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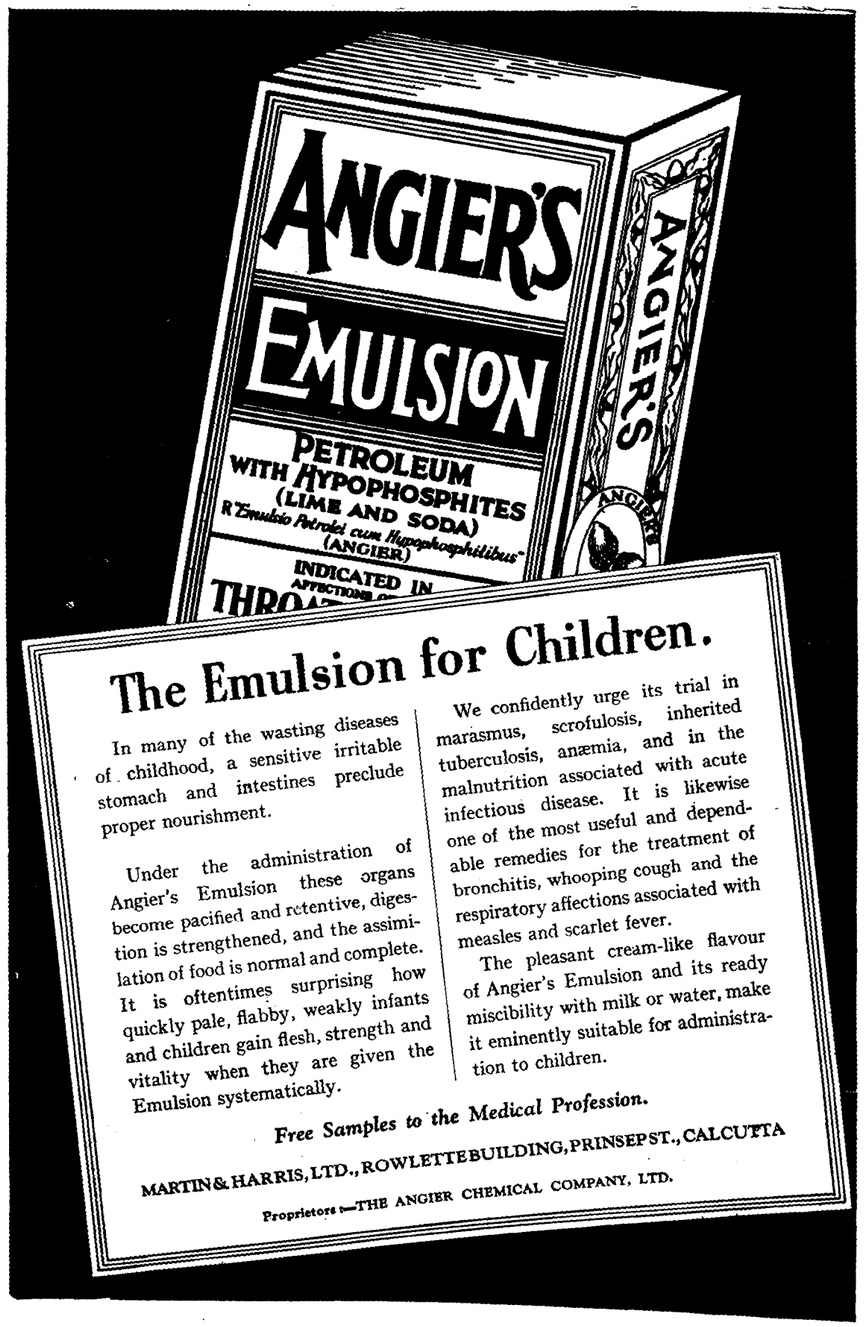

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ADDRESSES AND ARTICLES

Bronchial Asthma*

● Dr. T. V. Muthuswami Chettiar, Tirupur

I

Chronic bronchial asthma is a very common ailment. Every day we are meeting with several asthma cases. The analysis of a number of cases of asthma (vide appendix 1) will show that beyond giving temporary relief from distressing symptoms, drug therapy is not of much use. "It is comparatively rare that a patient is given such complete relief that he never has another attack. It is therefore necessary in almost every case to devise some treatment for a complete cure of the asthmatic paroxysms" (Arthur F. Hurst)[16].

The following is a short review of the recent advances in the treatment of asthma.

