite of their being recognised as good qualified practitioners as anybody else in the provincial Medical Council Acts, is not only a harsh slur on the largest section of the medical profession in this country but also a blot on the good name of the Indian administration. The new Legislative Assembly can certainly be regarded more nationalistic and progressive than its predecessor which was responsible for the passing of the Indian Medical Council Act. To our knowledge it can at least boast of two medical men Dr. Deshmukh from Bombay and Dr. Rajan from Madras who had denounced the Indian Medical Council Act in its present form. Dr. Rajan is a medical licentiate who later qualified himself for the membership of the London Royal College of Surgeons. Dr. Deshmukh in Bombay has been avowedly showing his sympathies and admiration for the medical licentiate. Though it is a matter of surprise to us for his not revolting against the Bombay Medical Union of which he is a prominent member, being the ex-President of that body for not recognizing the medical licentiate as members of the medical profession, we trust he and Dr. Rajan with the help and co-operation of their nationalist colleagues in the new Legislative Assembly will succeed or at least attempt in bringing about necessary changes in the Indian Medical Council Act to permit the licentiate within the purview of this Act. In the meanwhile the Indian Medical Association should commence vigorous agitation in this direction and create strong public opinion in favour of bringing the medical licentiate within the purview of this Act and thus strengthen the hands of the new nationalist representatives of the people in the Legislative Assembly. We trust that the Indian Medical Association will place before the annual gathering at Delhi impor-

tant questions affecting the growth and welfare of the profession such as the stopping of the unwholesome and unequal competition between the paid medical officers of the Government and members of the independent medical profession, the invidious distinctions shown between the members of the profession by the Government and Insurance Companies regarding medical certificates, prevention of quackery, bringing about a uniform standard of medical education, provision of better facilities for the junior members of the profession to work in the hospitals and other medical institutions for gaining more knowledge, institution of honorary medical service, substituting the paid service and not as supernumerary service and such and similar subjects. We have lost no opportunity in discussing these subjects in the columns of the journal and our readers are familiar with our comments on them. If the medical Licentiate at Indore find it impossible to hold the conference at Indore we trust that advantage will be taken of this lapse for a better purpose and the Licentiate will muster strong at Delhi and make themselves felt for all good purposes and strengthen the hands of the Indian Medical Association to make the representative annual conference of the medical profession a real success.

*Original Articles

SOME ASPECTS OF MODERN PSYCHIATRY.

BY

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As our views, investigations and methods of treatment have changed for the better in other branches of Medicine, due to the accumulation of knowledge by Scientific Research and emergent experience as in the Great War, so our conception of Psychology and Psychological Medicine, in the part they play in our every day life in health and disease, has also made great strides.

* Papers read at the Fourth Andhra Medical Conference Bezwada and specially contributed to The Medical Practitioner.

It is a notorious fact, familiar to every one, how mental patients were treated as if they were wild beasts from the forest, only fit to be beaten and segregated away from human contact. The disease was considered as hereditary and no attempt, either for prevention or cure, was ever undertaken. Milder grades, exhibiting early symptoms, received no notice. There was an unjust stigma attached to the mental patients and Hospitals. From such an attitude of indifference, apathy, prejudice, ridicule, dread and despair regarding everything mental, we are now emerging into a stage of tolerance, curiosity, sympathy and better understanding and humane and suitable remedial measures on scientific lines are being instituted.

Till recently, physical diseases received all our attention; and the study of the causative factors, the preventive measures, the underlying pathological states and suitable treatment of these abnormalities was our earnest concern. Very little attention was given to the mind and the emotions, what part they play in the maintenance of sound bodily and mental health, how their training and control were as necessary for the future well being as the development of the physical aspects. Study of our patients consisted of finding out what was wrong with the individual organs as the heart or the lungs but not of the whole individual, including, amongst other things, his mental and emotional reaction towards himself and his disease.

Knowledge of modern Psychology has revolutionised our ideas of tackling patients in the mental sphere. It has roused in us a deep interest in the intricacies of human nature and enabled us to make an intelligent study. It has taught us how behaviour is the outcome of some surging force inside, be it of the instinctive or emotional origin. We are thus able to better understand and evaluate human conduct, feeling and reasoning in individual cases, whether in normal limits or gone beyond the border line—in addition to finding out adequate functioning or otherwise of the brain in its various capacities. Psycho-pathology has opened our minds into the underlying causes of the production of certain types of actions, delusions or hallucinations

in a particular individual. The art of making a detailed study of each patient's personality and reaction patterns under various circumstances, stresses and strains of life has thrown a flood of light on the possible type of breakdown in mental health. A careful enquiry into the ancestral traits and social setting has enabled us to understand our cases better.

Both for purposes of investigation and instituting therapeutic measures, modern Psychiatry, not only takes advantage of Psychology and Psycho-pathology but makes full use of all the knowledge that can be gathered from the basic medical sciences as Biology, Physiology, Bio-Chemistry, Bacteriology and Physio-therapy and so on.

A deep study has brought home the close relationship of mind and body. Every physical ill health produces its corollary effects in the mental sphere and emotional changes as well as mental sickness create disturbances in the function of various organs. Thus, a thorough physical examination becomes a necessary investigation, including a scrutinizing search for any focus of sepsis and the eradication of all physical defects is the first step in the handling of the mentally sick. Then only, will any Psycho-therapeutic approach be beneficial. Every modern mental institution is equipped with laboratories and specialised departments of various sorts, for diagnostic, preventive and curative purposes. They are run on the lines of Sanitaria, with extensive grounds rather than as "Close Asylums" and different lines of treatment as rest, sleep, fresh air, ample feeling, recreation, occupation, drugs, induction of artificial fever by thyroid, hot baths, diathermy or injection of Sulphur, vaccine or malarial parasite, Hydro-physio and Psycho-therapy and other modern methods are instituted.

Though the result is fairly satisfactory, still, it is felt that it is high time that medical students and doctors learn about the very early symptoms and signs in mental breakdown. Very few, nowadays, wait for the bacilli or the signs of consolidation, to diagnose a case of Phthisis. The period to tackle with in mental ill health, is the stage when early changes in the Persona-

lity of the individual are taking place, for example, an enthusiastic man losing interest in his work—a shy man becoming talkative and pushful—a miser spending away his money recklessly—a tidy man becoming careless in his dress and appearance and so on. The right person to detect such cases at this incipient stage is the family physician. Giving ample rest and sleep and setting right any defect in the physical including endocrinal, nutritional, recreational and environmental spheres, may be all that may be required to stabilise the person at that stage. Such cases can well be treated in the wards of a General Hospital and the patient may be saved from the stigma, which unfortunately even today is attached to admission to a Mental Hospital. The neurotic and psycho-pathic border line cases must also be recognised as patients mentally unbalanced and must receive suitable treatment to ensure their own happiness as well as that of the victimised relatives.

At this stage, a word or two may be said regarding the preventive aspects of mental ill health. Just as we advised utilising fresh air, pure water, nutritious diet and suitable exercise for preventing physical ailments and for leading a strong and vigorous life, so, in order to develop a healthy state of mind, preventive measures have to be instituted.

A careful history of mental illness reveals that the trend towards breakdown started in the very early years of life, in the form of stubbornness, perversity, losing temper quickly, showing undesirable attitude towards oneself, as in the way of inferiority feeling or towards others, with ideas of suspicion and persecution and so on.

Our ideal is to produce physically fit, mentally balanced, well-informed and happy adults, useful at home, efficient at work and capable as citizens. This object can be achieved only by bringing up the young with good habits, character, and reactions and training them in the control and regulation of their instinctive drives and emotional outlets. This disciplinary training of body and mind, to be effective, has to be started in the very early years of life.

Misbehaviour in the young is not now considered as some innate wickedness but only as a symptom to show that the child is not satisfactorily adjusted to his environ-

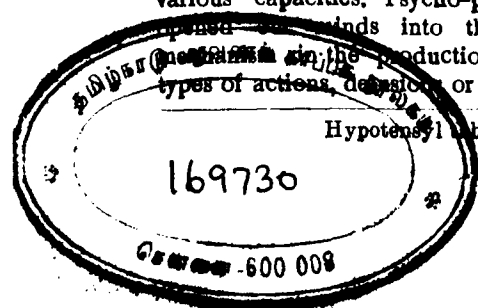
ment, due to an unhealthy state of his mind or body. For purposes of understanding the nature and needs of children, for their educational, vocational, social and recreational guidance, for the study of the causes, preventive and curative measures in cases of unwholesome behaviour and for advising parents and teachers, who are themselves ignorant of the art of proper training of the emotional life of the young and for utilising such places as living laboratories for scientific investigation and practical training, a new type of institution called "Child Guidance Clinics", has come into existence. In such an institution, a thorough physical, psychological and psychiatric study will reveal what factors have been responsible for this maladaptation. Without eradicating the causative factors lying deep down, no amount of punishment will set right the undesirable traits.

It becomes, therefore, the duty of every modern medical man, to make himself familiar with the methods of rational child guidance, so that he may be able to give suitable and reliable advice to the parents in the difficult art of bringing up a better type of younger generation.

Similarly, criminal tendencies in the adolescent and adult are more to be considered as badly developed habits and reactions towards society at large. Such cases require elaborate study to find out what is at the bottom of the antisocial behaviour. Is it mere poverty, ignorance and want of training? Is it physical ill health and want of control? Is it mental defect and easy suggestibility? Is it emotional conflict and misdirected outlet of energy in the form of misconduct? Is it bad company and example either at home or outside that have initiated the undesirable habit? and so on.

The modern view is that the erring individual must be studied and remedial measure applied to rectify his disability, so that he may turn out to be an useful and honest citizen with the aid of a helping friend called a Probation Officer. Awarding stereotyped punishment for all cases, without investigation individually, is considered to be an inefficient method of handling this complicated scourge.

Modern Psychiatry has done yeoman service in the detection of mental defect in its milder grades and instituting suitable measures for turning out the sufferers to



become self-supporting, innocent and useful citizens. Intelligence and ability vary from person to person but defect beyond a certain degree, will prevent the victims from taking advantage of the educational facilities provided in ordinary schools. For such defective children, special training in hand work and crafts of various types, will be the right method, to help them to eke out a living and thus become an asset to society. If this sort of manual instruction in special schools as well as training in the control of their instinctive and emotional life, are neglected, they will be incapable of competing with normal individuals in the struggle of earning a livelihood, the more so, as they become more and more urbanised, instead of leading a simple life in villages. They will soon fill the ranks of the dependents, beggars and vagrants or worse things are in store. Being simple minded and suggestible, with no capacity of fore-thought or caution, they become the victims of unscrupulous people and turn out to be prostitutes and criminals, thus becoming a great menace and burden to society.

Another invaluable service to humanity that has been rendered by modern Psychiatry is, by bringing home to us the importance of improving the quality of life lived by us. It is not the mere eating, working and sleeping or in other words, mere existing that counts but utilising the best that we have in us and the outer world and widening our interests, for the happiness and welfare of ourselves and the society. There are many dormant ennobling qualities and capabilities that require some encouragement to show themselves and to be taken advantage of. There are also many prejudices and emotionally charged ideas that hamper the smooth working of life and the co-operative spirit. By psychiatric aid, they are rendered inert and harmless. The mind is unburdened and made calm, peaceful and balanced. Psychiatry makes it thus possible for all to lead a life of utility, efficiency and cheerfulness, becoming happy, contented and respected everywhere.

NASAL TREATMENT OF ASTHMA.

By

DR. CH. S. JOHN, M.B.B.S.,
EAR, NOSE AND THROAT SPECIALIST.

Connection between Asthma and the Nose has long been recognised by rhinologists all over the world. How far or in what manner a nasal lesion is responsible for the asthmatic state is worthy of our consideration.

There are two commonly accepted theories of the connection between asthma and the nose. (1) Nasal obstruction by interfering with the nasal respiration prevents the inspired air from being either properly warmed or purified before entering the lower respiratory tract. The result is that the delicate mucous membrane of the bronchi is exposed to changes of temperature and to the irritation of various inspired particles for which it is not prepared. Bronchial catarrh results, and this in turn produces asthma. (2) Certain nasal lesions act as the sensory exciting causes of a reflex which manifests itself as an asthmatic paroxysm.

In support of the above theories Volto-line in 1871 published 11 cases of relief of asthma by removing nasal polypi. Following in his footsteps many observers were able to report successful results in the treatment of asthma by nasal means and the belief in the nasal origin of asthma gradually gained ground until a climax was reached when Bosworth an American Rhinologist stated in 1886 that "a large majority of, if not all, cases of asthma are dependent upon some obstruction in the nasal cavity." Bosworth and other eminent rhinologists quoted cases in which asthma has disappeared after the nose has been rendered free by the removal of polypi spurs, turbinated bodies, adenoids etc. Of course septal spurs, crests, ulcerations, hypersensitive areas of mucous membrane enlarged turbinated bodies and adenoid vegetations are blamed as being asthmogenous points and cases can be quoted where the treatment of such conditions has resulted in relief of asthma.

