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CONTENTS

Owing to the need for publishing the long-standing arrears of Service and Association Notes we regret we have unavoidably to cut short some of our usual columns-Ed. I.M.J.

SALVITAE

THE TOXEMIA OF PREGNANCY

The keys to success in dealing with the toxemia of pregnancy are to be found in elimination, alkalinization and the maintenance of high metabolic efficiency on the part of the organism. The parental care programme should include the systematic use of SALVITAE. The nitrogenous products of putrefaction, ordinarily rendered harmless by the liver, may be pathogenic in the pregnant woman. So sensitive is the body in the autotoxic state to slight additional poisoning that SALVITAE will tip the scale in the right direction. Under its use in conjunction with proper diet and hygiene both the minor and major evidences of toxemia may be forestalled or controlled and the majority of women of the pre-eclamptic category carried safely to term and delivered without toxemia disaster.

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Sir James Roberts, I.M.S., who presided over the 27th Conference of the A. I. M. L. A., Indore, April 1935

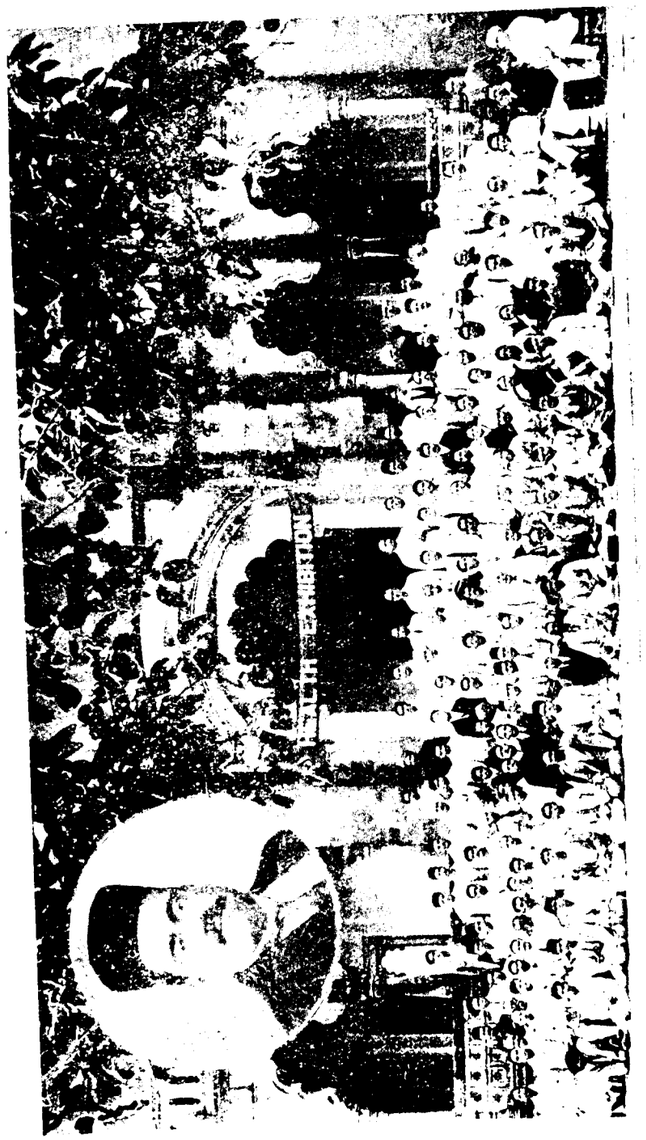
Rai Bahadur Dr. Sarjoo Pershad Tiwari, Patron, A. I. M. L. A., whose biography appears elsewhere in this issue

His Highness Maharaja Yeshawantrao Holkar Bahadur, G. C. I. E., who opened the All-India Medical Exhibition, Indore, **April 1935**

259

Lt. Col. J. R. J. Tyrell, Inspector General of Civil Hospitals, Holkar State

Rai Bahadur S. M. Bapna, C.I.E., Prime Minister, Holkar State



Delegates and Visitors to the 27th Conference of the All-India Medical Licentiates' Association, Indore, April 1935

Inset: Dr. G. D. Khandekar, M.C.P.S., Chairman of the Reception Committee and Ex-Editor of the Indian Medical Journal. His speech was marked for clarity of expression and thought, for the deep understanding of the problems of the Medical Licentiate and for the incisive criticism of the All-India Medical Council and for the Licentiate.

Original Articles

LABORATORY METHODS OF DIAGNOSIS—THEIR VALUE, LIMITATIONS AND CLINICAL APPLICATIONS IN GENERAL PRACTICE*

BY DR. P. MURUGESAN.

Hony. Bacteriologist (Research), Govt. Pathological Institute, Medical College, Madras

PART II

Tuberculosis. Before the discovery of T. B. the microscopic diagnosis of Tuberculosis of the lungs was made by the presence of elastic fibres which of course is not pathognomonic of Tubercular infection alone. In early cases of Pulmonary Tuberculosis, a prolonged search for the Bacilli will have to be made in the sputum. If clinical signs persist, a 24 hour collection of the sputum is to be ordered and in some cases repeated examinations of the sputum for the Bacilli should be made before concluding our reports.

Absence of T. B. in the sputum does not always exclude Tuberculosis of the lungs. Routine microscopic examination of sputum in all cases of lung affections of long duration with persistent cough is really useful to the physician. I know of instances where T. B. were detected in the sputum of cases with initial haemoptysis although the patients were apparently healthy.

Some Bacteriologists believe in the counting of T.B. in the microscopic fields from the smear of the sputum of positive cases of Pulmonary Tuberculosis and impute some diagnostic or prognostic value to the number present. I do not believe in this count because the number of bacilli in a single preparation is wholly dependent upon the chance in the selection of the particles examined. Even if more than one slide are examined so as to count the Bacilli in a larger number of fields to avoid such a chance I would not believe in the evaluation of prognosis from the number present, since the gravity of the disease is independent of the number of T. B. in the sputum. For all practical purposes, we might mention in the report on positives cases that "a few", "fairly large number", "innumerable" or "in heaps or clusters" (of T. B.) are found and so on. Perhaps this might help the physician to some extent in judging the gravity of his case.

Animal inoculations of sputum of suspected cases of Pulmonary Tuberculosis for diagnosis are carried on in cases where even by sedimentation process, the sputum reveals no T. B. while the clinical signs are persistent and typical. This method of diagnosis is really valuable. Again, if any doubt arises as to the nature of the acid fast bacilli as found under the microscope we resort to animal inoculations to include or exclude T. B. in the specimen in question, by the presence or absence of pathological lesions in the inoculated animal pointing to Tuberculosis. This is generally done in cases of Tuberculosis of the urinary tract by inoculating the centrifuged deposits from the urine into the animal so as to exclude the smegma and leprae bacilli but when definite clinical signs are present in the patient animal test for diagnosis is rarely done.

There is one thing interesting in the microscopic examination of sputum which I make use of in my Laboratory reports on sputum. Like the blood picture there is what I would call the *Sputum picture* under the microscope. This helps the Bacteriologist to guess with some certainty whether the sputum examined for T. B. is from a source of primary infection or secondary infection of T. B. by noting certain characteristic microscopic appearances. In most of the cases of Pulmonary Tuberculosis secondary to influenzal complication or secondary to the general diseases that greatly run down the vitality of the lung tissues (like Diabetes where Tuberculosis occurs as a terminal disease with marked clinical signs), I invariably find, though I cannot always swear to it, that the sputum takes the characteristic staining (a dull bluish counterstain with a typical cytological appearance viz., limited number of exudate cells) and reveals one or two T. B. after a prolonged search and at times when the examiner gets tired of the search and is about to reject the slide as negative he finds a T. B. or two in a field. For the same appearances of the sputum in a primary case with a similarity of marked clinical symptoms we generally come across a relatively large number of T.B.

In cases secondary to influenzal complications, a similar picture is seen besides a very large number of respiratory organisms like Pneumo, Strepto and Micrococcus catarrhalis etc.; whereas in secondary cocci infections occurring in the later stages of primary Tuberculosis we find relatively large number of T. B. in the fields examined. On several occasions I reported that the T. B. in a given sputum looks secondary to Influenza or secondary to Diabetes etc., in the patient and I was invariably

*For part 1, Vide I.M.J. XXIX. VII. P. 391.

correct. This was done by the aid of the characteristic *sputum picture* as described above. What I exactly aim at is to show that there is a characteristic picture of the sputum under microscope which induces the examiner to search for T.B. and if he does so I am sure he is bound to come across after prolonged search and that thereby it is also possible to report if the sputum under examination is from a primary or secondary case of Pulmonary Tuberculosis by the aid of this *Sputum Picture.*

Arneth's Index in Tuberculosis. This is a blood picture method of diagnosis and prognosis of Tuberculosis. In fact, in all infective cases certain specific changes occur in the leucocytes as a result of reaction to different stimulus arising from different toxic irritations.

According to Schindler's observation, there is intense toxic irritation of the bone-marrow in infective conditions and that consequently myelocytes are thrown into the blood circulation. This presence of myelocytes in the blood is, according to him, of grave significance and in tubercular infection it means the virulence of the organism and the need of protective cells i.e., mature neutrophiles. Based on this hypothesis of Schindler, Arneth began with a further differentiation of neutrophiles according to the number of nuclei in each cell. This differentiation in the morphology of neutrophiles is considered to be of diagnostic and prognostic value in infections, especially in tuberculosis. This is done by microscopical examination of blood film in the same manner as for a differential leucocyte count. (The blood is better taken before break-fast or a meal so as to exclude digestive leucocytosis).

Arneth classified the leucocytes according to the number of nuclei in them 1, 2, 3, 4 or 5 nuclei and so on and found that the number of nuclei in leucocytes follow some definite laws in normal and pathological conditions. The normal, according to Arneth, will be somewhat as below :—

Immature	1 Nuclei	7%	
	2 do	39%	or 40 to 45% (left)
	3 do	36%	
Mature	4 do	16%	or 55 to 60% (right)
	5 do	2%	
		100%	

Normally, leucocytes with 3 or 4 nuclei predominate. In tuberculosis this picture is strikingly altered *i.e.* those to the left (immature) are enormously increased at the expense of those to the right (mature) and Arneth calls this shifting to the left as an indication of toxic mischief in the body. Besides, the gravity of the disease also could be judged by the increase or decrease in the number shifted to the left. This occurs in severe toxæmias where the Arneth's picture will be somewhat like below.

1 N and 2 N		3 N	4 N	5 N
21%	54%	22%	2%	1%
Total 75%		25%		

N Nuclei

I consider that Arneth's index is of great use in the diagnosis and prognosis of Tuberculosis. It is also of value in judging the severity of toxæmia in pneumococcal and streptococcal infections and in studying the effects of treatment in pulmonary tuberculosis, asthma and pernicious anæmia.*

Microscopic Blood Picture in Typhoid and Para Typhoid infections.

First stage (ascending fever curve). A moderate neutrophil increase.

Second stage (continued fever). The number of Neutrophiles and Lymphocytes diminish.

Third stage (remission). The Lymphocytes increase largely and Neutrophiles still diminish.

Fourth stage (descending fever curve). Characterized by further diminution of Neutrophiles which reach their minimum with a relative increase in Lymphocytes and Eosinophiles.

The diagnostic value of blood picture in Typhoid.

A. Blood Picture in typhoid fever is not by itself a conclusive diagnostic sign but it greatly helps in the diagnosis.

1. Any increase in the Eosinophiles in a clinically suspected case of Typhoid or allied conditions is against such infections.

2. Again, a persistent Leucocytosis is also against Typhoid and allied infections.

3. Leucocytosis with typhoid like symptoms in a patient suggests other forms of enteritis than due to Bacillus Typhosus.

B. The prognostic value of blood picture in Typhoid and allied infections.

1. Slight leukopenia is suggestive of mild infections.

2. Slight Eosinophilia in a case previously absent altogether and Lymphocytosis in the last stages of the disease are favourable indications of the patient overcoming the infection.

3. A persistent well marked Lymphocytosis in a patient recovering from Typhoid indicates that the patient has not fully overcome the infection though the patient is apparently well. This could be taken as sure a guide as Widal's reaction itself in the absence of facilities for Widal.

4. On the other hand, in the presence of inflammatory complications, absence of Leucocytosis is an unfavourable sign. Some pathologists believe that a careful study of this blood picture in Typhoid infection is as important as specific agglutination reactions in diagnosis and prognosis and they even lay much stress on the importance of this in cases where Widal reaction is negative. The only objection is that these methods of microscopic examinations are taxing and tedious to the Bacteriologist.

Agglutination reaction in Typhoid infection (Widal). The microscopic Widal's test is, in my experience, more reliable than the sedimentation method. Since dilutions such as 1-10 or 1-20 of serum of people not suffering from active infection of Typhoid show a moderate power of agglutinating Typhoid cultures, the lowest dilution in the test should be at least 1-50 for absolute diagnosis in cases of Typhoid fever of duration of nearly 1 week and agglutination should take place within an hour. This is a general rule but there are exceptions. **The dilution made of the serum to be tested varies with the duration of the illness and the time taken for complete reaction varies with the dilution used.** In my experience of private Laboratory practice, unlike hospital practice, 1-40 dilution in mild infections of 1 week duration rarely gives a strong reaction within an hour. In virulent infections the same dilution shows a complete clumping within 1/2 hour. In very virulent cases or at the end of 2nd week in ordinary infections 1-80 or 1-100 and at times 1-200 or 1-320 dilutions give strong positive reactions. But the laboratory diagnosis will be of no use to the physician or the patient if they have to wait for 2 weeks before diagnosing the case. So I would prefer to use low dilutions like 1-20 or 1-40 and limit the time given for clumping to ½ hour or less than ½ hour; otherwise diagnosis could not be made before a week while there is already a desire on the part of the clinicians to obtain a decisive serological test for Typhoid fever within 4 or 5 days of the illness. To meet such a demand I would suggest that 1-10 dilution or even 1-5 dilution of the serum be tested for clumping on a slide examined with the aid of lens giving the lowest time limit, say 10 minutes for 1-10 dilution and 2 to 5 minutes for 1-5 dilution. These strengths of serum may be used in cases of less than 1 week duration, say within 4 days of illness, and might be of service in obtaining Widal's test earlier, provided malaria and similar diseases are excluded and the clinical signs are corroborative of Typhoid fever. The time limit must be strictly adhered to in using 1-5 or 1-10 dilution of sera, otherwise it will lead to serious fallacies. It is sometimes feared that if a history is given of a case, the serum of whom is to be tested for Widal, it will in some way or other bias the laboratory practitioner. Such a lack of confidence in the Bacteriologist is but regrettable. Just as the physician is working in the interest of the patient, the bacteriologist depends on his conscientious work for his own reputation and as such it is not justifiable on the part of the general practitioner to withhold a detailed history of the case for such reasons, especially in serological tests where the laboratory worker has not merely to strain and search for something but he is asked to look for and report as in the case of microscopic findings. In a number of *so called* Typhoid form of Kala-Azar I have noticed a weakly positive Widal (one +) in dilutions of 1-20. Whether such cases were Typhoid carriers or had associated infections of Typhoid I cannot say; but at any rate most of them were serologically and clinically proved later as typical cases of early Kala-Azar. I might mention here another interesting feature of Widal reaction. In a few instances of Widal's tests the microscopic test as well as sedimentation test though negative on the day of examination, the sedimentation tube showed a pucca positive clumping 72 hours after the test was started (the duration of the illness being within 10 days or 1 week). This again throws some light on the time given for the exposure of the culture to the agglutinating power of the serum and such cases subsequently were seen to run a typical course of the disease. In fact, in such cases, though I sent a negative report on the 1st day of examination yet I had to send a supplementary report on the 3rd day of the late positive reaction.

Widal's test with killed cultures of Typhoid Bacilli. Emulsion of cultures killed with formalin are used in some institutions for Widal's test. They claim equally good results

* For a concise description of Arneth's index and clinical applications of the same please refer to page 310, Vol. XXIX No. VI June 1935, *I.M.J.* under our column *Practical Suggestions and Reminders* Ed. I. M. J.

as in the cases of live culture. In my hands at any rate, I failed to obtain satisfactory results with killed cultures or some parallel tests done by me. To save time and to avoid fresh cultures every time a Widal's test is done, I devised a method of preserving the 24 hours live culture of B. Typhosis in a sterile watch glass (without killing them) carefully protecting from air contamination and using the same for 3 or 4 consecutive days for Widal tests with equally good results which were also verified by parallel tests with freshly prepared 24 hours' cultures. The age of the bacilli in such preserved cultures should remain the same (*i.e.*, 24 hours even after 4 days) by depriving them of the nutrient medium and thereby inhibiting their growth.

Cholera.—There is the ordinary laboratory method of microscopic examination of fæces for cholera Vibrios of Koch by its morphological appearance. The only error of this test is that the non-agglutinating vibrios resembling the Koch's Vibrios of true cholera and commonly occurring in people living in endemic areas are mistaken for the true vibrios of Koch. The specific and the more reliable method would be the agglutination test. The blood serum of the patient is tested for agglutination against a live emulsion of cholera culture, lst 24 hours old. This could be easily done on a slide with the undiluted serum by means of a platinum loop and the immediate clumping in positive cases might be studied by the aid of a hand lens. **The agglutination takes place very quickly in true cases of cholera.** The difficulty in private laboratories for this test is that cultures of cholera vibrios could not be maintained throughout the year and as such the cultures may not be available during an epidemic. If young (18 hour old) cultures are not always maintained the diagnosis will be delayed for nearly 24 hours for the culture to be ready. Unless a culture is made daily as a routine procedure, at least during the season, the agglutination method of diagnosis will be of little use if the culture has to be made after the arrival of the specimen of fæces.

The direct culture test is better than agglutination test provided the culture media of peptone water in tubes is ready sterilized and a continuous supply is maintained in the laboratory. By this test we might be able to report on the detection of vibrios in cultures at least 4 to 6 hours after arrival of the specimen as in most cases we obtain a growth within a few hours after inoculation.

INFANTILE CONVULSIONS

By Dr. MOHAMAD YUSOF KHAN

Civil Hospital, Multan

Infants and children under the age of two years are specially prone to convulsions. The causes of this tendency are yet under discussion. We are however much indebted to Dr. Soltmann for an explanation of the process and phenomena of convulsion, and for his painstaking observations in this connection. After a series of experiments, he found that in new born dogs, cats and rabbits the motor cortical areas cannot be excited electrically and are probably incapable of functioning and thus unable to exercise either an innervating or an inhibitory influence on subcortical motor centres. He also proved by a comparative study of the medullary striations that human infant required about eighteen months to attain the same stage of development as that of an animal ten days old.

Thus it would seem that the inhibitory mechanism is not well developed and does not become effective before this period (18 months in human being). This explains the frequency of convulsions in infants under eighteen months.

Another important factor related to this is that the irritability of the peripheral nerves was found also to have attained the maximum; or even to have exceeded it, at a more rapid rate than that of the inhibitory centres. Hence trifling irritation will affect the infant (before the development of the inhibitory mechanism) more seriously than in an older child, and vastly more than in an adult. Hence he calls it, *Physiologic Spasmophilia*—a sort of diathesis.

Convulsions occurring in young children constitute a symptom, not a disease. They vary widely in severity in proportion to :—

(*a*) Spasmogenic susceptibility of the patient.

(*b*) Potentiality of the exciting cause.

(*c*) Presence or absence of conditions, favouring reflex excitability.

In studying the phenomena of convulsive disorders, there is no clinical method yet devised for measuring the mechanical irritability of a nerve. We must rely on electric excitation following the line of Erb's experiments.

Some authors, such as Nothnagel, believe in the presence of a convulsive centre in the pons, but the cortical grey matter is generally believed to be the source of the spasmogenic impulses.

*Received for publication on 10-6-35.

The explanation, most in accord with clinical and pathological experience, is that convulsion is the result of irritation of spasmogenic nerve elements by imperfectly catabolised and therefore toxic waste products.

What actually happens is, that a tonic spasm is produced in the same manner as the corresponding, though more severe, spasm of tetanus. While as regards clonic spasm, impulses which cause clonic convulsions are primarily derived from the cerebral cortex—the spinal system being used as the mechanical intermediary for the production—they are essentially of the nature of voluntary impulses to the spinal system. Clonic convulsions are, thus, the results of a temporary and intense hyperæmia of the cerebral cortex, due in turn, to general vaso-constriction. The cortex being a sensory organ, this marked congestion during which the blood stream is greatly increased provokes a storm of impulses to the spinal system (which itself is hyperæmic and oversensitive) and the spinal motor cells convert these into motor impulses and transmit to the muscles (which are also hyperæmic and over-excitable), thus inducing a fit.

It is unusual, perhaps impossible, for a healthy child to suffer from convulsions, unless the exciting cause be overwhelming. But they readily occur in children of unstable nervous equilibrium, the so called spasmophilic diathesis; one convulsion predisposing to another. Slighter exciting causes will not produce convulsions except in children so predisposed.

Causes of Infantile Convulsions

The more frequent ones may be grouped as follows:—

A. Neurotic inheritance: children of insane, imbecile, hysterical, epileptic, neurasthenic parents are more liable to convulsive attacks. Children born to syphilitic, tuberculous and alcoholic parents are also equally susceptible.

B. Intra-Uterine affections of the brain, circulatory system such as congenital cardiac disease, hydrocephalus etc.

C. Causes at birth: asphyxia neonatorum, subdural hæmorrhage.

D. Causes soon after birth: congenital malformations, atelectasis; hæmorrhagic diseases of the early life may also lead to convulsions.

E. Rickets: the commonest feature of it is the hyper-sensitiveness of nervous system which is thus more excitable to the otherwise normal or little effective peripheral irritants, such as undigested food, parasites, foreign body in nose, ear etc, adenoids, dentition, middle ear disease, trauma, adherant prepuce, incarcerated hernia, or even vaccination. All these may provoke an attack in a ricketty child.

F. Acute diarrhœa: summer diarrhœa, enteritis etc., leading to great loss of the body fluids.

G. Inflammation of serous membranes: meningitis (tubercular, pneumococcal, meningococcal, purulent etc), pleurisy, peritonitis.

H. Brain tumours: rare, such as gummata or a tuberculoma.

I. Acute infections: These are often ushered in by convulsions, as in whooping cough, pneumonia, scarlet fever, influenza etc.

J. Kidney and bladder disease: nephritis, stone, uræmia.

K. Severe hæmorrhages.

L. Certain poisons: lead, strychnine, alcohol.

M. Embolism and thrombosis: rare in childhood, except in syphilitic and marasmic children.

N. Enlarged thymus gland.

O. Epilepsy, headache, migraine etc.

P. Rectal prolapse.

Q. Falls or blows on head.

R. After fright, anger, exertion or fatigue.

Symptoms

The clinical picture of an attack closely resembles that of an epileptic fit. A convulsive attack consists of a primary tonic and a secondary clonic stage. A kind of aura is also observed, and also restlessness, distracted anxious expression lasting a few moments, followed by pallor, suspension of conciousness and a tonic convulsion of the muscles of the eye, face and extremities. After a few moments, clonic convulsions occur—jumping, jerking and so on, similar to the action of muscles when influenced by powerful electric currents. There is also cyanosis and sweating. After a time, all this subsides, a general relaxation ensues and consciousness returns. **The somnolent stage of epilepsy however does not occur.** If the attack lasts longer than five minutes, the suspicion of real epilepsy is entertained; for, duration of a convulsive attack is seldom more than a few moments. Death seldom results except when laryngeal spasm or expiratory apnœa proves fatal.

Almost any person of moderate intelligence will readily recognise a well marked convulsion or even a convulsive tendency—but it is of

utmost importance that the first observer should carefully note and be able to relate accurately the starting point and phenomenon of progress, the degree of severity and the length of time it has persisted; for on these facts depend a proper diagnosis of character and seat of irritation. **Unilateral convulsions however do not necessarily indicate a local lesion.**

Immediately before the convulsion, there is often pallor, a fixity of the eyes or their rolling up into the orbits. These slight isolated movements may pass into convulsive twitchings, extending rapidly over the entire body or shifting from place to place, or from one side to the other. They may alternate with movements of face or head or so on. There may be series of grimaces due to contraction of facial muscles, hands may be clenched, thumbs burried in palms, great toes may exhibit the so called "corpo-pedal spasm". There may be frothing at the mouth as well. Disturbed respiration, slow or rapid pulse, but usually irregular, with sweating of forehead or whole body is often seen. The sphincters may relax with consequent involuntary passage of urine and fæces. When the fit is over, there is some prostration, or there may be some temporary palsies.

One attack is followed by another thus exciting an increased susceptibility.

Convulsions coming on in a child previously well point to some acute disease of exceptional severity, possibly acute meningitis.

Diagnosis

It is no definite disease but only a symptom that may occur in the course of so many diseases enumerated in the long list of possible causes. Hence it is not advisable to spend time in finding out the definite cause for the attack while the patient is in suffering. Our aim should be to treat the actual attack at the time, and when he is free of it to proceed with finding out of the cause, taking into consideration the history of the parents and of the infant. A thorough examination of the patient with special regard to his mouth, ear, throat, genitals, possibility of worm infection etc., should be made.

While you are thus engaged, prevent recurrence of further attacks by proper medicines, and when the actual cause is made out, try to remove it by stabilising the nervous control.

Prognosis

This has to be made by a judicious consideration of. 1. Nature of cause. 2. Extent of the cause.

In children of markedly unstable nervous equilibrium, a convulsion may mean little or nothing. Moderate attacks occurring in young infants are of little import. Fits appearing as prodromes of acute febrile diseases are rarely serious and may not even indicate an unusually severe attack of the disease. If, however, they occur when the disease is fully established they are of serious significance, and may signal the oncoming of uræmia, meningitis or some other grave complications.

Extreme prolongation and recurrence of fits, also profound disturbance of circulation, stupor or subsequent prostration point to serious prognosis.

Prognosis depends exclusively on whether the convulsions are merely the manifestation of an overexcitable nervous system, or are the initial symptom of an organic meningeal or brain disease. This is determined by the character of the spasm. Hence clonic spasms are benign, tonic are grave. Predisposing causes are of more importance than the exciting ones in regard to prognosis.

Treatment of Infantile Convulsions

Combating the immediate phenomena of convulsions becomes less urgent if it is borne in mind that the motor commotion does not lead to such disastrous effects as the terrifying spectacle would naturally lead the family and the physician to fear. Hence the treatment divides itself into three parts none of which should be neglected.

1. Relief of the fits, so to say, the "First Aid" to the suffering child.

2. Prevention of the exciting cause or further recurrence of the attacks.

3. Systematic search for the original cause and its thorough removal. Search for this should be made beginning with anti-natal conditions, habits, temperaments and disorders of the parents; accidents, traumata, structural defects, sources of reflex irritation, infections and other toxic factors in the child.

As there is no one particular cause for this ailment, so there is no single specific drug for its treatment. The following however are some of the most useful drugs that can be tried to relieve the patient's suffering. The following line of treatmet may be adopted, as chalked out by a prominent physician :—

1. Attend the case at once and stay till attack is over.

2. Take at least the following with you, when called upon to attend such a case :—

Chloroform, Chloral Hydras, Soft catheter, and Morphine with a hypodermic syringe.

3. Keep the patient quiet and avoid disturbance and noise.

4. Apply cold to head by means of pack or ice cap and thus reduce the hyperæmia of the brain.

5. Dry heat and counter irritation, in the form of hot water bottles, mustard bath or mustard pack to the extremities and surface of the body (to reduce the hyperæmia of brain).

6. Give inhalation of Chloroform. This is most useful—may be used in infants: few drops are put on handkerchief which is held over nose and mouth.

7. Give Chloral hydras, preferably per rectum, dissolved in milk or water, with a soft catheter; but prevent its escape. (Four grains for a child of six months, six grains for a one year old child) It is effective in 20-30 minutes. May be repeated after an hour.

8. Morphia is given hypodermically. It is well borne by infants. (The dose for a child of Six months 1/40 gr. Child one year 1/20 gr. Two years old 1/16 gr). *May be repeated after half an hour.*

9. Mag sulph: it removes constipation, but is late in its action. May be given hypodermically:—

6 grains for three months' old child | May be repeated after two hours.
12 grains for six month's old child |

10. Oxygen inhalation: useful whenever there is asphyxia.

11. Irrigate colon with warm water to remove irritant. It is one of the essentials of treatment and is never harmful.

12. Wash out the stomach if the duration and probable cause of the attack demands it. It is better and safer than emetics.

13. Calomel as a purgative is the best. You may give castor oil or rhubarb.

14. Lumbar Puncture in many cases produces good results.

15. Glucose by mouth, per rectum or hypodermically with saline in cases of great loss of body fluids.

16. Cold pack in febrile cases; blood letting in some have proved useful.

DYSENTERIES IN BENGAL*

BY DR. SURESH CHANDRA SARKAR,

Campbell Medical School, Calcutta

The types of dysentery common in Bengal are bacillary and amœbic.

For a long time dysenteries remained unclassified and the classification by Amesby in 1828, into acute uncomplicated and hepatic types was quite unsatisfactory. It was only after the discovery of Entamœba by Lasch in 1875 and Bacillus Shiga by Shiga in 1889, and Bacillus Flexner a year later that dysenteries were classified on real ætiological basis.

The disease is common during the rainy season and just after it. James Morehead has said that the period of greatest prevalence was in damp hot monsoon months. The Monsoon in Bengal begins in the latter half of June and continues up till the early part of October when the mean temperature is about 82°F. The dysentery curve runs closely parallel to that of the Monsoon. Years of excessive rainfall show an unusually high incidence of Dysentery.