In 1931, R. N. Chopra[1] wrote:—

> Although a considerable amount of study and research have been directed towards the elucidation of the problems involved in asthma, our conceptions regarding this mysterious malady are still in the melting pot, and are undergoing frequent changes. New data are appearing from time to time and are being emphasised by new schools of thought, only to be discarded shortly afterwards when their shortcomings have been demonstrated by still more newly discovered facts. Neither is it uncommon to find distinguished authorities on the subject at variance with one another in respect of some fundamental ideas about the causation and manifestation of the asthma syndrome. The clinician, therefore, is left to formulate his conclusions from the ever increasing mass of literature, and more often than not, finds himself in hopeless confusion.

The same author wrote[2], after two years, as follows:—

> Though much water has flowed under the bridge since the asthma syndrome was first recognised, the problem has remained as elusive as before. Medical research has probed into the problem from various aspects, but there has been a tendency on the part of enthusiastic workers in some of these fields to neglect due consideration of the other aspects. For some, asthma is merely a psychological problem, for others, allergy and hypersensitiveness to foreign proteins play the most important part; there is another school that would ascribe the condition to calcium deficiency and endocrine unbalance, and the toxic element is the primary thing with still another group of workers, who would consider all the nervous manifestations of the disease as merely due to failure of the nervous system to co-operate successfully in getting rid of the toxin. Certainly, there are other factors which can produce a paroxysm in the absence of an exciting toxin.

This leads us to the study[4, 5] of the nasal origin and intranasal treatment of asthma (vide case No. 21).

Based upon the assumption that nasal polypi (or any such cause of nasal obstruction as adenoids, etc.), are frequently found in association with asthma and that in a majority of such cases, asthma can be relieved by their removal, there are two commonly accepted theories on the connection between asthma and the nose.

These theories are as under:—

1. Nasal obstruction, by interfering with nasal respiration, prevents the inspired air from being either warmed or purified before entering the lower respiratory tract. The results are: the delicate mucous membrane of the bronchi is exposed to changes of temperature and to the irritation of the various inspired particles for which it is not prepared, then begins bronchial catarrh and this in turn produces the asthmatic attacks.
2. Certain nasal lesions act as the sensory exciting cause of a reflex which manifests itself as an asthmatic paroxysm.

* A paper read at the Annual Conference of the Trichy District Medical Association on 20-12-35 and submitted for publication on 17-1-1936.

It was in 1871, that, in support of these theories, Voltolni reported eleven cases of relief of asthma by removing nasal polypi. His example was followed by many observers who also reported successful results in the treatment of asthma by nasal means. Belief in the nasal origin and intranasal treatment of asthma gradually gained ground until a climax was reached in 1886, when Bosworth, an American Rhinologist declared that "a large majority, if not all cases of asthma, are dependent upon some obstruction in the nasal cavity." Dr. Bosworth quoted cases in which asthma has disappeared after the nose has been rendered free by the removal of polypi, turbinated bodies, adenoids, etc. Septal spurs, crusts, ulcerations, hypersensitive areas of mucous membrane, enlarged turbinated bodies and adenoid vegetations are blamed as being asthmogenous points and are quoted where the treatment of such conditions has resulted in the relief of asthma.

There is a third theory which describes the asthmatic as a neurotic. Writes W. Langdon Brown[3] (1928) :

> According as the one or the other division of the vegetative nervous system with its associated glands tends to overact, Eppinger and Hess have distinguished two types of neurotics—the vagotonic and the sympathicotonic.

Laryngeal spasm, respiratory arrhythmia, low blood pressure, increased secretion and movements of the stomach and spastic constipation may all result from an oversensitive vagus. The undue sensitiveness to proteins displayed in vagotonia reveals itself superficially as dermographia or urticaria, and, more profoundly as anaphylactic shock. The vagotonic subjects tend to be fat and flabby on the physical side, apprehensive but not excitable on the mental.

Sympathicotonia is characterised by tachycardia, raised blood pressure, lower sugar tolerance and atonic conditions of the alimentary tract ; such individuals often get thin and their temperature is easily raised. They are emotional and excitable.

Belladonna tends to diminish and pilocarpine to increase the vagotonic symptoms. Adrenalin tends to increase the sympathicotonic states.

Just as a disturbed balance may be brought back to equilibrium, either by increasing the load at one end or by decreasing it at the other, so in a vagotonic state such as asthma, belladonna and adrenalin may produce similar effects—the former by paralysing the vagus, the latter by stimulating its antagonist.