The chief ground for belief in this theory is based upon the assumption that mucous polypi are frequently found in association

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with asthma and that in majority of cases asthma can be cured by the removal of the polypi. If however a large number of cases be examined it will be found that the association is neither close, nor are the results obtained by the removal of the polypi as satisfactory as is generally supposed. Many eminent rinologists have found that the incidence of nasal polypi in asthmatic subjects is less than 3%.

That polypi do not commonly supply the exciting cause of the asthmatic reflex can be inferred from the following acknowledged facts:

1. The removal of polypi by no means relieves asthma.

2. Not infrequently the asthmatic condition becomes worse after polypi are removed.

3. That occasionally asthma makes its first appearance after the removal of polypi.

Sir Felix Semon summed up the results of his experience of the Nasal treatment of asthma by dividing the cases into three classes.

1. Lasting success obtained—exceedingly small percentage.

2. Temporary benefit—Comparitively large percentage.

3. No success at all—very large percentage.

To which Dr. St. Clair Thompson suggested the addition of a fourth class, viz., Those who were considerably damaged by intranasal treatment. The consensus of opinion was fairly expressed by Dr. Percy Kidd when he stated that "if there was obvious disease of the nose, local treatment was advisable, though the uncertainty of the result as regards asthma should be clearly explained to the patient." This brings me to the point that I wish especially to deal i.e. the vaso-motor theory of asthma.

Asthma according to this theory depends upon the instability of the vaso-motor system and that it can be cured by stabilizing the vaso-motor system by cauterizing the nasal septum. In support of this theory the following conclusions are reached:

1. That asthma is due to reflex spasm of the bronchial tubes.

2. That the irritation originates in the nose.

3. That asthma is not directly due to any mechanical obstruction of the nasal passages and is not commonly caused by any gross nasal lesion.

4. That some part of the nasal apparatus has a controlling influence upon the respiratory centre; or there is in the nose, as it were, an agency through which the afferent impulses must pass. That the irritation may originate in the nose is to be inferred from (a) the intimate association between Hay fever and asthma (b) the very common record of excessive sneezing at some period in the previous history of an asthmatic patient, (c) the not infrequent alternation between asthma and sneezing. That the nose should have the power of influencing afferent impulses to the respiratory centre is the most interesting phase of the whole phenomena of asthma. If it be so, then it matters not whether the originating irritation be bronchial, gastric, cardiac, or renal, the resulting spasm can be profoundly affected by the intranasal treatment.

Asthma is not a disease due to any specific poison but is a symptom of instability of the vaso-motor system. An almost infinite number of irritants are capable in certain cases of affecting the vaso-motor centre; and the cure of asthma will not be affected until it is possible to make the V. M. system impervious to any such disturbing poison.

The new method can be summed up in a few words: 1. By lightly cauterizing the nasal septum it is possible to give complete relief in the majority of cases of asthma of all kinds. 2. The more free the nose is from gross lesions and hypersensitive areas, the greater is the prospect of affording relief. 3. Cases associated with nasal polypi are the most difficult to deal with and the least hopeful as far as permanent relief is concerned.

Whatever the state of the nose—free or obstructed, with a healthy or unhealthy mucous membrane, the great majority of asthmatics be their asthma, catarrhal or cardiac, are to be cured by cauterization of the septal mucous membrane opposite to the outer end of the middle turbinate bone. Broadly speaking asthma is more amenable to treatment than it was before this method was introduced.

As asthma depends upon the instability of the vaso-motor system, it is important to

investigate the various irritants that are capable of affecting the vaso-motor centre. These are many and may affect the centre through different channels. Emotions may cause flushing of the bronchial vessels which shows itself as an attack of Asthma. Irritation may come through nerves of Special Sense—certain smells using wrong spectacles due to eye strain, certain articles of food, emanations from cats, horses, dogs and feathers, dust arising from dress materials, linen fabrics, carpets, pollen of grasses and flowers, and smell of paints are some of the possible irritants. Climate, effect of a severe strain, toxæmic poisons generated in the system disturb the vaso-motor balance. The part played by teeth is very important. Intestinal infection is the most common source of infection. The real treatment of asthma consists in stabilizing the V. M. system. It is a symptom of vaso-dilation of the bronchial vessels. "Stabilize the V. M. system, definite progress could be made in the treatment of asthma." The all important question now is "How is the V. M. System to be stabilized?"

By far the most important method of stabilizing the V. M. system is by the direct action on the sympathetic nerves running in the mucous membrane. Any mucous membrane can be made to serve the purpose, but the most accessible and responsive is that covering the nasal septum. There are areas in the nose "Sensitive spots" as they are called, these are the anterior ends of the inferior turbinated bones, the posterior ends of the inferior turbinates, the lateral ends of the middle turbinates and the septum opposite to them. There is a particular area on the septum which is closely connected with the centre controlling the calibre of the systemic blood vessels. On touching the spot with the galvano cautery a 15 to 20 m drop in the systolic blood pressure is produced. If the pressure is reduced by a vasodilator drug, it is likely to rise to its original level as soon as the drug is discontinued; but the effect of reducing it by acting on the mucous membrane is in a great measure permanent. It is probably in consequence of this fact that the stabilizing effect is produced. The object aimed at is not the reduction of blood pressure, but the stabilizing of the vaso-motor

centre, so that irritants can no longer produce erratic vaso-constrictions and vaso-dilatations.

Experiment 1. Touch the septal mucous membrane opposite the lateral end of the middle turbinate, at once bronchial spasm is induced which was as quickly relived by painting the part with a solution of cocain.

Experiment 2. Paint the mucous membrane of the septum opposite the middle turbinate with cocain in any asthmatic patient and the relief is dramatic.

Experiment 3. Mr. S. patient suffering from severe dyspnoea was quite unable to breath through the nose. On examination both the nostrils were completely blocked by the engorged turbinated bodies. Adrenalin was applied and the engorgement disappeared. Still the patient felt no improvement. On painting the septum with a drop of cocain solution the patient experienced instant relief. The septum was cauterized before treating the turbinates with the result that his dyspnoea was relieved before his nasal passages were made free. In this connection Parker's experiments are very interesting showing that inspired air travels through middle rather than the inferior meatus.

Experiment 4. K.P. male age 20, asthma 6 months duration. Enlarged tonsils removed on 3-10-33, no improvement. Hypertrophied inf. Turbinates, cauterized on 27-10-1933, no improvement. Cautery of the nasal septum on the 26-11-33, no attack till now.

PROCEDURE: Put in ribbon gauze dipped in 1% pantocaine sol. against the mucous membrane of the upper part of the septum, opposite the lateral end of the middle turbinate. Five minutes later touch the spot lightly with the point of a galvano-cautery (Fischer's). A week later the other side should be similarly treated. In the majority of cases one treatment will do but in a few cases two or even three required. The point to remember is that no subsequent cauterization should be made until the previous ulcer has healed. Subsequent to the cauterization drop of liquid paraffin is dropped into that nose along the septum once a day:

RESULTS OF CAUTERIZATION.

Cures 66%.

Greatly improved 30%.

Not improved 4%.

Hypotensyl tablets reduce Systolic Blood Pressure.

Mr. Herbert Tilsley says "We may sum up by saying that asthma is a respiratory neurosis and is probably caused by a reflex spasm of the bronchial spasm, with associated vaso-motor changes in the bronchial mucous membrane. Among the most important afferent impulses are those which have their origin in the nasal cavities." In Mr. Tillys simile the afferent impulses only supply the spark which explodes the gun powder. "The gun powder lies in the V.M. centre, and if we would devote our attention to removing this 'Explosive' which we could do by making the vaso-motor centre stable, we might confidently anticipate that the relief would be more permanent".

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Abstracts

TUBERCULOSIS FROM THE CRADLE TO THE ARM CHAIR.

by

JOHN RITTER, M. D., MIAMI, FLA.

The Immortal Bard has classically described the life cycle of the human family, from the cradle to the grave, in his "Seven Ages of Man." The tuberculosis problems affecting the human family can be classified into six different periods, from the cradle to the armchair—the senium.

FIRST PERIOD: Tuberculosis in Infancy: From the first days of life to the middle of the second year may, for convenience, be designated the nursing or cradle period. At this period, while only 2 percent of all infants become tuberculously infected, the mortality is enormous. All infants who are massively infected at this period, succumb to a generalized miliary form of tuberculosis, and hence the mortality is always high—from 95 to 100 percent. Many pediatricians maintain that infants who pass this period of infection and do not die have not been heavily, but only mildly, infected. Internists usually place the mortality rate in

the first six months of infant life at about 95 percent, with about 60 percent in the second six months and about 50 percent in the third; hence, as a general rule, the year of birth is also the year of death and, at this period, more infected male than female infants die from tuberculosis.

Tuberculosis in infancy is usually an environmental disease, the infection occurring from an active tubercle bacilli carrier. It is estimated that about 85 percent of all infections in childhood take place bronchogenically, by inhalation, by being closely associated with the bacilli carrier, either a direct mouth to mouth infection or in the homes, while the infants are crawling about the floors of tuberculous surroundings. About 12 percent of the infants or children become infected following the ingestion of milk containing tubercle bacilli—an infection with the bovine bacillus which, as a rule, causes gland, bone, joint and abdominal but not pulmonary tuberculosis. About 2 percent are cutaneously infected; and the other avenues of infection play but a minor role in the causation of tuberculous disease.

In early infancy the tuberculin test is usually negative, and this negative phase may extend throughout the whole period of infant life, to become positive only when the infant organism becomes cognizant of the presence of the tubercle bacillus and with beginning production of defence agencies. In early infancy there is no latency; every organ or tissue of the infant organism may become tuberculously infected and diseased, the generalized or miliary from usually being the presenting picture, and this miliary form may proceed from a focus anywhere in the body, but most frequently from one of the apices of the lungs.

SECOND PERIOD: Tuberculosis in the first period of childhood: This is from the middle of the second year to about the beginning of the fifth, and is also spoken of as the kindergarten age. Here the tuberculosis mortality is considerably lessened—to from 4 to 6 percent—and becomes about equal in the two sexes. At this particular time the organs of the greater circulation are more vulnerable and the small joints—the spine, the fingers, the toes—and, perhaps, the glands about the hilum may become tuberculous.

In early infancy, the organs of both the greater and the lesser circulation are

attacked with equal force. In the childhood period, the organs of the lesser circulation are infrequently involved, but the organs and tissues of the greater circulation stand the brunt of the disease; this obtains to about the age of beginning puberty, when the organs of the greater circulation seem to have acquired a certain degree of immunity, and are infrequently involved, while the organs of the lesser circulation, the lungs, are most vulnerable throughout the remainder of the life cycle of the individual and up to old age. At the senium, however, a late form of tuberculous generalization, like that of early infancy, may manifest itself.

THIRD PERIOD: Tuberculosis in the second period of childhood: The second period of childhood extends from the fifth to the fifteenth year, and includes the pre-school, the school and the high-school ages; this often is also referred to as the "teen" age. At this period in life, both the tuberculosis morbidity and mortality are at their lowest point. The juvenile or childhood type is the more prevalent and tuberculosis of the glands about the hilum is mostly in evidence. At this second period of childhood the bones and joints are frequently involved, but not as in the first period of childhood. The smaller joints are now often spared and the larger joints—the elbow, the knee, the hip and the shoulder—are more often the seat of tuberculous disease. At this period, as in the earlier years, the lungs are only occasionally diseased. The organs of the greater circulation are still the most vulnerable and the secondary form of tuberculous disease, a metastatic form, is much in evidence. The tuberculin test is most frequently positive and we can demonstrate that from 65 to 30 percent of all children at this period in life are tuberculously infected; the mortality however is always very low—about 2 to 4 percent.

FOURTH PERIOD: Tuberculosis as it is observed in adult life: From adolescence to maturity and to the end of the child-bearing period, tuberculosis of the lesser circulation, the pulmonary, largely displaces all the other forms. At this period the pulmonary form may be very rapid, or it may assume a more protracted course, and the mortality is usually high beginning to rise with the entrance into puberty. The highest peak of

mortality is from the seventeenth to the twenty-fourth year; but from the twenty-fifth to the fortieth year the resistance reaches its maximal point. Pulmonary haemorrhages are most frequent from the fifteenth to the thirty-fifth year; before puberty the hemorrhages are very infrequent.