Bacillary dysentery is more common in Bengal than the amœbic. Dysentery under the age of 2 is almost always bacillary, under 10 mostly bacillary, above that age 60 to 70% are bacillary and the rest amœbic.

* Being a paper for which a medal was awarded by the Provincial Branch of the A.I.M.L.A., Bengal. Rearranged and summarised by the Editor. *Ed. I.M.J.*

(*Continued from previous column*)

Treatment after the attack

1. When the fits are under control, prevent recurrence.

2. Keep the patient under the effect of chloral hydras and sodi. Bromide but the dose should be gradually reduced. Antipyrin and phenacetin may be substituted for chloral hydras if not well borne.

3. Discover the cause and treat it properly.

4. Give calcium and phosphorus to reduce the excitability of the nervous centres, thus keeping down the recurrence of attacks due to unstable nervous mechanism.

5. When no definite cause is known continue bromides, 3-5 grains daily for a six months' old child, keeping in view the bad effects of an overdose of the same.

A number of cases that are admitted into the wards of Campbell Hospital are not cases of specific dysentery at all, but are cases of colitis due to streptococci, B. Coli and other similar organisms, primarily or secondarily to a mild attack of dysentery. Such patients look anæmic, emaciated, with often a certain degree of anasarca or œdema and even ascitis. These cases do not respond to treatment. The most common types of cases that are admitted into the wards are cases of mixed infection—and perhaps, this is the most common form of dysentery in Bengal. The acute cases are generally due to B. Shiga infection, but these cases are comparatively few in number.

Bacillary dysentery may be acute or chronic; and the acute dysentery may show a wide variation in its manifestations, from the acutely severe toxic type to one of ordinary or less than ordinary severity. It is usually characterised by fever, abdominal pain, tenesmus and bowel evacuations, containing merely or mostly blood stained mucus.

The mode of infection may be by direct or indirect contagion, but usually the latter. Direct contagion is possible only where the fundamental sanitary laws are either ignored or unknown. Indirect contagion is, in my view, the only common source of infection and the ubiquitious domestic flies of Bengal do certainly contribute to the spread of this disease in that province.

The clinical types that are met with in Bengal may be classified in the order of their occurrence thus:

1. Mild from: Here there is some fever and a moderate degree of toxæmia. Griping and tenesmus is usually present and the stool contains mucus or blood or both.

ii. Acute Form: Here the onset is sudden with a moderately high temperature and symptoms of toxæmia. Tongue is coated and dry and there is abdominal tenderness and prostration. The stool may be fæcal at the beginning but soon assumes the distinctive characteristics. This is as a rule due to infection with B. Shiga.

iii. Fulminating type: The onset is very sudden with rigor and high fever. Pulse is quick and thready. The number of stools is very high—40 to 50 within 24 hours. There is intense thirst and other signs of dehydration. Of course, there are the other symptoms of a severe toxæmia.

iv. Choleraic type: Vomiting, purging and symptoms of collapse.

v. Gangrenous type: Big sloughs are present in the stools, giving out bad odour. In some cases there may not be any fæcal matter at all except big sloughs. Such patients die of peritonitis.

vi. Relapsing type: Here there is an acute attack, the patient recovers for a time, and is attacked again after 4 or 5 days.

vii. Chronic type: It is usually the result of imperfect or incomplete treatment of acute cases; or the initial attack may have been so insidious that the patient has overlooked it. The chronic cases may present intermittent attacks of diarrhœa and constipation or may have unhealthy motion containing mucus and sometimes blood.

The diagnosis of Bacillary dysentery can be made both on clinical and bacteriological grounds. Clinically the history and the characteristic stools, together with other symptoms mentioned earlier will help a proper diagnosis, but the microscopical, cultural and serological methods ought to be requisitioned, wherever possible to confirm the usual clinical diagnosis.

The prognosis depends on the virulence of infection, the susceptibility and physical condition of the person attacked. Prognosis is bad in gangrenous cases; in other types it entirely depends on proper and early treatment.

The prophylactic measures chiefly resolve into:

(1) Campaign against house-flies by attending to surrounding sanitation.

(2) Supply of pure drinking water.

(3) Avoiding contaminated and unwholesome food.

(4) Prophylactic inoculation with vaccine and serum. The first dose may consist of .25 c.c. of Vaccine containing 500 millions of Shiga Bacilli and combining it with 1 c.c. of polyvalent mixed antidysenteric serum. 5 c.c. of the Vaccine and .2c.c. of the serum may be given 10 days later as the second dose.

The treatment of Bacillary dysentery—apart from the preliminary requirements of rest and proper nursing—falls mainly under two heads.

(1) Medicinal.

(2) Specific.

(1) Medicinal: The first thing is to give a saline purgative. This acts mechanically by flushing out the intestines of bacterial products and by lessening toxæmia to a certain extent. It also prevents further growth of bacteria by altering the *Ph.* value of intestinal fluids.

The saline is given daily or more than once in a day as per the circumstances of the case till the stools get distinctly fæcal. Bismuth is given to relieve abdominal discomfort and pain. Kaoline and Osmokaoline may be used in place of Bismuth Carbonas or Sub-Nitras. Irrigation of colon with a solution containing 1 dram of sodi-bicarb in one pint of normal saline is of distinct value. Rosebery advocates lavage of large bowels with chlorine water. Collapse and dehydration are treated with saline—intravenous or subcutaneous. Brandy by mouth, injections of Camphor in Ether, or Cardiozol, Atropine or Adrenaline form effective adjuvants. Tenesmus and incessant desire for motions are treated by Bismuth, with or without opium; but the best way to relieve these symptoms is to stick to saline purgatives.

Specific treatment. It consists in the administration of Polyvalent antidysenteric serum, early and in sufficient dose. It is specific in Shiga infection. The indications for serum are

(1) High fever

(2) Severe toxæmia

(3) Too frequent stools

(4) Intense abdominal pain.

It is best administered intravenously. But unfortunately it is not useful in chronic and Flexner cases. Anti-Dysenteric Bacteriophage seems to be of great value and it should be administered very early in the disease. Its efficacy depends on the potency of the strain used. It is, of course, necessary that it should be given in empty stomach and that no subsidiary treatment, especially any intestinal antiseptics, should be given before or along with it, as this kills the bacteriophage.

The less common type of dysentery in Bengal is the Amœbic. It is prevalent in all seasons and though it may attack persons of any age, yet, it may be said that it is uncommon in very young children. It is an ulcerative condition of large bowel caused by Entamœba Histolytica. The mode of infection is usually by swallowing the cysts of the parasites with food or drink—the active vegetative forms are not infective as they are destroyed by gastric juice. Flies are important disseminators of this infection. Fresh vegetables grown on an infected soil may also convey the infection. **The chief source of infection is the human carrier of this disease whose stools may abound with amœbic cysts.**

The onset of amœbic dysentery is usually insidious and begins as diarrhœa. In the course of the next two or three days the characteristic dysenteric symptoms develop.

Following are the types of amœbic dysentery met with:

i. Acute type: begins as a mild diarrhœa and gradually turns into an acute dysentery within a few days. Signs and symptoms may closely simulate those of Bacillary dysentery; but as a rule, abdominal pain, griping, tenesmus and straining are much less. **There are no signs of toxæmia.**

ii. Chronic type: most of the cases get an apparent clinical cure for the time being and come back with dysenteric symptoms sooner or later. This may be the result of an acute attack passing into a chronic stage or it may start as a mild infection from the very beginning causing occasional diarrhœa.

iii. Gangrenous or Fulminating type. Number of stools, 20 or more in 24 hours. It may be hæmorrhagic and may contain sloughs accompanied with abdominal pain. There is marked leucocytosis. Stools full of characteristic "Cob-web" like sloughs which may be detected by diluting the stool with water (Rogers).

Diagnosis.—Insidious onset, repeated attacks of diarrhœa or dysentery without fever or any other signs of toxæmia and the presence of blood and mucus intermingled with stools form the important points for clinical diagnosis. But this has invariably to be confirmed by the presence of Amœba, cystic or vegetative, in the stools and for this purpose a routine microscopical examination should be done wherever possible. Therapeutic diagnosis by means of emetine injections may also be availed of which will be effective if the case happens to be amœbic.

Complications:—(1) Hepatitis and Hepatic abscess.

(2) Localised Peritonitis.

(3) Severe hæmorrhage,

(4) Perforation and generalised peritonitis.

It must be borne in mind that these may arise in cases which never gave previous history of dysentery.

Prognosis.—Since the introduction of emetine, the prognosis has become favourable and the mortality rate is now very low.

Treatment. Emetine is still the sheet-anchor in the treatment of this disease. Its exact mode of action is still unknown. Rogers thinks that emetine has paraciticidal action; Dixon

thinks that, in addition to this, it acts in such a way as to make the tissues unsuitable to the life of amœba and that the patients' own natural powers of resistance eventually exterminate the residual infection. The disadvantages of emetine are its cumulative effect and depressing action on the heart and nervous system. The standard treatment is as follows :—

(i) As soon as the case is diagnosed a full dose of saline purgative or an ounce of castor oil is given. On subsequent days, 2 drams of sodi sulph or Mag Sulph is given in an ounce of water every morning.

(ii) When the powels have been properly evacuated, Bismuth Carb 1 to 2 drs. is given 3 times a day. This checks the acidity of the colonic contents.

(iii) One grain of emetine is injected intramuscularly 2½ hours after the first dose of Bismuth. It is said that Emetine acts best in alkaline medium.

(iv) The morning dose of saline and daily doses of Bismuth and Emetine are continued for 7 days consecutively. Then Emetine and Bismuth are stopped for 3 days but the morning sline purgative continued. After this interval, Emetine and Bismuth are readministered.

On the completion of the above course of treatment, stools should be examined microscopically for 4 or 5 days for the presence of Cysts. If they are absent, the patient can be put on Stovarsol; if present he should be treated with Emetine-Bismuth-Iodide.

Another method of treatment is to put the patient on castor oil emulsion and Emetine injections for 9 or 10 days.

In chronic and relapsing dysentery the treatment must be thorough and complete. A full course of Emetine and Bismuth should be tried first and then a course of Emetine Bismuth Iodide. This may have to be repeated but only after an interval of a fortnight.

Other drugs used in the treatment of Amœbic dysentery :

(1) *Yatren**. Manson Bahr recommends it in chronic dysentery and suggests a combined rectal and oral treatment. An enema of 6 ozs of 2½% Yatren solution is allowed to run into the colon after preliminary washing of the bowels by a simple or alkaline enema. This is continued for 10 to 14 days. 2 tablets of 7½ grs. each are given per day orally for 10 days.

(2) *Stovarsol.* It has been useful in the treatment of relapsing and chronic amœbic dysentery. A tablet, grs. iv, crushed and dissolved in water may be given once or twice daily for about a week or 10 days. If continued for long time signs of arsenic poisoning may appear.

(3) *Carbarsone.* It is less toxic and more amœbicidal. It is specially indicated in chronic amœbiasis. Dose .25 grm. in capsule twice daily for 10 days.

(4) *Kurchi.* The alkaloid conessine has a specific action on E. Histolytica. It can be given subcutaneously in one grain doses. It should never be given intravenously as it is a cardiac depressant. Liquid extract of Kurchi can be given in 2 to 3 dr. doses three times daily per mouth. Tablets of extract of Kurchi may also be given.

(5) *Kurchibide.* It is a combination of total alkaloid of Kurchi with Bismuth Carbonate and Potassium Iodide. It gives good results both in acute and chronic cases—2 tablets of 1½ grains at a time, 3 times daily for 10 days.

(6) *Anabin.* Good in subacute and chronic cases. A tablet (3½ grs.) is given by mouth 3 or 4 times a day for a fortnight.

In neurasthenic patients Endocrine therapy is indicated.

*Yatren is effective but in some cases it gives rise to severe diarrhœa. This has to be kept in mind when using this drug; Ed. I.M.J.

References

Dysenteries and their treatment ... *Rogers*

Text Book of Medicine ,, ... *Price*

Principles and Practice of Medicine ,, ... *Osler*

Hand Book of Tropical diseases ,, ... *P. Bhattacharjee*

Lectures on Tropical diseases ,, ... *Dr. J. C. Aich, M.R.C.P., D.T.M. & H. (Lond).*

Case Notes from the wards.

Clinical Memoranda

AN INTERESTING CASE OF STONE IN THE BLADDER

BY DR JAI GOPAL

Civil Hospital, Dipal Pur

Gulab Rai, an old man of 90, was admitted into the hospital on the 25th August 1935 for the treatment of pain at the root of the penis and dribbling of urine. On sounding the bladder, diagnosis of stone was confirmed. After three days it was decided to relieve the patient by an operation. Usual preparations for a suprapubic cystotomy were made. On the operation table it was however found difficult to fill the bladder as no fluid would enter. After the preliminary incision, it was found difficult to locate the undistended bladder as it was lying deep down in the pelvis. The point of the canula, put in the bladder for the purpose of filling it, could not be felt and it was after a long search for the point of the instrument by with drawing and pushing it to and fro and by depressing its anterior end that its point was at last located deep down in the pelvis. The bladder was thus opened and inside it were found four large stones lying very closely together. Their removal was effected after much difficulty as they were too adherent and faceted to admit of easy grasp by the Lithotomy Forceps. There was profuse bleeding from the distended veins of the bladder, as also oozing from the congested mucosa. The next difficulty was in stitching up the bladder incision. With difficulty a stitch was passed through the bladder wall and its ends were not cut but used to pull the organ to facilitate further stitching. The bladder was drained as usual and the patient is making good progress. To prevent sepsis, Neotropin (six pills daily) was administered. This drug is really of good value as an urinary antiseptic and prevents the supervention of sepsis, so common in operations of this nature.

The total weight of the stones removed was 5 ozs and 2 drachms.

The points of interest in this case are :—

(1) The unusually large multiple stones and the depth of the bladder due to their weight,

(2) The difficulty experienced in locating the bladder for the necessary incision.

(3) The value of Neotropin as a reliable and effective urinary antiseptic in preventing septic complications after operations of this nature.

AN OBSTINATE CASE OF OCCIPITAL NEURALGIA YIELDING TO MILK INJECTION

BY DR. BIHARILAL DAS, L.M.P.

Late House Physician, B.W.M.S. Hospital Dibrugarh

A tea garden cooly boy, aged about 10 years, was suffering from excruciating pain on the left side of the neck for the last three months. The pain used to start at a point midway between the left ear and the middle line of the neck and gradually spread upwards to the left side of the scalp. During the bouts of pain, the patient used to scream and stoop down putting his head between the knees. The pain was paroxysmal in character and would occur once or twice in a day and last for hours.

Analgesics and sedatives like Aspirin, Phenacetin, Gelsemium and Bromide gave relief at the beginning, but later on they were of no use. Even Morphia gave but temporary relief. Next, the patient's head and neck were fixed in an occipital splint but to no effect.

As a last and desperate measure I tried 2 c.c. of sterile cow's milk intra-gluteally. There was some febrile reaction but the pain of neuralgia was less severe. Encouraged by this result, I gave 4 c.c. of the same next day and on the third day I increased the dose by one c.c. Save for the reactionary fever, his neuralgic pain was relieved and for a week during which he was under my observation there was no return of pain.

Milk Injections in such obscure cases do sometimes give unexpectd results. It is quite probable that the neuralgia in this instance might have been due to the action of some unknown toxins and that the leucocytosis produced by the milk injection might have neutralised the effects of these toxins and freed the nerves from their influence. That is probably the only explanation for the success of milk therapy in this case where other remedies had utterly failed.

PSYCHOTIC SYMPTOMS AFTER ATEBRIN

By Dr. BIHARILAL DAS, L.M.P.
Late House Physician, B.W.M.S.
Hospital Dibrugarh

M. Hajee, aged 45, was a robust Muhammedan male who came under my treatment on 11-4-35 for fever of 10 days duration. On clinical grounds, I found the case to be one of malaria. As the patient was strongly opposed to the taking of Quinine I prescribed Atebrin ·1 grm tablet to be taken thrice daily after food. On the 2nd day the fever subsided and the patient felt quite comfortable. But on the morning of the 6th day, I was informed that the patient had become mad. When I saw him, he was behaving like an acute maniac. I managed to take his temperature and it was normal. I coaxed him to take a cup of warm milk in which I put a tablet of 'ortal' (P. D. & Co). He slept that night and when I visited him next morning he appeared normal.

The family or personal history revealed no signs of neurosis or psychosis, except that this patient was of introspective disposition. He smokes tobacco and *Ganja* but is not addicted to alcohol. No venereal history nor of any serious illness before.

The patient's relatives thought that this temporary insanity was due to the drug (Atebrin) I used. Whether it is due to Atebrin or to some other causes, it is difficult to dogmatise. But such a possibility should be kept in our mind and some caution exercised in the administration of Atebrin, as any untoward event similar to the one narrated above is likely to give a set-back to the reputation of the practitioner.

[We do not think that this transitory acute mania was in any way connected with the use of Atebrin. We had seen a number of cases of malignant Malaria where fever subsided after the use of Quinine but which left the patient in a temporary maniacal condition for a few days after the subsidence of fever. It may be an after-effect of hyperpyrexia of malaria or due to the hyperæmia of cerebral capillaries induced by the invasion of merozites. To withhold Quinine (or Atebrin or Plasmo-Quine) in such cases would be more disastrous than temporary insanity which is obviously due to other causes than these well known and much used antimalarial remedies. *Ed. I.M.J.*]

ATEBRIN AND PLASMOQUINE IN MALARIA*

By Dr. L. P. KAPUR, KARNAL,
Punjab

Quinine, you know, has been used in the treatment of malaria for the past so many years. I shall relate to you briefly my experience with the new anti-malarial remedies—Atebrin and Plasmoquine. I find that Atebrin has many advantages over Quinine. It is supplied in tablets of 1½ grs. each, has no bitter taste, kills effectively all the forms of benign tertian and quartan malaria and also the schizonts of malignant tertian. In a word, it kills all the types of malarial parasite except the gametocytes of the Malignant tertian. Clinically, it brings down the fever much earlier than Quinine and reduces the number of relapsing benign tertian cases. Its other incidental clinical advantages are that it can be administered to pregnant women or in cases of Black-water fever where Quinine has got such a bad reputation. Plasmo-Quine is indicated in malignant cases; and in those with mixed infections or in chronic cases Atebrin and Plasmo Quine can be given alternately with much benefit. These drugs reduce an enlarged malarial spleen more effectively than Quinine.

[The author explained his observations by a number of illustrative cases.]

*A talk at the Karnal Branch of the A.I.M.L.A.—June 1935.

Practical Suggestions and Reminders

(Continued from the previous issue)

22. ***Post operative Acidosis.***—Chloroform is the greatest offender in this respect. But chloroform alone should not be blamed. Excitement, mental shock, excessive starvation before operation are factors which hasten acidosis. Clinically it manifests as headache, nausea, vomiting and depression. Careful selection and preparation of the patient are necessary to avoid post operative acidosis. Diabetics, pregnant women and patients with a certain amount of kidney damage are susceptible to acidosis. Inhalation anæsthesia should be avoided in such cases and local or spinal anæsthesia employed in its stead. Insulin, glucose or sodibicarb may be given before and after the operation to prevent or check acidosis. Glucose (50g) alone may be sufficient in mild cases; in severe cases Insulin (20 units) has to be added; intravenous sodi-bicarb with hypertonic saline may be necessary in still severer cases in conjunction with Insulin and Glucose.

23. ***Diathesis.***—It is a commonly used word in medical text books. Literally, it means a natural or congenital predisposition to a special disease. But we usually understand it as an impression about the patient in the mind

Krishna Printing Works, Madras.

of the physician. This impression is the first link or the first clue in the art and science of clinical diagnosis. It is just like the common saying, *Face is the index of the mind.* In this sense, diathesis is diagnosis written on the countenance of the patient, and we must acquire sufficient experience to recognise it. In fact, experienced physicians are able to diagnose many acute and chronic diseases by diathesis alone. The diathesis of acute diseases such as typhoid and pneumonia; the muddy complexion, puffy eye-lids and the lethargic look of ankylostomiasis; the protuberant abdomen and cachectic look of children with enlarged spleen and liver pointing to Malaria or Kala-azar; the dull countenance and the scanning and explosive speech of disseminated sclerosis; the ataxic gait of Locomotor Ataxy are all familiar examples. Apart from these and for our general practice more important than these, are the recognition of the three following types of diathesis: the neurotic, the scrofulous and the arthritic. The features of each of these types are as follows:

Nervous type:

(1) Spare build.
(2) Restless and touchy.
(3) Exaggerates his symptoms, rather seriously.
(4) Full of fads.
(5) Shifts from doctor to doctor.

This type of patients generally suffer from Epilepsy, Hysteria and Asthma. They are very difficult to deal with. They always remain sceptics and improve least under any treatment.

The Scrofulous type:

(1) Generally met with among children under 10 years.
(2) Alert physically and mentally.
(3) Optimistic outlook.
(4) Prominent lusty eyes and silky eye lashes.
(5) Palpable glands in the neck.

This type is very common. Not that they are actually suffering from tuberculosis, but it is from this class we get our tuberculous patients.

The Arthritic type:

(1) Generally stout and plethoric.
(2) Genial Manners.
(3) Florid complexion.
(4) Fond of over-eating.
(5) Prone to acid dyspepsia, cutaneous eruptions and pneumonia.
(6) Urine contains excess of uric acid. This type of patients is generally from the richer class of people who eat more and work less.

A. V.

The Indian Medical Journal

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NOVEMBER 1935

SARJU PERSHAD TIWARI

Lives of great men all remind us
We can make our lives sublime
And, departing, leave behind us
Foot prints in the sands of time.
Henry Wadsworth Longfellow

We learn with extreme regret and deep sorrow that, on 16-10-35, Rai Bahadur Dr. Sarju Pershad Tiwari, ex-Inspector General of Hospitals and Patron of the All-India Medical Licentiates' Association had passed away. We know that he had been ailing for the last two years, but hoped that he would yet be spared to us for some time more. It has been destined otherwise. His death is an irrepairable loss to the All-India Medical Licentiates' Association. He had been its helmsman for the last 30 years and its strength and success are due to his genius for leadership, his immense capacity for work and organization and his genuine appreciation of and sympathy towards the Medical Licentiates who were, and are even now, treated by the Government as the Cinderella of the medical profession in India. Himself a medical licentiate, he never gave up their cause even after he had reached the exalted position of the Inspector General of Hospitals, Indore. That is the secret of his leadership of the Medical Licentiates of India; that is the secret of the abiding affection which he had engendered in their hearts. We know of men who were medical licentiates in the beginning of their medical career and who were with us for some time, but who forsook the cause and their colleagues as soon as they rose up in the official rung of the ladder, eitheir by virtue of earning a higher qualification or by official promotion. Sarju Pershad is a glorious exception to this rule. He was convinced that the Medical Licentiate is a victim to a vicious system of medical education and service which wantonly perpetrate *compartmentalism* and *caste* in the profession. He was true to this conviction till his end and he spared neither money, time nor energy in carrying out this conviction to its logical end. Not a harsh or an unkind word did he ever utter, not a flicker of bad temper, not a trace of ill feeling did he ever show against those who who traduce the licentiates. He fought without rancour and opposed without bitterness. He did not love the rest of the medical groups less, because he loved the Licentiates more. His aim was to make the medical profession in India united and happy, free it from its internecine divisions and squabbles and direct its wholehearted energies to the service of the suffering.

Born 28-1-1865 Died 16-10-35

He was indisputably the crowned King of the Medical Licentiates. He used his great personal influence and position, his charitable purse and his brilliant intellect in the furtherance of the cause of the All India Medical Licentiates' Association. He had many other activities to his credit but this Association and its work claimed his first love and remained as such till his end. He attended the Bombay Conference in December, 1933 in spite of his illness and invited it to Indore for the year 1934. In the meanwhile he became seriously ill and the Conference was postponed to the Easter of 1935 when it was ultimately held. This was the last Conference of the Association during his life time, and it was in the fitness of things that it was held in his City before he transpired—a providential coincidence indeed and a spiritual proof of his abiding affection towards the Licentiates.

Little did we imagine or anticipate that he would be taken away from us when we received a short pen-picture of this great soul by Dr. J. P. Shukla for publication in the *Journal*. When we had finished reading the last proof of that biographical sketch, this unfortunate news of his death reached us. Here again, there is uncanny coincidence which we cannot understand but which we are inclined to interpret as guidance from an Unseen Power working through his soul burning with love and devotion to us and our Association. Perhaps we are superstitious; but we feel we cannot easily divest ourselves from this personal feeling in this obituary note. The ante-mortem biographical sketch has thus become a post-mortem one without our or the author intending it as such, Our readers' attention is directed to the brilliant, but brief, narration of the life of Sarju Pershad by Dr. J. P. Shukla, appearing elsewhere in this *issue*.

We offer our sincere condolences to the bereaved members of his family. May God give them strength to bear this great loss and may his soul rest in peace!

THE CHOLERA VIBRIO AND THE BACTERIOPHAGE

Cholera is still the chief epidemic disease of India and is pre-eminently the first in importance due to its vast incidence and greater mortality than plague or small-pox. Fortunately it has been studied intensively and recent researches on this subject have dispelled some of the old theories to which even now some of us may adhere tenaciously, though from the point of view of successful treatment we have to confess but a qualified success.

Man is the only susceptible animal to cholera and the failure to recognise this completely has been the cause of various theories, happily now dispelled. Frænkel wrote, after ten years of Koch's discovery (1883):

"In the actual state of our knowledge we cannot clear our minds of the doubt that the hecatomb of guineapigs and the enormous amount of effort and intelligence expended till now, may have been of no avail."

D'Herelle* commenting on this statement writes:

"Since then for more than thirty years hecatomb has succeeded hecatomb and the question has not been advanced a single step—one might even say to the contrary. It could hardly be otherwise; the entire study of cholera found itself launched on an endless journey from the days when the first guineaping victim received the first injection of the culture of the vibrios. The ordinary vibrionic peritonitis of the guinea-pig has nothing to do with cholera; it is a factitious disease, a pure laboratory artifice and all the deductions which have been drawn, so far as they touch upon the pathology or the immunology of cholera, are equally and necessarily factitious and correspond to nothing real."

That doubts still exist about D'Herelle's statement based on observation and experiment, that still we cannot shed off the layer of ideas which have been put into us for a long time, is evidenced from the editorial criticism in the *Indian Medical Gazette* of June 1930. "The authors of this memoir not only produce an entirely new theory regarding the epidemiology of cholera but they are very destructive in their criticism of old theories and practices. . . . The impression that one gets is that there are no exceptions and that everything works exactly to plan. The experienced research worker knows that in actual practice this never occurs, and so after reading this memoir he is rather likely to feel that his intelligence has been insulted."

The morphology of the cholera vibrio must be clearly understood if the problem of cholera is to be tackled successfully. The classical characters of a typical vibrio are: they are slightly curved, comma shaped, 2 to 3 micro-millemeters long, very motile and gram-negative, possessing a flagellum at one extremity. So far there is no dispute. Consideration of its physical, chemical and biochemical properties will land us into the realm of controversy and differences in experimental results.

Can it maintain its vitality for long in water? This question, one will admit, is of great importance in the proper solution of the epidemiology of this disease. There are two alternatives: If it can live long in water with unimpaired vitality, the epidemic spread will depend to a large extent along the waterways; if not it cannot be the chief source of epidemiological spread. Vibrios, planted in waters by workers in the Continent, were found to live well with vitality for a considerable length of time, of course, depending on the quality of water used. Thus, Pleiffer states that they live up to 7 months in sterile spring water; Krylov finds them alive after 568 days in the waters of the Volga; Jacobsen, 45 days in sea-water at Copenhagen, and so on; all these point to the fact that they survive well in water which may act as a reservoir of infection. What do D'Herelle and other workers in India say?

*Indian Medical Research Memoirs, No. 14, 1930.

Quite the contrary. Hankin sows vibrios in a sample of Jumna water and enumerates the colonies thus :

Number of vibrios after	0 hours :	2,500
...	1 hour :	1,500
...	2 hours :	1,000
...	3 hours ;	500
...	4 hours :	0
...	24 hours :	0

Greig examined every day for one month the water of the four sacred tanks at Puri, in which many pilgrims performed their ablutions at a time when an epidemic was prevalent in the town and was unable to demonstrate vibrios on any occasion. This was in conformity with his laboratory experiments. D'Herelle, performing his experiments with waters of various kinds and of different districts, found similar results. Typical of those experiments may be quoted, the one on Kasauli drinking water, in a sample of which he sowed typical agglutinating vibrios, isolated from the rice water stool of a fatal case : the number of colonies after immediate plating was 5, after 24 hours nil.

What is the secret that underlies this paradox ? It cannot be due to the chemical differences in water in which the experiments were carried on. It cannot be said that the vibrios exhibit racial affinities. There must be something in water, a secret which disposes them off in a short time and which must be absent in the Continental waters. That secret lies in the observation that epidemics of cholera are quite uncommon, now-a-days, in the west and that they are very common in India prevailing all the year round in endemic or epidemic form. That secret is the bacteriophage, powerful lysins of cholera vibrios, parasites that live on them and that grow at their expense and whose exuberant existence is directly proportional to and dependent on the frequency with which the various sources of water are infected. What is a bacteriophage, how it thrives in nature, how it helps mankind to lessen the severity of, if not totally eradicate, these kinds of epidemics, we shall describe presently.

Are the biochemical properties of cholera vibrios constant? There is no uniformity of opinion. And why ? Recently isolated strains of agglutinable cholera vibrios show a constant property of fermentation with sugars and alcohols except lactose, and without gas production. They give a strong nitroso-indol, otherwise called, "the cholera red" reaction, and in peptone medium provoke the formation of indol and reduction of nitrates into nitrites. They also produce hæmolysis of human red cells.