Out of 100 infected adult individuals, 40 may become tuberculously diseased; out of this number, 30 heal entirely, and only ten tuberculous persons develop active pulmonary tuberculosis and die; the remaining 60 go through life not knowing that they have been infected or that at any time they have been carrying tubercle bacilli within their bodies.

A form of tuberculosis, running a rapid course and known as phthisis florida or "galloping consumption," is not often encountered in this third decade.

The axiom of von Behring, that "pulmonary tuberculosis in the adult is simply the last strain of that song which was first sung at the cradle," makes it the aftermath of childhood infection—a re-infection from within. However, a primary infection may take place in young adult life. This is always very grave, because immunity to tuberculosis is present only while the person is tuberculous—has bacilli or their toxic products within the body—and, should this individual lose these toxic products, he may not be able to recover from a second bacillary attack, but will succumb to a rapidly progressing tuberculous process.

At the adolescent period tuberculosis exacts its greatest toll from the female patient. From the ages of 15 to 35 the mortality in the female is to that of the male approximately as 7 is to 5; and regularity or irregularity of menstruation does not alter this ratio.

FIFTH PERIOD: This is a most favourable period, when pulmonary tuberculosis is at its lowest point—the period from full maturity to about the beginning of senility; this usually including the ten years from the forty-fifth to the fifty-fifth—the age of greatest health, when most diseases, including pulmonary tuberculosis, are in abeyance; this also includes the time when the female has passed the menstrual cycle and the

menopause is fully established, giving further assurance of more perfect health.

SIXTH PERIOD: Tuberculosis in old age: Tuberculosis in the aged is not an infrequent observation; it is merely as frequent as in early childhood. In infancy an early, generalized, miliary tuberculosis, from a recent active focus, is the presenting picture; in old age we see a late generalized, miliary form, from an old, quiescent focus; and again, as in infancy, the bases of the lungs, and not the apices, are usually the seat of the disease.

The maximal tuberculosis morbidity and mortality may now be placed in the seventh decade, and it has been demonstrated by autopsy that, in 69 percent of all senile cases the foci of infection are in the lungs. At this period in life, the senile individual—the old man, the old woman—spending their declining years with much rest in the arm chair, are the great carriers and spreaders of tuberculous disease. The aged suffering from "asthma," "bronchitis," "emphysema," "chronic catarrh," etc. are usually also tuberculous and frequently transmit the disease to small infants and children who are entrusted to their care.

In the aged, as in infancy, the tuberculin test is usually negative; and again, in the aged, the sputum may be negative for tubercle bacilli, or only an occasional bacillus may be found. This gives the aged a sense of false security and his condition may be considered as of no danger. These wrong conceptions often lead to the most dire consequences in the family.

Summary.

Tuberculosis is a disease which attacks both the young and the old with equal force; but in the different ages, although the same disease, it presents a continually changing picture.

The mortality in infancy is usually high, and although only 2 percent are infected, the mortality in these is from 85 to 95 percent and the male mortality exceeds that of the female by a high percentage.

In the first period of child life, the mortality in the male and female are about equal, but the general mortality is very much lessened.

In the second period of childhood, from the fifth to the fifteenth year, an increase in

the relative female mortality occurs and is maintained throughout the period of puberty and young adult life, extending up to the change of life, when the female and male mortality again become more equal.

After this period comes a short one when both the mortality and the morbidity show a minimal point, to become again moderately high in the two sexes at senility.

Pulmonary tuberculosis is a disease of civilization and, in spite of our anti-tuberculosis campaigns, it is still the most prominent cause of death between the ages of eighteen and thirty, at the most productive period of man's life.

(Clinical Medicine and Surgery—July 1934).

Notes on Therapeutics, Diagnosis and other Medical Subjects.

Typhoid Fever and its Treatment.

C.E. Lakin writing on the diagnosis and treatment of typhoid fever considers the early recognition of the infection by blood culture important. No sooner the infection is suspected, the patient should be isolated. The faeces and urine being passed in the bedpans they should be treated with 1 in 20 carbolic acid before throwing them in the drain. If there is no drain in which to throw the excreta, it should be mixed with sawdust and turpentine and ignited. Clothing and the feeding utensils should be well sterilized. Solid food should be withheld till the evening temperature is normal for some days. Whenever the temperature goes above 102.5° F the patient should be sponged with water at 70° F for about 20 minutes, the limbs being sponged first. If there is much collapse, water at 110° F should be used. The mouth should be taken care of; it should be cleaned with Glycerin of Borax alternating with a Soda Bicarb solution. Salol in 5 grain dose T.D.S. or chlorine mixture should be given throughout to deodorise the stools. Purgatives should be avoided after the 10th day, an enema being given if there is constipation. Profuse haemorrhage should be checked by giving Dover's powder or Haemoplastin, food being stopped for some hours. Saline injections or blood transfusion should be resorted to in case of collapse.

For meteorism, turpentine in 20 minim doses at 2 or 3 hourly intervals or enemas of turpentine and soap should be tried.

(*Practitioner, August 1933.*)

Diagnostic value of Superficial eye Examination.

C. Berens and J. Zuckerman indicate the diagnostic points in cases of extraocular and systemic diseases which may be detected by examination of the vision, the position of the eye in the orbit, and the eyelids. Defective vision, for example, may be traceable to corneal opacities, lens changes, and diseases of the media which owe their inception to tuberculosis, syphilis, diabetes, hypertension, focal infection or brain lesions. Exophthalmos may be caused by syphilis or tuberculosis of the orbital bones and periosteum or by extension of infection from the nasal accessory sinuses, or by thrombophlebitis of the orbital veins following scarlet fever, or infection of these sinuses and of the tooth sockets. Influenza and rheumatism may give rise to inflammation of Tenon's Capsule and exophthalmos. The commonest cause of bilateral exophthalmos is Grave's disease, but high myopia, cranial anomalies and bilateral orbital tumors may have this effect also, as well as sinus thrombosis. Enophthalmos occurs in the aged, in extreme emaciation, paralysis of the sympathetic, congenital defects—and as the result of trauma. Scars along the outer upper margin of the orbit sometimes follow tuberculosis of the orbital bone; above the nasal angle of the eye they are usually the sequels of infection in the ethmoid cells. Bacterial allergy as indicated by recurrent attacks of slight redness and swelling, particularly of the upper eyelids, with slight scaling and itching. Non-inflammatory oedema of the eyelid may be of diagnostic significance in commencing heart failure, nephritis, and Myxoedema. An early sign of Grave's and Addison's disease is marked pigmentation of the lower eyelid. Increased size of the palpebral fissure may be caused by a large myopic eyeball, abscess in the orbit, retrobulbar tumors, and arterio-venous aneurysms in the cavernous sinus.

(*B.M.J. January 1934.*)

Hypotensyl tablets contain the blood pressure reducing principles of Miltetose.

Cancer is not infectious.

The idea of many people that cancer is infectious and hereditary was denied by the Earl of Granard, president of the Cancer Hospital, when presiding at the annual meeting of the Governors at the hospital in mail week.

"A great many people," he said, "are of the opinion that cancer is contagious, infectious and hereditary, and I should like to say that there is no truth in this suggestion at all."

Mr. Cecil Rowntree, surgeon to the hospital pointed out that this fear of infection made many people hesitate to visit the hospital. He referred to the recent visit of the Queen and hoped that her visit might finally dispose of the ill-informed fear of infection that still lurked in some minds.

"This infection question is one that we have studied very closely, and I think I can say with the greatest confidence that there is not a fragment of evidence to support this fear."

He also referred to the value of the radium "bomb" treatment for cancer. It was explained after the meeting that for this method of treatment radium is contained in a "bomb." Up to as much as £10,000 worth of radium can be put into one "bomb."

Times of India.

The Treatment of Pruritus Ani.

The following treatment for this most distressing condition is based on the principle of keeping the area as dry as possible and employing effective and non-irritating antiseptics: (1) As an aperient Liq. Paraffin only. (2) After evacuation and at regular intervals thorough cleaning with cold water and coal tar soap. (3) Thorough drying with a soft towel. (4) Introduction of a little adrenaline ointment into the anal canal if piles are present. (5) A teaspoonful of 1-1000 acriflavine emulsion in paraffin rubbed gently into the skin. (6) As soon as irritation is checked talcum powder of any good brand is used freely instead of acriflavine. Almost every case seen has yielded in a few days to this treatment and has

been cured within a fortnight. To get results quickly the various details must be carried out with the greatest care and patience.

(*Practitioner, November 1933.*)

The Warning signs of Eclampsia.

One of the advantages of the ante-natal clinics is that it provides excellent opportunities for studying the clinical manifestations of the pre-eclamptic toxæmia of pregnancy in its earliest stages. The three cardinal signs of this particular "toxæmia" when fully developed are oedema, albuminuria and hypertension. Apart from the generally recognised fact that oedema not infrequently precedes albuminuria, little is known about the order of appearance of the three signs or about their relationship to one another. In order to detect the earliest of signs of abnormality Prof. Browne has been compelled to adopt strict criteria. He has accepted, for instance, a rise in blood pressure of a few millimeter above the normal limit of 130/70 as evidence of hypertension. This explains the high incidence of pre-eclamptic toxæmia in his clinic at University College Hospital—320 Cases in a series of 1674 pregnancies. His results tend to show that in different cases the three signs may appear and disappear independently of one another, and only occasionally bear close comparison. None of the signs can therefore be regarded as a consequence of either of the others, and whatever the cause of the condition may be, it is evidently capable of eliciting each sign separately. In some patients oedema appears first, in others albuminuria, and in a considerable number hypertension. What then is the best single criterion of early toxæmia? Clearly not oedema, for much water must be retained before pitting can be demonstrated. Albuminuria is equally deceptive, for it may be the last sign to appear. Browne concludes that the routine estimation of blood pressure is, on the whole, the most sensitive test. It is refreshing to read that he resists the temptation to conclude that the fall in hypertension which occurred in many cases was due to advice received at the clinic. Many and diverse remedies are employed in treating pre-eclamptic toxæmia—for in-

stance, alkalisation. Calcium preparations, low protein diets, salt poor diets, fluids in excess, and fluid restriction. Some of them are used empirically; the use of others is based on hypothesis. The advocates of all are apt to forget that rest in bed will often work wonders.

(*The Lancet, December 16th, 1933.*)

Power over Life and Death for Doctors.

Sir Buckston Browne, the well-known veteran surgeon, who is 84 years old, speaking at a dinner in London, said he looked forward to the time when the medical profession would have the power of sentencing to death those who were not fit to live, and of granting permits to the old and hopelessly diseased to go to the lethal chamber.

Explaining the reasons for this statement in an interview, Sir Buckston said: "In my time the human body was looked on as a vile thing. Now we know it is the finest product of all the natural forces at work on this planet. Therefore the profession of medical men, the ministers of the human body, must become the most important of all professions. Theirs must become the dominant profession with the power over life and death, vested in carefully selected medical councils aided by lawyers." "I hope" he continued, "the time will come when we shall destroy hopeless idiots and criminals and also be empowered to grant release to hopeless sufferers. I think it is heartbreaking to hear of a man, say with a hopeless disease, attempting suicide and failing, and being brought up to a police court and charged. Suicide is said to be the act of a coward. It is frequently the act of a very brave man. I know this will be received with great opposition by the clergy but my answer to them is nothing but facts—facts based on eugenics, race improvement and the abolition of unnecessary suffering."

The Times of India.

Prognosis in Constitutional Hypertension.

G. Hubenkar defines constitutional hypertension as a disease in which the raised blood pressure is the essential feature, and depends on a spasm of the small arterioles. It is unrelated to renal and arteriosclerotic hypertension. Ten years ago, the prognosis in this condition was considered grave, but cases are now accumulating to show that life is not necessarily shortened. Patients have been observed who have lived 20 years with a blood pressure of over 200 mm. Hg. Hubner himself has collected eleven cases which he has watched for 10-17 years with a pressure constantly above 200 mm. Pro-

gnosis is difficult to formulate. The hypertension of adiposity and of menopause is favourable; co-existent syphilis and hypertension is unfavourable. For the remainder, the prognosis depends on 3 factors; (1) the state of the kidneys; (2) the state of the heart and (3) the state of the vessels. This latter is particularly important and not always easy to assess; examination of the fundus oculi is of great importance and the response of the blood pressure to inhalation of amyl nitrite may help. *Ceteris paribus* a variable pressure is of better import than a fixed one.

(B.M.J. December 16th, 1933).

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CLINICAL NOTES

AND

PRACTICAL SUGGESTIONS.

Amenorrhoea in an obese patient and its treatment.