But secondary cultures or cultures of non-agglutinating vibrios vary in their biochemical properties. Some of these properties are lost, sometimes so lost that there are doubts whether one is dealing with a typical morphologically true cholera vibrio. In some cultures, even motility is impaired or completely lost and even its comma shape becomes coccoid in appearance.

This clearly shows that pure strains of cholera vibrio isolated recently from a patient acutely suffering from cholera behave in a different manner from those recovered from a convalescent patient. The cause of these changes must be sought for in the natural environments and these mutations, as they are termed, are entirely dependent on the degree of the influence of such environments on these vibrios. These profound modifications happen entirely in the intestines of patients, due to, what D 'Herelle terms, vibrio-bacteriophage symbiosis. The first important change is the loss of agglutination, then the virulence, then the hæmolytic power, then the property of reducing the nitrates and sugars and alcohol, and later on even the morphological appearances may change with even loss of motility. Similiar mutations can artificially be produced if a strain of bacteriophage isolated from a recovering case of cholera and introduced into a culture of actively motile, actively agglutinating, actively hæmolytic strains of vibrios. Some reject this hypothesis because it is novel and because it beats hard on traditional beliefs, not that they are not true, not that they are not verifiable by experimentation by anybody who desires it. Spontaneous mutation of cholera vibrios is not their intrinsic property, but is brought about by influence on them of specific environment that nature brings into force during epidemics.

Is this mutation reversible.—That is to say, can a non-agglutinating, non-virulent vibrio with partial or complete loss of specific biochemical properties regain its agglutination, its virulence and other characteristics ? On a satisfactory solution of this question, rests the carrier problem of cholera. Tomb and Maitra* conclude, after a series of experiments in tanks and in their laboratory, that the non-agglutinating form of vibrio is the permanent form in nature, the agglutinating form being a temporary one found only during epidemics. They write :—

* I.M.G. 1926. lxi, 587.

"In an outbreak recently investigated by us which subsequently proved to be associated with non-agglutinating vibrios four members of one family were suddenly taken ill simultaneously, non-agglutinating vibrios being isolated from two of them. In this instance it is reasonable to assume that all four cases were infected with a non-agglutinating vibrio from a common though unknown source. We therefore suggest that non-agglutinating vibrios constitute the reservoir of endemic cholera in Bengal, the non-agglutinating form being changed into the agglutinating under favourable conditions in human intestines, since it is not unreasonable to assume that a character so transient in its nature may as rapidly be acquried as lost."

While they give experimental proofs that agglutinability is lost, they are not giving similar proofs that agglutinability can be regained, except to say that favourable conditions in the human intestines may favour such a process. For aught we know, favourable condition in the human intestines are for reversing agglutinability into non-agglutinability than otherwise. If those patients had been examined and found to contain in their rice-water stools the agglutinating type and if a prior examination of the stools of the same patients in the first few hours of premonitary diarrhœa revealed the non-agglutinating type one may be justified in so suggesting. The fallacy lies in the fact that the time at which the stools were examined with reference to the day of actual onset might have been such as when this characteristic was lost which is one of the processes in the peculiar phenomena of recovery in cholera under the benign influence of cholera bacteriophage. No actual experiments are to hand to prove the reversibility of this property—that is to say, as far as we actually know at present, the non-agglutinating vibrios, once having attained that position, do not relinquish that property under any known conditions. It is well that it is so in this scheme of creation, as otherwise cholera may conflagrate the world and reduce it into a state of non-existence. The truth of this statement our readers will presently see.

What is the position of the vibrio with reference to virulence and infection.—The rise and fall of epidemics of cholera is its natural expression. That is to say, towards the wane of the epidemic, its virulence is lost, its infectivity, if not totally deprived, is for all practical purposes limited and circumscribed. As we have said earlier, man is the only susceptible animal to cholera and so its virulence and infectivity must be studied and described with reference to man only. The actively motile, agglutinating vibrio is highly virulent and highly infective but only under a particular environment. Ernest Hart said, rather strangley : "You can eat cholera, you can drink cholera, but you cannot catch it." D'Herelle writes :—

"Experiments carried out on man on a very large scale show that apart from extremely rare exceptions (which are perhaps not even certain), cultures of vibrios are completely avirulent for man.

In fact numerous experimenters have swallowed cultnres of vibrios without feeling ill-effects. If this is correct it should be concluded that vibrios cultivated ouside the body of man are generally avirulent but that virulence may be re-acquired (at least for certain strains of vibrios) when certain conditions are realised. That condition is that the vibrios must find their accommodation in the mucosa of the intestines for their multiplication and development. Virulence, as defined by him, is ultimately the power possessed by a microbe of secreting enzymes capable of rendering the proteids of a living tissue assimilable so that they can be utilised for its own development. That is why we find, on autopsies of cases of cholera, lesions on the mucous membrane of the small intestines. That the natural habitat is the mucous membrane is proved by invariably finding them in the rice-grains of cholera stools which are but fragments of intestinal mucosa. Outside it they do not give the typical symptoms of cholera. Take for example a case of premonitory diarrhœa, whose stools may swarm with typical vibrios with specific characteristics but the actual onset of typical symptoms synchronises only with the vibrionic invasion of the mucosa—symptoms of dehydration, intoxication, hæmolysis, and circulatory collapse. Whether it is a direct effect of vibrionic poisoning or whether it is due to the absorption of cellular exudates, as the late Col. Acton suggested on the analogy of acute bacillary dysentery, we do not yet know, but the latter seems to be more probable as suggested by the sequence of events. A strange but a lucky phenomenon occurs during the course of recovery of the patients from the attack—the actively virulent, infective and agglutinating vibrios are transmuted to non-virulent, non-infective and non-agglutinating kinds. Within a week of the date of beginning of convalescence, more often much earlier, the virulent vibrios cease to exist, the non-virulent vibrios take its place which may persist for some time but not more than a fortnight. Thus there is no such condition as "the chronic carrier state" of cholera, which has been suggested by some on the analogy of typhoid and which is hypothetically said to be the cause of endemic cholera or its epidemic spread. Saranjam Khan

Those who are conversant with medical education in this country will, if they are not orthodox adherents to the currrent curriculum, bear out our statement that our defects are on par with those of British Medical Education. Pre-clinical subjects, such as Anatomy and Physiology—not to say of Physics, Chemistry, Biology etc., are cleanly forgotten by the students, not because the Indian students have got weak memories but because the teaching in those subjects is far too unrealistic and dogmatic to make any abiding impression in their minds. Bed-side clinics smack of lectures in a class room and bear but little application to the patient under demonstration to the student. A second or a third Surgeon of a general hospital may be a professor in Biology in the College attached to it. A professor in Anatomy may be a physician in the hospital. Such incongruities are not uncommon in our Medical Colleges and Schools, though we gladly admit that such an arrangement is slowly going out of practice. The clinical period of the curriculum is almost a dull affair—a few lectures patiently heard, some hints at diagnosis, very little of treatment and some important points for the ensuing examination. Much attention is paid to uncommon diseases, such as aortic aneurysm, while minor ailments, such as headache, nausea, scabies, infantile convulsions are left as beneath the notice of the physician to be seriously taught to the student. The student may be taught all the details of Gastro-Jejunostomy while the technique of how and when to open an abscess as arising in the different parts of the body is but barely mentioned. Our impression is that Medical teaching in our country is not properly balanced; the uncommon diseases or procedures are given too much detailed attention while the more common which really matter to the would-be general practitioner are left to be learnt by the student himself, *some how or other*. The psychological aspect of medicine is not given any attention which it really deserves. It is almost a neglected part of medical education in India. The curious sights the student sees in a mental hospital and the stereotyped lectures on insanity—these are the things which he learns regarding mental diseases.

Medical examinations in India are really a cruel affair, especially the examinations in preliminary subjects such as Anatomy and Materia Medica. Without cramming and waste of midnight oil it is not possible to pass these examinations. The questions are, as a rule, out of the way and are set to show off the dexterity of the examiner without any sympathy or reference to the juvenile capacity of the examinee. The consequences are: the health of the student suffers, he loses the sense of *finesse* between the important and the unimportant, the common and the uncommon and he becomes obsessed with theories and dogmas which are likely to mislead him in his future life as a practitioner. He becomes a bundle of disjointed facts and does not know how and when to make use of them. *It is all the difference between a dictionary and a well written prose or poetry.*

There is no doubt that our medical curriculum and examinations need a thorough revision. If it is so in Great Britain, it is doubly so in India. By imitating the British system of medical education we have beeome its flaterers without our knowledge. Instead of conscious assimilation of what is good and discarding what is bad in it, we are practising the latter without imbibing the former. Manifold have been the evils of this unintelligent imitation. The first evil is, we put a high premium on British qualifications and undervalue our own Indian qualifications. The second evil is the natural consequence of the first, namely, the compartmentalism in the profession. The third evil is the development of slave mentality which, like the white ant, eats away the precious things of life—self respect, self knowledge and self initiative.

But who is to *bell the cat*? The Government do not seem to be much interested in the introduction of medical educational reforms, even in medical institutions run by them. The medical faculties of Indian Universities have parochial outlooks, are almost official ridden, and do not meet often to discuss and review the present methods of education and to consider the ways and means of improving it. They met once in 1930, thanks to the insult of the G.M.C. of Great Britain; they are now in a state of blissful repose, The All India Medical Council, as at present constituted, is only capable of holding a loaded measuring stick of certain dimensions, made to order. It waves this magic wand to drive off the devils and attract the Seraphim to its mystic music of *uniform minimum standard of higher medical education*—which is a contradiction in words, as if uniformity or minimum can be established in the gradation of higher medical education. We have heard of a *uniform minimum standard of medical education*; but the phraseology of this Solomon of our medical standards beats hard against good grammar and common sense.

Our only hope lies in the profession. No doubt, at present, it is so much disorganised and disunited and so benumbed and cramped by the class-glorifying system of medical education that one may despair whether it can effectively organise itself in any nearness of time. **It should give up its lassitude. It should realise its responsibilities.** It is not the duty of the Government to take the initiative in this matter. It is for the profession to suggest ways and means and it is time for it to be up and doing. There is no use of blaming the Government without ourselves moving in the matter.

We suggest that a Conference of all educational authorities (medical) be called in as early as possible to study the defects of the present curricula and suggest measures to remove the same. The Conference may be constituted as follows:—

(1) One member from each Medical Faculty of an Indian University.

(2) One member from each Medical School recognised by the Government.

(3) Two members from the Indian Medical Association.

(4) Two members from the All India Medical Licentiates' Association.

(5) These representative members may elect their own president.

There is nothing impracticable in this suggestion. We fondly hope and pray that our voice may be heard. Our leaders in the profession should take up this question as early as possible—earlier the better.

The present *rot* should not be allowed to continue any longer. The Medical education in India should be able to produce *medical men*—not the Sub-Assistant Surgeon or the assistant surgeon for the needs of the Government subordinate service.

Current Comments

We find from an advertisement in *The Tribune* dated 17-9-35 that the Inspector General of Civil Hospitals, Punjab, has called for applications to the posts of temporary Sub-Assistant Surgeons from both the medical graduates as well as the medical licentiates. Such an advertisement would have evoked no comment from us but for the unfortunate fact that all the provincial Governments, including that of the Punjab, run the provincial medical administration by dividing the medical service into two distinct and almost exclusive and independent categories by what are commonly called The Provincial Medical Service and The Subordinate Medical Service. The admission into these *cadres* is governed by certain qualifications and restrictions. And so long as these *cadres* are maintained, there is naturally bound to be some resentment if those who are qualified for eligibility in one *cadre* are selected for the other *and especially if this is an one-sided arrangement.* In the present instance, he has called for applications from both the medical graduates and the licentiates for appointment as temporary Sub-Assistant Surgeons. We ask tha Inspector General of Civil Hospitals, with due respect, whether he will carry this precedent in filling up the posts of temporary assistant surgeons by calling for applications from the medical licentiates also? We know, he would not; it is therefore a fair comment to say that if he could not do so in one case he should not do it in the other. That is equity,

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If at least there is a competitive examination as basis for selection to these advertised appointments as temporary sub-assistant surgeons, the unfairness would be much mitigated. The medical licentiates have never been afraid of any competitive examination for purposes of appointment. In fact, the All India Medical Licentiates' Association has been demanding the system of competitive examination for recruitment into the Provincial Medical Service and for the abolition of the two present *cadres*, the Provincial and Subordinate Medical Services. Its demand has been that the Medical Service in the State should be open to all Registered Medical men. That has ever been a cry in the wilderness.

* * *

But so long as the provincial Governments perpetuate these *cadres* they must be bound by the rules of the game. We understand that this particular advertisement has caused much resentment among the sub-assistant surgeons of the Punjab—and naturally; and that many of the Punjab branches of the A. I. M. L.A. had already protested. We sincerely trust that the Government of Punjab will render justice to their Subordinate Medical Service and not allow any such resentment to take root in their ranks by allowing encroachments into their *cadre*.

* * *

Let us descend from Punjab to Madras to describe another different story. In the Madras

Subordinate Service there are about ten Sub-Assistant Surgeons who remain as such, even though they possess such high qualifications as F.R.C.S., not to say of qualifications such as M.R.C.S., L.R.C.P., L.M.S.S.A., and M.B.B.S. Not merely they possess these qualifications but they also have to their credit 15 or 20 years of Government service. Yet they have to remain as Sub-Assistant Surgeons for a pretty long time, perhaps till a vacancy arises in the *cadre* of the Provincial Medical Service. That may not arise for a long time to come, which means they have to wait for their chance. And when such vacancies arise they are conveniently forgotten! As for instance, recently there have been *a few* candidates admitted to the Assistant Surgeon's *cadre* from among the retrenched Assistant Surgeons even though the Government are aware of Sub-Assistant Surgeons with higher qualifications with more than 15 years of service patiently waiting for such a chance. We do not at all mean or say that these Sub-Assistant Surgeons with *higher qualification* should be promoted to the Provincial Medical Service at the expense of the Assistant Surgeons. The latter have got as much right and justice to complain against encroachments on their *cadre* as the Sub-Assistant Surgeons do in respect of theirs. But we do suggest and respectfully submit to the authorities that the Provincial cadre may be so enlarged as to admit such cases under reference. They are at present very much disappointed. They had spent much money and time in acquiring higher qualifications in the hope of better prospects. The Government orders in this connection have been changing from time to time.

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In the year 1922, the G.O. No. Misc. 887-P.H.D. dated 22-6-22 allowed the Sub-Assistant Surgeons with higher qualifications to enjoy the selection grade of pay (of S.A.S.) of Rs. 200/- without in any way absorbing any of the appointments in the usual selection grade and also facilities for higher education. That was obviously a fair arrangement.

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But in the year 1931, retrenchment came in, and with it the grant of study leave was withheld to the Sub-Assistant Surgeons. The Sub-Assistant Surgeons, like the John Bull, are tenacious beings. Some of them took long leave in the ordinary course and availed of the new opportunity of qualifying for the M.B.B.S. degree of the Madras University. Thus in the ranks of the higher qualified Sub-Assistant Surgeons we have got almost all the types of higher qualifications.

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It was probably thought by the Government that a difference should be made between the high and higher qualifications and so the Madras Government promulgated the order (No. 1700 P.H.D. dated 11-3-32) that the selection grade pay of Rs. 200/- referred to above be confined to such sub-assistant surgeons who have got the very high qualification, viz., M.D., M.R.C.P. or F.R.C.S. This order in effect meant that those who have *less higher* qualifications such as M.B of the Indian Universities or the M.R.C.S., L.R.C.P. etc., will not get Rs. 200/- subsequent to this order. There seems to be some attempt at making a distinction without a difference in these later orders.

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But we have still not said the whole story. The Government of late after the abolition of the selection grade of Sub-assistant Surgeons, have further reduced the scale from Rs. 200/- to Rs. 170/- in cases of those with highest qualifications, and Rs. 125/-only in cases of those with *less higher* qualifications under the urge of a retrenchment policy. These Sub-Assistant Surgeons will be practically drawing the same pay as they would get in their usual ordinary time-scale, since as a rule they have got 15 or 20 years of service at the time of passing the higher examinations. Really it tantamounts to saying: The Sub-Assistant Surgeon may propitiate his inordinate thirst for greater knowledge and higher qualifications but his service prospects will remain, at least till better times, come same as when he entered the sub-ordinate Medical Service. His position is unenviable.

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A few points—apart from their application to the Sub-Assistant Surgeons with higher and highest qualifications—in these series of Government orders strike as very peculiar. (1) Between 1921 and 1932 no difference was made between high, higher and highest qualifications and those Sub-Assistant Surgeons who possessed any of these were eligible for the selection grade pay and for admission into the provincial Medical Service whenever vacancies arose therein. (2) After 1932, *i.e.*, when the Madras University allowed the L.M.Ps. to appear for the M.B., B.S. examination, the Government divided these *superior* qualifications into higher and highest for the purpose of fixing the special pay.

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These look more like works of imaginative fine art than of reason or logic or convention. We know that some such differences are also made among the members of the Provincial Medical Service when they are to be promoted as Civil Surgeons. Such a differentiation is obviously uncalled for. It betokens a policy of *Divide Et Impera* The Indian Medical profession will ever refuse to believe that the Indian qualifications are inferior to the British qualifications.

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We would appeal to the Surgeon General of Madras to understand the real spirit of the profession in Madras—and incidentally in the rest of India—and to press on the Government to do away with the dispensable limitations. In making this appeal we are not unaware of his difficulties in this direction.

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The greatest difficulty is the medical policy of the provincial Governments. As we pointed out in our last *issue* in these columns, the medical services are divided into three main and exclusive compartments A single sympathetic Surgeon-General cannot alter what seems to be the fixed policy of the Government. Of course the Surgeons-General are medical advisers to their respective provincial Governments. If all possess the understanding sympathy and fairness, say as of Sir Padre Lukis or General Gifford who said and talked openly against the water-tight compartments of Medical Service in India, the policy of the Government would perhaps have changed. But we know that, among them, the majority are not so minded; the proof for this statement of ours lies in the history that preceded the enactment of the All-India Medical Council Bill of 1933.

* * *

So long as these divisions are maintained, the grievances of the members of either the subordinate or the Provincial Medical Service are not likely to be remedied, though we shall discharge our duty to the Servicemen by bringing them to the attention of the authorities concerned. We are convinced that there is only one remedy for these grievances.

* * *

We are just like the foolish physician who goes on treating the symptoms and not the cause of the disease. It is bound to fail as, we know, we had already failed. To treat the cause, in this particular instance, means that both the members of the Subordinate and the Provincial Medical Service should demand and work for the abolition of the present *caste-system*. The more, they co-ordinate in this direction the quicker and happier will be the results. That is our answer to our Madras and Punjab friends on whose behalf we write these comments.

* * *

Both the Medical Licentiates and the Medical Graduates in service should sink all differences. Their grievances will never end, or be remedied, if they are apart from each other as they are now. They must demand and work—the latter being more important than the former—for the establishment of a kind of medical service in India as is prevailing in other contemporary civilised countries.

Notes and News

Vizag Medical College.

Our readers may know that the medical degree of this college is not recognised by the General Medical Council of Great Britain and therefore by the All-India Medical Council. They may also know that the Select Committee which sat to consider the All-India Medical Council Bill in August 1933 impressed on the new Council to be formed, the urgent duty of removing the anomaly of non-recognition of the medical degrees of the Andhra, Patna and Rangoon Universities. The Inspectors of the All India Medical Council have recently reported about certain essential defects and deficiencies in the staff, buildings, etc., of the Vizag Medical College and Hospital. The Indian Medical Council, of course, has not yet recorded its findings on this inspection report. Meanwhile the Surgeon-General with the Government of Madras is trying to take the time by fore-lock and has moved the local Government to grant Rupees sixteen lakhs as initial expenditure for a suggested scheme of improvement and Rupees one lakh and fifty thousand as recurring expenditure. That is to say, Rupees seventeen lakhs and fifty thousand are necessary if the Vizag Medical College is willing to purchase the recognition of the All India Medical Council, the handmaid of the G. M. C. By a simple mathematical calculation our readers may arrive at an approximate figure which would be necessary if the 25 and odd medical schools in India are to apply and get the recognition of this Council. This reminds us of a funny story in the Indian folk-lore:

A certain illiterate rustic was praying for a number of years at a small Kali Temple for knowledge and wisdom. The

Goddess never appeared before him to grant his prayer. He was so exasperated that he one day determined to force his audience on Her and if possible to compell Her to grant his prayers. He was aware of the village rumour that the Goddess takes a physical form and walks about the village in the night. So one day he came to the temple in a pitch dark night and entered its precincts and closed the doors. He was anxiously waiting for Her return. At last he heard the jingling of Her approaching foot steps. He peeped through a hole in the door. Lo! what did he find? A huge female figure with ten heads but with two hands only! This simple rustic, instead of being terrified at this sight, burst into a mischievous laughter and continued laughing till the Goddess questioned him. She was filled with wrath against this mere human being who dared to trespass into Her precincts and laughed without respect. "Why do you laugh" She interjected in anger. "O Mother! Be Merciful" *he said* "I do not laugh in derision but out of curiosity. We, poor mortals, have got one nose and two hands and still when we get a severe cold in the nose we find these two hands insufficient to blow our nose with. I am wondering how you, Mother, will be able to blow your ten noses with two hands only when you get a severe cold. And that is why I laughed, Mother".

The rest of the story is immaterial to our purpose. The Medical licentiates may lay the moral of the above story to their hearts. If they want recognition of the All India Medical Council they must have or persuade the Government to give 25 x 17.50 lakhs of rupees.

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Diploma in Child Health

This is the name of a new medical diploma which is shortly to be introduced by the Royal College of Physicians and Surgeons. This is intended for those who desire to have a special knowledge of pediatrics. Of course, in course of time the possession of this Diploma will become essential for appointments in child welfare centres or as School Health Officers. The future Indian aspirants to this diploma may please note!

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Promotion of the S.A.Ss. to the Senior Grade (1st and 2nd class) in the Pnnjab Subordinate Medical Service

A perusal of the gradation list of S.A.Ss. in the Punjab, corrected up to 1st April 1935, will show the provincial strength to be 554 and the actual number promoted to the senior grade, first and second class, to be 26 and 54 respectively. If the promotion to these grades is calculated at the rate of 5% in the first grade and 10% in the second grade—as per the existing rules—it ought to be 28 and 56 respectively. We hope it is only a mistake in calculation and not the result of an attempt to still reduce the percentage of promotion to the senior grade. It is obvious that this witting or unwitting reduction affects such Sub-Assistant Surgeons who are waiting anxiously for promotion. This delay means to them loss of prestige and additional emoluments which they have earned by seniority and useful work. We therefore draw the attention of the Inspector General of Civil Hospitals, Punjab, to this fact with the full and earnest hope that he will fill up the full number of seats in each senior grade as early as possible.

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A Remediable Grievance.

Several dispensaries in Dera Gazi Khan district are so far removed from the nearest railway station—Mahmud Kot—that when the Sub-Assistant Surgeons are granted casual leave, say 2 or 8 days, the greater part of the leave has necessarily to be spent to cover the distance of the journey from dispensary to home and *vice versa*. In summer when the Indus is full, the time spent in such a journey is still greater and even if the officer takes the maximum of 10 days casual leave he will not be in a position to utilize the full period of leave for the purpose for which he has taken it. We are quite confident that the Inspector General of Civil Hospitals, Punjab, will visualise the humour of the situation. We suggest that Mahmud Kot Railway Station be considered as the station for reporting arrivals and departures when returning from or proceeding on casual leave. Such arrangements are in vogue in Burma Subordinate Medical Service. It is certainly a case for sympathetic consideration of the Inspector General of Civil Hospitals. May we hope that he will consider it favourably?

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U. P. Medical Council Election

Rai Saheb Dr. Ram Narain Lal writes to us under date 22-9-35.

"I beg to offer my most sincere thanks to one and all in the U. P. for placing such a high confidence in me as to re-elect me unopposed to the U. P. Medical Council". We offer our congratulations to him.

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Provincial Conferences.

The Sixth Annual Provincial Conference of the Assam Branch of the A.I.M.L.A. will be held at Dibrugarh on 26th and 27th October 1935. Sj. N. C. Bordoloi, M.L.A. will preside and C. S. Gunning, Esqr., M.A., I.C.S., Deputy Commissioner, Lakhimpur, will open the Conference. Lt. Col. J. L. Sen, M.G., I.M.S., D.M.R.E., Superintendent, B.W.

School of Medicine will preside over the Scientific Section. Dr. Benodranjan Dey, Secretary, Reception Committee, invites the profession to attend the Conference in large numbers and make it a success. We wish the Conference every success.

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Dr. A. D. Bhandari, Secretary, Lucknow Branch, requests us to announce that the Fourteenth Annual Conference of the U. P. Provincial Medical Licentiates' Association will be held at Lucknow during the first week of December 1935. Exact date and programme will be duly announced.

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Condolence.

Dr. A.D. Mastakar, Finance Secretary, A.I.M.L.A., forwards the following for publication under date 21—10—35.

"The Finance Committee, A.I.M.L.A. learns with great regret the sad demise of Rai Bahadur Dr. Sarju Pershad Tiwari of Indore, Patron of A.I.M.L.A., conveys its heartfelt sympathy to the bereaved members of his family and prays for the peace of his soul."

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All-India Anti-Indian Medical Council Day—20th September, 1935

As we anticipated, many protest meetings were held in the various parts of the country. The one note-worthy feature of these meetings was that though the protest was organised by the Licentiates, other medical men having British and Indian University qualifications actively participated in the protest and some of them presided over the meetings. For example, in the Bombay Protest Meeting Dr. A. V. Baliga, F.R.C.S. presided and Dr. N. R. Suvarna, M. S. (Bombay) moved the protest resolution. In the Madras meeting, Captain V. D. Nimbkar, F.R.C.S. presided. Dr. U. Krishna Rao, M.B., B.S., (Mad.) and Dr. A. Srinivasan, M.R.C.P., (London) supported the main resolution. Another striking feature was that almost all the meetings were attended by representative medical men of other groups, besides the medical licentiates. Will the Government of India realise the implications of these meetings or are they still going to dance to the music of the G. M. C.? Have the members of the Legislative Assembly realised the outrage on the self-respect of the Indian Medical profession which their predecessors in the year 1933 enacted in the form of an All-India Medical Council? If they take the trouble of going through the Act and the preambles to the various draft bills preceding this enactment, as also the report of the Select Committee, they will come to the inevitable and irresistible conclusion that this Act was intended to help the extramural Indian Medical Men practising abroad, especially in Great Britain. It is like prescribing capital punishment for the cure of a trifling headache caused by the indiscretion of some of us trying to practise in Great Britain. We give below the report of *some* of the protest meetings and the resolutions passed.

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Amritsar

A meeting of the *Indian Medical Association* Amritsar Branch was held at the Temperence Hall at 7-45 p. m. on 20th Sept. 1935 to observe *The Licentiates' Day*. Capt. H. F. Manekshaw presided. A resolution of protest against the All-India Medical Council Act was passed.

A meeting of the Amritsar Branch of the A. I. M. L. A. was held at the House Surgeons' Quarters, Civil Hospital, Amritsar, in the same evening. Dr. Syed Ali Hussain presided. A resolution of protest was passed.

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Jalpaiguri

A meeting of all the registered medical practitioners in this town was held under the auspices of the Jalpaiguri branch of the A. I. M. L. A. at Jackson Medical School, on 20-9-35 at 6 p. m. The following resolution was passed unanimously.

"This meeting of the Registered Medical Practitioners of Jalpaiguri, Bengal, emphatically protests against the Indian Medical Council Act of 1933 and respectfully urges on the Government to amend it in such a way so that the Medical Licentiates are recognised by Indian Medical Council'.

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Mussoorie

A special meeting of the Mussoorie branch of the A.I.M.L.A. was held on 20th September 1935 to observe the All-India Anti Indian Medical Council day. The following resolutions were passed.

"This meeting, while observing the All-India Anti Indian Medical Council Day, lodges its emphatic protest against the so-called Indian Medical Council enacted on 20th September 1933, as it is a misnomer to call it as such, when it excludes the preponderating majority of medical men from its purview, and requests the members of the Legislative Assembly to get the Act so amended at an early date so as to remove the gross injustice done to the Licentiates who have been the pioneers in carrying

the western treatment to the masses and bearing the brunt of medical work in peace, war and epidemics; that a copy of this resolution be sent to the press, Secretary to the Education Dept., Government of India, and to the leaders of the various parties of the Legislative Assembly". Rai Saheb Dr. Ram Narain Lal, President, A.I.M.L.A., and *Member*, U.P. Medical Council, presided over this meeting.

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Nadia

A special meeting of the Registered Medical Practitioners of Krishnagar, Nadia, was held on 20-9-35 at 7 p.m. in the K.P. Medical Hall under the presidency of Dr. K.R. Ray. "Resolved that this meeting of the Registered Medical Practitioners of Krishnagar, Nadia, emphatically protests against the Indian Medical Council Act of 1933 and respectfully urges the Government to amend it in such a way so that the Medical Licentiates are brought within the purview of this Act.".

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Karnal (Punjab)

The Karnal Branch of the A.I.M.L.A. regrets the haste with which the Government of India enacted the All India Medical Council Bill in spite of the great hue and cry against it from all the corners of India. This branch condemns the Indian Medical Council in its present form as it is incomplete and not in the interest of the Medical profession; and requests the Government to amend it early so as to include the Licentiates within its purview and also the members of the Indian Medical Council to take such steps as will remedy the present defects in the Act.