It is not infrequently that we come across an obese patient suffering from amenorrhoea. With the advance of our knowledge of Endocrinology we are now in a position to recognise definitely what endocrine glands are deficient in certain diseases and we can therefore definitely say from clinical experience that in most of these obese amenorrhoeic patients it is either the thyroid or the pituitary or both which are not functioning adequately. While in some of these patients we meet with symptoms resulting from thyroid hypofunction such as well-distributed fat, dry skin, fine hair, waxy appearance, somnolence, easy fatigue etc., there are others who exhibit symptoms characteristic of the defective function of the pituitary gland with excess of adipose tissue over the nates, abdomen and breasts with comparative thin extremities, neck etc.

Thanks to the recent progress of endocrinology these cases are easily amenable to endocrine type of treatment. From the clinical data we know that the patients who are obese due either to hypofunction of the thyroid or the pituitary usually complain of amenorrhoea or irregular menses. It is therefore highly rational to employ a product containing the ovary, the thyroid and the pituitary because of the fundamental interaction, the hormones of these glands have on one another. Opocrin Ovaro-Pituitary Co. will serve the purpose in these cases admirably. This opocrin brings about in the uterine mucus membrane regular progestational changes which are a necessary phenomena prior to menstruation in spite of the fact that any of the three glands may be at fault. Thus it is that a single gland therapy is ineffective and inferior to a proper and rational combination of different glands.

The results that one should expect from this combined opocrin therapy are really excellently confirmed. Not only does it bring about substantial decrease in weight but the patient gets regular periods and there is definite disappearance of the thyroid

and the pituitary symptoms. The success of this preparation in cases of obesity is due to the fact that it contains those endocrine substances which influence the glands conspiring in the causation of obesity. The main gland that predominates as a causative factor in obesity is the thyroid. It controls basal metabolism and also influences the regulation of the process of elimination of surplus water from the tissues. The impulses that act on the thyroid are derived partly from the ovary and partly from the pituitary. If therefore there is ovarian or pituitary dysfunction the thyroid fails to act with the result that there is definite deposition of adipose tissue with also at times a certain amount of sexual and menstrual deficiencies. In treatment therefore we have to take into consideration these endogenous factors and Opocrin Ovaro-Pituitary Co. is the apt remedy in such cases. Treatment by the administration of these glands is absolutely physiological as it restores the endocrine equilibrium which in these cases of constitutional obesity is much disturbed. All the facts have been taken into consideration regarding the endocrine disturbances in obesity in the preparation of this opocrin and hence it is a perfectly safe remedy with full therapeutic efficiency. Opocrin Ovaro-Pituitary Co. contains thyroid of exceptional purity combined with fresh and effective pituitary and also the ovary.

Now concerning amenorrhoea in these obese patients it will be clear from the following how Opocrin Ovaro-Pituitary Co. acts as a specific. In normal menstruation, we know, that besides increase in metabolism there occur certain physical as well as psychic changes. The thyroid is an important factor in these changes. The monthly development and breaking up of the progestational membrane is regulated by the hormones of the anterior pituitary and those of the ovary. So all the three glands viz. the thyroid, the pituitary and the ovary are essential factors in the menstrual process. Experiments as well as clinical experience has shown that in the absence of the pituitary hormones the ovarian hormones cannot induce menstrual changes and subsequent bleeding.

It is because of this that the clinician has found single gland therapy in this common abnormality of menstruation not quite effective and this has led to the combination of

the thyroid and the pituitary with the ovary. Therapeutic results attained in scanty or even suppression of menses with this Opocrin Ovaro-Pituitary Co., in which the hormone combination is accurately proportioned, are quite satisfactory. While the thyroid raises the metabolism, the ovary is stimulated by the two hormones of the Pituitary, the follicular hormone sensitises and luteal one effects the development of the progestational changes. It can thus be seen how this Opocrin compound induces the entire set of changes characteristic of the organism in menstruation.

It is evident from the above remarks how Opocrin Ovaro-Pituitary Co. serves two-fold purposes in obese amenorrhœic patients. It appreciably reduces obesity and at the same time brings about regular menstrual changes. The general practitioner will have to take resort to this Opocrin in order to treat obstinate patients who suffer from both obesity and amenorrhœa. The clinical results with this compound opocrin in a great number of patients suffering from hypofunction of the ovaries, when compared with those treated with single gland therapy were decidedly better. Such patients were chosen for trial who suffered from scanty menstruation or amenorrhœa and who at the same time had abundant accumulations of fat on the abdomen and hips with cold and white skin and scanty hair-growth. It was found that mono-glandular preparation showed results which were hardly worth mentioning. When, on the other hand, the patients received this Opocrin Ovaro-Pituitary Co. treatment, there was besides the significant loss in weight, reduction or in some cases even disappearance of adipose tissue. Definite growth of hair as well as normal contour and heat of the skin soon ensued. Due to the reinforcing action of the ovarian and the thyroid substances normal metabolism was also restored.

This Opocrin Ovaro-Pituitary Co. has superseded all other single as well as pluriglandular preparations as unlike thyroid products it never caused any by-effects such as nervous excitation or cardiac disturbances. It is moreover presented in a form of maximum purity capable of easy administration in a correct dosage and absolute

freedom from all dangers and side effects. It meets with all the requisites of an endocrine preparation viz. the accuracy of its composition and potency and activity of the glands used in it. All these facts and advantages form strong evidence of the effectiveness of this preparation which can be widely and successfully used by the medical profession.

Cryogenine in Measles.

Several physicians, after an experience stretched over a period of 12 years, have called attention to the value of Cryogenine in the treatment of measles and they assert without fear of contradiction that the product exerts a specific curative action in this affection. They assert that if Cryogenine is exhibited at the first appearance of the rash the temperature is reduced to normal or nearly normal within 12 hours. The development of the rash is almost if not entirely nipped in the bud. If the face is already affected, the trunk and the extremities will have some scanty eruptions here and there. Cryogenine acts remarkably in this infection in that it brings about immediate euphoria. The children after about two days are able to throw off their malaise and irritability and they regain their normal health and cheerfulness soon. Cough, coryza and conjunctivitis clear up in that time.

From the favourable results experienced and reported in several outbreaks of measles this product has been adopted as a part of the routine treatment in all cases. The average duration of fever from the first appearance of rash in untreated cases or those treated by other methods is from 4 to 6 days. In those cases where Cryogenine has been administered fever as well as serious and distressing symptoms vanish in the course of 24 to 32 hours. It can be considered therefore to possess a prompt and a specific action in measles. It checks further progress of the infection particularly the development of the eruptions and prevents complications such as bronchitis.

These experiences have been corroborated by various physicians who had occasion to employ this remedy in measles. Height and duration of fever, they say, is influen-

ced much more favourably by Cryogenine, especially when this treatment is initiated as early as possible. The course of the disease is shortened and the exanthem reduced. Within an hour or two after the administration of the first dose of the powder or the tablet there is a fall in temperature by as much as 2 to 3 degrees. Cough and other symptoms of catarrh usually present in this infection are soon allayed and if Cryogenine is given as early as the first day of the rash it surely eliminates any further complications.

It will be found after use that Cryogenine possesses marked advantages over other coal-tar derivatives. Its action sets in very slowly and passes off more slowly and is milder and easily graduated. This circumstance is of particular value is measles which often attacks delicate children. The only trouble about Cryogenine is that it must be used in therapeutically large doses. The danger of undesirable secondary effects need not be expected even after large dosages. No injurious action on the blood, heart or kidneys takes place in therapeutically active doses. It has on account of all these virtues and advantages become a potent therapeutic measure in measles. Its action in this affection may thus be summed up:

1. It brings down the temperature without causing any sort of injury to the patient.
2. It lessens irritation of all the mucous membranes and thus allays cough, coryza etc.
3. It is of great value in preventing complications and shortening the course of the disease.

The following typical case of measles fully confirms the above observations:

I was asked sometime in the beginning of the last month to see a child of four who had been down with fever for four days. When I went there I found the child restless and miserable with a temperature of 103°. On minute inspection I saw that the rash was just coming over the face and the trunk and I decided to try Cryogenine in addition to the usual diaphoretic mixture. I gave it in powder form in 4 grs. doses, one in the morning, one at noon and one at night and the fourth one, the first thing next morning. This routine was continued

for two days, at the end of which period the temperature came down to normal and never went up afterwards. When I went there after a day more there was no rash and no complications such as cough or coryza. The addition of Cryogenine to the usual treatment makes a great difference to the patient who has otherwise to be in bed for the best part of at least a fortnight.

Safety in Sedatives.

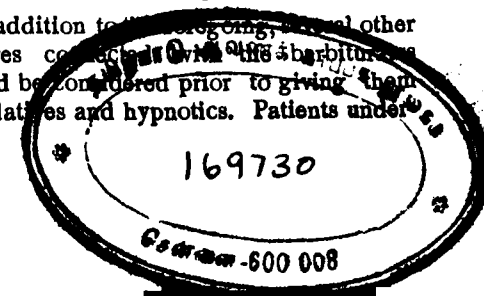
A group of sedative and hypnotic preparations which during the last few years have been rapidly increasing in number, are those preparations belonging to the barbituric acid group. When new compounds of this group are being introduced into medicine, we find we have on behalf of each preparation various claims relating to the advantages it possesses over the older preparations—in respect of toxicity, habit formation etc. Generally speaking, it can be said that with very few exceptions the toxic properties associated with the older preparations of the barbituric acid group are also found to be present in these newly introduced compounds.

Preparations of this group, are in their action essentially sedative and hypnotic, but although their therapeutic effect is produced by their action on the central nervous system, other functions of the body may be affected, particularly so when large doses are given. These additional effects are, lowering of the body temperature, the metabolic rate and the rate of respiration, also a depression of smooth muscle activity, and occasionally hyperglycemia is produced.

A cursory study of the general properties of the barbituric acid preparations is necessary before one can arrive at a comparative estimate of their value as a sedative and hypnotic. One of the foremost features elicited during comparative studies, is that generally speaking the toxicity of these compounds increases with the hypnotic potency. This factor should be borne in mind when administering barbiturates.

In addition to the foregoing, several other features connected with the barbiturates should be considered prior to giving them as sedatives and hypnotics. Patients under

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going treatment with barbiturates rapidly develop tolerance for the preparations, and this associated with the occurrence of habit formation—which is now a well recognised feature of barbiturates—frequently results in chronic poisoning. This condition can also develop during a normal course of treatment, due to the drug being slowly excreted and thus having a cumulative effect.

Reflecting on what has already been mentioned it is obvious there are many conditions in which the administration of Barbiturates may be said to be contra-indicated. We will first consider the effect of administering these preparations in Genito-urinary diseases. Here we find that the kidney is generally incapable of functioning normally, with the result that its capacity to excrete various substances is greatly reduced. Now, under normal conditions the power of the kidney to excrete barbituric acid preparations is low, hence the administration of these products in the presence of kidney disease means that an over-whelming burden is being imposed on an already severely taxed organism. This is not only detrimental to the kidney, but produces a rapid increase in the cumulative poisoning effects of the barbiturate preparation.

Old age is a condition in which we find a general reduction in the functional capacity of the various organs of the body, and this condition calls for the administration of barbiturates in small doses only. This is necessary for several reasons—in the first instance the vitality of an aged person is low and renders the patient more susceptible to the toxic action of these preparations; also the capacity to excrete these substances is considerably lowered.

When advanced disease of the heart or lungs is present, sedatives of the barbituric acid group should be avoided; but if they are administered, they should be given in small doses only; likewise, when toxemia is present these products should be avoided. Thus the barbiturates, although they are efficient sedatives and hypnotics have numerous contra-indications, also, the disadvantages of inducing the drug habit and possessing a cumulative poisoning effect in

addition to which tolerance towards them is rapidly exhibited, and to meet this tolerance and to obtain the desired sedative action an increased dose must be given; which means that the liability to poisoning is correspondingly increased. Consequently these preparations cannot be regarded as ideal sedatives for general use.

As an alternative to the barbiturates our choice of a sedative which may safely be used in general practice would probably be a bromide, but although these are highly efficient sedatives in many instances, they are nevertheless not effective in all conditions where a sedative is required. However, by combining a bromide with certain other sedatives it is possible to so enhance the therapeutic action of the components that an appreciable reduction in the individual doses can be made, yet the resulting product is highly potent, and perfectly safe to administer. An example of such a combination will be found in Elixir Bromo Valerianate Gabail.

Elixir Bromo Valerianate contains the following sedatives:

Valerianic Acid and extract
Chloral hydrate and a Bromide.

Valerian preparations are well known for their sedative action, but due to their rather unpleasant odour have not been in great favour; however, the valerian extract and acid incorporated in this Elixir have been deodorised by a special process without loss of therapeutic activity, enabling one to associate their valuable sedative properties with those of a Bromide and Chloral hydrate, fortifying the action of these two substances, and producing a potent, but palatable and safe preparation.