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Surat

A meeting of the Surat Branch of the A.I.M.L.A. was held on 20-9-35 at 6 p.m. to observe the Anti-Indian Medical Council day, Dr. C. N. Kinariwala presiding. This meeting resolved:

We, the members of this branch, vehemently oppose the All India Medical Council Act of 1933, inasmuch as it does not meet the legitimate aspirations of the Indian Medical Profession and those of the Licentiates in particular who form the back-bone of the medical profession in India. Proposed by Dr. J. J. Athugar, seconded by Dr. A. D. Patel and carried unanimously. The President of the meeting was authorised to send copies of this resolution to the Government of India, members of the Legislative Assembly from Guzrat and the Local press.

Ahmedabad.

A public meeting of the Medical profession was held under the joint auspices of the Guzrat branch of the A.I.M.L.A. and the Ahmedabad Medical Society on the 20th September 1935 at the Prarthana Samaj Mandir. Resolved that this General Meeting of the qualified Medical men of this City, while observing this day as the "All-India Anti-Indian Medical Council Day" strongly expresses its protest against the All-India Medical Council Act, as it is at present, whereby Indian Medical Licentiates whose names stand in the Provincial Medical Register and who undergo regular medical training for 4 years in recognized medical schools have been excluded from the scope of this Act, thus perpetrating a great injustice to a deserving class of duly qualified medical men while the Licentiates of the Society of Apothecaries, England, and those of other similar institutions in the United Kingdom have been included in the schedule of recognised foreign qualifications appended to the Act. This meeting, therefore, earnestly requests the Government of India to revise the present All-India Medical Council Act without any further delay and include the Indian Medical Licentiates also within the scope of the Act and thus remove their just grievance. That a copy of this resolution be forwarded to the Secretary, Government of India, General Dept., with a forwarding letter; copies of this resolution to be sent to the press and also to the members of the All-India Medical Council who should be requested to move a resolution in the All-India Medical Council to include the Indian Medical Licentiates within the scope of the Act. This resolution was moved by Dr. J. E. Solomon, seconded by Dr. J. B. Desai, supported by Dr. H. V. Desai and carried unanimously.

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Madras

The Madras branch of the A.I.M.L.A. organised a most successful meeting of the Medical men of the City. Capt. Nimbkar who presided over this meeting pointed out the futility of the All-India Medical Council as at present constituted and condemned the idea of higher and lower qualifications in Medicine as is conveyed in the All-India Medical Council Act. Dr. U. Krishna Rao, M.B., B.S., *Editor of the Antiseptic*, maintained that the Licentiates were excluded on very flimsy grounds and that the attempt of the Government to divide the profession into Licentiates and Graduates is repugnant to its sense of self-respect and that the profession will always stand united in spite of such assaults. Dr. D. V. Venkappa, in an exhaustive speech, moved the following resolution: This General Meeting of the Medical profession of Madras held under the auspices of the Madras branch of the A.I.M.L.A. places on record, once again, its emphatic protest against the Indian Medical Council Act of 1933 and urges on the Government of India the necessity for amending the Act forthwith so as to include the Indian Medical Licentiates within its purview and thus allay the discontent and dissatisfaction in the rank and file and the bulk of the Independent Medical profession.

Dr. A. Sreenivasan, M.R.C.P. seconded the resolution. It was carried unanimously.

Dr. R. Ramanjulu Naidu moved the next resolution: This meeting held under the auspices of the Madras branch resolves to appeal to the members of the Indian Legislature to take up this question of inclusion of the Indian Medical Licentiates within the All-India Medical Council in right earnest and thus remedy the wrong done to the Medical Licentiates as well as to the bulk of the Independent Medical profession. Dr. U. D. Gopal Rao, seconding, the resolution was carried unanimously.

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Bombay

Many members of the Medical profession were present at the protest meeting held in Bombay on 20-9-35. Dr. A. V. Baliga, F.R.C.S. fully explained the object of the meeting. Dr. R. Suvarna, M. S., moved the following resolution, seconded by Dr. A.D. Mastakar. "Resolved that this meeting of the Bombay Medical profession held under the auspices of the Bombay branch of the A. I. M. L. A. strongly protests against the continuance of the Indian Medical Council Act of 1933, in spite of the repeated and unanimous protests of the Medical profession all over India. The meeting further urges on the Government of India and the legislature the immediate necessity of so amending the Act as to include the Medical Licentiates in its purview and, among other things, provision of adequate representation in the Council from the Independent Medical Profession.

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Rajshai

A meeting of the Registered Medical Practitioners of this place was held on 20th September 1935, and it resolved to emphatically protest against the Indian Medical Council Act of 1933 and to respectfully urge on the Government to amend it in such a way that the Medical Licentiates are recognised by the said Act.

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Dacca

A very successful meeting of the Registered Medical Practitioners of this place was held on 20-9-35 to protest against the All-India Medical Council Act. Over 200 Medical men were present. Rai Saheb Dr. Maitra, M.B., Retired Assistant Surgeon and the President of Dacca Branch of the A.I.M.L.A. spoke at length on the implication of this Act and exhorted the audience to refuse to recognise it unless it is suitably amended. Besides the Medical men, the following gentlemen also showed their sympathy by attending the meeting:—*Rai Bahadur* K.C. Banerjee, M.L.C.; *Rai Bahadur* S.N. Bhadra, Principal, Jagannath Intermediate College, Dacca; Mr. C.C. Guha, Editor of *East Bengal Times;* Dr. Nirmal Chandra Gupta, Ph.D., Representative of *Statesman;* Mr. Jogendra Mohan Ghosh; Mr. T.C. Banerjee B.L., Senior Member of the Dacca Bar and Secretary People's Association, Dacca. This meeting passed the following resolution:—That the Registered Medical Practitioners of Dacca assembled here on the 20th September 1935, after discussing the Indian Medical Council Act of 1933, do hereby resolve that the Government be requested to amend it in such a way so that the Medical Licentiates are recognised as eligible for inclusion in the Indian Medical Council; further resolved that the present members of the said Indian Medical Council be requested to take necessary steps to move the matter in the Council and press upon the Government of India to remove the injustice which has been done to the deserving class of the Indian Medical Licentiates by their exclusion from the scope of the Act; this meeting further appeals to the members of the Legislative Assembly to take up this question in right earnest.

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Agra.

A very successful meeting of protest against the All-India Medical Council Act was organized by the Agra branch of the A.I.M.L.A. on the 20th September 1935. Following were the resolutions passed:—Resolved that this meeting of the Agra branch of the A.I.M.L.A. emphatically reiterates its demands for the incorporation of the Licentiates within the purview of the Indian Medical Council Act and urges upon the Government of India the necessity of amending without any further delay the Indian Medical Council Act so as to include the Licentiates within the scope of that Act and requests the Members of the said Council to take necessary steps to move the matter in the Council and press upon the Government of India to remove the

injustice which has been done to the deserving class of the Indian Medical Licentiates by their exclusion from the scope of the said Act; and this meeting also appeals to the members of the Legislative Assembly to take up this question in right earnest.

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Murshidabad

A meeting of the Murshidabad Medical Licentiates was held at Berhampur on the 20th September 1935. The question of non-recognition of the Medical Licentiates by the Indian Medical Council was discussed at length and it was resolved unanimously that it "emphatically protests against the Indian Medical Council Act of 1933 and respectfully urges on the Government to amend it in such a way so that the Medical Licentiates are recognized by the said Medical Council".

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Serajgunge, (Bengal)

Almost all the Registered Medical Practitioners of this place assembled at a meeting at the Jugat Medical Hall on the 20th September 1935 to protest emphatically against the Indian Medical Council Act of 1933. This meeting also urged on the Government to amend the Act in such a way so that the Medical Licentiates are recognised by the Indian Medical Council..

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Jessore, (Bengal)

The Registered Medical Practitioners of this place held a protest meeting on the 20th September 1935 and it resolved as follows:—That this meeting places on record its emphatic protest against the iniquitous, unjust and arbitrary All-India Medical Council Act, which has made the Medical Licentiates as *out-casts* under its provisions which have been passed into Law in the teeth of the united opposition from the Medical Profession of India and the Medical Licentiates in particular in not recognising the qualifications of the Medical Licentiates as cognizable by the Indian Medical Council; this meeting further places on record its regret at the unsympathetic attitude of the Government of India towards the Medical Licentiates who are considered by the Government itself as the back-bone of the Medical Profession in India and once again demands such reasonable amendments to the Indian Medical Council Act as would remove the legitimate grievance of the Indian Medical Licentiates.

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Malda (Bengal)

Here again there was an enthusiastic gathering of the Registered Medical Practitioners and at a meeting held by them on the 20th September 1935 they emphatically protested against the Indian Medical Council Act of 1933 and respectfully urged on the Government to amed it in such a way so that the Medical Licentiates are recognised by the Indian Medical Council.

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Bishnupur (Bengal)

There was a meeting of the Registered Medical Practitioners of this place under the Presidentship of Dr. L. M. Mukherjee, L. M. P. This meeting resolved to emphatically protest against the Indian Medical Council Act and to respectfully urge on the Government to amend it in such a way so that the Indian Medical Licentiates are recognised by the Indian Medical Council.

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Barrackpore

The Barrackpore branch of the *Indian Medical Association* convened a protest meeting on the 20th September 1935 and in this meeting it was resolved as follows:—That the members of the *Indian Medical Association*, Barrackpore branch, do unanimously resolve that they very strongly protest against the exclusion of the Medical Licentiates from the Indian Medical Council inasmuch as they are the back-bone of the Medical Profession in all the provinces and in majority of cases they are the only source of medical help and relief to the people at large, besides the well-known fact that they had readily answered the calls of the Government in times of peace and war within India and beyond. They also strongly urge the Members of the Legislative Assembly to see their way to place the whole case of this Association in this respect fully before the Government and to have the Medical Council Act so amended as to remove the disabilities placed against the Medical Licentiates.

[*N. B.*—We have received some more reports of protest meetings after we had gone to the press. They will be published in our December issue. Ed. I.M.J.]

RAI BAHADUR DR. SARJOO PERSHAD TIWARI

BY DR. J. P. SHUKLA, INDORE

Oh! if the selfish knew how much they lost,
What would they not endeavour, not endure,
To imitate as far as in them lay
Him who his wisdom and his power employs
In making others happy?

William Cowper.

Rai Bahadur Dr. Sarjoo Pershad descends from a high and respectable family of *Saryoo-Pari* Brahmins of Rewah State. One of his fore-fathers, at one time (1820-1840), held the highest post of the Minister of Mandla State. Fortune has never been known to be constant and to this, his family was no exception. By a cruel turn of events it met with reverses and

was reduced from a state of comparative affluence to one of adversity. It was during this period that the subject of our biography was born at Rewah on 28-1-1865.

His father earned his livelihood by carrying on some kind of business as a jeweller, dealer in gold and contractor. He was also a *Pabaidar* in Rewah State. In spite of all these multifarious avocations on hand he was unable to restore the lost affluence of the family—the income was just sufficient for a bare livelihood. He could not even meet the demands of the education of his son. Not that he did not earn but that his extreme liberality, his sincere piety and his tender sympathy towards the poor—traits which his son had richly inherited—stood in the way of amassing wealth. He gave away liberally what he earned honestly and, at times, as a Pabaidar he used to remit the revenues of his tenants in consideration of their difficulties.

But the young Sarjoo Pershad could not be thwarted by poverty and refused to remain content with a mere elementary education which alone his father could give. His precocious intelligence attracted the attention of the then Dewan Sahib, Pt. Hetram, C.I.E.—a great friend of his father. The Dewan procured for him a State Scholarship for the study of medicine at the Holkar Government's Medical School at Indore, now called the King Edward Medical School.

It was one of the conditions of admission to the Medical School that the condidate should stand a preliminary test. This however, he could not successfully compete at first; but that did not disappoint him. He applied himself heart and soul to attain the standard of admission required and when he appeared for the second time, he not only passed but was able to secure a high position in the examination. Thus he was admitted into the Medical School in the year 1882.

It was not all smooth sailing for this young and aspiring student. His father's liberality towards the poor left no balance of reserves to help him at Indore. He was therefore to be content with a petty State-stipend of Rs. 8/- per month. His devotion to his parents remained unaltered under all changing circumstances. He even managed to send Rs. 2/- out of his insignificant stipends to his mother regularly every month as a token of devotion and affection to his parents. He cooked his own food, cleansed the utensils himself and lived in a small room in the H.G.M. Hospital. On occasions, when he had no fuel to cook his food or the necessary utensils or even a kitchen, he used to walk down the distance to *Palasia* every day, collect fuel from the field and cook his food by the brook. *"Palasia is my Tapo Bhumi."* he used to exclaim in his later days.

At the school he was industrious. When his fellow students ate, drank and were merry he would be found busy in the dissection room. He passed Anatomy with distinction and this brought him to light. His teachers and fellow students began to have a high regard for his simple living and high thinking and for his amiability and cheerful disposition, notwithstanding his poverty. His teachers had such confidence in him that they even allowed him to perform many difficult major operations. He thus underwent the four years' course successfully, qualified himself as a hospital assistant and spent another year more at the hospital as a House Surgeon.

On his return to Rewah he was put in charge of a village dispensary at Manigawan in the year 1887. His kind, unassuming and painstaking treatment of the sick increased the hospital attendance from a few hundreds to several thousands. During the period of his charge of this hospital for five years he successfully performed 35 major operations and innumerable minor ones by means of what we would now call primitive surgical instruments. His dash and daring, his noble passion to relieve the sick and the afflicted, his skill and industry won for him not only popular applause and recognition but also a *Khilat* and a present of Rs. 150/-, at the State expense, from the Agent to the Governor-General in Central India at Ragho-Mahal.

It was now obvious that the young surgeon could not be allowed to *rot* in the obscurity of a village dispensary. His merits won for him a recognition both from the State and the Public. A larger field for the exercise of his talents was ungrudgingly conceded and he was now posted to be in charge of a first class hospital at Sutna, in supercession of claims of men senior to him. With his usual zeal and care and with his characteristic disregard of personal comforts, he served in this hospital. Already reputed as a conscious physician and capable surgeon, he now specialised in Opthalmic Surgery. His name spread far and wide and a large number of patients from the Central and United Provinces and Bundelkhand flocked to his hospital seeking treatment. So innumerable were they that they could not be accommodated in the hospital; but they rather preferred to live under the shade of trees than go untreated by him. As a result—chiefly of his efforts—the Sutna hospital was extended and better equipped for major operations. During this period (1897) there was a great famine and he served the sufferers thereof with unsurpassing compassion and unstinted devotion.

Even Sutna proved too small a field for his genius. Already he had caught the eye of the Political Agent in Baghelkhand who, in appreciation of his ability and services presented him with a pair of costly shawls. Departmental promotion to a higher grade, of course, he had; and for seven years he served at Sutna hospital with evangelic zeal and fervour. Col. Gimlette, the then Agency Surgeon in Baghelkhand, was so much charmed by his personality that he was determined to have him at the King Edward Hospital, Indore, where his genius could have its full sway and his ability a full scope.

Col. Gimlette succeeded in transferring his service to Indore. At the King Edward Hospital and Medical School he served with unremitting zeal and unflagging energy. By precept and example he goaded the students to higher endeavours, saved them from pitfalls and weaned them from allurements of youth. He thus became beloved of the students and helped them on many occasions which involved him in considerable trouble and personal loss. He maintained the status and the prestige of the institution and held aloft its banner.

Reward and recognition came in quick succession. He was selected as the personal physician to the Maharaja Shivaji Rao Holkar Bahadur in preference to the other highly trained medical men. In 1910, he was conferred the title of *Rai Saheb*, was promoted as an Assistant Surgeon in 1915 and in 1918 his well merited services obtained for him the title of *Rai Bahadur*. There was general rejoicing amongst the public of Indore and many chiefs and princesses of Central India heartily greeted him on his receiving these marks of honour. But that was not all. In 1921 he accompanied Sir Tukoji Rao Holkar Bahadur to England as his personal physician and on return he was appointed as the Inspector General of Hospitals and Jails in the Holkar State. He had thus reached the summit of official position. For eleven years he served in this post till he retired full of age and full of honours. He was further conferred the titles of *Muntazime Khas Bahadur* and later on *Musahibe Khas Bahadur*.

Born poor and having tasted the bitters of life, this quick rise to fame and recognition might have made a less nobler mind to be aggressively proud or to use the Royal favours for self-aggrandisement. Sarjoo Pershad was not made of that stuff. He had inherited the piety and the liberality of his father. His earlier suffering had imbibed in him a spirit of love and devotion to the poor. His intellectual gifts and his service as physician and Surgeon were placed at the disposal of those who needed them, rich and poor alike. He was as sober when fortune smiled as he was equanimous when she frowned.

Great as was his service to the State, great as was his devotion and loyalty to The Holkar, yet equally great was his passion for service to the poor and the *untouchables* and his affection and attachment to what is egregiously called *the class of Sub-Assistant Surgeons* in the medical profession with whom he identified himself totally from the beginning and end of

his glorious career. He never for once in his life time, even when he was in the exalted position of an Inspector General of Hospitals and Jails, forgot his pedigree as the Hospital Assistant. He, in conjunction with Dr. Ramachandrier of South India, founded the All-India Hospital Assistant's Association which was subsequently named the All-India Sub-Assistant Surgeons' Association and still later as the All-India Medical Licentiates' Association. Not only did they start the Association in the year 1906, but they also founded the *Indian Medical Journal* along with it, both of which had careered for the last 29 years through thick and thin and compelled the recognition of the Government and the profession. If today the Medical Licentiates lift their heads in pride and self-respect, if today they are able to manage the Association and its Journal with credit and honour, it is in no small measure due to the initiative, the organising capacity and the uplifting inspiration of Rai Bahadur Sarjoo Pershad and his colleague of beloved memory, Dr. Ramachandrier. Sarjoo Pershad served the Association in different capacities. He did not merely start the Association and go to sleep by putting it in charge of another. He assumed the high command and like Napoleon, he not only commanded and organised, but also served like the soldier and shared his privation. He was the General Secretary of the Association for a number of years, and then as President and he was its Patron, unanimously and vociferously elected as such at the Bombay Conference of Medical Licentiates in the year 1933. He had lived to see the fulfilment of his noble work. His pet child, the A.I.M.L.A. has now grown in stature and strength.

Not only had he thus served his King, his people and his profession with credit and honour, with devotion and self-sacrifice, his service to the cause of *Harijans*, to the creed of *Swadeshi* and to the enrichment and spread of *Hindi* was equally reputed and wholehearted. He founded the Hindi Sahitya Samiti at Indore in 1914 and as Pandit Makhanlal Chaturvedi once wrote in *The Vina*, he was the very life of this Institution which could not have been born without his intellectual and pecuniary help. The library of the Samiti still bears his name and he had recently donated Rs. 10,000 when, in last April, Mahatma Ghandi opened the Hindi University at Indore. He believed in the Swadeshi, not as a mere political weapon but as a sure and sound means of providing honest work and food to the starving millions of India. He was the President of the Harijan Seva Sangha and the untouchables were as dear to him as his own kith and kin.

In whatever sphere he was placed and whatever work he took on hand he showed a marvellous capacity for adventure, for hard labour, for organisation and for inspiring his co-workers to sustain and to continue the work he had begun. When God made him rich he never overlooked the interests of the poor. Much of what he had earned he had spent upon them.

Sir Oswall Bosanquett, the late Agent-to the Governor-General in Central India remarked that for sympathy, clear understanding, arresting personality and professional skill Sarjoo Pershad could be easily compared to late Sir Luke, one of the greatest authority on Western Medicine. No higher compliments could be paid than this.

He lived as Longfellow said of the Village Blacksmith:—

Toiling, rejoicing, sorrowing,
Onward through life he goes;
Each morning sees some task begun,
Each morning sees it close;
Something attempted, something done
Has earned a night's repose.

And we may convey our gratitude to him in the words of the same poet:—

Thanks, thanks to thee my worthy friend,
For the lesson thou hast taught!
Thus at the flaming forge of life
Our fortunes must be wrought;
Thus on its sounding anvil shaped
Each burning deed and thought!

Our Contemporaries

Treatment of Whooping Cough, by G. Arbour Stephens, The Prescriber, July 1935.

Dr. Stephens reminds the readers of a treatment for Whooping-Cough which he introduced about thirty years ago and which is said to be very efficacious. It consists in syringing both ears with warm solution of boric acid and afterwards painting with a 5 to 10 per cent solution of cocaine (or better still, procaine) hydrochloride in a mixture of glycerin 1 part, water 4 parts. The rationale of the method is that these drugs anaesthetise the endings of the nerve coming from the upper part of

the vagus for the supply of the auditory meatus, which in cases of whooping-cough is so often irritable and painful. When the irritating focus has been put out of action the vagus is in a better position to control all its other branches and in this way cough is relieved.

A. N. ROY.

A new pregnancy test, demonstrating the presence of histidine in the urine of pregnant women by H. Renton, S. A. Medical Journal IX. 13. 1935.

Dr. H. Renton gives a test which is said to be readily performed by any practitioner. The technique is comparatively simple, the cost is negligible and the results are rapid. If the test is used in conjunction with clinical findings, it is of the greatest assistance in the diagnosis of doubtful cases of early pregnancy. The test which the author proposes to describe depends for its results on the presence of histidine in the urine of pregnant women.

To carry out the test two reagents are necessary, a few test-tubes, a pipette or two, a simply-constructed water bath, and a supply of potassium iodide starch paper (Iodine starch paper). For convenience the reagents employed are called :—

(i) Bromine reagent (ii) Alkali reagent.

The following is the technique :—

Five c.c. of filtered urine are placed in a test-tube, and bromine reagent is added by means of a pipette until the mixture becomes light yellow in colour. Usually about 2.5 cc. of the reagent are necessary, sometimes more. This is the most intricate part of the test, as it is necessary to have a minute excess of bromine in the urine before proceeding with the next step in the test. The urine consumes the bromine, and the excess of bromine is tested for with the iodine starch paper. The best way to do this is to cut a series of small squares of the white paper and place them on a piece of glass or on the bottom of a white dish. By means of a glass rod, a drop of the mixture is placed on a piece of the paper. Free bromine gives a violet colour. If there is too much bromine, the colour will be dark violet. The object is to obtain a violet reaction, indicating minute excess of bromine. This part of the test is most important, and if not carried out with care, will prove a source of error.

If the colour is found to be too dark, a few more drops of urine are added, until the correct colour is obtained. Similarly, if the colour is too pale, more bromine reagent is added drop by drop, in the same manner. It is necessary that this colour reaction should remain stable for ten minutes. Experiment will show that even if the colour reaction is deep violet at first, it may be quite absent in a few minutes. If there is not sufficient bromine this will be " consumed " by the urine and the colour reaction will not remain. This adjustment of the colour requires a little practice, but the ability to adjust the quantities is soon acquired.

When this colour reaction has been settled i.e. after a lapse of ten minutes, 8 c.c. of the alkali reagent are next added and the mixture shaken. The mixture is then placed in a steaming water-bath for three minutes and if the test is positive for histidine and pregnancy, a mauve colour deepening to reddish-purple, depending on the amount of histidine present, will result. This usually becomes more marked on standing for a few minutes.

The formulae of the reagent are :—

1. Bromine reagent :

R. Pure bromine	...	1 cc.
Glacial acetic acid	...	100 cc.
Distilled water	...	800 cc.

2. Alkali reagent :—

R. Ammonium carbonate	...	10 grms.
Distilled water	...	90 cc.
Pure liquid ammonia	...	200 cc.

8. Potassium iodide-starch paper.

The bromine reagent is quite stable, but should be carefully sealed for storage. It should never be sucked up in a pipte, as bromine is liable to set up a painful laryngitis. Best results are obtained by using a 24-hour specimen of urine, bnt if this is not possible, then a morning specimen of good concentration should be used. A very dilute urine will give inconclusive results. It is also important to make sure that the test-tubes are absolutely clean. The water-bath should not be allowed to boil when the test-tubes are placed in it; it should be steaming only, otherwise the mixture will boil over and considerable fluid will be lost. The author tabulated the results of 100 tests in which it had been possible to check the result by clinical findings or subsequent history. Most of the urines were examined in early pregnancy. One case was positive in three weeks. The best reactions seemed to be obtained at about two to three months. At or near term the intensity of the reaction generally did not appear to be as strong as in earlier cases.

The results obtained : —

Correct positives 52 ; Correct negatives 41 : False positives : False negatives 7 ; Total 100.

Agranulocytosis by M. M. Suzman, South African Medical Journal IX. 13. 1935.

Dr. Suzman deals with idiopathic neutropenia and with the neutropenia associated with severe sepsis, both of which conditions may be referred to as agranulocytosis. Report of three cases are also given. The past history in these cases as a rule does not reveal anything of significance, except that periodic sore throats may not uncommonly have been a feature.

The onset, often sudden, may occasionally be preceded by a period during which indefinite symptoms of ill health may have been present. In a proportion of cases the extraction of teeth has appeared to have precipitated the attack. It has recently been pointed out that in a large proportion of cases the patient had recently been taking certain analgesic or hypnotic drugs. The role that these may play in the ætiology of this condition is referred to later

The usual symptoms of these cases are complaints of malaise, listlessness, weakness and easy fatigue. Headache and feverishness with perspiration ; muscular and joint pains are usually present. The patient may take to bed because of a chill. The oro-pharyngeal lesions cause a sore throat, often with painful swallowing. The mouth and lips may also be painful. The breath may be fœtid and epistaxis may occur. The patient may develop a cough and pains in the chest. After a few days this condition rapidly becomes worse, with exhaustion, collapse, and mental stupor, and the patient may lapse into a typhoid state, not infrequently with delirium and coma.

On physical examination one is usually struck by the extreme prostration, both mental and physical ; and by the fact that these patients appear extremely and often critically ill, out of all proportion to the few physical signs. The throat, and often the tongue, mouth and lips, are the seats of an intense septic affection, ulceration, with or without white or greyish membranes necrosis and bleeding are the usual lesions present. The skin may be the seat of scarlatiniform or morbilliform rash, or petechial hæmorrhages, and in some cases indurated red areas may be present, which, however, do not contain pus. These may break down and present areas of superficial necrosis. Multiple, firm and elevated purple areas on skin have been reported. The lymph glands may be enlarged, as also the liver and spleen. Fever, always present, is usually marked, being between 102° and 105° F.

The main feature in this disease is the extremely low white blood cell count, the diminution mainly affecting the neutrophils; this neutrophilic leucopenia varies in extent, the total count often falling below 1000 cells per c. m. m., with very few or even a complete absence of neutrophils. Total counts as low as 50 per c. m. m. have been recorded. The red blood cell count is usually only slightly diminished to between 3 and 4 millions per c. m. m., and hæmoglobin to 75%.

When this syndrome was first described it was thought that it was due to the depressant action on the myeloid bone-marrow of an unknown agent, microbic or chemical. Although extensive search for such a micro-organism has met with but little success, it appears from recent investigations that the incrimination of a chemical substance as the exciting factor is not unlikely.

Selling in 1910, and again in 1916, reported on the deleterious effects on the myeloid tissues of benzol. Turely and Shoemaker in 1930, demonstrated a reduction in the granulocytes in dogs which were administered phenobarbital. Fairby pointed out that agranulocytosis may follow arsphenamine administration. With regard to the clinical condition of agranulocytosis, Kracke in 1931 not only pointed out for the first time the relationship of the taking of drugs of the coal-tar series with the development of this disease, but later on reproduced the syndrome of agranulocytosis in animals by the use of benzene, ortho-oxybenzoic acid and hydroquinone and also reported several additional cases in which drugs of the coal-tar series had been taken. There is possible ætological significance of the benzene-ring derivatives in agranulocytosis. Madison and Squier reported 14 cases in which the patients had taken amidopyrine in combination with other drugs, or alone, immediately prior to the clinical discovery of agranulocytosis. Striking evidence of the ætiologic relationship of these drugs to this disease is shown by their observations on the results of treatment of the 14 cases. 8 were prohibited from taking further amidopyrine. Of these 6 recovered, and 2 died. In the two cases which died, the patients were in *extremis* at the commencement of treatment. On the other hand, of the six patients who continued to take the drugs, all died. Further instances of agranulocytosis following the use of amidopyrine and allied drugs are reported. It seems, therefore, that some relationship must exist between the administration of amidopyrine and the development of agranulocy-

tosis. This drug is recommended to be given with caution.

The following is a list of drugs commonly used which contain amidopyrine :—

Veramon = amidopyrine + Veronal ; novalgin = an amido-pyrine derivative ; gardan = amidopyrine + novalgin.

Cibalgin = amidopyrine + dial (a barbiturate) Dismenol = amidopyrine + a benzoic acid derivative.

Comprol = amidopyrine + trichlorethylmethane,

Allonal = amidopyrine + a barbiturate

Amido-neonal = amidopyrine + neonal (a barbiturate)

Pyraminal = amidopyrine + luminal

Amidophen = amidopyrine + acetphenetidin, caffeine and hyoscyamus etc. etc.

From 1922-1927—that is, from the first authentic description of the disease by Schultz up to the first publication in the English language by Kastlin—less than 50 cases had been reported, whereas, now several years later, the total number of recorded cases is about 600. This increase is said to be due to the great increase in the use of hypnotic and sedative drugs containing amidopyrine and a barbiturate.

Mortality of this disease used to approach 100 per cent formerly. As many mild non-fatal cases are now being detected on account of the increasing use of blood-counts, the mortality is now considerably less, probably about 70 per cent.

Treatment consists in stopping the administration of any drug which may be suspected of having precipitated the attack, and the administration of a therapeutic agent which will stimulate maturation of the granulocytes and bring about their delivery into the circulating blood-stream. Several measures have been employed, the most important being blood transfusion, irradiation of the bone-marrow in the long bones, and the administration of a nucleotide preparation, or of nucleins or their break-down products. Of these, treatment by nucleotide is administered intramuscularly in doses of 10 c.c. twice daily for five days, and thereafter once daily until definite improvement has occurred. With the re-appearance of neutrophils in the blood-stream, the ulcerative lesions of the mouth, throat and lips clear up promptly, proving that these lesions had developed on account of the lack of immunity consequent on the absence of neutrophil leucocytes from the blood.

A. N. Roy.

Reviews

Materia Medica including Pharmacology and Therapeutic Hints by S. Chatterjee, B.Sc., M.B., Pharmacology Department, Calcutta Medical Institute. Published by The Medical Publishers, 44, Kailas Bose Street, Calcutta. Edition 1935. Price Rs. 4.

This tiny and excellent hand-book of Materia Medica and Pharmacology is primarily intended for the students and the Author's experience as a teacher in the Calcutta Medical School has been usefully and effectively utilised in composing it. It is well known that, next to Anatomy, Materia Medica is a real *bug-bear* to the student and unless it is taught in a rational manner he is not likely to understand the value and limitation of a particular drug and much less keep in memory the portentious array of drugs of similar and dissimilar actions. The author's classifiication of drugs as per their chief action on a particular organ or tissue of the body, though not new, is likely to impress the student's mind much better than a mere description under an alphabetical arrangement which some authors follow, perhaps for convenience of reference. The therapeutic hints which the author gives regarding each drug are practical and will be particularly useful to and appreciated by the students. The section on Vaccine and Serum therapy is excellently written. Without exhausting the student by a plethora of technical jargon connected with that subject or confusing him by a needless controversy he puts before the young reader all the essentials necessary for understanding it. The book deals not only with official preparations but also with non-official ones which perhaps, for some useful reason or other, the modern physician uses more than the former. And in this respect it is likely to appeal to the student and to be of practical use when he begins his life as a practitioner. Much useful matter is compressed to make the book handy without in any way seriously sacrificing essentials and unlike other books on the same subject the price fixed is certainly moderate and may well be within the reach of even a poor student.

A. V.

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Annual Report of the Calcutta School of Tropical Medicine and the Carmichael Hospital for Tropical Diseases, for the year 1934.

It is impossible to go through this report without being benefitted, even from the point of view of a reviewer ; and in reviewing this report we feel that the *profession of reviewing* is gone because we do not find any defects with which to build our pyramid of artful words characteristic of the reviewer's vocabulary. In the face of the self-sacrifice and zeal of the workers of this School, it will be almost blasphemous on our part to pick an idea here and an idea there with a view to indulge in the expression of a difference of opinion on a particular subject investigated or to dare to give a lead as to the method, manner or scope of the investigations. What all we can say is that if the general practitioner goes through the various reports of the different departments of investigation he will have much food for thought and will. perhaps, feel the insignificance of his own knowledge and the imperative need for enlarging its horizon. He will, perhaps, have another advantage, not less useful than the positive acquisition of knowledge, and that is, the report is likely to help him in correcting the wrong views he may entertain on a particular subject. Holding a wrong view, of course, honestly, is a bad mental habit and like all bad habits it is likely to lead one to a state of undesirable self-satisfaction. The modern general practitioner, so far as we understand him, has got a craze for buying books on *Recent Advances* in therapeutics, medicine, surgery and so on and we sincerely wish him to direct this craze to the purchase and the reading of this report which describes *Advances* in an authoritative and unambiguous way and by acknowledged workers. We correspondingly request the present Director of the School to print his Annual Reports on a large scale and put them for public sale at a reasonable price so as to be within the reach of the poorest practitioner. We are confidently suggesting this, because, the Indian Medical Practitioner has a high regard for the School and the workers attached to it and by such a large publication it is not likely to entail any pecuniary loss, rather it may add to its slender finances. Meanwhile we will be giving our readers extracts from this report in our subsequent *issues*, as time and space permit, with the hope of acquainting them with the researches and conclusions on subjects dealt with therein.

A. V.

Correspondence

To

THE EDITOR,

INDIAN MEDICAL JOURNAL

Sir,

Since long I have been thinking of the trouble to which senior Sub-Assistant Surgeons in the Punjab are put at the time of their retirement. It is well known that pension rolls take inordinately long time for preparation. Between the date of retirement and the actual drawing of one's pension, the retiring officer whose only source of income is the expected pension is put to much inconvenience.

To minimise such inconvenience, I suggest that a descriptive roll of the service of the retiring officer showing the time and places where served may be prepared. It would not be possible for a single man to do this, but I do suggest that if each retiring officer prepares such a roll himself and passes it on to me, I will arrange the list alphabetically and forward the same to the authorities concerned with the request to treat it as an official record after due verification. This would not only expedite the preparation of pension roll but would also help the Head Office in postings, This would also facilitate any commutation of pension, if desired. which at present is very much delayed owing to the long time taken by the authorities in preparing and completing the pension roll.

I would ask my brethren in the Punjab to seriously consider this suggestion and write to me about it.

Amritsar, GIAN CHAND BLAGGANNA
15—7—35 *Sub-Assistant Surgeon.*

Service Notes

LIST OF CHANGES AMONGST MEN SUB-ASSISTANT SURGEONS IN THE PUNJAB FROM MAY TO AUGUST 1935

Dr. Qadir Bakhsh, on expiry of leave, *to* General Duty, Civil Hospital, Jullundur.

,, Mool Chand Ghei, General Duty, Civil Hospital, Mianwali, *to* General Duty, Civil Hospital, Rawalpindi.

,, Budhi Parkash, Kot Khai Dispensary, Simla District, *to* Canal Dispensary, Mundri, Karnal District.

,, Sant Lal Duggal, Canal Dispensary, Mundri, Karnal District, *to* Isolation Hospital, Simla.

,, Muhammad Hussain, Central Jail, Lahore, *to* Sutlej Valley Project Dispensary, Khudian, Ferozepore District.

Dr. Muhammad Zaka Ullah, Sutlej Valley Project Dispensary, Khudian, Ferozepore District, *to* General Duty, Civil Hospital, Amritsar.

,, Chuhar Singh, Shahkot Dispensary, Jullundur District, *to* General Duty, Civil Hospital, Jullundur.

,, Sohawa Singh, Pinangwan Dispensary, Gurgaon District, *to* Mullana Dispensary, Ambala District, relieving Dr. Babu Ram Sethi proceeded on 2 months leave.

,, Mehr Singh Chawla, Raikot Dispensary, Ludhiana District, *to* General Duty, Civil Hospital, Ludhiana.

,, Mehr Singh Chawla, General Duty, Civil Hospital, Ludhiana, *to* Muktsar Dispensary, Ferozepore District.

,, Faqir Chand Sabharwal, General Duty, Civil Hospital, Gujranwala, *to* Sub Charge, Civil Hospital, Gujranwala, relieving Dr. Kartar Singh Grewal, L. T. M. (Cal.,) proceeded on 1½ months leave.

,, Ram Chand, General Duty, Civil Hospital, Ferozepore, *to* Sham Chaurasi Dispensary, Hoshiarpur District.

,, Naubat Rai, General Duty, Civil Hospital, Muzaffargarh, *to* Industrial Settlement Dispensary Kacha Khuh, Multan District, relieving Dr. Kanahya Lal transferred to the N. W Railway.

,, Sher Singh, L. T. M. (Cal.) on return from leave, *to* General Duty, Civil Hospital, Dharmsala.

,, Ram Bhaj Madan, General Duty, Civil Hospital, Multan, *to* Anæsthetist and in charge of Clinical Laboratory, Civil Hospital, Multan.

,, Muhammad Yusuf Khan, Anæsthetist and in charge of Clinical Laboratory, Civil Hospital, Multan *to* General Duty, Mayo Hospital, Lahore.

Dr. Labhu Ram Paul, Kalka Dispensary, Ambala District, *to* Police Hospital, Lahore.

,, Tola Ram, Police Hospital, Lahore, *to* General Duty, Civil Dispensary, Lahore.

,, Muhammad Hassan, on expiry of leave *to* General Duty, Civil Hospital, Lyallpur.

,, Muhammad Hassan, General Duty, Civil Hospital, Lyallpur, *to* Reformatory Farms Dispensary, Kussamsar, Multan District, relieving Dr. Harikishen Nangia transferred to N. W. Railway.

,, Jai Gopal Bahl, General Duty, Mathra Das Hospital, Moga, Ferozepore District, *to* Sub-Charge, Mathra Das Hospital, Moga, in the same District relieving Dr. Jai Singh transferred to Delhi Province.

,, Thakar Das, General Duty, Civil Hospital, Lyallpur, *to* Factory Area Dispensary, Lyallpur.

Dr. Parma Nand Bali, Factory Area Dispensary, Lyallpur, *to* Sharaqpur Dispensary, Sheikhupura District.

,, Mool Chand, General Duty, Civil Hospital, Gidderbaha, Ferozepore District *to* Juan, Dispensary, Rohtak District, relieving Dr. Umrao Singh proceeded on 4 months leave.

,, Qadir Bakhsh, General Duty, Civil Hospital, Jullundur, Services placed at the disposal of the Chief Medical Officer, Delhi Province.

,, Shiv Das, General Duty, Civil Hospital Jullundur, *to* Police Hospital, Ludhiana.

,, Autar Singh, 2nd Class Senior, Police Hospital Ludhiana, *to* Pasrur Dispensary, Sialkote District.

,, Parmeshwar Singh Sodhi, General Duty, Civil Hospital, Ferozepore. *to* Bahadurgarh Dispensary, Rohtak District.

,, Kidar Nath Datt, L. O. (Mad.), L. T. M. (Cal.) Bahadurgarh Dispensary, Rohtak District, *to* General Duty, Civil Hospital, Gurgaon.

,, Sandagar Singh Gill, on return from leave relieving Dr. Murli Dhar proceeded on 4 months leave, *to* Canal Dispensary, Rashida, Multan District.

,, Arjan Singh 1st Class Senior, Dumail Dispensary, Attock District, *to* Pindi Bhattian Dispensary, Gujranwala District.

,, Mohkam Chand, Pindi Bhattian Dispensary, Gujranwala District, *to* General Duty, Civil Hospital, Gujranwala.

,, Kalyan Singh Makhania, L. T. M. (Cal.) on expiry of leave, *to* General Duty, Civil Hospital, Amritsar.

,, S. Ram Singh, M. S. M. F. (Ph.) on return from leave, *to* Demonstrator in Pathology, Medical School, Amritsar.

,, Ram Lal Dua, M. B., B. S. Demonstrator in Pathology, Medical School, Amritsar, *to* General Duty, Civil Hospital, Amritsar.

,, Hans Raj Bhambi, Rai Sahib, L. T. M. (Cal). on return from leave relieving Dr. Jagat Singh transferred to the N. W. Railway, *to* Hydro Electric Dispensary, Jogindarnagar, Kangra District.

,, Mul Chand Ghei, General Duty, Civil Hospital, Rawalpindi, *to* Old Central Jail, Multan.

,, Abdul Aziz, 2nd Class Senior, Pasrur Dispensary, Sialkot District, *to* Dhab Tili Bhannan Dispensary, Amritsar.

,, Nand Kishore Khanna, Muktsar Dispensary, Ferozepore District, *to* Anæsthetist and in charge of Clinical Laboratory, Civil Hospital, Mannlt.

Dr. Ram Bhaj Madan, Anæsthetist and in charge of Clinical Laboratory, Civil Hospital Multan, *to* General Duty, Civil Hospital, Multan.

,, Kalyan Singh Makhania, L. T. M. (Cal.) General Duty, Civil Hospital, Amritsar, *to* Police and Sub-Jail Hospitals, Gurgaon, relieving Dr. Bakhtawar Lal proceeded on 4 months leave.

,, Tola Ram, General Duty, Civil Dispensary, Lahore, *to* Sanda Kalan Dispensary, Lahore.

,, Muhammad Azim Khan, 2nd Class Senior, Sanda Kalan Dispensary, Lahore, *to* Hira Mandi Dispensary, Lahore, relieving 2nd Class Senior Doctor Aziz-ud-Din retired from service.

,, Abdul Hakim, Sham Churasi Dispensary, Hoshiarpur District, *to* Mamdot Dispensary, Ferozepore District.

,, Chuhar Singh, General Duty, Civil Hospital, Jullundur, *to* Hajipur Dispensary, Hoshiarpur District, relieving Dr. Bhagwan Singh proceeded on leave.

,, Ganga Singh 2nd Class Senior, on reversion from Delhi Province, *to* General Duty, Civil Hospital, Jullundur.

,, Chaman Lal, Isolation Hospital, Simla, *to* Jamsher Dispensary, Jullundur District.

,, Walayat Shah, General Duty, Civil Hospital, Ferozepore, *to* Budhlada Dispensary, Hissar District.

,, Muhammed Ramzan, on reversion from the North Western Railway, relieving Dr. Chander Bhan Ahuja proceeded on one month leave, *to* Police Hospital, Mianwali.

,, Mir Muhammed Riaz, L.T.M. (Calcutta), on expiry of leave, *to* Canal Dispensary, Khanki, Gujranwala District.

,, Nanak Chand Lakhanpal, Canal Dispensary, Khanki, Gujranwala District, *to* General Duty, Civil Hospital, Gujranwala.

,, Mansa Ram Upadhya, Old central Jail, Multan, *to* Canal Dispensary, Marh, Sheikhupura District.

,, Khurshaid Alam, Canal Dispensary, Marh, Sheikhupura District, *to* General Duty, Civil Hospital, Sheikhupura.

,, Allah Bakhsh, Sharaqpur Dispensary, Sheikhupura District, to Bahadurgarh Dispensary, Rohtak District.

,, Parmeshwar Singh Sodhi, Bahadurgarh Dispensary, Rohtak District, *to* General Duty, Civil Hospital. Ferozepore.

,, Ram Lal Dua, M.B., B.S., General Duty, Civil Hospital, Amritsar, *to* Midh Dispensary, Shahpur District, relieving Dr. Dhan Singh proceeded on 2 months leave on medical certificate.

Dr. Harjas Rai Datta, on reversion from the N.W.Rly, *to* Shakargarh Dispensary, Gurdaspur District.

,, Dina Nath Saran, Shakargarh Dispensary, Gurdaspur District, *to* Domeli Dispensary, Jhelum District.

,, Vaishno Das, Domeli Dispensary, Jhelum District, *to* General Duty, Civil Hospital, Jhelum.

,, Hassan Ali, 1st Class Senior, Dhab Tili Bhannan Dispensary, Amritsar, *to* Sanda Kalan Dispensary, Lahore.

,, Des Raj, Jamsher Dispensary, Jullundur District, *to* Sampla Dispensary, Rohtak District.

,, Labhu Ram, on reversion from the N.W.Rly. *to* General Duty, Civil Hospital, Gujrat.

,, Radha Kishen, on return from leave relieving Dr. Dharmatma Singh proceeded on 20 days leave, *to* Mani Majra Dispensary, Ambala District.

,, Muhammad Ibrahim, Mamdot Dispensary, Ferozepore District, *to* Barwala Dispensary, Hissar District, relieving Dr. Asa Ram proceeded on one month leave.

,, Muhammad Sharif, General Duty, Civil Hospital, Gujrat, *to* Salt Mines Dispensary, Warchha, Shahpur District, relieving Dr. Gokal Chand proceeded on 2 months leave on medical certificate.

,, Parma Nand Khanna, on reversion from Delhi Province proceeded on 1 month and 15 days leave.

,, Kartar Singh Grewal, L.T.M. (Cal.), on return from leave the unexpired portion of which is cancelled, *to* Sub Charge, Civil Hospital, Gujranwala.

,, Faqir Chand Sabharwal, Sub-Charge, Civil Hospital, Gujranwala, *to* General Duty, Mayo Hospital, Lahore.

,, Kesho Ram Nanda, City Dispensary, Ludhiana, *to* General Duty, Mayo Hospital, Lahore.

,, Manohar Lal Kaisth, on return from leave the unexpired portion of which is cancelled, *to* General Duty, Civil Dispensary, Lahore.

,, Bishambar Das Sharma, Sahnewal Dispensary, Ludhiana District, *to* General Duty, Civil Hospital, Ludhiana.

,, Jai Singh, on return from leave the unexpired portion of which is cancelled, *to* General Duty, Civil Dispensary, Lahore.

,, Sadhu Singh, 2nd Class Senior, on return from leave, *to* General Duty, Civil Hospital, Jullundur.

Dr. Hazara Singh, on return from leave the unexpired portion of which is cancelled, *to* General Duty, Civil Dispensary, Lahore.

„ Ram Ditta Kapur, Jail Hospital, Ludhiana, *to* General Duty, Civil Dispensary, Lahore.

„ Dharmatma Singh, on expiry of leave, *to* General Duty, Civil Dispensary, Lahore.

„ Ram Bhaj Madan, General Duty, Civil Dispensary, Lahore, *to* Canal Dispensary, Panjnad, Muzaffargarh District.

„ Hari Chand, 1st Class Senior, Fatehabad Dispensary, Amritsar District, *to* Summundri Dispensary, Lyallpur District, relieving 2nd Class Senior Dr. Nawab Ali who retired from service.

„ Hassan Ali, 1st Class Senior, Dhab Tili Bhannan Dispensary, Amritsar, *to* Sanda Kalan Dispensary, Lahore.

„ Tola Ram, Sanda Kalan Dispensary, Lahore, *to* General Duty, Civil Dispensary, Lahore.

„ Ganga Singh, 2nd Class Senior, General Duty, Civil Dispensary, Lahore, *to* General Duty, Civil Hospital, Jullundur.

„ Abdur Rahman Khan, General Duty, Civil Dispensary, Lahore, *to* General Duty, Civil Hospital, Gurdaspur.

„ Mul Chand, 1st Class Senior, on return from leave, relieving 1st Class Senior Dr. Diwan Chand retired from service, *to* Kharian Dispensary, Gujrat District.

„ Muhammad Abdullah, Sampla Dispensary, Rohtak District, *to* Sahnewal Dispensary, Ludhiana District.

„ Bishambar Das Sharma, General Duty, Civil Hospital, Ludhiana, *to* General Duty, Civil Dispensary, Lahore.

„ Kamal-ud-Din, 1st Class Senior, on return from leave the unexpired portion of which is cancelled, *to* City Dispensary, Ludhiana.

„ Kesho Ram Nanda, City Dispensary, Ludhiana, *to* General Duty, Mayo Hospital, Lahore.

„ Dhani Ram, on return from leave, *to* Alakhpura Dispensary, Hissar District.

„ Siraj-ud-Din Ahmad, Alakhpura Dispensary, Hissar District, *to* General Duty, Civil Dispensary, Lahore.

„ Ibad Ullah, General Duty, Civil Dispensary, Lahore, *to* General Duty, Civil Hospital, Gurdaspur.

„ Parma Nand Khanna, General Duty, Civil Dispensary, Lahore, *to* General Duty, Civil Hospital Gurdaspur.

„ Janji Ram, 2nd Class Senior, on return from leave the unexpired portion of which is cancelled, *to* General Duty, Mayo Hospital, Lahore.

Dr. Vaishno Das, Domeli Dispensary, Jhelum District, *to* General Duty, Civil Hospital Jhelum.

„ Nur Muhammad, General Duty, Civil Hospital, Jullundur, *to* General Duty, Civil Dispensary, Lahore.

„ Ganga Singh, 2nd Class Senior, General Duty, Civil Hospital, Jullundur, *to* General Duty, Civil Dispensary, Lahore.

„ Khurshid Alam, General Duty, Civil Hospital, Sheikhupura, *to* General Duty, Mayo Hospital, Lahore.

„ Labhu Ram, General Duty, Civil Hospital, Gujrat, *to* General Duty, Mayo Hospital, Lahore.

„ Abdur Rahman Khan, General Duty, Civil Hospital, Gurdaspur, *to* General Duty, Civil Dispensary, Lahore.

„ Dhan Raj, On expiry of leave, *to* Police and Sub-Jail Hospitals, Gujrat.

„ Hakumat Rai, Police and Sub-Jail Hospitals, Gujrat, *to* Kotgarh Dispensary, Simla District.

„ Ram Bhaj Madan, General Duty, Civil Hospital, Multan, *to* General Duty, Civil Dispensary, Lahore.

„ Diwan Chand Mahindroo, General Duty, Civil Hospital, Gojra, Lyallpur District, *to* General Duty, Civil Dispensary, Lahore.

„ Hassan Muhammad, General Duty, Civil Hospital, Gojra, Lyallpur District, *to* General Duty, Civil Dispensary, Lahore.

„ Ram Gopal Bhatla, on return from leave the unexpired portion of which is cancelled, *to* General Duty, Civil Dispensary, Lahore.

„ Parma Nand Khanna, on expiry of leave the unexpired portion of which has been cancelled, *to* General Duty, Civil Hospital, Gurdaspur.

„ Parma Nand Khanna, General Duty, Civil Hospital, Gurdaspur, *to* General Duty, Civil Dispensary, Lahore.

„ Ibad Ullah, General Duty, Civil Hospital, Gurdaspur, *to* General Duty, Civil Dispensary, Lahore.

„ Ghulam Muhammad, General Duty, Civil Hospital, Banga, Jullundur District, *to* General Duty, Mayo Hospital, Lahore.

„ Khushal Chand, General Duty, Civil Hospital Gujranwala, *to* General Duty, Mayo Hospital, Lahore.

„ Vaishno Das, General Duty, Civil Hospital, Jhelum, *to* General Duty, Mayo Hospital, Lahore.

Dr. Walayat Shah, General Duty, Civil Hospital, Ferozepore, *to* General Duty, Civil Dispensary, Lahore.

„ Nanak Chand Lakhanpal, General Duty, Civil Hospital, Gujranwala, *to* General Duty, Mayo Hospital, Lahore.

„ Parmeshwar Singh Sodhi, General Duty, Civil Hospital, Ferozepore, *to* Police Hospital, Ferozepore, relieving 1st Class Senior Dr. Fateh Chand proceeded on 4 months leave.

„ Mohkam Chand, General Duty, Civil Hospital, Gujranwala, *to* Fatehabad Dispensary, Amritsar District.

„ Sher Singh L.T.M. Calcutta, General Duty, Civil Hospital, Dharamsala, *to* Keylang Dispensary, Kangra District, relieving Dr. Ambu Lal Sharma proceeded on one month leave.

Dr. Sewa Singh General Duty, Civil Hospital, Campbellpur, *to* General Duty, Mayo Hospital, Lahore.

„ Gopal Das, on reversion from the N. W. Railway, *to* General Duty, Civil Hospital, Lyallpur.

„ Nur Muhammed, General Duty, Civil Dispensary, Lahore, *to* General Duty, Civil Hospital, Jullundur.

„ Diwan Chand Mahindroo, General Duty, Civil Dispensary, Lahore, to General Duty, Civil Hospital, Gojra, Lyallpur District.

„ Hassan Muhammad, General Duty, Civil Dispensary, Lahore, *to* General Duty Civil Hospital, Gojra, Lyallpur District.

„ Siraj-ud-Din Ahmed, General Duty, Civil Dispensary, Lahore, *to* General Duty, Civil Hospital, Sialkote.

„ Manohar Lal Kaisth, General Duty, Civil Dispensary, Lahore, *to* General Duty, Civil Hospital, Mianwali.

„ Dharmata Singh, General Duty, Civil Dispensary, Lahore, *to* General Duty, Civil Hospital, Mianwali.

„ Bishambar Das Sharma, General Duty, Civil Dispensary, Lahore, *to* General Duty, Civil Hospital, Ludhiana.

„ Ram Gopal Bhatla, General Duty, Civil Dispensary, Lahore, *to* General Duty, Civil Hospital, Jhelum.

„ Ram Ditta Kapur, General Duty, Civil Dispensary, Lahore, *to* General Duty, Civil Hospital, Amritsar.

„ Faqir Chand, on return from leave the unexpired portion of which is cancelled *to* Jail Hospital Ludhiana.

Dr. Anant Ram Luthra, L.T.M. (Calcutta) Canal Dispensary, Muridke, Sheikhupura District, *to* New Central Jail, Multan.

„ Khurshid Alam, General Duty, Mayo Hospital, Lahore, *to* Canal Dispensary, Muridke, Sheikhupura District.

„ Walayat Shah, General Duty, Civil Dispensary, Lahore, *to* Daulatala Dispensary, Rawalpindi District.

„ Ram Ditta Kapur, General Duty, Civil Hospital, Amritsar, *to* General Duty, Civil Hospital, Sheikhupura.

„ Labhu Ram, General Duty, Mayo Hospital, Lahore, *to* General Duty, Civil Hospital, Gujrat.

„ Ghulam Muhammed, General Duty, Mayo Hospital, Lahore, *to* General Duty, Civil Hospital, Banga, Jullundur District.

„ Khushal Chand, General Duty, Mayo Hospital, Lahore, *to* General Duty, Civil Hospital Gujranwala.

„ Chandar Bhan Abuja, General Duty, Mayo Hospital, Lahore, *to* General Duty, Civil Hospital, Mianwali.

„ Sewa Singh, General Duty, Mayo Hospital, Lahore, *to* General Duty, Civil Hospital, Campbellpur.

„ Sujan Singh, General Duty, Mayo Hospital, Lahore, proceeded on 26 days leave.

„ Hakumat Rai, Police and Sub Jail Hospitals, Gujrat, *to* Kotgarh Dispensary, Simla.

„ Atma Ram Sharma, Kotgarh Dispensary, Simla District, *to* General Duty, Civil Hospital, Ambala.

„ Bhagwan Das Sachdeva, General Duty, Mayo Hospital, Lahore, *to* Resident Medical Officer, Aitchison Chiefs' College, Lahore.

„ Siraj-ud-Din Ahmad, General Duty, Civil Hospital, Sialkote, *to* Canal Dispensary, Wer, Jhang District.

„ Asa Ram, on expiry of leave, *to* General Duty, Civil Hospital, Rohtak.

„ Manohar Lal Kaisth, General Duty, Civil Hospital Mianwali, *to* Jail Hospital, Mianwali.

„ Gobind Ram, Jail Hospital, Mianwali, proceeded on 4 months leave.

„ Chakar Dari Mehta, Canal Itinerating Dispensary, Jampur, Dera Ghazi Khan District, granted extension of leave for 2 months.

„ Jai Singh, General Duty, Civil Dispensary, Lahore proceeded on 1 month and 6 days leave.

„ Nur Muhammad, General Duty, Civil Hospital, Jullundur, *to* Canal Dispensary, Raya, Amritsar District, temporarily, relieving 2nd Class Senior Dr.

Duni Chand transferred to Chota Simla Dispensary.

Second Class Senior Dr. Ganga Singh, General Duty, Civil Hospital, Jullundur, proceeded on 4 months leave.

Dr. Sham Singh Bedi, L.T.M. (Calcutta,) General Duty, Mayo Hospital, Lahore, *to* General Duty, Civil Dispensary, Lahore.

,, Ram Gopal Bhatla, General Duty, Civil Hospital, Jhelum, *to* Jail and Police Hospitals, Jhelum, Vice Second Class Senior Dr. Amin Chand Chopra, granted one month and 28 days leave.

,, Tola Ram, General Duty, Civil Dispensary, Lahore *to* Qila Gujar Singh Dispensary, Lahore relieving 1st Class Senior Dr. Tirath Ram granted 8 months leave.

,, Girdhari Lal Mehta, Canal Dispensary, Panjnad Muzaffargarh District, *to* General Duty, Civil Hospital, Gojra, Lyallpur District.

,, Ram Bhaj Madan, General Duty, Civil Dispensary, Lahore, *to* Canal Dispensary, Panjnad, Muzaffargarh District.

,, Babu Ram Sethi, on return from leave relieving Dr. Sohawa Singh transferred to General Duty, Civil Hospital, Ambala, *to* Mullana Dispensary, Ambala District.

,, Bhagwan Singh, on return from leave the unexpired portion of which has been cancelled, *to* General Duty, Civil Hospital, Dharamsala.

,, Siraj-ud-Din Ahamad, General Duty, Civil Hospital, Sialkot, *to* Canal Dispensary, Wer, Jhang District, relieving Dr. Makhan Singh granted 8 months leave.

,, Jai Gopal, Daultala Dispensary, Rawalpindi District, *to* Tehsil Head-quarters Hospital, Dipalpur, Montgomery District, relieving Dr. Panna Lal Khanna granted 3 months leave.

Second Class Senior Doctor Sadhu Singh, General Duty, Civil Hospital. Jullundur, proceeded on 2 months leave.

,, Kesho Ram Nanda, General Duty, Mayo Hospital, Lahore, *to* General Duty, Civil Dispensary, Lahore.

Second Class Senior Dr. Gian Chand Blaggana, General Duty, Civil Hospital, Amritsar, *to* New City Branch Dispensary, Amritsar, relieving 1st Class Senior Dr. Wazir Singh granted 2 months leave preparatory to retirement.

,, Chander Bhan Ahuja, General Duty, Civil Hospital, Mianwali, *to* Muridwala Dispensary Lyallpur District, relieving Dr. Ghulam Muhammad transferred to Shahkot Dispensary, Sheikhupura District.

Dr. Ibad Ullah, General Duty, Civil Hospital, Gurdaspur, *to* Patti Dispensary, Lahore District relieving Dr. Kazim Beg granted 4 months leave.

,, Sewa Singh, General Duty, Civil Hospital, Campbellpur *to* Jail and Police Hospitals Jhelum relieving Dr. Ram Gopal Bhatla granted 2 months and 13 days leave.