Chloral hydrate and Bromide—Both possess a depressant action on the central nervous system, and by combining these with the valerian preparations in this Elixir, the therapeutic effect of each is greatly enhanced, resulting in a much smaller dose of each being required than would be the case if they were prescribed separately. The combined action of these substances producing the desired sedative effect when given in small doses, and when sleep is produced this is found to be deep and restful.

Chloral hydrate is extremely efficacious in the treatment of insomnia and insanity, and where the symptoms associated with these disturbances are violent in character, Chloral hydrate has proved itself the most effective sedative we have, being quick and certain in its action.

Now when we consider the bromide, we have in this the most effective agent for the treatment of epilepsy. Its administration produces a remarkable decrease in the number and severity of the attacks, while frequently the patient is free from attacks while the treatment is persevered with. There has been one drawback to the bromide treatment of these cases. It is essential that treatment is prolonged, and this has occasionally given rise to symptoms of Bromism in the patient. However, this can be avoided by administering Elixir Bromo Valerianate Gabail, since the synergistic combination of the Bromide with other sedatives enables the desired sedative effect to be obtained with a minimum dosage of bromide. Consequently it will be found that the exhibition of symptoms of bromism by patients undergoing treatment with Elixir Bromo Valerianate is an extremely rare occurrence.

A symptom which calls for caution in choosing a remedy is Melancholia; here we generally find the patient in a morbid state of mind, and when a successful remedy has been found, its use is frequently abused by the patient. In this complaint, even though a bromide is sometimes contra-indicated it will be found that the balance between the valerian and bromide in Elixir Bromo Valerianate is such, that this affection invariably yields to this treatment; and no serious sequelae will be found to arise from prolonged treatment.

Elixir Bromo Valerianate has proved effective in the treatment of Neuralgia, when the latter complaint arises from excessive worry or overstrain.

Reviewing what has been mentioned, it will be realised that although the Barbiturates may be effective sedatives, their use is limited on account of the many conditions and symptoms which contra-indicate their use. Elixir Bromo Valerianate Gabail on the other hand is a highly effective sedative and hypnotic, yet has none of the contra-indications associated with the former, in fact it can safely be stated to

have no contra-indication whatsoever. It may be used in all nervous dysfunctions, for long or short periods, with the utmost confidence that no serious secondary symptoms will be superimposed, in short, it may be termed the ideal sedative.

On Preventing Constipation.

The institution of prophylactic measures is the most effective means of combating disease and raising the health standard, yet the importance of adopting such measures does not appear to be fully appreciated; or, is the difficulty of applying them too great?

How rarely we hear of prophylactic measures being introduced respecting intestinal activity. The adoption of such a practice would be of inestimable value to humanity, but up to the present we think it has not received the attention of which it is worthy.

In the first place we find the intestines are a seat for bacterial activity, and normally this activity is essential for the well being of the individual, but under certain conditions we find abnormal bacterial activity which is detrimental to health. This abnormal activity is commonly found associated with constipation, and to this condition we must associate numerous cases of ill health.

Prominent among the intestinal bacteria we find *B. Coli*. In the healthy individual this bacillus appears to be a harmless saprophyte which may aid in the later stages of digestion, yet under other conditions it can be responsible for certain infections in different parts of the body—such as certain inflammatory infections in the region of the intestinal tract, urinary and gall-bladder infections. These organisms abound in the bowel and this is almost certainly the source of infection. This statement may bring forth the question—How are these organisms capable of causing infections, particularly so when the intestinal mucous membrane is intact and healthy?

The constant presence of these bacilli in the bowels in fairly large numbers, also their presence in other parts of the body has attracted much attention relative to the method by which they gain an entry into the system. Following these investigations it now appears that these bacilli are capable of penetrating the intestinal mucosa without producing lesions, and on entering

the blood stream are rendered harmless, also it appears that these bacteria can be transported by way of the lymphatics to different parts of the body, and may even pass directly from the intestinal region to the renal system by way of the narrow portion of connective tissue separating them. However, when bowel activity is normal this invasion takes place to a limited extent only, and produces no serious consequences.

The region where this organism is mainly located is the caecum and ascending colon. Here we find the contents of the bowel in a liquid state which is essential for proliferation of these bacilli. The duodenum, the contents of which are fluid but acid, is sterile while in the lower portion of the colon the contents are more dry and thus not favourable to growth of *B. Coli*. Thus it will be observed that in health the growth of this bacillus is confined to a small portion of the intestines, and the area of penetration is similarly restricted. During constipation whether chronic or temporary we have stasis, which causes an increased pressure of the fluid contents of the intestines; this favours rapid growth of this organism, also it opens a greater area for penetration. Thus in constipation we find the system subjected to the strain of a reinforced bacterial invasion, and it may be stated here that these bacilli exert a definite pathogenic action upon the system when other infections are present such as Pyelitis and Urethritis, also the presence of gall-stones favours infection of the gall bladders. Other conditions which favour infection by these organisms are debility, malnutrition, fatigue and addiction to alcohol.

Thus, although bacilli coli are frequently not the prime agents responsible for the disease in question they play an important role as secondary invaders capable of exerting a powerful toxic influence during the presence of some injury or other infection of the part.

It will be obvious that the most suitable method of combating bacillus coli infections is the introduction of prophylactic measures, and since the bowel is the source of origin of these organisms, the measures instituted should have as their ultimate aim—the support of normal bowel activity. This means that constipation should not only be

corrected, but should be avoided entirely, and by achieving this object the growth of these organisms will be kept within normal limits, also their field of penetration will be restricted.

In carrying out this measure the use of drastic purgatives is strongly contra-indicated since these substances increase the fluid contents of the intestines carrying them to the lower portion of the bowels, and as previously mentioned an increase of the fluid content favours increased bacterial activity, also it opens up a larger area for penetration. Thus the preparation which is required to serve as a prophylactic must produce well formed stools with gentle action. In this respect Mycol will be found the most suitable medicament, and the introduction of the Mycol habit will greatly reduce the liability to the secondary infections arising from excess of bacilli coli in the intestines.

Mycol will be found to produce soft well formed stools and the movements induced are gentle and entirely free from any griping pains. In producing these motions the fluid contents of the intestines do not appear to be increased.

Again, in people who have become habitually constipated the adoption of the Mycol habit will gradually produce a return of normal bowel activity, and this regular bowel movement will prevent any excessive accumulation of these bacteria and thus reduce the liability to their producing secondary infections.

It is important to remember that the presence of these bacteria in large numbers even though they might not produce any specific infection, exerts a toxic influence on the system and eventually lowers the power of the system to resist an invasion by other pathogenic bacteria which may enter by the same or different routes.

There are many conditions in which Mycol may be taken with advantage.

MYCOL IN ASTHMA: It has been found that a certain type of Asthma is produced by a reflex action resulting from distension of the stomach and intestines. This occurs without any alimentary toxæmia being present and evacuation of the bowels produces almost immediate relief, which would not be the case if the condition resulted from some toxic condition. The

adoption of the Mycol habit will prevent the occurrence of constipation and thus eliminate the attacks. Mycol being admirably suitable to this condition since it is not accompanied by any subsequent constipation which is frequently found associated with some laxatives.

Furunculosis is a condition which may arise from an excessive activity of the Staphylococci in the intestines, constipation favouring the rapid increase of these bacteria. Headache and liver troubles may frequently be traced to the absorption into the system of toxic elements produced by the bacteria in the intestinal route during constipation.

Another ailment frequently associated with abnormal activity on the part of certain members of the intestinal flora is Dyspepsia.

One variety of this complaint being due to excessive carbohydrate fermentation in the colon.

Flatulence is also frequently associated with constipation.

Normally a fairly large volume of gas is produced in the bowels, but most of this is absorbed in the intestines, absorption being facilitated by the contractions of the intestines, but during constipation stasis occurs and causes an accumulation of these gases.

Considering what has already been mentioned it is apparent that constipation plays an important part, either as the primary or secondary agent in the production of ill-health.

The introduction of the Mycol habit will be found of great benefit in maintaining bodily health, and the maxim—Prevention is better than cure—can be enforced in no better manner than by adhering to the Mycol habit.

Mycol will be found effective in all cases of constipation, chronic or temporary, and even the individuals who are not subject to constipation will derive benefit by taking this preparation occasionally, say once a week, since taken in this manner it will be found to maintain the "tone" of the intestinal muscles.

In no circumstances will Mycol be found to produce disagreeable effects, its action always being gentle yet effective. A drawback associated with many laxatives is the difficulty of arriving at a satisfactory dose, that is, one which may be taken without

fear of its producing too drastic an action and at the same time it must produce the desired effect. This difficulty however will not arise when taking Mycol. Taken in the prescribed dosage and manner—with plenty of water—it will be found to produce the desired effect without the advent of gripping pains or severe purgation.

In cases of chronic constipation Mycol will be found to gradually produce a return to normal bowel activity. Thus by means of this simple expedient it is possible to maintain normal bowel activity and thus greatly improve the standard of health.

The Mycol habit calls for no supervision or caution, and persons in a low state of health may adopt it without any fear of it producing a strain harmful to the system. The point to be stressed is that Mycol should be taken not only as a curative, but as a prophylactic to prevent the condition of constipation, and as such it will be found of immense value in producing that feeling or radiant health.

Some clinical results.

1. A male child of eight was brought to me for advice about four months back. He had suffered from Bronchitis off and on. The mother complained that the child was suffering from nocturnal enuresis and was often subject to emotional outbursts. He rarely slept without getting up several times through the night. The child was highly strung and of nervous type, with a very poor appetite. His tonsils were enlarged and slightly inflamed. I advised combined treatment with Fer-Ma-Pho and Pulmo-Calcium. At the start he was having 3 minims of Fer-Ma-Pho twice a day, half an hour before food, and during the meals he was taking Pulmo Calcium (half the adult dose) in a little water. This was continued for one month, after which the child seemed to improve physically. The appetite was distinctly better and the weight which was stationary before had increased within a period of six weeks by 2 lbs. His nervousness improved very much after nearly two months of this treatment. The bed-wetting had completely stopped and the child rarely got up at night. He was more cheerful and he played games which he was not at all disposed to do before. Bronchitic attacks, which were very frequent before, were now very few and far between. The

combined treatment with increased dosage (5 minims of Fer-Ma-Pho and 2 measurefuls of Pulmo-Calcium) was continued for two more months, and now he is a very healthy child weighing about 50 lbs. The mother says that the child has increased in weight by about 18 lbs. after four months of this treatment.

2. A young man of about 30 came to consult me for his asthma, from which he suffered for the last eight years. He was sparely built, but the thorax was of sufficiently large capacity with wide angle at the epigastric region. From the history it appeared that he had abnormal sensitiveness to proteins. Attacks of dyspnoea were repeated pretty often and when he came to me he was having attacks of suffocation which prevented him from taking a good night's rest. He was very much exhausted as a result of these repeated attacks. Sneezing and coryza was extremely frequent. During the intervals his health was good, and at this time he could carry on his normal work. On auscultation sonorous rhonchi and subcrepitant rales were heard all over the chest. The accessory sinuses and the teeth were free from any infection. I therefore advised him injections of Sulfarsenol and internally I prescribed Felsol powders. He was taking one powder thrice daily after food during the first week. An injection of Sulfarsenol (30 ctgr) dissolved in one ampoule of Arseno-Solvent was given intramuscularly. The very first injection immediately changed the whole clinical picture. He looked much better the next day and apathy gave place to cheerfulness. In the second week he was given another Sulfarsenol injection, a little higher dose (36 ctgr) as the first one did not show much reaction. In this week he was having only two powders of Felsol, one in the morning and one in the evening. Two more injections of Sulfarsenol in higher doses (42 and 48 ctgr) were administered at the interval of a week. In the succeeding weeks he was having one Felsol powder in the morning. This treatment had a very astonishing result. The attacks of dyspnoea disappeared, no rhonchi or rales were heard over the chest, and the general condition improved considerably. The attacks were no longer frequent and the patient did not suffer from coryza for a very long time. Four injections of Sulfarsenol were sufficient

to stop the development of colds and coryza and prevented the reappearance of the asthmatic attacks. The patient is at present taking one powder of Felsol in the morning every alternate day. The patient has resumed his occupation as he is now completely cured.

3. A Hindu patient, a man of 47, was brought to me for treatment in the middle of the last month. He presented a typical picture of grave anaemic syndrome. He was in a state of extreme weakness and was unable to answer questions coherently. No history of alcoholism or syphilis could be elicited. The patient looked badly nourished. Three years back he had suffered from anaemia from which he said he had recovered completely. Now for the last four months the anaemia had developed much and the loss of strength, emaciation and anorexia was considerable. There were no signs of any other disease, either sprue or any haemorrhagic disease. The patient presented typical signs of Pernicious Anaemia. He was of waxy pallor with no colour either in the skin or the mucous membrane. Asthenia was marked. His pulse was weak and slow and the blood-pressure was 95 systolic and 50 diastolic. The patient was much agitated and at times delirious. Blood analysis showed about 19 lacs of red cells with 30 per cent of hemoglobin. There were signs of achlorhydria.