Second Class Senior Dr. Abdul Karim, Chota Simla Dispensary, *to* his Excellency the Governor's Dispensary, vice 1st Class Senior Dr. Bansi Lal retired.

,, Nanak Chand Lakhanpal, General Duty Mayo Hospital, Lahore, *to* Police and Sub-Jail Hospitals, Sargodha, relieving Dr. Nihal Chand granted 2 months leave.

,, Kidar Nath Datt, L.O. (Madras) L.T.M. (Cal). General Duty, Civil Hospital Gurgaon, *to* Manjholi Dispensary, Gurgaon District, vice Dr. Dalip Singh, granted 8 months and 8 days leave.

Second Class Senior Doctor Janji Ram, General Duty, Mayo Hospital, Lahore proceeded on 12 months combined leave.

,, Amar Singh Grewal, General Duty, Mayo Hospital, Lahore, *to* General Duty, Civil Hospital, Ludhiana.

,, Hazara Singh, General Duty, Civil Dispensary, Lahore granted one month and 19 days leave.

First Class Senior Doctor Kishen Chand, General Duty, Civil Dispensary, Lahore, *to* Mozang Dispensary, Lahore, relieving 2nd Class Senior Dr. Shiv Ram granted 4 months leave.

,, Ambu Lal Sharma, on return from leave the unexpired portion of which is cancelled, *to* General Duty, Keylang Dispensary, Kangra District.

,, Sujan Singh, on return from leave *to* Jail Hospital, Mianwali.

,, Manohar Lal Kaisth, Jail Hospital, Mianwali. *to* General Duty, Civil Hospital, Mianwali.

,, Dharmatma Singh, General Duty, Civil Hospital, Ludhiana, *to* Chintpurni Dispensary, Hoshiarpur District, relieving Dr. Swami Saran Mehta granted 3 months leave.

,, Girdhari Lal Mehta, General Duty, Civil Hospital, Gojra, Lyallpur District, Died.

,, Gurbakhsh Rai, Khola Dispensary, Gurgaon District, *to* General Duty, Civil Hospital, Gurgaon.

,, Bhoga Ram, on expiry of leave, *to* Khol Dispensary, Gurgaon District.

,, Atma Ram Sharma, General Duty, Civil Hospital, Ambala *to* Mahilpur Dispensary, Hoshiarpur District, temporarily, vice 1st Class Senior Dr. Chiranji Lal granted one month and 15 days leave preparatory to retirement.

,, Amar Das Kohli, General Duty, Punjab Mental Hospital, Lahore, proceeded on one month's leave.

2nd Class Senior Dr. Chand Narain, M.S.M.F. (Pb), Dinga Dispensary, Gujrat District, *to* Shujabad Dispensary, Multan District, Vice 1st Class Senior Dr. Behari Lal Khera transferred.

1st Class Senior Dr. Behari Lal Khera, Shujabad Dispensary, Multan District, *to* Majitha Dispensary Amritsar District, Vice 2nd Class Senior Dr. Hira Nand transferred.

2nd Class Senior Dr. Hira Nand, Majitha Dispensary, Amritsar District, *to* City Dispensary, Ludhiana, Vice 1st Class Senior Dr. Kamal-ud-Din proceeded on 4 months leave preparatory to retirement.

Dr. Bogha Ram, on return from leave, *to* Khol Dispensary, Gurgaon District, vice Dr. Gurbaksh Rai placed on general duty, Civil Hospital, Gurgaon.

,, Ghulam Muhammad, Muridwala Dispensary, Layallpur District, *to* Shahkot Dispensary, Sheikupura District, Vice Dr. Agha Hussain transferred.

,, Agha Hussain, Shahkot Dispensary, Sheikhupura District, *to* Chawinda Dispensary, Sialkot District, Vice Dr. Dewan Chand placed on General Duty, Civil Hospital, Sialkot.

,, Parma Nand Khanna, General Duty, Civil Hospital, Gurdaspur, Services placed at the disposal of the Chief Medical Officer, Delhi Province.

,, Labhu Ram, General Duty, Civil Hospital, Gujrat, *to* Singa Dispensary, Gujrat District, Vice 2nd Class Senior Dr. Chand Narain, M.S.M.F. (Pb), transferred.

,, Gokal Chand, on return from leave, *to* General Duty, Civil Hospital, Sargodha.

,, Najm-ud-Din, Sillanwali Dispensary, Shahpur District, *to* Garhshankar Dispensary, Hoshiarpur District, Vice Dr. Bhagwan Das Mongia transferred.

,, Muhammad Yusuf Khan, General Duty, Mayo Hospital, Lahore, *to* Anæsthetist, Mayo Hospital, Lahore, Vice Dr. Ghulam Mustafa Ahmady granted 4 months leave.

,, Amar Singh Grewal, General Duty, Civil Hospital Ludhiana, *to* Canal Dispensary, Fazilka, Ferozepore District, Vice Dr. Bishen Das granted one month's leave.

,, Manohar Lal Kaisth, General Duty, Civil Hospital, Mianwalli, proceeded on 2 months leave.

,, Dhan Singh, on expiry of leave, *to* General Duty, Civil Hospital, Gujranwala.

,, Tara Singh, granted extension of leave for 6 months.

,, Amar Nath, Jail Hospital, Ferozepore, proceeded on 4 months leave and transferred.

,, Gopal Chandra, on expiry of leave, *to* Jail Hospital, Ferozepore.

,, Jai Singh, General Duty, Civil Hospital, Sargodha, *to* Central Jail Hospital, Montgomery, Vice Doctor Muhammed Yaqub Gakhar proceeded on 4 months leave and transferred.

,, Faqir Chand Sabharwal, General Duty, Civil Hospital, Jhelum, *to* Thikriwala Dispensary, Lyallpur District, Vice Dr. Naranjan Singh Bajwa transferred.

,, Bishamber Das Sharma, General Duty, Civil Hospital, Ludhiana, *to* Zira Dispensary, Ferozepore District Vice Dr. Trilok Nath granted 4 months leave.

,, Ram Narain Wadhwa, General Duty, Civil Hospital, Multan, *to* Shergarh Canal Dispensary, Multan District, Vice Dr. Shah Muhammad granted 21 days leave.

,, Bhagwan Das Mongia, Garhshankar Dispensary, Hoshiarpur District, *to* Sillanwali Dispensary, Shahpur District, Vice Doctor Gokal Chand transferred to General Duty, Civil Hospital, Sargodha.

,, Amar Das Kohli, on return from leave, *to* General Duty, Punjab Dental Hospital, Lahore.

,, Kesho Ram Nanda, General Duty, Civil Dispensary, Lahore, *to* Jail Hospital, Ludhiana, Vice Dr. Faqir Chand granted 2 months leave and transferred.

2nd Class Senior Dr. Amin Chand Chopra, on return from leave, *to* Police and Sub Jail Hospitals, Amritsar, Vice Dr. Ghulam Muhammad placed on General Duty at the Civil Hospital, Amritsar.

Dr. Naranjan Singh Bajwa, Thikriwala Dispensary, Lyallpur District, *to* Jail Hospital, Jullundur, Vice Dr. Daulat Khan granted 4 months leave and transferred.

,, Hazara Singh, on return from leave, *to* Sutlej Valley Project Canal Dispensary, Kutabpore, Multan District, Vice Dr. Ram Lal transferred to Jahanian Canal Dispensary, Multan District.

,, Saleh Muhammad, on return from leave, *to* Genera Duty, Civil Hospital, Sargodha.

,, Ambu Lal Sharma, Kaza Dispensary, (Kangra), *to* Keylang Dispensary, Kangra District, Vice Dr. Sher Singh, L.T.M. (Cal) placed on General Duty, Civil Hospital, Dharmsala.

,, Chakkar Dhari Mehta, on return from leave *to* Canal Dispensary, Rajanpur; Dera Ghazi Khan District, Vice Dr. Sukh Dyal Babar granted 4 months leave.

,, Sohawa Singh, General Duty, Civil Hospital, Ambala, *to* General Duty, Civil Hospital, Karnal.

,, Muhammad Basheer, Eye Department, Civil Hospital, Delhi, granted one year's combined leave.

,, Abdur Rahman Khan, General Duty, Civil Hospital, Gurdaspur, Services placed at the disposal of the Chief Medical Officer, Delhi Province.

,, Sham Singh Bedi, L.T.M. (Cal), General Duty, Civil Dispensary, Lahore, *to* General Duty, Civil Hospital, Gurdaspur.

STATEMENT SHOWING POSTINGS, TRANSFERS AND LEAVE OF THE L.P.H. OFFICERS IN THE PUBLIC HEALTH DEPARTMENT, U. P. FROM JULY TO SEPTEMBER 1935

Dr. Sada Ram, Bijnor, *to* Unao, to officiate as Asst. Medical Officer of Health.

,, Gurdit Singh Mali, Garhwal, *to* Bijnor, for the charge of P. H. T. D. No. 19.

,, Indra Narain Saxena from leave *to* Saharanpur as School Health Officer.

,, Amar Singh, School Health Officer, Saharanpur, *to* Saharanpur as Asst. Medical Officer of Health.

,, Mit Singh, Saharanpur. *to* Unao as Asst. Medical Officer of Health.

,, Sada Ram, Unao, to Ballia as Asst. Medical Officer of Health.

,, Jwala Pershad Sharma, Brindaban to Muzaffernagar as municipal Medical Officer of Health.

,, Bishan Dayal, Etawah *to* Brindaban as Municipal Medical Officer of Health.

,, Sheo Prasad Saxena, Sultanpur *to* Etawah as Municipal Medical Officer of Health.

,, Naurangi Lal, from leave *to* Sultanpur as Asst. Medical Officer of Health.

,, Mangal Sen, Garhwal *to* Moradabad on epidemic duty.

,, Pritam Singh, Ballia, appointed temporarily on epidemic duty.

,, Shiam Lal Basi, Garhwal *to* Muttra on Cholera duty.

,, Narain Das Bhargava, Debradun, *to* Etawah on epidemic duty.

,, Bha wat Saroop Gupta, Ballia, Leave on average pay from October 24 to Nov. 12, 1935.

,, Mangal Sen, Moradabad, Leave on average pay for one month.

STATEMENT SHOWING THE TRANSFERS, POSTINGS AND LEAVE OF SUB-ASSISTANT SURGEONS SERVING IN THE PRESIDENCY OF BENGAL DURING THE PERIOD 15TH JULY TO 31ST AUGUST 1935

Dr. Rajendra Chandra Das, Held charge of the Diamond-Harbour Sub-division and Dispensory, Dist. 24 Pergannas, on the 20th and 21st June, 1935 during the absence of Sub-Assistant Surgeon Dr. Nripati Bhusan Roy Chowdhury summoned to give evidence at Bankura. The move was in the interest of public service.

,, Shamsuddin Ahmad, Held charge of the Tangail Subdivision and Dispensary, District Mymensing from the 17th to 19th June, 1935 both days inclusive during the absence of Dr. Radha Raman Roy summoned to give evidence at Mymensingh. The move was in the interest of public service.

,, Mano Ranjan Ganguly, Police Hospital, Commilla, Tippera, *to* charge of the Chandpur Subdivision and Dispensary, from the 2nd to 5th June, 1935 during the absence of Selection Grade Sub-Assistant Surgeon Dr. Abinash Chandra De summoned to give evidence at Gaibandha in the district of Rangpore. The move was in the interest of public service.

,, Jagat Bandhu Bose, Held charge of the Lalbagh Sub-division and Dispensary, District Murshidabad, from the 17th to 19th June, 1935. both days inclusive during the absence of Sub-Assistant Surgeon Dr. Jogendra Chandra Sen summoned to give evidence at Rajshahi. The move was in the interest of public service.

,, Rajeswar Sen, Held charge of the Jamalpore Sub-division and Dispensary, District Mymensingh on the 18th June, 1935 during the absence of Sub-Assistant Surgeon Dr. Nirmal Chandra Dewan summoned to give evidence at Mymensingh. The move was in the interest of public service.

,, Radha Raman Gossain, Supernumerary duty at the Campbell to Hospital, Calcutta, *to* Vishnupur Sub-division and Dispensary, Dist. Bankura. The move was in the interest of public service.

Dr. Naresh Chandra Palit, Demonstrator of Physiology, Chittagong Medical School, Chittagong, *to* charge of the Cox's Bazar Sub-division and Dispensary, from the 3rd to 5th June, 1935 both days inclusive during the absence of Sub-Assistant Surgeon Dr. Debendra Kumar Chakravartty summoned to give evidence at Chittagong. The move was in the interest of public service.

,, Akshoy Kumar Chakravartty, Supernumerary duty at the Sadar Hospital, Jalpaiguri, *to* P.W.D. Dispensary, Rangpo, Sikkim. The move was in the interest of public service.

,, Debendra Nath Sen Gupta, Sadr. Hospital Rangpore, *to* charge of the Kurigram Sub-divigion and Dispensary on the 24th June, 1935 during the absence of Sub Asstt. Surgeon Dr. Nepal Chandra Bhattacherji, summoned to give evidence at Rangpore. The move was in the interest of public service.

,, Bibhu Bhusan Roy, Police Hospital Faridpore, *to* charge of the Rajbari Sub-division and Dispensary on the 24th June, 1935 during the absence of Selection Grade Sub-Asstt. Surgeon Dr. Nishi Kanto Bose summoned to give evidence at Faridpore. The move was in the interest of public service.

,, Harendra Narayan Roy, Held charge of the Bhola Sub-division and Dispensary, District, Bakarganj on the 19th and 20th June, 1935, during the absence of Dr. Harendra Nath Bose summoned to give evidence at Barisal. The, Move was in the interest of public service.

,, Baroda Kanto De I, Held charge of the Serajganj Sub-division and Dispensary, District Pabna on the 25th June, 1935 during the absence of Dr. Tara Prosad Sinha summoned to give evidence at Pabna. The move was in the interest of public service.

,, Md. Hossainuddin, Police Hospital. Rangpore, *to* charge of the Gaibandha Sub-division and Dispensary, from 3rd to 9th June. 1935 both days inclusive during the absence of Sub-Assistant Surgeon Dr. Abinash Chendra Das Gupta summoned to give evidences at Chandpur and Madaripur in the districts of Tippera and Faridpore respectively. The move was in the interest of public service.

,, Joy Gopal Ghosh, Held charge of the Bagerhat Subdivision and dispensary district Khulna from 16th to 22nd June, 1935 both days inclusive during the absence of Dr. Ali Ahmed. The move was in the interest of public service.

,, Jagat Bandhu Bose, Held charge of the Lalbagh Sub-division and dispensary, from 17th to 19th June, 1935 both days inclusive during the absence of S.A.S. Jogendra Chandra Sen summoned to give evidence at Rajshahi and the move was in the interest of public service.

Dr. Rajendra Chandra Das, Held charge of the Diamond Harbour Subdivision and dispensary, district 24 parganas on the 28th and 29th June, 1935 during the absence of S.A.S. Dr. Nripati Bhusan Roy Chowdhury summoned to give evidence at Bankura. The move was in the interest of public service.

,, Baroda Kanta De. I, Supy. duty Sadar Hospital, Pabna, *to* Trav. Sub Asst. Surgeon, Terai, Silliguri Darjeeling. The move is in the interest of public service.

,, Khagendra Mohan Das, Police Hospital, Khulna, *to* Held charge of the Satkhira Subdivision and dispensary from 17th to 19th June. 1935 both days inclusive during the absence of Dr. Anath Bandhu Banerji summoned to give evidence at Khulna. The move was in the interest of public service.

,, Baroda Kanta De. I, held charge of the Serajgunj Sub-division and dispensary, district Pabna on 4-7-35 during the absence of Dr. Tara Prosad Sinha summoned to give evidence at Pabna. The move was in the interest of public service.

,, Jagat Bandhu Bose, Held charge of the Lalbagh Sub-division and dispensary district Murshidabad on the 25th and 26th June, 1935 and again from 4th to 6th July 1935 both days inclusive during the absence of S.A.S. Dr. Jogendra Chandra Sen summoned to give evidence at Rajshahi. The move was in the interest of public service.

,, Khagendra Mohan Das, Police Hospital, Khulna, *to* charge of the Bagerhat Subdivision & dispy, district Khulna on the 27th and 28th June, 1935 during the absence of Dr. Ali Ahmed summoned to give evidence at Khulna. The move was in the interest of public service.

,, Surendra Mohan Battacherjee, Ist S.A.S. Presidency Jail, Calcutta, *to* Supernumerary duty-Sambhu Nath Pundit Hospital Bhowanipore. This office order No. 17276 dated 15-6 35 directing him to do supy. duty at the Campbell Hospital. Calcutta is hereby concelled.

,, Akshoy Kumar Chakravertty, Held charge of the Alipore Duar Subdivision and dispensary district Jalpaiguri from 15-6-35 to 10-7-35 both days inclusive during the absence of S.A.S. Dr. Shyama Charan Pal summoned to give evidence at High Court, Calcutta. The move was in the interest of public service.

Dr. Akshoy Kumar Chakavertty, Held charge of the Alipore Duar Subdivision and dispensary district Jalpaiguri from 21-5-35 to 23-5-35 both days inclusive during the absence of S.A.S. Dr. Shyama Charan Pal summoned to give evidence at Chief Presy. Magistrate's court, Calcutta. The move was in the interest of public service.

,, Md. Hossainuddin, Police Hospital, Rungpore, *to* charge of the Gaibandha Subdivision and Dispensary, on the 2nd and 3rd July 1935 during the absence of S.A.S. Dr. Abinash Ch. Das Gupta summoned to give evidence at Faridpore. The move was in the interest of public service.

,, Debendra Nath Sen Gupta, Sadar Hospital, Rungpore, *to* charge ef the Gaibanda Subdivision and Dispensary from 1st to 7th July, 1935 both days inclusive. The move was in the interest of public service.

,, Nani Gopal Moira, 2nd S.A.S. Pasteur Institute, Calcutta, *to* Supy. duty, Campbell Hospital, Calcutta.

,, Promoda Charan Nag, Supy. duty, Mitford Hospital, Dacca, *to* Manickgunj Subdivision and dispensary Dacca. The move was in the interest of public service.

,, Ananta Kumar Sen Gupta, 2nd S.A.S. Police Hospital, Alipore, *to* Demonstrator of Pathology. Campbell Medical School.

,, Surendra Nath Moitra, Demonstrator of Pathology, Campbell Medical School, Calcutta, *to* 2nd Sub-Assistant Surgeon, Police Hospital, Alipore.

,, Romesh Chandra Ghosh, Travelling S.A.S. Terai, Silliguri, Darjeeling, leave on av. pay for 1 month under F.R.

,, Beni Madhad De, leave on av. pay for 1 month under F.R. in extensiou of the 8 months leave already granted to him.

,, Dhruba Ch. Chakravertty, under order of transfer to the Natore Sub-Division and Dispensary Rajshahi, leave on av. pay for 1 month under F.R.

,, Digendra Chandra De Sarkar, leave on av. pay for 1 month, under F.R. in extension of the 2 months leave already granted to him.

,, Md. Amanulla, Demonstrator of Physiology, Jackson, Medical School. Jalpaiguri, leave on av. pay for 1½ months.

,, Abani Bhusan Bose, Manickgunj Sub-division and dispensary Dacca, leave on av. pay for 1 month and 16 days under F.R.

,, Upendra Nath Bose, Jail Hospital, Faridpore, *to* charge of the Gopalgunj Sub-diviaion and dispensary from 4th to 12th July, 1935 both days inclusiv during the absence of Khan Shaib Hadji S.A.S. Dr. Bashiruddin Ahmad I summoned to give evidence at Narail in Jessore and to attend the H.E. the Governor of Bengal's Durbar at Dacca. The move is in the interest of public service.

Dr. Hony. Jamadar, Bibhu Bhusan Roy, Police Hospital, Faridpore *to* charge of the Rajbari Subdivision and dispensary on 16-7-35, during the absence of Selection Grade S.A.S. Dr. Nishi Kanta Bose summoned to give evidence at Faridpore the move is in the interest of public service.

,, Rajeswar Sen held charge of the Sherpore dispensaay, district Mymensingh from 23rd to 25th June, 1935 both days inclusive during the absence of S.A.S. Dr. Hem Chandra Das Gupta summoned *to* give evidence at Mymensingh. The move is in the interest of public service.

,, Rajeswar Sen, held charge of the Munshigunj Sub-divisson an dispensary district Dacca from 8th to 12th April, 1935 both days inclusive during the absence of Honorary Subedar Selection Grade S.A.S. Dr. Monindra Mohan Guha summoned to give evidence at Comilla and Madaripore in the district of Faridpore. The move is in the interest of public service.

,, Surendra Nath Biswas, Demonstrator of Anatomy, Lytton Medical Sechool Mymensingh *to* Ramgopalpore dispensary, Mymensingh.

,, Joy Gopal Ghosh, held charge of Sakhira Sub-division and dispensary, district Kulna from 11th to 13th July, 1935 both days inclusive during the absence of Dr. Anath Bandhu Banerjee summoned to give evidence at Khulna. The move was in the interest of public service.

,, Selection Grade Harsha Nath Sen, Police Hospital, Krishnagar, Nadia *to* charge of the Kushtia Sub-divisions and dispensary from 8th to 18th July, 1935 both days inclusive during the absence of S.A.S. Dr. Sudhansu Kumar Roy summoned to give evidence at Barisal and Bhola. The move was in the interest of public service.

,, Md. Azahar Hossain, Police Hospital, Dinajpore, *to* charge of the Thakurgaon Sub-division and dispensary on the 28th May, 1935 and again on the 6th and 7th July. 1935 during absence of S.A.S. Dr. Kali Prassanna Chakravertty summoned to give evidences at Dinajpore and Kishingunj in the district, of Purneah in the province of Bihar and Orissa. The moves were in the interest of public service.

,, Shamsuddin Ahmed, held charge of the Kishoregunj Sub-division, and dispensanry district

Mymensingh on 11-7-35 during the absence of Dr. Nawab ali, summoned to give evidence at Mymensingh. The move was in the interest of public service.

,, Jagat Bandhu Bose, Supy. duty, Sadar Hospital, Berhampore, Murshidabad *to* Balurghat Subdivision and dispensary district Dinajpore. The move was in the interest of public service.

,, Shamsuddin Ahmed, held charge of the Jamalpore Sub-division and dispensary, district Mymensingh on 23-7-35, during the absence of S.A.S. Dr. Nirmal Chandra Dewan summoned to give evidence at Mymensingh. The move was in the interest of public service.

,, Jagat Bandhu Bhose, held charge of the Kandi Subdivision and dispensary district Murshidabad on 23-7-35 during the absence of Dr. Gokulananda De sommoned to give evidence at Berhampore. The move was in the interest of public service.

,, Temporary. Shib Nath Chakravertty, Supy. Campbell Hospital, Calcutta *to* Resident Medical Officer, 1st Medical Ward, Campbell Hospital, Calcutta.

,, Bibhu Prosad De, Resident Medical Officer, 1st Medical Ward, Campbell Hospital Calcutta, *to* Supy. duty Campbell Hospital, Calcutta from 26-7-35.

,, Joy Gopal Ghosh, Supy. duty, Sadar Hospital, Khulna *to* Police Hospital, Jalpaiguri. The move is in the interest of public service.

,, Monoranjan Gangully, Police Hospital, Comilla, Tippera, *to* charge of the Chandpore Subdivision and dispy, from 15th to 18th July, 1935 both days inclusive during the absence of Selection Grade S. A. S. Dr. Abinash Chandra De, summoned to give evidence at Rungpore. The move was in the interest of publice service.

,, Shamsuddin Ahmed, Supy. duty, Sadar Hospital, Mymensingh, *to* Bagdogra dispy. dist. Darjeeling. The move is in the interest of public service.

Temporary, Dr. Sushadhar Bhattacherjee, Supy. duty Campbell Hospital, Calcutta, *to* Lama Dispy. Chittagong, Hill tracts. The move is in the interest of public service.

Dr. Bibhu Prosad De., Supy. duty, Campbell Hospital, Calcutta, *to* 2nd S. A. S. Central Jail Midnapore. The move was in the interest of public service.

,, Matilal Talukdar, 2nd Sub-Asstt. Surgeon, Central Jail, Midnapore, *to* Police Training College Hospital, Sardah Rajshahi. The move is in the interest of public service.

,, Paresh Nath Gupta, Supy. duty, Campbell Hospital Cal., *to* Resident, Medical Officer, 2nd Medical Ward, Campbell Hospital, Calcutta from 27-7-35.

,, Sashadhar Bhattacherjee, Placed on supy. duty at the Campbell Hospital, Calcutta on 27-7-35.

,, Rajeswar Sen, Supy. duty, Sadar Hospital, Mymensing, *to* Naogaon Sub-division and dispensary, Rajshahi. The move is in the interest of public service.

,, Debendra Nath Sen Gupta, Sadar Hospital, Rungpore, *to* charge of the Nilphamari Sub-division and dispensary on 11 7-35 during the absence of S.A.S. Dr. Monmatha Nath Roy summed to give evidence at Rungpore.

Selection I Grade, Satish Chandra Chakraverty, Police Hospital, Alipor, 24 Parganas, *to* 1st S.A.S. Presy, Jail, Calcutta.

,, Kedar Nath Basu, Supy. duty, Campbell Hospital, Cal., *to* Police Hospital, Alipore, 24 Perganas.

,, Upendra Nath Bose Jail Hospital, Faridpore, *to* charge of the Gopalgunj Subdivision and dispensary, from 24th to 27th July, 1935 both days inclusive during the absence of Khan Sahib Hadji S.A.S. Dr. Bashiruddin Ahmed I summoned to give evidence at Faridpore. The move was in the interest of public service.

,, Biman Krishna Ghosh, Supy. duty. Campbell Hospital, Cal., *to* Demonstrator of Pathology, Ronaldshay Medical School Burdwan, The move is in the interest of public service.

,, Hem Nath Roy, Police Hospital, Jalpaiguri, Leave on av. pay for 4 months under F.R. from 16th August, 1935 pending retirement.

,, Nagendra Lal Pal Choudhury, Bagdogra Dispensary Darjeeling, Leave on av. pay for 2 months under F.R.

,, Selection Grade Dhirendra Nath Mitra, Naogaon Subdivision and dispensary Rajshahi, Leave on av. pay for 4 months under F.R. (the entire period being p. leave at his credit.)

,, Hem Chandra Chatterji, Police Trining College Hospital, Sardah, Rajshahi, Leave on av. pay for 4 months under F.R. pending retirement.

,, Saroj Bandhab Ghosh, Demonstrator of Pathology, Ronaldshay Medical School, Burdwan, Leave on av. pay for 1 month under F.R.

,, Jatindra Mohan Joy, Under order to do supy. duty, Campbel Hospital, Calcutta, Leave on av. pay

for 1 month under F.R. in extension of the 3 months leave already granted to him.

Dr. Monoranjan Gangully, Police Hospital, Comilla *to* charge of the Chandpore Subdivision and dispensary from 22nd to 25th July, 1935 both days inclusive during the absence of S. A. S. Dr. Abinash Chandra De summoned to give evidence at Rungpore The move is in the interest of public service.

,, Pramada Charan Nag, Manickgunj Subdivision and Dispy. Dacca, *to* Supy. duty, Mitford Hospital, Dacca. The move is in the interest of public service

,, Pramada Charan Nag, Supy. duty, Mitford Hospital, Dacca, *to* Police Hospital, Noakhali. The move is in the interest of public service.

,, Amritalal Chanda, Police Hospital. Barisal, *to* Charge of the Pirojpore Sub-division and dispensary on 6-8-35, during the absence of Dr. Mahbubul Ameen summoned to give evidence at Barisal. The move is in the interest of public service.

,, Md. Hossainuddin, Police Hospital, Rungpore, *to* Charge of the Kurigram Sub-division and dispensary on 31-7-35, during the absence of Sub. Asstt. Surgeon Dr. Nepal Chandra Bhattacherjee summoned to give evidence at Rungpore. The move is the interest of public service.

,, Tempy. Anwarul Huq, Placed on supy. duty at the Sambhu Nath Pundit Hospital Bhoanipore from 15-7-35.

,, Tempy. Anwarul Huq, Held charge of the Baraset Subdivision and dispensary dist. 24 Parganas from 22nd to 24th July, 1935 both days inclusive during the absence of S. A. S. Dr. Nagendra Nath Mitra summoned to give evidence at Tangail, Mymensingh. The move is in the interest of public service.

,, Sudhanna Kumar Roy, Police Hospital, Barisal, *to* Charge of the Patuakhali Subdivision and dispensary on the 27th and 28th March, 1935 during the absence of Dr. Hirendra Nath Chakravertty summoned to give evidence at Barisal.

,, Sudhanna Kumar Roy, Held charge of the Bhola Subdivision and dispensary from 24th to 26th April, 1935 both days inclusive during the absence of Dr. Harendra Nath Basu summoned to give evidence at Barisal.

,, Sudhanna Kumar Roy, Held charge of the Patuakhali Subdivision and dispensary, Bakargunj from 30-4-35. to 2-5-35, both days inclusive during the absence of Dr. Birendra Nath Chakravertty summoned to give evidence at Barisal. The move is in the interest of public service.

,, Madhu Sudan Ghosal, Police Hospital, Jessore *to* Charge of the Jhenidah Subdivision and dispy. from 4th to 11th July, 1935 both days inclusive during the absence of S. A. S. Dr. Bata Krishna Biswas summoned to give evidence at Narail in the district of Jessore. The move was in the interest of public service.

Dr. Jagat Bandhu Bose, Held charge of the Lalbagh Subdivision and dispensary, dist. Murshidabad on the 25th and 26th June, and again from 4th to 6th July, 1935 both days inclusive during the absence of S. A. S. Dr. Jogendra Chandra Sen summoned to give evidence at Barisal. The move was in the interest of public service.

,, Tarak Nath Mahalanabis, Sadar Hospital, Barisal, *to* Charge of the Pirojpur Subdivision and dispensary on the 4th and 5th February, 1935 during the absence of Dr. M. Ameen summoned to give evidence at Barisal. The move was in the interest of public service.

,, Shamsuddin Ahmed, Held charge of the Kishoregunj Subdivision and dispensary dist. Mymensingh on 31-7-35, during the absence of Dr. Nawab Ali summoned to give evidence at Mymensingh. The move was in the interest of public service.

,, Tarak Nath Mahalanabis, Sadar Hospital, Barisal, *to* Charge of the Patuakhali Subdivision and dispensary on the 29th May, 1935 and again on 5th June, 1935 during the absence of Selection Grade Sub Asst. Surgeon Dr. Abinash Chandra Das Gupta summoned to give evidence at Comilla. The move was in the interest of public service.

,, Promoda Charan Nag, Held charge of the Munshigunj Subdivision and dispensary district Dacca from 21st to 23rd March, 1935 both days inclusive during from the absence of Selection grade Sub Assistant Surgeon Dr. Manindra Mohan Guha summoned to give evidence at Madaipore in the district of Faridpore.

,, Debendra Nath Sen Gupta, sadar Hospital, Rungpore, *to* charge of the Gaibandha Subdivision and dispensary from 28th to 31st July, 1935 both days inclusive during the absence of Selection Grade Sab-Assistant Surgeon Dr. Abinash Chandra Das Gupta summoned to give evidence at Comilla. The move was in the interest of public service.

,, Promoda Charan Nag, Held charge of Munshigunj Subdivision and dispensary, district Dacca from 1st to 3rd May 1935 and again from 22nd to 24th May, 1935 both days inclusive during the absence of Selection Grade Sub Assistant Surgeon Dr. Manindra Mohan Guha summoned to give evidence at Faridpor. The moves was in the interest of public service.

,, Digendra Chandra De Sarkar, Supernumerary dty, Campbell Hospital, Calcutta, *to* Police Hospital, Calcutta.

,, Pashupati Bhattacherjee, Police Hospital, Calcutta, *to* Assistant to Senior Demonstrator of Practical Pharmacy, Medical College Hospital, Calcutta.

,, Satya Charan Mazumdar, Police Hospital, Noakhali, Leave on av. pay for 4 months under F.R.

,, Abinash Ch. Nag, Mahaloheri Dispensary, Chittagong Hill Tracts, Leave on for 2 months *viz.*, earned leave for 1 month and leave on medical certificate for 1 month under the Bengal Services (revision of leave) rules 1934 in extension of 2 months leave already granted to him.

Consolidated Accounts of the All India Medical Licentiates' Association

April

RECEIPTS

		Rs.	As.	P.
To Subscription (old & new)	...	618	11	0
,, Advance by office bearer	...	348	0	0
,, Interest	...	306	0	6
,, Miscellaneous	...	28	4	0
,, Advertisement	...	389	6	6
Total	...	1,690	6	0
Balance from last month	...	44,492	12	2
Grand Total	...	46,183	2	2
Detail of Balances				
New Loans 3½% 1947-50	...	13,200	0	0
5 years Postal Cash Certificates	...	5,906	4	0
G. P. Notes	...	500	0	0
Government Security Loans	...	10,600	0	0
6½% Treasury Bonds	...	4,000	0	0
With Dr. S. P. Sen Gupta Ex-Manager	...	1,499	0	1
Postal Savings Bank, Indore	...	736	8	0
With Branches	...	938	3	11
With Manager.—				
In hand	... 69 9 5			
In Imperial Bank	... — — —			
Cheques	...	69	9	5
With Gen. Secy.—Cheque	... 6 0 0			
In hand	... 23 11 0			
In Bank	... 60 0 0	89	11	0
With Treasurer.—				
In hand	... 356 8 3			
In P. N. Bank	... 1194 9 7			
In P. S. Bank	... 5770 11 7	7,321	13	5
Total	...	44,861	1	10

PAYMENTS

		Rs.	As.	P.
By Printing I. M. J.	...	251	8	0
,, Establishment	...	24	0	0
,, Office Rent	...	30	0	0
,, Stationery	...	12	3	0
,, Travelling allowance	...	108	12	0
,, Postage etc.	...	183	6	3
,, Miscellaneous	...	101	2	9
,, Other Printing	...	42	8	0
,, Propaganda Work	...	14	0	0
,, Expenses for Branches	...	11	1	3
,, Furniture	...	164	8	0
,, Audit fee	...	—	—	—
,, refund of advance to Gen. Secy	...	61	11	6
,, purchase of 3½% New Loan	...	101	3	7
Total	...	1322	0	4
Balance in hand	...	44,861	1	10
Grand Total	...	46,183	2	2

May

RECEIPTS

		Rs.	As.	Ps.
To Subscription (old & new)	...	199	6	—
,, Advertisement	...	263	2	8
,, Advance by office bearers	...	18	12	3
,, Miscellaneous	...	36	4	—
Total	...	517	8	11
Balance from last month	...	44,861	1	10
Grand Total	...	45,378	10	9
Detail of balances				
New Loans 3½% 1947-50	...	13,200	—	—
5 Years Postal Cash Certificates	...	6,251	4	—
G. P. Notes	...	500	—	—
Govt. Security Loans	...	10,600	—	—
6½% Treasury Bonds	...	4,000	—	—
With Dr. S. P. Sen Gupta Ex-Manager	...	1,499	—	1
Postal Savings Bank Indore	...	736	8	—
With Branches	...	869	10	5

PAYMENTS

		Rs.	As.	P.
By Printing I. M. J.	...	836	12	—
,, Establishment	...	240	—	—
,, Office Rent	...	82	—	—
,, Stationary	...	16	15	—
,, Travelling allowance	...	720	13	—
,, Postage etc.	...	175	1	6
,, Miscellaneous	...	91	8	—
,, Scientific Committee Award	...	25	—	—
,, Propaganda Work	...	42	11	9
,, Expenses for Branches	...	82	1	9
,, Furniture	...	—	—	—

With Manager :—						,, Audit fee	50	—	—
In hand ...	2	4	5			,, Refund of advance to office bearers ...	955	—	—
In Imperial Bank ...	—	—	—						
Cheque ...	—	—	—	2	4	5			
With Gen Secy :—									
In hand ...	—	—	—						
In Bank ..	5	12	—	5	12	—			
With Treasurer :—									
In hand ...	258	5	—						
In P. N. Bank ...	532	4	3						
In P. S. Bank ...	3,610	11	7	4,396	4	10	Total ...	3,317	15	—
Total ...				42,060	11	9	Balance in hand ...	42,060	11	9
							Grand Total ...	45,378	10	9

June

RECEIPTS

		Rs.	A.	P.
To Subscription (old & new)		285	15	0
,, Advertisement		1,036	9	4
,, Interest		0	14	4
,, Miscellaneous		11	2	4
Total ...		1,334	9	0
Balance from last month ...		42,060	11	9
Grand Total ...		43,395	4	9
Detail of balances				
With Manager and Editor (R.S. Dr. P. C. Roy)		62	0	8
News Loans 3½% 1947-50		13,200	0	0
5 Years Postal Cash Certificates ...		6,251	4	0
G. P. Notes		500	0	0
Govt. Security Loans		10,600	0	0
6½% Treasury Bonds		4,000	0	0
With Dr. S. P. Sen Cupta Ex. Manager		1,499	0	1
Postal Savings Bank Indore		736	8	0
With Branches		548	7	6
With Managing Editor Madras :—				
In hand ...	16 15 —			
In Bank ...	1,268 13 9			
Cheques ...	— — —	1,285	12	9
With Gen Secy :—				
In hand ...	14 12 6			
In Bank ...	91 — —	105	12	6
With Treasurer :—				
In hand ...	66 3 —			
In P. N. Bank ...	105 11 11			
In P. S. Bank ...	32 11 7	204	10	6
Total ...		38,993	8	0

PAYMENTS

	Rs.	A.	P.
By Printing I. M. J. ...	1,676	5	0
,, Establishment	185	0	0
,, Office Rent	101	5	0
,, Stationery	43	14	0
,, Travelling allowance ...	1,579	7	3
,, Postage etc.	312	6	6
,, Miscellaneous	163	9	9
,, Other Printing	15	0	0
,, Propaganda	117	10	0
,, Expenses for Branches ...	118	7	0
,, Furniture	25	0	0
,, Audit fee	—	—	—
,, Scientific Committee Award ...	50	0	0
,, Refund of advance to office bearers	18	12	3
Total ...	4,401	12	9
Balance in hand ...	38,993	8	0
Grand Total ...	43,395	4	9

July

RECEIPTS

		Rs.	A.	P.
To Subscription (old & new)		343	4	0
,, Advertisement		1,457	12	3
,, Advance by office bearers ...		240	0	0
,, Miscellaneous Journal Sales ...		20	14	0
Total ...		2,061	14	3
Balance from last month ...		38,993	8	0
Grand Total ...		41,055	6	3

PAYMENTS

	Rs.	A	P.
By Printing I. M. J. ...	946	1	0
,, Establishment	463	0	0
,, Office Rent	50	0	0
,, Stationery	24	4	0
,, Travelling allowance ...	407	7	0

Detail of balances						,, Postage etc.	330	1	0
With Ex-Manager & Editor (R. S. Dr. P. C. Row			62	0	8	,, Miscellaneous	102	5	6
New Loans 3½% 1947-50			13,200	0	0	,, Other Printing	—	—	—
5 Years Postal Cash Certificates ...			6,251	4	0				
G. P. Notes			500	0	0	,, Propaganda Work ...	6	0	0
Govt. Security Loans .. .			10,600	0	0				
½% Treasury Bonds			4,000	0	0	,, Expenses for Branches ...	140	7	0
With Dr. S. P. Sen Gupta Ex-Manager			1,199	0	0	,, Furniture	—	—	—
Postal Savings Bank Indore			736	8	0				
With Branches			571	2	3	,, Audit fee	—	—	—
With Managing Editor Madras :—									
In hand .	24	13	0			,, Refund of advance to office bearers	240	0	0
In Bank ...	912	11	6						
Cheques ...	—	—	—	937	8	6			
With Gen Secy : —									
In hand .	6	0	0						
In Bank ...	33	11	9	39	11	9			
In Transit to Treasurer by Manager				29	9	0			
With Treasurer :—									
In hand ...	46	5	9						
In P. N. Bank ...	104	15	2						
In P. S. Bank ...	67	11	7	219	0	6			
Total ...				38,345	12	9	Total ..	2,709	9	6
							Balance in hand ..	38,345	12	9
							Grand Total ...	41,055	6	3

August

RECEIPTS

		Rs.	A.	P.
To Subscription (old & new)		984	11	0
,, Advertisement		900	7	0
,, Interest		128	14	5
,, Miscellaneous		27	1	6
,, Advance by Gen Secy		83	15	9
Total ...		2,125	1	8
Balance from last month ...		38,345	12	9
Grand Total ...		40,470	14	5
Detail of balances				
3½% Loan 1947-50		13,200	0	0
5 Years Postal Cash Certificates ...		6,251	4	0
G. P. Notes		500	0	0
Govt. Security Loans		10,600	0	0
6½% Treasury Bonds		4,000	0	0
With Ex-Manager Dr. S.P. Sen Gupta		1,199	0	1
R. S. Dr. P. C. Roy		62	0	8
Postal Savings Bank Mussoorie ...		36	8	0
With Branches		576	14	0
With Managing Editor :—				
In hand ...	14 14 0			
In Bank ...	1,693 15 0			
Cheques ...	— — —	1,708	13	0
With Gen Secy :—				
In hand ...	— — —			
In Bank ...	6 0 0	—	—	—
In Transit to Gen Secy ...	200 0 0	206	0	0
With Treasurerr :—				
In hand ...	57 11 9			
In P. N. Bank ...	104 15 2			
In P. N. Bank ...	396 10 0	559	4	11
Total ...		38,899	12	8

PAYMENTS

	Rs.	A.	P.
By Printing I. M. J. ..	728	1	0
,, Establishment	315	0	0
,, Office Rent	60	0	0
,, Stationery	56	2	0
,, Travelling allowance ...	51	6	0
,, Postage etc.	184	8	0
,, Miscellaneous	47	11	0
,, Other Printing	74	2	6
,, Propaganda Work ...	—	—	—
,, Expenses for Branches ...	54	3	3
,, Furniture			
,, Audit fee			
Total —	1,571	1	9
Balance in hand —	38,899	12	8
Grand Total —	40,470	14	5

Dated 20—10—35.

(Sd.) N. R. KARANDIKAR,
Chairman, Finance Committee.

(Sd.) A. N. KHOSLA,
Hony. Treasurer.

(Sd.) U. B. NARAYAN RAO,
General Secretary

Quetta Relief Fund

ALL-INDIA MEDICAL LICENTIATES' ASSOCIATION QUETTA EARTH-QUAKE RELIEF FUND

(THROUGH DR. U. B. NARAYAN RAO, GENERAL SECRETARY, A.I.M.L.A., TO THE VICEROY'S RELIEF FUND)

	Rs.	A.	P.
(1) Dr. K. Venkatrao, Madras ...	3	0	0
,, K. S. Sivaramakrishna Iyer, Madras ...	1	0	0
,, T. V. Ranganatha Rao, Madras.	1	0	0
,, G. Subbarayudu, Madras ...	1	0	0
,, I. M. V. Rao, ,, ...	1	0	0
,, R. Ramanjulu Naidu, Madras..	2	0	0
,, D. V. Venkappa, Madras ...	2	0	0
,, A. Viswanathan, ,, ...	1	0	0
,, A. Vijayaraghavan, ,, ...	1	0	0
,, B. A. Sundaram, ,, ...	1	0	0
,, N. K. Kasturi, ,, ...	0	8	0
,, H. N. Eudyor, ,, ...	0	8	0
,, D. P. Joseph, ,, ...	0	8	0
,, M. N. Bhatt, ,, ...	0	8	0
,, T. Selvasekara, ,, ...	0	8	0
,, R. Kamalakara Rao, ,, ...	0	8	0
,, M. B. Ghose, ,, ...	0	8	0
,, S. Antonisamipillay ,, ...	0	8	0
,, Miss R. H. Sareda, ,, ...	0	8	0
,, Mrs. H. V. Chellamma, Madras.	0	4	0
,, Nancy Ward, Madras ...	1	0	0
,, Suranari Chinniah, Madras ...	1	0	0
,, Y. Saryanarayana Rao, ,, ...	1	0	0
,, E. S. Swaminathan, ,, ...	1	0	0
,, B. Venkatarao, ,, ...	1	0	0
,, G. S. Sriramulu, ,, ...	1	0	0
,, P. R. Nagarajan, ,, ...	1	0	0
,, J. Eister, ...	1	0	0
,, C. Narasimhalu Naidu, Madras.	1	0	0
,, A. C. K. Hebbar, Madras ...	1	0	0
,, K. Ramarao, ,, ...	1	0	0
,, P. Ramarao, ,, ...	1	0	0
,, U. D. Gopalrao, ,, ...	1	0	0
K. S. Dr. A. D. Patel, Surat ...	5	0	0
Dr. A. B. Talati, ,, ...	5	0	0
,, M. H. Malik, ,, ...	3	0	0
,, C. N. Kinarewala, ,, ...	2	0	0
,, C. N. Vyas, ,, ...	2	0	0
,, J. J. Athugar, ,, ...	2	0	0
,, P. M. Vora, ,, ...	2	0	0
,, J. S. Pandya, ,, ...	2	0	0
,, C. P. Patel, ,, ...	1	0	0
,, H. S. Doctor, Udna ...	2	0	0
,, M. G. Parikh, Kheragaon ...	4	0	0
,, C. M. Desai, Velod ...	2	0	0
Malatibai L. Chopre, B.P.N.A., Surat ...	1	0	0
	64	12	0
(2) Dr. Jai Gopal, Provincial Secretary, A.I.M.L.A., Punjab, to President, Sewa Samiti, Multan ...	25	0	0
Amount already accounted for vide I.M.J. Vol. XXIX X, 545 ...	292	14	0
Total Rs.	382	10	0

With reference to *Item* No. 1, Private Secretary to His Excellency the Viceroy writes to the General Secretary, A.I.M.L.A., under date 2-10-35:

I am desired by His Excellency the Viceroy to thank you for the generous subscription of Rs. 64-12-0 which you have been good enough to end for the "Viceroy's Quetta Earthquake Relief Fund". I shall be much obliged if you will circulate this joint acknowledgment to the donors.

Association Notes

(Proceedings of Branch meetings should be sent for publication *through the General Secretary only*. ED. I. M. J.)

Circular No. 21—8-10-35.

To all the Office bearers and Secretaries of the Association.

The venue of the next annual conference has not been fixed by the last conference as there were no invitations. You are therefore requested to let me know the opinion of the branch on the following:

1. Whether you are inviting the conference at your place?
2. If so, how many months you would require to make the necessary preparations?
3. Your particular attention is drawn to Section 8, and Sub-sections A to F. Rules 248, 249, 252, 260 to 266 are most important.

U. B. NARAYAN RAO,
General Secretary A.I.M.L.A.

***

Property Committee, A. I. M. L. A.

Resolved that Rs. 4000/-, after withdrawal from Treasury Bonds 1985, be invested in Postal cash certificates. (24-9-35).

Public Health Branch U.P.

Proceedings of the emergent meeting of the executive committee of the U.P. Public Health Branch of the A.I.M.L.A held at Lucknow on 9-6-35.

Rai Saheb Dr. Chotey Lal presided. The following members were present: Drs. R. N. Tandon; Mit Singh; S. P. Saxena; Shanker Lal Sharma; and P. Chandra.

The following resolutions were passed:

1. That this branch learns with deep regret the sad and untimely death of Dr. Sukh Basi Lal and offers its heartfelt sympathy to the members of the bereaved family.

2. That this branch learns with deep regret the sad deaths of Drs. M. N. Mitra and A. Souza, the late assistant directors of Public Health and offers its sympathy to the members of the bereaved families.

3. That this branch offers its congratulations to Dr. Jaishi Ram Mehta for the honour *of Rai Saheb* conferred upon him by the Government in recognition of his meritorious services.

4. That the Director of Public health, U.P., be thanked for his kind appreciation of the services of Dr. Jaishi Ram Mehta and his recommendation for the award of the title of Rai Saheb.

5. (*a*) That this branch views with great concern and sorrow the recent catastrophe caused by earthquake at Quetta and other places and offers its heartfelt condolences to the members of the afflicted families.

(*b*) That a sum or Rs. 25/-be immediately contributed to the Viceroy's Earthquake Relief Fund from the funds of this branch and the money be sent through the D.P.H., U.P., and that further appeals should be made to the members of this branch to contribute to the Earthquake Relief Fund.

6. That this branch learns with great regret and anxiety that the U.P. Government have appointed a committee to effect a permanent retrenchment in various departments and resolves that the D.P.H., U.P., be requested to advise the Goverment that there may not be any further retrenchment in the cadre of L.P.H. officers as there had already been reduction in this cadre in the year 1932.

7. That the secretary be authorised to issue an appeal to the members of this branch to contribute to the Viceroy's Earthquake Relief Fund at the following scale: Rs. 4/- Assistant medical officer of health, School health officer and Municipal Medical Officer of Health; Rs 2/-, Medical officer in charge of Travelling dispensary and on Reserve Cadre.

8. That this branch requests the D.P.H., U.P., that the officers who have already held officiating or permanent appointments of medical officers of Health, Class II, in the old scale of pay may be be allowed to draw on re-appointment as Medical officers of Health, class II, a starting salary which should not be less than what they were drawing at the time of their reversion.

9. That the T. A. Bill of Rs. 46/- of Dr. A. S. Dikhit for attending the conference at Indore as a delegate of this branch be passed for payment.

10. That this branch strongly resents and condemns the unjustified and prejudiced remarks made in the Editorial columns of December 1934 issue, page 522, of the Medico-Surgical Suggestions, Madras, on the presidential speech delivered by R. B. Dr. K. L. Chaudhri, O.B.E. at the Annual general meeting of L.P.H. Officers held at Lucknow in October 1934.

***

The following reply has been received by the Secretary. L.P.H. Banch, U.P. in respect of resolutions passed at the last L.P.H. Conference (October 1934) from the Director of Public Health, U.P.

Res. 1. Government have since sanctioned a gratuity of Rs. 630/- to the widows of the late Dr. Sampuran Singh.

Res. 2. The question of resuscitation of the retrenched posts of A.M.O.H., cannot be taken up until the financial condition of the government improves.

Res. 3. The appointment of medical officers of health in 12 third class municipalities which are under the rules required to employ these officers has been postponed by the government until the return of favourable times. Nothing could therefore be done towards this matter until the financial condition improves.

Res. 4. I am not prepared to recommend to the government the request of the Association that the percentage of promation of 2nd class Medical Officers of Health to 1st class should be calculated on the total strength of Subordinate Public Health Service including the strength of Travelling dispensaries as Medical officers in charge of travelling dispensaries are not eligible for direct promotion to Class I. They are eligible for promotion *to* the posts of IInd class Medical officers of Health only and IInd class Medical officers of Health are eligible for promotion to Ist class. Consequently, Medical Officers of travelling dispensaries cannot bo counted twice for purpose of determining the eligibility of percentage for promotion to the Ist class. In view of the fact that the limit of 14 years Service after confirmation in the Sub-ordinate Public Health Service for promotion to class I has been recently fixed by Government, I am not prepared to reopen this case.

Res. 5. The new scale of pay of IInd class Medical officers of Health and Medical officers of travelling dispensaries as also the rates of their increments have recently been fixed by Government after the fullest consideration and they are not likely to reconsider any change therein. I am not there-

fore prepared to recommend any alteration in the rates of increment.

Res. 6. School clinics for the treatment of school boys have so far been opened in 5 towns where whole-time D.P.H. School Health Officers are employed. The question of opening such clinics in the remaining 8 towns is under consideration.

Res. 7. I will move Government to reconsider their decision regarding the institution of a contributory Provident Fund for the Officers of this department appointed before July 4, 1931, when the financial condition improves.

Res. 8, The suggestion that the post of travelling dispensary Medical Officer sanctioned for the preparation of Cholera Vaccine may be placed in the cadre of Medical Officers of Health, Class II is under consideration.

Res. 9. No study leave can be granted to any Officer of the department until the financial condition of the Government improves.

Res. 10. As far as practicable, each officer will be given good and bad districts in turn; but no definite scheme of rotation can be made out, as postings and transfers have to depend on various factors.

Res. 11. The suggestion that Medical officers in charge of Travelling dispensaries and reserve officers may be given the same powers under the regulations of the Epidemic Disease Act as are exercised by Asst. Medical officers of Health, is approved.

Res. 12. I am asking the Chairmen of District Boards of the districts where the District Health Service is in force to allow the Asst. Medical Officers of Health to occupy District Board Inspection bungalows while on duty.

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The Provincial Secretary, Punjab, forwards the following for publication.

Copy of a letter No. 4040 E dated 15-6-35 from the I.G.C.H. Punjab to the Provincial Secretary, A.I.M.L.A., Punjab.

Reference your No. 28 dated 18th Feb. 1935. The Punjab Government (Ministry of Education) have now been pleased to sanction grant to the Sub-assistant Surgeons mentioned in clause 2 of para 254, of the Punjab Medical Manual 1933, of four advance increments on the time scale of pay with corresponding higher position on the Seniority list.

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Copy of a letter No. 16538 Medical, dated 26-4-35 from the Secretary to the Punjab Government (transferred departments) to the President, Punjab Medical Council, Lahore.

Subject: Desirability of declaring certain Licentiates of the Punjab State Medical Faculty as Medical Officers for purpose of the Indian Lunacy Act.

In reply to your letter No. 1206—M. C. 4380 dated 28-11-34 on the subject noted above, I am directed to say that the Punjab Government (Ministry of Education) do not consider it desirable that the Licentiates of the Punjab State Medical Faculty be made eligible to issue Medical certificates under the Indian Lunacy Act 1912.

[We wonder why the Punjab Government consider this as *undesirable*. The Licentiates of the Punjab State Medical Faculty are registered in a Medical Register enacted by a legal statute and as such they are eligible by Law to issue certificates or give evidence. The Government should state the grounds openly why they consider them as *undesirable* for this purpose. This is prejudice with a vengeance. We appeal to the Punjab Government to give up this anachronism at an early date. Ed. I. M. J.]

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Amritsar Branch

An ordinary meeting of the above branch of the A. I. M. L. A. was held on 19-6 35 at (?) P. M. at The Railway Dispensary. Dr. Syed Ali Hassan was in the chair.

1. Minutes of the last meeting were read and confirmed.

2. A resolution of sympathy on the sad death of Dr. Wazir Singh's son was passed, all standing, and it was decided to send a copy of this resolution to Dr. Wazir Singh.

(3) Letter No. 3338/35 (?) was read. As most of the members have already contributed donations amounting to Rs. 48/- to various Quetta Earth-Quake relief funds, it was decided to circulate this letter among those who have not yet contributed.

4. Letter No. 3338/35 (?) was read. It was moved by Dr. S. Ram Singh that it was against the conduct of Government servants to enter into various Local Boards, Legislature Etc. but that the non-service Licentiates can, however, try for the same.

5. A resolution was passed congratulating Dr. Gian Chand Blagganna on his successful election as a member of The Punjab Medical Council and wishing him every success in his work of uplifting the class.

6. Expenditure for the months of March, April, May and June were checked and passed.

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Meerut Branch

The proceedings of a General Body Meeting of the above branch of the A. I. M. L. A. held on 1-7-35.

Those present were: Drs. Babu Lal (in chair); Manu Lal Sharma; K. B. L. Varma, K. C. Jain; R. C. Chauracia; Prem Sagar; K. C. Anand; Shree Bas.

The following resolutions were unanimously passed.—

1. Resolved that the Meerut Branch be revived and reactivated. Non-members be requested to become members. The following Offiice bearers be elected for the year 1935:—

President: Dr. Kunj Behari Lal Varma.
Vice-Presidents: „ Babu Lal and Manu Lal Sharma.
Hon. Secretary: „ Shree Bas.
Jt. Secretary: „ K. C. Jain.

Managing committee: Drs. R. Chauracia; K. C. Anand; A. R. Jafri; S. R. Vyas: Maya Prakash: Lakshmi Sanker Sharma; Prem Sagar.

2. Resolved that Medical Licentiates who have obtained their medical qualifications from any National institution and who are registered in any province be also eligible for membership of the A.I.M.L.A.

3. Read U.P. President's most urgent circular letter dated 12-6-35 and G.S. circular No. 10 dated 28-6-35 in connection with the Poison Rules, passed by the U.P. Government and resolved unanimously:—

(*a*) That this meeting notes with satisfaction that, on the persuasion of friends and members of the U.P. Standing committee who met at the Mohan Eye Hospital, Aligarh, on 19-6-35, Dr. T. C. B. Choudhury withdrew his candidature, thus wishing Dr, K. B. L. Varma to be returned unopposed to fight against the Poison Rules from the floor of the Medical Council.

For (*b*) and (*c*) Vide I.M.J. Vol. XXIX. X. 525.

4. Read U.P. Provincial Secretary's circular letter dated 8-6-35 calling for two nominations for the two Licentiates' seats on the Governing body of the U.P., S.M.F and resolved unanimously:—

(*a*) That the Meerut Branch thanks the Jhansi Branch for nominating Dr. K.B.L. Varma, which nomination this meeting strongly and heartily supports.

(*b*) That this meeting requests Drs. S. L. Sharma and P. D. Gupta, the two other nominated candidates to kindly withdraw their candidatures and allow Dr. Varma to be returned unopposed, as the latter was the Secretary of the Council of Medical Education of the A.I.M.L.A. for a number of years and is therefore well acquainted with the problems of Medical Education which the S.M.F. has to deal with.

(*c*) That in the interests of the Class, Dr. S. L. Sharma be specially requested to withdraw in consideration of the fact that he had been a member for two consecutive terms and he be kindly reminded that in 1929, Dr. Varma, the then nominee of this Branch, retired in Dr. Sharma's favour to get him elected in spite of his absence at the conference (6th Provincial) and against heavy opposition.

(*d*) That Begum Abdul Ghafoor be elected as there was no other lady doctor candidate.

(*e*) That in order to ensure the healthy growth of the Association and further in consideration of the fact that there was only one male and one female seat for the members of the Association on the Governing Body of The state Medical Faculty, no member should be made eligible for re-election for more than one term of 3 years in succession, unless no other was nominated by any Branch of the Association.

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Jhansi Branch

Proceedings of the Jhansi Branch meeting held on the 29th May, 1935, at the residence of Dr. Amir Ahmad.

Five members were present and Dr. Amir Ahmad was in the chair. The following business was transacted:—

1. The branch places on record its appreciation of the services rendered to this branch by its Branch Secretary, Dr. I. N. Saxena (on transfer from Jhansi) and elects Dr. Mathura Pd. Saxena unanimously as the Secretary of the Branch in his place.

2. The draft reply of the branch to the rejoinder issued by Dr. S. L. Sharma was considered and approved after necessary alterations suggested by the members. (*vide infra*).

3. The T.A. Bill of Dr. I.N. Saxena as delegate of this branch to the Indore Conference was passed.

4. The accounts of the branch were scrutinised and passed up to date: the amount in the S.B. Account of the branch Rs. 14-8-8; with the President Rs. 18-9-3; total Rs. 33 1-11; and the light refreshment account amounting to Rs. 3-11-0 were all noted.