This patient was exclusively treated by injections of Hepatrol. Except for the mixture which consisted of dilute Hydrochloric acid and pepsin, he received no other anti-anemic treatment save Injectable Hepatrol. The result was simply splendid. After 3 injections his appetite returned and he was able to take much more than before. After half a dozen injections his strength returned and he began to regain colour rapidly. After 12 injections his blood, as revealed by the analysis, showed progress of recovery. Anorexia no longer troubled him. After a month of this treatment the red cell count amounted to nearly 30 lacs and the hemoglobin percentage was 60. The injections were continued after a fortnight's rest. He is progressing rapidly towards recovery. This case clearly indicates the remarkable results that can be obtained with Injectable Hepatrol alone.

News and Comments

Rural Medical Relief. On 3-11-34 Sir Hasan Suhwardy ex-Vice Chancellor of the Calcutta University gave a talk to the Madras Medical College students. Major-General Sir Frank Connor, Surgeon-General with the Government of Madras presided on the occasion. Sir Hasan Suhwardy spoke mainly on medical service in rural areas and advised the would-be graduates that the greatest ideals and duties of the medical profession being service and sacrifice, medical graduates should make up their minds to settle in rural areas to teach the people the laws of sanitation and health and to practise the noble art of healing. Sir Hasan is one of the many amongst the eminent persons in this country who came forward to advise medical men to settle in villages but alas! not one amongst these have come forward to ameliorate the sufferings and hardships of medical men who either on their own accord or on the advice of their elders have settled in rural areas. To our knowledge Rural Medical Relief has not engaged the attention of the Local Governments in this country to the extent it is in the province of Madras where in 1924 at the instance of the late Raja of Panagal, the then Chief Minister, the scheme was launched to encourage medical men to settle in villages, the Government giving them a yearly subsidy ranging from Rs. 500 to 600 the management of the scheme being entrusted to local bodies who defrayed the actual cost of medicines supplied to the necessitous poor. Unfortunately majority of those who guide the destinies of local bodies have been using the scheme for their private purposes and the subsidised practitioners though theoretically considered to be independent are now being treated worse than those under indentured labour.

Sir Frank Connor who endorsed what was said by Sir Hasan Suhwardy on 3-11-34 at the Madras Medical College and who has taken up the reins of the medical administration in the province quite recently, is not, we are afraid in touch with the actual working of Rural Medical Relief Scheme or else we are sure a person of his temperament with a keen insight to understand the details of administration under his control, would have said something else and warned the graduates that the subsidised rural medical

relief scheme as worked out by the local bodies at present, is a positive obstacle even to the most patriotic young medico who may intend to settle in a village just for the love of work. To our knowledge there have been at least a few instances where young medicoes on their own accord even without the help of the Government subsidy settled in villages. One such practitioner settled in a village called Kaup, S. Kanara District a few years ago and another did so last year in Chinnaganjam a village in Guntur District. There is a Government order prohibiting the local bodies to start subsidised dispensaries in places where qualified practitioners have already settled. In spite of this order political exigencies did dim the vision of the Government in Madras and the Government connived at the action of a Taluk Board in S. Kanara District and allowed the running of a subsidised dispensary at Kaup in spite of a qualified practitioner having settled there years before. We are authoritatively informed that attempts are being made by interested people to start a subsidised dispensary at Chinnaganjam, Guntur District though the Government on the recommendation of the Surgeon-General did quite recently pass orders advising the local body at Chinnaganjam not to start there a subsidised dispensary. We trust that the Chief Minister now in charge of Local Self Government would not follow the footsteps of his immediate predecessor whom the present Chief Minister succeeded as a result of a threat of vote of no-confidence.

Yet another danger has befallen this scheme quite recently. An order is passed by the Government making it compulsory on subsidised practitioners to keep open the subsidised rural dispensaries at fixed hours both morning and evening as is the case with pucca dispensaries. This restriction is against the very spirit of the scheme and another co-relating Government Order that the subsidised practitioner should take previous permission from the head of the local body before he leaves the dispensary to attend on his private patients, would seriously handicap the liberty and scope of private practice on which alone the subsidised practitioner has to depend for his livelihood. The Secretary, Madras Provincial Subsidised Rural Practitioners' Association, has as we are told submitted a

memorial on behalf of all the practitioners working under the Madras scheme, to the Chief Minister and we appeal to the Government to give their serious attention to this memorial and enable the subsidised practitioners to eke out their livelihood by private practice and at the same time be useful to the rural population.

Before closing we wish to point out to the Government the necessity of publishing a manual embodying all the rules and regulations and the various Government Orders pertaining to the Subsidised Medical Relief Scheme so as to serve as an easy reference to those who have to deal with this scheme. At present there is lot of confusion for want of such a manual and many a time those concerned with this scheme, are misled for want of proper working knowledge of the whole scheme. This happens especially in cases of newly appointed officers at the Secretariat, the office of the Surgeon-General, and the offices of the District Medical Officers who are authorities of reference on disputes between the practitioners and the local bodies who run the scheme.

Public Health Reports: In all civilised countries Government exists for the people to look after their health and welfare. The most important item in the administration should be that pertaining to health and the rest of the departments must be a means to help the main department of health. But in this country, the department of health has not been treated so far with the same importance as obtaining in other civilised countries. The Administration Reports of the Surgeon-General and the Director of Public Health recently published pertaining to the health of this province have been taken by us as a basis for discussing the importance and utility of these reports in all provinces. Though the agencies for working out the details of the curative and preventive medicine are as varied as they are divergent, both these departments should be under the administrative control of one head who should be the adviser to the Ministry of Health without the intermediary link of a separate lay secretary, as is now the case with the departments of Public Health and Medical Relief the former being presided over by the Director of Public Health and the latter by the Surgeon-General with the Government in major provinces and Ins-

pector-General of Civil Hospitals in minor provinces. With all due respect to those who are in charge of medical relief we wish to point out as we have been doing ever since our journal came into existence that the office of the Surgeon-General or Inspector-General of Civil Hospitals is a misnomer not indicating the functions which these offices are serving. Vested interests and the employment of military service men in the civil medical department have been the main causes which prevent the Government to abolish the posts of Surgeons-General and Inspectors-General of Civil Hospitals and to create new posts instead of the same denomination as the Chief Medical Officer to the Ministry of Health, in Great Britain entrusting the management of medical relief on curative side to the local bodies and members of the medical profession. Strictly speaking it is wrong on the part of any Government to be partial to any one system so long as the people in the country have faith in and have recourse to on a large scale to other indigenous systems. The policy of the Government should be to see that all those practising medicine should have recognised qualifications or licence to practise and leave the people to choose any system they like. Preventive medicine should receive the best and whole hearted attention of the Government, adequate public funds being made available for this department to prevent diseases. Unfortunately the Government in this country have been doing quite the reverse. All the provincial Governments are at present spending for medical relief on curative side four times the amount spent for Public Health Department with the result that India still continues to be the largest breeding place of almost all the preventable diseases and continues to have the heaviest death rate.

From the printed reports of the Heads of the Departments of Public Health and Medical Relief, it may be seen that the scope of work is more on the side of prevention than of cure and unless both departments work harmoniously the Public Health Department will not be able to do as much preventive work as is expected of it. The Public Health Department should have the active co-ordination of not only their brethren in the Government service on the curative side but also members of the independent medical profession. As the affairs

exist at present the Public Health Department does not and cannot command the co-operation that is due to it on account of undue attention being paid to the curative department. So an earnest attempt should be made by the public and the medical profession to bring pressure on the Government in this country to devote necessary attention on the development of the Public Health Department on the preventive side leaving the administration of curative medicine entirely to local bodies and the members of the profession of what ever system. Then and then alone India can hope to solve the problems of health and prevent diseases more satisfactorily and effectively than now.

A School Clinic at Lucknow:

Those who have been responsible in starting a special clinic for the treatment of the school going population of Lucknow, should be congratulated on their having given a lead in this country by opening such an institution of public utility. On a representation made by the School Health Officer, Lucknow to the Directors of Public Health and Instruction on the scanty attention paid in public hospitals to suffering students, a separate clinic has been opened at Lucknow in a very healthy locality and the clinic has been equipped with Medical, Surgical, Dental and Eye Departments. We wish that similar clinics are started in all important cities and towns in all provinces. It is too much to expect that the Provincial Governments would start such Poli-Clinics for the special use of the School children. In the province of Madras where examination of school children was compulsory till a few years ago, it is now made optional and the Government have withdrawn the grant they have been hitherto paying to the schools for the purpose. It is said that the Government of Madras changed their policy on account of the opinion arrived at by them that the examination of school children did not bring about good results. The fault was certainly not in the system but in the methods and agencies used for the examination of school children. This Government did spend fabulous amounts of money in granting study leave most indiscriminately in the Medical Department but they did not conceive the idea of training the officers in Public Health Department to administer and conduct

school clinics by sending a few to foreign countries like America where such institutions have been doing excellent work. It is no wonder that the results achieved in this country regarding the medical examination of School children have been very poor. The Public Health policy of the Government in this country is very defective and it may perhaps take centuries to expect from the Government what the people want. The medical profession with the help of well organised associations could tackle up the questions of Public Health both on the preventive and curative sides, most efficiently. By doing so the profession will make itself felt by the public and then time will not be far when the profession could dictate to the Government what their policy should be. There are at present a large number of qualified practitioners settled in cities and towns. A few in each station may join and start Poli-Clinics to serve the public, special facilities being given to school children in these clinics. The school management whether under private or local bodies may co-operate and help such clinics with suitable grants. If the medical profession is resourceful they can not only help themselves but serve the public and solve the problem of medical relief in this country both on the Preventive and the Curative sides.

Anti-Tuberculosis work of King George Fund:

Our readers might remember that sometime ago we referred in these columns about the King George Thanksgiving Anti-Tuberculosis Fund which was subscribed to on a large scale soon after the recovery of the King Emperor from serious illness in 1929 to commemorate the recovery of the King Emperor from his long and dangerous illness. The object of the fund was to lead an active propaganda against Tuberculosis which is the most widespread of all infectitious diseases in India. The Head Quarters of the Fund is located in New Delhi at the central seat of the Government of India, the member in charge of medical portfolio being the President of the management of the Fund. The centre at Delhi provides for instruction and knowledge for the necessary propaganda and all active measures are administered by local provincial committees which number 15 at present. The provincial committees have been carrying on intensive propaganda through district committees by

free distribution of leaflets, charts, and lectures and demonstrations. Besides this work which concerns the patient, the Fund undertakes to train medical students and practitioners so as to equip them to diagnose the disease early and give the patients the benefits of up-to-date treatment. It is said that intensive training in Tuberculosis would be given to medical practitioners at the All India Institute of Hygiene, Calcutta from 21st November 1934.

To get the views of the specialists in the prevention and cure of Tuberculosis a conference was organised at New Delhi which met for three days on 21st, 22nd and 23rd November. Over 25 specialists from different parts of India attended the conference which was opened by Sir Fazl-i-Hussain the member of the Government of India in charge of Medical Portfolio and who is the President of the Fund. Sir Fazl briefly narrated about the origin and the working of the Fund and outlined the work so far achieved and gave the future plans so as to carry out the aims and objects of the Fund. Several papers were read by the specialists that attended the conference dealing chiefly with general principles of prevention of Tuberculosis. The papers are said to be very interesting and we trust that those in charge of the Fund will broadcast them through the various popular medical journals and thus create an incentive in the minds of the general practitioners without whose help the specialists can do little or nothing to combat Tuberculosis in this country which is a continent in itself.

It is our confirmed opinion that very little is known about the activities of the King George Thanksgiving Anti-Tuberculosis Fund to the mass of the general practitioners throughout India. Favouritism and patronage is hampering the popularity of even the social activities to such an extent that the actions of the best intentioned public workers are being suspected. We are glad to know that Rao Bahadur Dr. M. Kesava Pai is the guiding spirit of the activities of the Fund in the city of Madras and that Dr. Pai has launched a scheme of following up individual cases rather than general, as is done in Germany and for this purpose a special clinic is opened at the Government Royapettah Hospital. Dr. Pai would retire from service on 20th December 1934 and he will be a free man at least to do

social work of the nature he has now undertaken and we trust he would organise a band of medical practitioners under his leadership and carry out an intensive propaganda against Tuberculosis without clashing with the interests of the medical profession and will show a lead to other cities and provinces in India.