5. It was further resolved that the S.B. Account of the branch be transferred in the name of the present President of the Branch, Dr. Amir Ahmad and he be empowered to operate on it.

A copy of the above be sent to the Indian Medical Journal for publication,

Meeting dispersed with a vote of thanks to the chair.

Reply to Dr. S. L. Sharma's rejoinder dated 30-9-34 published in the Indian Medical Journal of Vol. XXVIII. XI p. 644.

The Jhansi Branch of A.I.M.L.A. considered the rejoinder of Dr. S. L. Sharma to this Branch's resolution No. 9 dated June 27, 1934, and also the resolutions of some District Branches and views of some of the members of the Association on this subject forwarded to this Branch for consideration. The matter was thoroughly discussed in 2 meetings of the branch which has come to the conclusion that Dr. Sharma and some of his supporters have not furnished any new material to persuade the branch to change its opinion and so, the branch sticks to its previous resolution No. 9 and offers the following explanatory note in support of its resolution.

The views of the branch referred to in resolution No. 9, were based on thorough consideration of the facts personally known to the members of the branch. There were certain unnecessary demands, *per se*, contained in the memorandum presented to H. E. the Governor, U. P. which in the opinion of the branch were inopportune and absurd:

(1) A request made for the appointment of 2 medical licentiates to be elected by the Medical Licentiates' Association as Personal Assistants to the Minister in charge, Medical Department and the I. G. C. H. and

(2) The right of the election of 2 medical licentiates to the U. P. Legislative Council.

The above demands in the opinion of the branch are preposterous that any right thinking man would laugh at them. This opinion of the branch was shared by the "Leader" and the "Hindustan Times" in their editorial comments published on 22-3-34 and 20-3-34 respectively. They were also adversely commented on by H.E. the Governor himself in his reply. Extracts from them will not be out of place to quote here. The "Leader" commented as follows:

"An extraordinary suggestion was made by the Association, the absurdity of which was pointed out by H. E. It wanted to be allowed to elect 2 medical Licentiates as P. A. to the Minister and the Inspector General of Civil Hospitals. Perhaps the authors of the suggestion thought that there was no better way of safeguarding the interests of the service they represented. It did not strike them that if it was accepted then the Registered Medical Graduates might also apply for similar concessions and the engineers too would like to be given similar opportunities for advising the Minister in Charge of the Public Works Department. The teachers too could not then be denied a similar privilege of instilling wisdom into the Minister of Education and Director of Public Instruction."

H. E.'s remarks published in the Hindustan Times dated March 20th, 1934: "Finally you will perhaps recognise that you yourself go beyond what is reasonable in asking that you should be allowed to elect 2 medical licentiates as P. A. to the Minister in charge of the Medical Department and I.G. C. H. That is not a noble method of securing entrance to Govt. service and I should be sorry to think that I should live long enough to hear its adoption in India".

The above remarks would give any reader an impression that the demands of the Licentiates' Association were really inopportune, unreasonable and unjustified. In this way we alienate the sympathy and support of the Minister, the heads of the Medical and Public Health Departments and members of the Legislative Council. The matter is left for the members of the Association and branches to judge how far Dr. Sharma's demands were just and equitable.

Dr. Sharma's remarks that the Jhansi branch's resolutions in question were misleading and against facts are not correct. The May 1934 issue of I.M.J. containing the memorandum printed to H. E. the Governor was received in Jhansi in July, i.e., one month after the meeting of the branch in which the above resolutions were passed. Similarly the June issue of our Journal containing the comments by Dr. A. Viswanathan of Madras on H. E.'s reply was received by the members in August 1934. Thus it will appear that the members of the Jhansi branch at the time of their June meeting were quite in the dark about the matter and therefore their resolution "that the reply to H. E. the Governor and to the adverse comments which appeared in the Lay Press was not published to remove the misunderstanding from the minds of the public" up to the time of the meeting was not perversion of facts, as stated by Dr. Sharma in his rejoinder.

It is also pointed out that Dr. Sharma has incorporated unnecessary and irrelevant things in reply to the resolution of this branch in dispute. His position as a President of the Provincial Branch U. P. is quite different from that of the author of the memorandum presented to H. E. the Governor. In the resolution of the Branch there was nothing malicious or personal against the President of the U. P. branch and Dr. Sharma should not have mixed the different offices to make his arguments more acceptable to the readers. It may also be mentioned here that *the information received by the branch on the subject is that the majority of the signatories of the memorandum did not suggest the inclusion in the memorandum these 2 points. In fact several members of the deputation received the printed copy of the memorial when it had already been submitted to H. E. the Governor for consideration.* If the branch has given expression to its frank opinion on certain demands put forward by Dr. Sharma in his capacity as author of the memorial and if these views happen to be different from those of Dr. Sharma, this Branch cannot be accused of any action of indiscretion or impertinence.

Although Dr. Sharma in his rejoinder plays the role of the President of the Branch and author of the memorandum yet he failed to exercise his discretion as President of the Branch not to include such matter which could be prejudicial to the cause of the immediate demand of the licentiates for the introduction of 5 years' course at Agra Medical School.

The branch after thorough consideration of Dr. Sharma's rejoinder has come to the conclusion that there was nothing misleading and incorrect in Jhansi branch's resolution and no wrong plea has been put forward therein. The branch fails to understand why Dr. Sharma wants to know if any disciplinary action against the mover of the resolution should not be taken. He is at full liberty to do so against this branch, if he so desires.

The above statement of the branch wich was unanimously approved by the members of the branch be sent to the Press to avoid the misunderstanding possibly created against the resolution of the branch.

A copy be sent to the following :—

1. Editor, I.M.J., Madras, 2. General Secretary of the Mother Association, 3. The District Branches in U. P., 4. The members of the U. P. Provincial Branch for information.

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Bombay Branch

Proceedings of the General Body meeting of the above branch held on 14-4-35 under the presidentship of Dr A. V. Baliga, F.R.C.S. (England).

Members present. 1. Dr. A.V. Baliga, 2. Dr. N. R. Karandikar, 3, Dr. R. R. Tavargiri, 4. Dr. U. B. Narayan Rao, 5. Dr. U. A. Rao, 6. Dr. B. Y. Paranjpe, 7. Dr. T. S. Dange, 8. Dr. U. S. Rao, 9. Dr. T.S. Daruvala, 10. Dr. P. H. Kanade, 11. Dr. V. G. Patharkar, 12. Dr. S. J. Bhatt, 13. Dr. A. D. Mastakar and 14. Dr. H. E. Meherji.

1. Minutes of the last meeting were read and confirmed.

2. Discussion on the subject of sending amendment to the draft new rules were dropped as it was considered too late.

3. Re: amalgamation of this Association with the All India Medical Association, the circular No. 2 dated 4-2-35 was read and gone through item by item. The following resolution was then passed unanimously:

"This General Body Meeting of the Bombay Branch of the A.I.M.L. Association approves of the items 1, 2, 3, and 4 with reference to the formation of a Federal Council.

Proposed by Dr. R. R. Tavargiri and second by Dr. B. Y. Paranjpe.

4. As requested by the Hon. Secretary it was resolved that the office address of the Bombay branch be changed to Cowasji Patel Street, Fort, Bombay.

Proposed by Dr. A. D. Mastakar and seconded by Dr. U. B. Narayan Rao. Passed unanimously.

5. The President then introduced the guest Dr. A Viswanathan to the members in a short speech and requested him to speak on the subject selected *viz.*, "*Future of Medical Licentiates.*"

Dr. A. Viswanathan in the course of his address said :

"It is time that the Medical Licentiates know their exact position in the Medical map of India. The Government cannot but acknowledge them as qualified Medical men. Their efficiency and usefulness have been recognised by the public. Yet it is strange that some responsible people, who ought to know better, talk about abolition of Medical Schools and thus bring about the extinction of the Medical Licentiates. I say, this is not at all a practical proposition—it is impossible under the present circumstances. Unmindful of these vapourings, the licentiates should continue to agitate for a full and open recognition by the Government, for equal registrability in the Provincial Medical Councils—not in compartments as it is at present - and for a common electorate, if possible, or at least for a joint one for the purpose of Medical Council elections. You must see that the Medical Councils do not perpetuate the meaningless and stupid difference between the Licentiates, Graduates and the Indian Medical Officers. The Medical Register must not be allowed to be maintained in the manner of a classified sales department of a millinery shop."

The Secretary heartily thanked the guest and members present. The meeting terminated with a vote of thanks to the chair after light refreshments.

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Managing Committee Meeting of the above branch held on 26-5-35.

Members present: Dr. A. V. Baliga, Dr. N. R. Karandikar, Dr. U. B. Narayan Rao, Dr. R. R. Tavargiri, Dr. U.S. Rao, and Dr. B. Y. Paranjpe.

1. Minutes of the last meeting were read and confirmed.

2. Vouchers 8, 9, 10 and 11 amounting in all to Rs. 14-4-6 upto 24-5-1935 were checked and passed.

3. Read letter from the Editor, Medical Digest, enquiring whether the Branch has arrangements to circulate journals and if so he will gladly supply a copy of his Journal : it was resolved that he should be thanked for the offer and requested to send the copy every month to the branch office. Further, the Secretary was requested to address the members informing them that the Managing Committee has proposed to start a circulating library and that all the members are requested to supply the Secretary with a list of Medical Books and Journals that they can individually lend to the library.

The meeting terminated with a vote of thanks to the chair.

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Proceedings of the General Body meeting of the above branch held on 26-5-35. Dr. A. V. Baliga, F.R.C.S. (Eng.), the president, presided.

1. Minutes of the last meeting were read and confirmed.

2. The delegate, Dr. M. E. Meherji read out the Conference Report.

3. *Clinical Meeting.* Dr. Ganti opened discussion on Diarrhœa in children". He read an interesting paper. Drs. Karandikar, U.B.Narayan Rao, B. Y. Paranjpe, U. S. Rao and others contributed to the discussion.

The meeting terminated with a vote of thanks to the chair after light refreshment.

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Proceedings of the General body meeting of the Bombay branch, A.I.M.L.A.

1. The minutes of the meeting held on 26-5-35 were read and confirmed.

2. It was resolved that a branch fund be started on voluntary contribution basis for meeting all the branch expenses not sanctioned by the mother Association. It was further resolved that the accounts of the branch fund should be placed before the managing committee every month at their meeting for checking and passing. Proposed by Dr. U B. Narayanrao and seconded by Dr. N. R. Karandikar. Passed unanimously.

3. Re. contribution to Quetta Relief Fund. It was considered unnecessary to start a separate fund for this purpose as many of the members have already sent their subscriptions direct. Further it was suggested to the Governing body of the mother association that a contribution may be made in the name of the Association towards the Quetta Relief Fund. The General Secretary's circular *re*: this was read and directed to be filed.

4. Letters from Drs. B. Y. Paranjpe. U. B. Narayanrao and A. V. Baliga *re* : Library were read and recorded.

5. The Secretary was directed to call a meeting of the reception committee to finally settle about the account.

The meeting terminated with a vote of thanks to the chair, after light refreshments.

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General body meeting the Bombay branch held on 7-7-35 (Vice President was in chair).

1. The minutes of the General body meeting held on 14-6-35 were read and confirmed.

2. General Secretary's circulars Nos. 10, 11 and 12 were read. *Re.* U. P. Government's amended poison rules, the following resolution was passed unanimously. This meeting of the Bombay branch of the A.I.M.L.A. emphatically protests against U.P. G.O. No. 1000/VL-1776-1930 dated April 1935 which has promulgated the new poison rules thereby bringing the entire medical profession to direct slur.

This meeting further authorises the President of this meeting to forward this resolution to the Government of U.P. and to the Local Press. Proposed by Dr. A. D. Mastakar and seconded by Dr. U. A. Rao.

3. The branch Fund Account from 25-5-35 to 30-6-35 were read for information of the members. The President appealed to the members present to contribute liberally to the Fund and to make it possible for the branch to work more actively than hitherto.

4. For want of time, the clinical meeting was adjourned.

5. The Secretary was again requested to send the invitations to all the Non-member Licentiates of Bombay to attend the Clinical Meetings.

The meeting terminated with a vote of thanks to the chair after light refreshments.

***

Managing Committee Meeting of the Bombay branch held on 14-6-35 (Dr. N. R. Karandikar was voted to the chair).

Minutes of the previous meeting were read and confirmed.

The Secretary read letters received from Drs. U.B. Narayan Rao, B. Y. Paranjpe and A. V. Baliga in reply to the circular letter *Re.* Library. The letters were then referred to the General Body.

There being no other business, the meeting terminated with a vote of thanks to the chair.

***

Managing Committee meeting of the Bombay branch held on 7-7-35 (Dr. N. R. Karandikar was in chair).

1. Minutes of the last meeting were read and confirmed.

2. Branch account from 25-5-35 to 30-6-35 were scrutinised and passed.

3. General Secretary's circulars Nos. 10, 11 and 12 were read and referred to the General Body for consideration.

4. Dr. M. E. Meherji's (Bombay branch delegate to the Indore Conference) T. A. bill for Rs. 22/2-was scrutinised and passed for payment.

The meeting terminated with a vote of thanks to the chair.

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Calcutta Branch

Proceedings of the meeting of the above branch of the A.I.M.L.A. held on 30-4-35 at 69-1, Serpentine Lane, Calcutta.

The following members were present:—Doctors 1. K. P. Sen, 2. S. N. Maitra, 3, P. N. Ghosh, 4. A. D. Mukherji, 5. R. C. Acharyya, 6. S. Roy, 7. A. N. Roy, 8. Mrs. N. B. O'Brien. Dr. A. D. Mukherji was in the chair.

Resolutions.—1. Proceedings of the last meeting were read and confirmed.

2. Proceedings of the Indore Conference were discussed in the meeting.

3. Statement of accounts were read and recorded.

4. A letter from the President, Indian Medical Association, was read and the Secretary was requested to answer stating that he being away from Calcutta to attend Indore Conference could not inform the members of the branch in time.

5. The following T. A. Bills of Doctors A. D. Mukherji and A. N. Roy, the delegates who attended the Indore Conference, were passed for payment.

(*a*) Dr. A. D. Mukherji	...	Rs.	65	2 0
(*b*) „ A. N. Roy	...	„	66	9 0

6. The Secretary informed the house that the typist should be given some remuneration for the work he does on behalf of the Association. The Secretary, Dr. A. N. Roy, was authorised to settle the matter with the typist concerned.

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Proceedings of the meeting of the above Branch of the A.I.M.L.A. held on 21 6-35 at 69-1, Serpentine Lane, Calcutta.

The following members were present:—Doctors 1. A. D. Mukherji, 2. A. N. Roy, 3. M. L. Gosh, 4. S. C. Roy, 5. S. K. Bhar, 6. S. L. Roy, 7. A. P. Mukherji 8. P. N. Ghosh, 9. A. N. Chakraborty, 10. K. P. Sen, 11. E. Ahmed, 12. S. N. Moitra, 13. K. P. Sen Gupta, 14. M. S. N. Khan, 15. S. C. Sen Gupta, 16. Mrs. N. B. O'Brien, 17. A. N. Mukherjee, 18. G. Biswas.

Dr. A. D. Mukherji was in the chair.

Resolutions.—1. This meeting requests the Local Government and the Surgeon-General to continue the old practice of allowing the Sub-Assistant Surgeons to prosecute higher studies by granting them necessary leave and other facilities which were so kindly given by the Government so long, in the interest of the public and the profession.

2. The meeting requests the Local Government and the Surgeon-General with the Government of Bengal to throw open the newly created posts of Associate Hony. Surgeons and Physicians at the Campbell Hospital, to the deserving licentiates of medical schools, so that the licentiates of medical schools be not deprived of public service which they so eagerly wish to render.

3. That the members be requested to send the above resolutions which they want the Provincial Conference to consider to its Secretary within the 30th June 1935. The said resolutions be placed before a Committee consisting of the following five members with Dr. A. N. Roy as convenor for final consideration and the resolutions recommended by the said committee be sent to the Secretary, Provincial Conference.

Members of the sub-committee:—Doctors 1. S. N. Moitra, 2. S. L. Roy, 3. M. L. Ghosh, 4. S. K. Bhar, 4. A. N. Roy, Convenor.

4. Resolved that regarding the removal of electric and gas connections from R.M.O. Quarters, Campbell Hospital, Calcutta, the Provincial Secretary be requested to draw the attention of the Surgeon General, the Minister-in-Charge of Public Health, and the Superintendent, Campbell Hospital, to the editorial comment published in the Indian Medical Journal — page 175—March 1935, for removing the disadvantages of the R.M.O.'s in the interests of the hospital and the public.

5. With regard to the representation that was made last year to the Calcutta University for giving facilities to the licentiates for prosecuting further studies, it was resolved that the saine Sub Committee with Dr. A. N. Roy as convenor be entrusted with the task to see to the matter and to continue the agitation till the object is attained.

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Proceedings of the meeting of the above branch of the A.I.M.L.A. held on 31-7-35 at 69/1, Serpentine Lane, Calcutta.

The following members were present.—Doctors 1. K. P. Sen, 2. S. N. Moitra, 3, A. B. Dey, 4. Mrs. N. B. O'Brien, 5. A. D. Mukherji, 6. S. C. Roy, 7. A. N. Roy.

Dr. A. D. Mukherji was in the chair.

Resolutions

1. Proceedings of the last meeting were read and confirmed.

2. Circulars No. 11 and 12 from the General Secretary were read and recorded.

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Madras Branch

Proceedings of the Managing Committee meeting of the above Branch of the A.I.M.L.A. held on 24-6-35 at 5-30 P.M. at No. 57, Thambu Chetty Street, under the Presidentship of Dr. R. Ramanjulu Naidu.

The following members were present on the occasion.:—Doctors (1) R. Ramanjulu Naidu, (2) K. Venkat Rao, (3) G. Subbarayadu, (4) U. D. Gopal Rao, (5) A. Viswanathan, (6) D. V. Venkappa, (7) K. S. Sivaramakrishna Iyer, (8) T. V. Ranganatha Rao and (9) V. Vijayaraghavan.

Dr. K. S. Sivaramakrishna Iyer was at home to members.

Before the proceedings began, the Secretary introduced Dr. V. Vijayaraghavan who was elected as a Member of the Committee in place of Dr. K. S. Sivaramakrishna Iyer elected as Joint Secretary in place of Dr. P. C. Ramachandraraju (transferred).

The minutes of the previous meeting held on 7-5-35 were read and confirmed.

The accounts for the month of May 1935 aggregating to Rs. 9-9-8 were placed on the table and passed unanimously.

The Secretary read the following papers before the house.

(*a*) Circular No. 8 from the General Secretary regarding the Quetta Catastrophe and the need for raising the funds.

The following resolution was passed in connection with the above circular: "Resolved that the Madras Branch of the All-India Medical Licentiates' Association do record its sympathy with the sufferers in the Quetta Earthquake disaster and to organise a fund forthwith and to request all the members of the Association to contribute liberally for the same."

The above resolution shall be communicated to (1) The Secretary, Local Self Government, Madras, (2) The Secretary, Local Self Government, North West Province, India, and (3) The General Secretary, A.I. M.L.A., Bombay.

(*b*) Circular No. 9 from the General Secretary detailing the past work of the Association and the future programme—Recorded.

(*c*) Letter from Dr. R. S. Rama Rao, L.M.S.S.A. (London), requesting the Association to wait on a deputation with the Surgeon General to represent the grievances of Sub-Assistant Surgeons with higher qualifications, such as delay in appointments to selection grade Sub-Assistant Surgeons, reorganisation of Assistant Surgeon's stations in the Presidency, and freedom from appointment in agency areas for the second time.

The Committee was of opinion that a special committee consisting of Doctors K. S. Sivaramakrishna Iyer, D. V. Venkappa, G. Subbarayadu and U. D. Gopal Rao shall go through the matter and do the needful.

(*d*) Letter from Dr. G. Subbarayadu expressing some of the service grievances such as the permanency of lectureships and allowances to wardens *etc.*, was read before the house and the matter was referred to the special committee, *vide supra.*

(*e*) Letter from Dr. T. Satakopan, M.D., accepting the congratulations of the Committee on his election to the Indian Medical Council and expressing an opinion that he would bear in mind, in the discharge of his duties in the Indian Medical Council, whatever instructions our Association might be pleased to give him at any time.

(*f*) Letter from the Surgeon-General with the Government of Madras intimating that vacancies in the selection grade of Sub-Assistant Surgeons that arose after 13-4-1933 would not be filled by Sub-Assistant Surgeons who were entitled to the old scale of pay—Recorded.

(*g*) Letter from the Finance Secretary objecting to Rs. 3-5-9 of the Madras Branch bill for April 1935 in respect of conveyance charges incurred by the Provincial and Branch Secretaries who waited on a deputation to the Surgeon General with the Government of Madras on 12-4-1935: The Committee is of opinion that as the question of deputations waiting on the heads of departments and other public bodies is a general affair, especially concerning the larger interests of the Association, the Finance Committee is not justified in objecting to Rs. 3-5-9 incurred by the Provincial and Branch Secretaries by way of conveyance charges in connection with the deputation to the Surgeon-General, Madras. It is therefore resolved that the Mother Association shall bear the sum of Rs. 3-5-9 incurred by the Secretaries, Madras branch, in connection with the above said deputation.

(*h*) Letter from Dr. D. V. Venkappa, Provincial Secretary, requesting the Secretaries of the Branch to convene a clinical meeting of the Branch with Major G.R. Mc Robert, M.D., F.R.C.P., D.T.M.H. and I.M.S., as thePresident and Dr. S. R. Bhat, M.B.B.S., L.D.Sc., as the lecturer, the subject being 'Dental Profession as it is practised in India". In this connection the Secretary brought to the notice of the house the want of funds to hold such meeting hereafter and the necessity of organising a local fund

to meet the expenses in view of the new rules that are now in force. The committee is of opinion that the resolution No. (9) of the proceedings No. 4 of 7-5-1935 which authorised the Secretaries to organize the local funds shall be given effect to and the voluntary contribution of Rs. 10/-per month by Dr. A. Viswanathan should be accepted.

(*i*) Letter No. 74 of the Madras Branch to the Registrar, Madras Medical Council,requesting him to furnish the details regarding the precept cards publication in the Local Gazette and the local English dailies in connection with the retirement of Dr. U. Rama Rao from the Medical Council and the election of Dr. Y. Suryanarayan of Tuni, said to be the only nominated candidate to the vacant seat—the Committee passed the following resolution :

That the Managing Committee of the Madras branch of the All-India Medical Licentiates' Association views with surprise at the recent election that is said to have taken place and is of opinion that it has not been held as per rules of the Madras Medical Registration Act Sub-section (1) (*e*) of section 5 ;

That, therefore, a fresh election may be ordered in fairness to the electorate after giving due publicity to the election and issuing the necessary precept cards as has been done so far.

The Secretary brought to the notice of the house the sudden trasfer of Dr. C. S. Mohanarangam and the consequent vacancy of his seat in the managing committee of the Association. The following resolution was passed in this connection. The Maging Committee records with great pleasure the useful services rendered by Dr. C. S. Mohanarangam as the member of the Managing Committee of the above Association and further hopes that he would continue to show his sympathy and to give his services to the Association wherever he is. It was resolved that Dr. K. Rama Rao, L.M.P., Hony. Clinical Assistant, General Hospital, be co-opted as the member of the Committe in place of Dr. C. S. Mohanarangam, transferred.

The meeting terminated with a vote of thanks to the president and the host of the day.

***

Proceedings of the Managing Committee meeting of the above branch held on 29-7-85 at 5-30 p.m. at No 57, Thambu Chetty St., Madras under the Presidentship of Dr. R. Ramanjulu Naidu.

The following were present;—Doctors R. Ramanjulu Naidu, K. Venkatrao, U. D. Gopal Rao, K. Rama Rao, Y. Suryanarayana Rao, G. Subbrayudu, D. V. Venkappa, K. S. Sivaramakrishna Iyer and T. V. Ranganatharao.

Dr. R. Ramanjulu Naidu, the Vice-President of the branch welcomed the members who were entertained to light refreshments.

The minutes of the last meeting were read and confirmed.

The accounts for the month of June 1935 aggregating to a sum of Rs. 5-10-9 were placed on the table and passed unanimously.

With reference to letter No. 335/35 dated 1st July 1935 from the Finance Secretary, Bombay, intimating the Secretary, Madras Branch, that " the committee regrets its inability to pass the objected item of Dr. U. D. Gopal Rao's bill ": the house was of opinion that the matter should be placed before the President and the members of the Standing Committee of the Association for their consideration and necessary action.

The Secretary brought to the notice of the House that a sum of Rs. 27-12-0 was collected as on 27-9-35 towards the " Quetta Earthquake Relief fund ".

Dr. Y. Suroyanarayanarao, Ex-Secretary, Madras Branch brought, to the notice of the house the letter No. 884/F. 2 dated 27th July 1935 from the Hon. Secretary, the National Health Association of Southern India, intimating the above association its dues of Rs. 43-2-9 to the National Health Association, Southern India. As the house was in dark regarding this point, the Secretary was asked to correspond with the Secretary, National Health Association, for further details.

Letter from Dr. A. Viswanathan expressing his inability to pay his promised donation of Rs. 10/-per month towards the expenses of the branch for some more months on account of his " incurring heavy out of pocket expenses in connection with the Indian Medical Journal ", was placed before the Committee. The letter was recorded.

Letter from Dr. Y. Suryanarana Rao, requesting to include the following service grievance in the memorada which would be submitted to the Surgeon General in connection with the deputation, vide proceedings of the committee 24-6-85, was placed on the table and the Secretary was authorised to do the needful in the matter.

Service Grievance.—" The non-filling of the vacancies in the cadre or selection grade Sub-Assistant on the old scale of pay ".

Letter from the Registrar, Madras Medical Council, informing the Association that " the procedure adopted by the Medical Council Office in connection with the election held to fill the vacancy in the Medical Council Office in connection with the election held to fill the vacancy in the Medical Council caused by the retirement of Rao Saheb Dr. U. Rama Rao was in accordance with the resolution passed by the Medical Council at the General Business meeting held on the 4th March 1935 " was placed before the house and it was resolved that further steps should be taken in the matter with the co-operation of the Provincial Secretary, Madras.

Letter from the personal assistant to the Surgeon General with the Government of Madras, informing the Association that the Surgeon-General would be pleased to receive the deputation shortly, vide Madras branch proceedings, 24-6-85.

The Secretary brought to the notice of the house the disabilities in the matter of promotions and appointments of Medical Licentiates working in the Madras Corporation and in this connection the following resolution was moved by Dr. G. Subbarayudu. " Resolved that a committee of four members do wait on deputation on the Commissioner of the Madras Corporation with regard to certain disabilities of the medical licentiates of the Corporation of Madras, such as pay of Special Sub-Assistant Surgeons and Medical Inspectors of Schools and the Committee may draft a memoranda and submit the same to the Commissioner for necessary action."

The resolution was seconded by Dr. K. S. Sivaramakrishna Iyyer and passed unanimously. The following four members were elected to be the members of the deputation.

Doctors Ramanjulu Naidu, D. V. Venkappa, K. Venkat Rao and U.D. Gopal Rao.

The circular letter from the Vice-President regarding the Indian Medical Journal, could not be considered as the letter was not circulated among all the members of the committee. The Secretary was asked to place the same before the next meeting of the Committee.

The meeting terminated after a vote of thanks to the chair who was also the host of the day.

***

Proceedings of the Managing Committee meeting of the above branch of the A.I.M.L.A. held on 31-8-35 at 6 P.M. at No. 57, Thambu Chetty St., Madras, under the presidentship of Dr. R. Ramanjulu Naidu.

2. Doctors A. Viswanathan, Y. Suryanarayana Rao, D. V. Venkappa, R. Ramanjulu Naidu, G. Subbarayudu and Dr. K. S. Sivaramakrishna Iyyer were present on the occasion.

3. Dr. G. Subbarayudu welcomed the members who were entertained to light refreshments.

4. The minutes of the last meeting were read when Dr. Viswanathan raised a constitutional point questioning the validity of the Vice-President's circular referred to in para 16 of the minutes. He further appealed to the Vice-President to withdraw the circular in the larger interests of the Association.

5. After hearing the views of the members prssent, the learned President consented to withdraw the circular and the house was unanimously of opinion that the entire para referring to the above point should be deleted from the minutes. The Secretary was authorised to do the needful in this connection.

6. The accounts of the branch for the months of July and August 1935 aggregating to a sum of Rs. 15-8-9 were placed on the table and passed unanimously.

7. Letter No. 981 from the Commissioner, Corporation of Madras, asking for particulars regarding the disabilities of the Medical Licentiates working under the Corporation of Madras and the reply letter No. 130 from the Secretary of the Madras branch specifiying the grievances of the Medical Licentiates were read before the house.

8. Letter No. 1660 from the Surgeon-General with the Government of Madras, informing the Association of the use of the following form by registered Medical Practitioners while issuing Vaccination Certificates to people going out of India was read.

Form of Vaccination Certificates

1 .. . . (name in block letters), Registered Medical Practitioner hereby certify that Mr., Mis., or Miss identification marks 1.....2.....3 aged—— has been $\frac{\text{vaccinated}}{\text{revaccinated}}$ on—— — — date, with vaccine Lymph issued from the . ...Institute.

Date of issue of the Lymph.

No..... .....Date of Reciept of Lymph.....

Date of Vaccination.....

Signature

Registered Medical Practitioner.

9. The Secretary brought to the notice of the house Circular No. 14 of the General Secretary, for holding a protest meeting regarding the All-India Medical Council Bill on 20-9-35, The house resolved to hold a public meeting on the day.

10. The meeting terminated with a vote of thanks to the chair and to the host.

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INDEX

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