Madras Medical College Library :

Our readers might remember that when we reviewed the Annual Report on the working of the Civil Hospitals and Dispensaries in the Madras Presidency last year we suggested that the libraries of the Medical Colleges and Schools may be thrown open to the members of the medical profession fixing a reasonable subscription as is done in the mofussil with regard to District Medical Lending Libraries. We learn that the Madras Medical College Library will be available to the private medical Practitioners. The rules framed by the Medical College Library Committee regarding the admission of subscribers to the Library have been published in this issue in the Correspondence columns. From the perusal of these rules it may be gathered that many of them have been copied from the Rules of the Madras University Library but the object and spirit that guides the Madras University Library is conspicuously absent in the rules published by the Medical College Library Committee.

The Madras University Library belongs to quasi-government institution whereas the Medical College Library is entirely the property of the public and the public should have much better facilities to use the Medical College Library than those available at the Madras University Library. The University Library is open almost all the working days in the week; books may be taken out on loan. Each borrower has to make a cash deposit of Rs. 20 and in case he desires to have books sent to his residence once a week he has to pay an advance quarterly subscription of Rs. one. Whereas the Medical College Library Committee have not made any arrangements for the members of the profession to attend the Library and it demands Rs. 50 as deposit and Rs. 6 as annual subscription, and do not say anything in the rules as to any arrangement for sending the books to the residence of the subscribers.

The purpose of public libraries is to help the members of the public to gain more knowledge and be more useful not only to themselves but to their neighbours as well. Facilities allowed to the members of the medical profession to read up-to-date scientific books from a library attached to a teaching institution will add to the knowledge of the members of the medical profession which will be to the interest of the public as a whole and it is therefore essential that the rules for admission of the subscribers to the Madras Medical College Library should be made more liberal so that the humblest amongst the practitioners may take advantage of this library. The Medical College Library Committee will do well to convene a meeting of the private practitioners in the city representing all grades and revise the rules in consultation with them.

High-Handed Action: Just a while ago we referred in these columns about the hardships of subsidised rural medical practitioners and as an instance we wish to refer to a specific case where a rural practitioner in Ganjam District was fined Rs. 5 for having left his dispensary to attend on an urgent case in a neighbouring village which we are told he did after finishing his morning work in his dispensary. The District Medical Officer, Ganjam is said to have initiated proceedings against this practitioner for having left the place without taking previous leave and the Vice President of the District Board who also happens to be a medical man is the person who levied the fine of Rs. 5. We are glad the practitioner has appealed to the Government and the decision of the Government is awaited with keen interest.

Medical institutions exist for giving medical relief to the people in the locality and even in case of full time medical officers under Government or Local Fund Service nobody can question the action of a medical officer for having left his headquarters without previous leave to attend on patients who could not be brought to the medical institution. A subsidised practitioner has to depend upon private practice for his livelihood and is not in any sense a sub-ordinate either of the District Medical Officer or the Local Body. Even then as in the case of this unfortunate practitioner Rural Medical Practitioners are submitted to discipline on imaginary and frivolous

grounds. It is certainly most revolting that in this particular case those who found fault with this practitioner for doing his legitimate duties as a medical man, happen to be medical men themselves.

Vizagapatam Medical College .

Vizagapatam Medical College is a Government Institution which has been following the syllabus of studies of another Government institution the Madras Medical College and yet the former is not recognised by the Indian Medical Council as the General Medical Council, Great Britain would not recognize it though they recognized the Madras Medical College. This looks strange yet true. The Indian Medical Council have appointed a committee to inspect such of the medical colleges in India which are not so far recognized by that Council. We learn that the Vizagapatam Medical College was inspected by one of the members of the Committee the other two not being able to accompany him due to illness or other causes. Dr. Mac Rae the member who inspected the Vizagapatam Medical College and the King George Hospital attached to it, is said to be of opinion that the hospital is understaffed regarding both the teaching and nursing staff. His criticism about the qualifications of the teaching staff does not seem to be unfavourable. It is said that Dr. Mac Rae had sent an interim report perhaps unofficial to the Surgeon-General pointing out the urgent necessity of staffing these institutions suitably and urgent action is contemplated by the Surgeon-General who, we are authoritatively informed met the Chief Minister and requested him to carry out the suggestions of Dr. Mac Rae immediately. So far so good. But we have one misapprehension and that is—whether Dr. Mac Rae conducted the inspection in his individual capacity as one in charge of Surgery or whether he did so for his colleagues also one representing Medicine and the other Midwifery. We trust the other two members will have their say in the report after personal inspection.

Late Doctor M. S. Krishnamurthi

Ayyar: We have been receiving a large number of letters of condolence from our readers regarding the demise of our late Senior Editor Dr. M. S. Krishnamurthi Ayyar. We thank them all and appreciate their sympathies towards us and the members of the family of our departed

colleague. We take this opportunity to thank specially Dr. M.R. Guruswami Mudaliyar B.A., M.D.C.M., Physician, Government General Hospital and Professor of Therapeutics Madras Medical College, who being a personal friend of our late colleague, has kindly undertaken to contribute original articles on the subject of Vitamins about which late Dr. Krishnamurthi Ayyar wrote the first article a few days before his death and which was published in the last issue of the journal. We appeal to the members of the profession both in this province and elsewhere to follow the example of Dr. Guruswami Mudaliyar by sending us for publication original articles on medical subjects and their services will be appreciated not only by us but also by the large number of readers of The Medical Practitioner.

Some of the readers of The Medical Practitioner have suggested to us the necessity of commemorating the valuable services rendered to the profession by Dr. M. S. Krishnamurthi Ayyar by endowing a prize or a medal in his name. We are consulting some of the personal friends of the late Dr. M. S. Krishnamurthi Ayyar and if the idea takes a practical shape we shall make mention about the same in these columns.

Fill-Gap Competition: We are asked by the organiser of the Fill-Gap competition to inform our readers that the closing date for this competition has been extended to 15th February 1935 as there were a few printer's mistakes in the squares of the puzzles published in the last issue of the journal which have since been corrected. The Fill-Gap competition has been published once again in this issue.

ARSENO-
SOLVENT.
a Painter's Solvent for Sulfarsend

Correspondence Reports, Etc.

Late Doctor M. S. Krishnamurthi Ayyar.

AN APPRECIATION.

By Dr. S. Ramasubbu L.M.S., Secretary, The Madras Provincial Subsidised Rural Medical Practitioners' Association, Virayamur, Salem Dt.

In the death of Dr. Krishnamurthi Ayyar, the profession has lost an ardent votary. It is a misfortune that he should have been taken away from us just when he had begun to take an active interest in medical politics.

Few knew him intimately as he felt shy of getting into the limelight of publicity or being dragged out from his study. To a casual observer, he looked unimpressive, and almost a recluse. But he had a select circle of friends who regarded him with the greatest respect. He hated all cant, hypocrisy or euphemistic language. Diplomacy was never in his line. His views on many subjects were of such a far-seeking character that some regarded them as idealistic—nevertheless, he expressed them without any reserve.

Simplicity, studiousness and a spirit for service were his characteristic features. He was the honorary medical officer to the Ramakrishna Mission Dispensary at Mylapore and he attended it with scrupulous regularity and punctuality. Excepting the time he spent there, one could see him in his room, lounging on his chair, poring over books and journals, and taking copious notes or extracts from them. A place for everything, and everything in its place was the rule of his study and it was remarkable to see him take from his shelves, during the course of any discussion, the right notebook and read passages from them supporting his point of view. His memory was prodigious, and he cited his authorities with unerring precision.

After retirement from service, he took a very keen interest in affairs medical. He was anxious that the profession should be well organised and that the medical administration of the country should be correctly orientated to the advantage of the state, the people, and the profession. He contributed articles to the press on such topics and took a great part in convening a conference of medical men at the time

when the National Congress met last in Madras. In recent years his interest became keener. He got himself registered under the Madras Medical Registration Act of 1914, became a member of the South Indian Medical Union, was the Senior Editor of The Medical Practitioner, president of the Third Provincial Conference of the Subsidised Medical Practitioners of the Presidency and quite recently, became an elected member of the Madras Medical Council. Pathetic significance should be attributed to the fact that he tabled a few resolutions which he moved at the last meeting of the Medical Council. He lived a simple and unostentatious life and died a painless death. May his soul rest in peace.

Proceedings of Medical Associations.

THE TANUKU MEDICAL ASSOCIATION, TANUKU WEST GODAVARI DISTRICT.

The fourth anniversary of the Tanuku taluq Medical Association, was celebrated in the Campbell Hall at Tanuku on 25-11-34. Dr. C. Ramanujaiya L.M.S., District Medical Officer, West Godavari District presided. The Bi-monthly meeting of the West Godavari District Medical Association was also held on the same day.

About 80 doctors from all over the district attended the function and the members of the local association were at home to the guests. After refreshments which were served on a lavish scale the meeting commenced with the introduction of the members of the various Taluq associations to the President by their respective secretaries. The secretary of the Tanuku Taluq Medical Association then read an interesting report narrating the different activities of the association during the year 1933, which showed distinct all round progress in the working of the association. The nucleus of a library formed, consisting of about 30 volumes of journals and text books, was an enlightening feature of the report. The President congratulated the members of the association on their keen spirit of co-operation and good will and exhorted the other Taluk associations to copy the model.

The meeting of the District Medical Association began later when resolutions were passed for starting a District Rural Medical Practitioners Association under the

auspices of the District Medical Association. Resolutions were also passed protesting against the new scale of pay for Doctors under the employment of the Local Boards and also recommending to the District Board West Godavari to start a Maternity and Child Welfare centre also at Tanuku, which is the Head quarters of the Taluq.

Five interesting papers were read on 1. Clinical notes of a case of Cancer breast by Dr. V. Ramadas M. B. B. S. 2. Puerperal insanity by Dr. N. Rama Rao L. M. P. 3. Brahmacharya by Dr. T. Bhaskara Rao, L. M. P. 4. Medical Profession and Litigation by Dr. V. Purna Rao, M. B. B. S. 5. Preventive Medicine in rural areas by Dr. S. Satyanaraya, L. M. P.

Cases of Diptheretic paralysis of the palate, Kerotic ulcer of the Cornea, Sarcoma of the Choroid were also demonstrated. The meeting terminated with a vote of thanks to the President and the guests which was proposed by the Secretary of the Tanuku Taluq Medical Association. Dr. Ch. S. John of Nidadavole thanked the hosts on behalf of the guests.

After a sumptuous dinner at 8 P. M. the function terminated with a comic Harikatha Kalakshepam.

THE TRICHINOPOLY DISTRICT MEDICAL ASSOCIATION.

A monthly meeting of the above Association was held at 5 P. M., on Saturday the 24th inst., in the Government Hd. Quarter's Hospital, Trichinopoly when about 50 members were present. Dr. C. E. R. Norman, President of the Association presided. Dr. T. N. Sundar Raj, was "at Home".

Dr. P. A. S. Raghavan the Secretary demonstrated an interesting case of Arsenical dermatitis and explained the dangers of promiscuous use of Arsenic.

Dr. Sambhasivan demonstrated two interesting cases one of enlarged spleen and one of adenitis neck.

Dr. Kalamegham, M. B. B. S., delivered an instructive lecture on "Fractures" demonstrating the same with cases and splints.

After discussion of scientific subjects Dr. Norman extended an hearty welcome to Capt. Sangamlal, L.M.S., Dist. Medical Officer, and hoped he would help the Asso-

ciation with clinical materials. He also congratulated Dr. T. S. S. Rajan, on his recent election to the Legislative Assembly and hoped he would safeguard their interests in the Assembly as zealously as he promoted the interest of the Association ever since its inception.

With a vote of thanks proposed by the Secretary to the host, President, and members, the meeting terminated.

THE NUZVID MEDICAL PRACTITIONERS' ASSOCIATION, NUZVID.

An ordinary meeting of the above Association was held at Nuzvid in the local Government Hospital premises on Sunday the 25th November 1934 at 2 P. M. The Government Medical Officer, Nuzvid occupied the chair. After the discussion of professional subjects the meeting passed the following resolution. "This Association deeply regrets at the untimely death of Dr. Hanumantha Rao L.M.P. who was also a member of the Association and Dr. M. S. Krishnamurti Ayyar, the Joint Editor of The Medical Practitioner and resolves to communicate their condolence to the bereaved members of the family of both the doctors."

Dr. P. Anjaiah Naidu was "At Home" to the members.

Subsidised Rural Practitioners.

The original object of the rural scheme was to encourage private practitioners to settle down in villages by giving them a small subsidy so that they may in the fullness of time develop into a network of independent medical practitioners scattered over the rural areas of the whole province and cater to the medical needs of the rural population. But the latest G. O. issued by the Government (G. O. No. 2480 P. II. dated 25th Oct. 1934) is a direct negation of it in as much as it deprives the practitioner of the little scope for private practice existing at present. It is in the interest of the practitioner himself to keep his dispensary open for the maximum number of hours possible, provided he could spare time to look after his private cases; but to lay down fixed hours is to bind him hand and foot. This, combined with the G. O. requiring previous sanction to leave the station brings the rural medical practitioner to the level of his brother in service without the emoluments

of the latter as to the scale of pay, supply of medicines, staff and equipment and the right to pension. I would therefore appeal to the Government to reconsider these two orders in the light of the above facts and to my brother rural medical practitioners to bestir themselves and see that their grievance is redressed.

Kanumole, } S. SREE RAMA RAO L.M.P.,
Rural Medical Practitioner,
4-11-34. } Kanumole, Kistna Dt.

Madras Medical College Library.

RULES REGULATING THE LOAN OF BOOKS TO MEDICAL PRACTITIONERS.

1. The Professors' Library is open to other Medical men and women recommended by the Library Committee to the principal provided:

- (a) They become subscribers to the Library paying an annual subscription of Rupees six;
- (b) and they deposit Rs. 50 as security for the safe return of books;
- (c) and agree to replace or make good any loss of book to the satisfaction of the Library Committee.

2. Each borrower living within the City of Madras must make his own arrangements for the conveyance of books to and from the Library. In the case of mofussil borrowers books will be forwarded by registered post or railway parcel, the to and fro charges being borne by the borrower.

3. All books on loan must be ordinarily returned at the expiration of a fortnight in the case of local borrowers and one month in the case of mofussil borrowers from the date of issue. Non-observance of this rule is liable to deprive them of their privilege of the use of the Library.

4. Any book which has been kept out by any member of the Library for more than fifteen days must, if called for by any other member, be returned to the Library within 24 hours of the borrower having received notice to return it to the Librarian.

5. Readers are not allowed to sub-lend the books of the Library.

6. A week's notice must be given before a deposit is withdrawn. The deposit will not be repaid until all books outstanding against the depositor have been duly returned.

AN APPEAL TO THE MEMBERS OF THE MEDICAL PROFESSION.

GENTLEMEN,

The Medical Practitioner just finished the fifth year of its existence and to such of you to whom we have been sending the journal with our best compliments so as to make you realise the necessity of a journal of the type of The Medical Practitioner we are sending this, our final appeal requesting you to enroll yourselves as its subscribers.

There are several medical journals published in this country by associations or by individuals and the regular readers of The Medical Practitioner must, we hope by this time, be in a position to judge that the discussions conducted in the columns of The Medical Practitioner regarding the life and welfare of the medical profession are of an unique nature and have been useful for the healthy and harmonious growth of the medical profession. Though the journal is published in the city of Madras it has left no opportunity of being useful to the members of the profession in other provinces as well. No other journal in this country has been gathering news, affecting the life and welfare of the medical profession to the extent The Medical Practitioner does, and it has been commenting upon them in such a way as to give such news an All India importance for the benefit of the profession. The effects of the benefits of such news enjoyed by one section in a particular province were brought to the notice of the profession elsewhere so that others not enjoying such benefits might take advantage of such news. In case of events adverse to the growth and prosperity of the medical profession in a particular area comments were made in such a way that they might prevent the profession from suffering from the effects of such baneful events. In fine The Medical Practitioner has been leading a very effective and vigorous campaign to ventilate the grievances of the profession and get them redressed.

The discussions conducted in the columns of The Medical Practitioner regarding the Indian Medical Council Bill, about the necessity of reforms in the existing provincial Medical Councils, Honorary System of Medical Relief, Rural Medical Relief, Invidious distinctions shown by the Government and Local Bodies including the Insurance Companies with regard to the Medical Certificates, Medical Education, and such and similar matters affecting the welfare of the profession as a whole must be familiar to one and all of you.

With the sincere desire of doing propaganda and service to the largest possible section of the medical profession we have fixed the subscription at a nominal sum of Rs. 2 a year with the hope that even the humblest medical practitioner might not grudge to be a subscriber of the journal. The Management has been straining its resources all these five years and circulating over 6,000 copies of the journal to do effective propaganda and service to the profession in this country. It is not possible for us to continue sending you complimentary copies indefinitely and we therefore appeal to you to come to our help and co-operate with us to serve the profession. We do realise that our scope for discussing scientific matters is very limited. The humble subscription of Rs. 2 does not permit us to do anything more than what we have been doing. The policy, aims, and objects of this journal being quite different from those of other technical medical journals we trust you would excuse us in not being more voluminous than we are regarding the publication of scientific articles. The profession does not suffer in this country to-day so much for want of knowledge as for want of employment. The word employment does not indicate here service under any body, but engaging oneself in usefulness, and The Medical Practitioner is always with you to help you to find employment.

Please show your willingness to co-operate with us by filling in the annexed card.

Yours ever in service,

V. RAMA KAMATH.

Managing Editor.

Reviews.

The Antiseptic
The Special Issue on Pediatrics.

We endorse the following statement received by us from the Manager of the Antiseptic and commend this special issue to our readers as it will give them exceptional opportunities of knowing the experience of eminent doctors on this subject.

"During the past few years, it has become an annual feature of the Antiseptic to produce special numbers on the various branches of medical science and we have already brought out the Eye, Ear, Nose & Throat, Radium and Radiology, Obstetrics and Gynaecology and Venereal Diseases Numbers. The present is the 5th of the series and contains excellent contributions from various authors. Psycho-Therapy of Children and Surgical Emergencies in relation to Children's diseases—not to mention Actino-Therapy in Pediatrics have also been included in this number. Preventive Pediatrics has not been lost sight of and this forms the subject matter of the Editorial."

Schuessler Biochemistry

with
BIOCHEMIC HYGIENE, ASTROLOGY &
PRESCRIBER.

By V. M. KULKARNI.

Publishers; Roy & Company, Homoeopaths,
Princess Street, Bombay.

This is a handy volume dealing with the system of the twelve Biochemic medicines. The theory underlying this system is that the causes of illness are due to disturbances of the normal cell functions and that the human cells depend for their life and maintenance upon twelve chemical salts, (three of Calcium, one of Iron, three of Potassium, one of Magnesium and three of Sodium and one of Silicea) and if these cell salts in a pure and atomised form are administered to those suffering from diseases they will be cured of such diseases and restored to normal health. The book under review deals in a clear and intelligent way the theory and practice of Biochemical treatment advocated by one of the most eminent votaries of this system, Dr. Schuessler.

List of Postings of Sub-Asst. Surgeons for the month of October, 1934.

No.	Names of Sub-Asst. Surgeons.	From.	To
1	" K. Krishnamurthi	Leave	Govt. Hl., Chicacole.
2	" P. S. Vaidyanathan	Govt. Dy., Tiruvallur	Agency Duty Koraput.
3	" L. A. Subramaniam	Leave	Govt. Hl., Chidambaram.
4	" S. Kanthimathinathan	Govt. Hl., Chidambaram	Govt. Hd. Qrs. Hl., Vellore.
5	" P. Kesavan Nair	Leave	Govt. Hd. Qrs. Hl., Ramnad.
6	" R. K. Narayanan	Leave	Camp duty, Forest College Coimbatore
7	" K. R. Ganesa Mudaliyar	Bernard Inst. of Radio- logy, Madras	Govt. Hd. Qrs. Hl., Cocanada.
8	" S. Sabapathy Pillai	Govt. Hd. Qrs. Hl. Cocanada	Bernard Inst. of Radiology Madras.
9	" K. Krishna Rao	King George Hl., Vizaga- patam	L. F. Dy., Porumamilla.
10	" S. Samuel	Leave	Govt. Hd. Qrs. Hl., Trichino- poly.
11	" K. Sankaranarayana Unni	L. F. Dy., Yercaud	L. F. Dy., Kolacombai.
12	" K. N. Subramania Ayyar	L. F. Dy., Sultan's Battery	Govt. Hd. Qrs. Hl., Coimba- tore.
13	" M. Lakshmanamurthi Pantulu	King George Hl., Vizagapatam	L. F. Dy. Narasapatam.
14	" V. Venkaramanaswami Pantulu	Govt. Hl., Narasapatam	Govt. Hl., Hindupur.
15	" V. Venkataramadoss	Govt. Hl., Hindupur	L. F. Dy., Guntakal.
16	" K. N. Kesava Pillai	L. F. Dy., Kollengode	L. F. Hl., Mannarghat.
17	" M. Viraswami Naidu	Leave	Govt. Hd. Qrs. Hl., Cuddalore.
18	" S. Vaidyanathan	L. F. Dy., Andipatty	Govt. Hd. Qrs. Hl., Madras.
19	" B. Yerram Raju	L. F. Dy., Duggaraja- patnam	Govt. Hd. Qrs. Hl., Cocanada.
20	" T. V. Ramanathan	L. F. Dy., Kayattar	L. F. Dy., Tiruppanandal.
21	" J. T. Moses	L. F. Dy., Tiruppanandal	c/o P.D.B. Tinnevely.
22	" A. Kandaswami Pillai	Leave	Govt. Hd. Qrs. Hl., Trichino- poly.
23	" V. Ramakrishnan	Govt. Hd. Qrs Hl., Berhampur	Agency Duty Ganjam.
24	" P. S. Ramaswami	Govt. Hd. Qrs. Hl., Trichinopoly	Festival Duty, Tiruvannamalai.
25	" Venkataraman Orr	L. F. Dy., Aravakurichi	Festival Duty, Tiruvannamalai.

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CALCIUM THAT IS ABSORBED

THE daily adult requirement of calcium amounts, according to highest authority, to 0.45 gram (7 grains) per day. It can be predicted that the intake of a very large proportion of patients is far below this requirement. Our great interest in Cod-Liver oil, violet rays, vegetable diets, etc., should not blind us to the fact that after all they contain little or no calcium. The satisfactory use of lime requires a number of considerations, such as (1) acidity of the upper bowel (2) alkaline metabolic end products, (3) a balanced administration of phosphorus, magnesium and the alkaline bases. These considerations are fully

CALCIONATES

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Puzzles.

Clues.

1	S	C	A	R				
2			R					
3			L					
4			C					
5			N					
6				E				
7				A				

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 conforming to these rules will be disqualified.
10. Entries received later than the 15th February 1935 will be disqualified.
11. Keep an exact copy of your solutions to compare with the results published and claim the prize as announced later on.

(Sd.) M. S. PANDYAN.

Cut here.

1st prize—Tice's Practice of Medicine.

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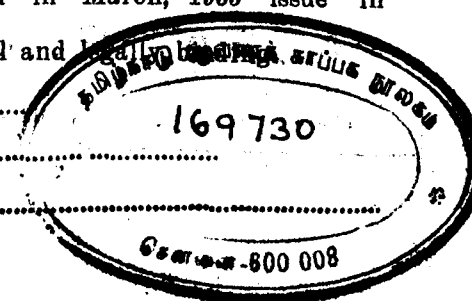
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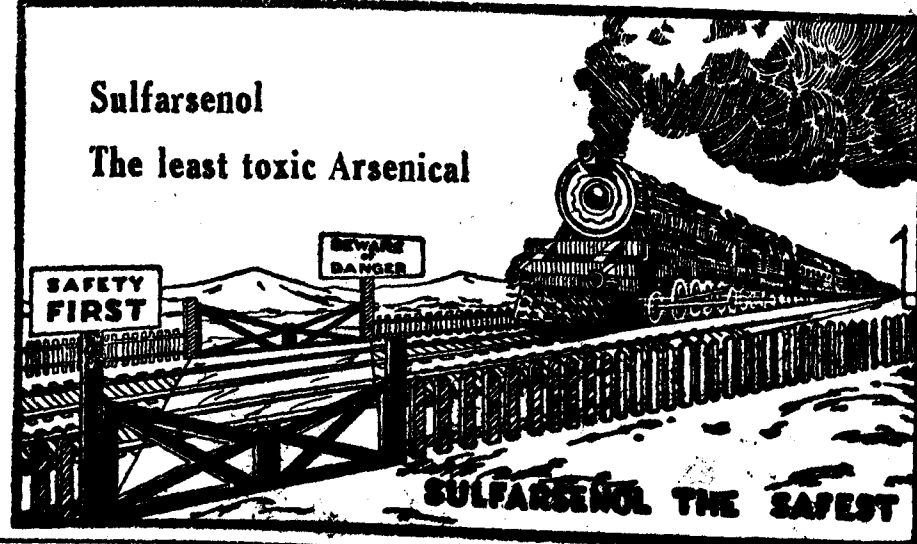
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