A fourth theory explains the asthmatic attacks as being due to irritation of an unstable vagal nucleus. The vagal nucleus in the asthmatic is unstable and it is highly sensitive to certain stimuli and that such stimulation of the vagus nerve sets up the spasmodic contractions of the bronchial musculature which is manifested in the form of asthmatic paroxysms. So, to effect a cure in asthma, the attack must be on the afferent nerve and the vagal nucleus itself *i.e.*, the factors which excite the highly sensitive vagal nucleus must be removed, and the vagal nucleus must be stabilised. Afferent reflexes *via* the vagus or the 5th nerve or both may further stimulate an already sensitive vagal nucleus. Such reflexes may have a starting point anywhere in the vagal region, as for example the nose, throat, bronchi, thorax or gastro-intestinal tract.[4]

The objections to the theory of nasal origin and nasal treatment of asthma are :—

1. Analysis of a large number of cases of chronic bronchial asthma show that the incidence of nasal polypi (and other causes of nasal obstruction) in asthmatics is less than three per cent.
2. The removal of polypi by no means relieves the asthma.
3. Not infrequently the asthmatic condition becomes worse after polypi are removed.
4. That, occasionally, asthma makes its first appearance after the removal of polypi.

Sir Felix Semon[1] summed up the results on the nasal treatment of asthma by dividing the cases into three groups :—

1. Lasting success obtained : exceedingly small percentage.
2. Temporary benefit ; comparatively large percentage.
3. No success at all : a very large percentage.

Dr. St. Claire Thompson[2] added a fourth class, viz., cases considerably damaged by intranasal treatment.

The consensus of opinion was fairly well expressed by Dr. Percy Kidd[5] thus : "If there was obvious disease of the nose local treatment was advisable, though the uncertainty of the results as regards asthma should be clearly explained to the patient".

According to Herbert Tilley[7] (1919) "Asthma is a respiratory neurosis and is probably caused by a reflex spasm of the bronchial muscles with associated vasomotor changes in the bronchial

mucous membrane. Among the most important afferent impulses are those which have their origin in the nasal cavities." In Mr. Tilley's simile, the afferent impulses only supply the spark which explodes the gunpowder. "The gun powder lies in the vasomotor centre and if we would devote our attention to remove this 'explosive' which we could do by making the vasomotor centre stable, we might confidently anticipate that the relief would be more permanent."

This leads us to the consideration of the vasomotor theory of asthma and the *Francis treatment* of asthma.

In support of the vasomotor theory are the following facts :—

1. That asthma is due to a reflex spasm of the bronchial tubes.
2. That the irritation may originate in the nose as is to be inferred from
   (*a*) the intimate association between hay fever and asthma.
   (*b*) the very common record of excessive sneezing at some period in the previous history of an asthmatic patient.
   (*c*) the most frequent alteration between asthma and sneezing.
3. That asthma is not directly due to any mechanical obstruction of the nasal passages and is not caused by any gross nasal lesion.
4. That some part of the nasal apparatus has a controlling influence upon the respiratory centre or there is in the nose, as it were, an agency through which the afferent impulses must pass. This is the most interesting of the whole phenomena of asthma.

According to Dr. Francis[8] (1932), asthma is not a disease due to any specific poison but is only a symptom of instability of the vasomotor centre. It is only a symptom of vasodilation of the bronchial vessels and that it can be cured by stabilising the vaso-motor centre. Many and varied are the irritants that are capable of affecting an unstable vasomotor centre and these affect the centre through different channels. These are for example, emotions, irritation through nerves of special senses as certain smells, emanations from cats, horses, dogs and feathers, dust arising from dress materials, linen fabrics, carpets, pollen of grasses and flowers, smell of certain paints, using wrong spectacles, straining of the eyes, gastro-intestinal toxæmia and other source of auto-intoxication, etc. Once the vasomotor centre is stabilised, it becomes immune to such irritants and asthma is cured.

Dr. Ch. S. John[9] (1934) sums up the *Francis treatment* of asthma as follows :—

1. By lightly cauterising the nasal septum, it is possible to give complete relief in the majority of cases of asthma of all kinds *i.e.*, whether cardiac, renal or bronchial.
2. The more free the nose is from gross lesion and hypersensitive areas, the greater is the prospect of affording complete relief.
3. Cases associated with nasal polypi are the most difficult to deal with and the least hopeful as far as permanent relief is concerned.

How is the vasomotor centre to be stabilised ? The most important method of stabilising the vasomotor centre is by direct action on the sympathetic nerves running in the mucous membrane. There are areas in the nose which are called 'sensitive spots'. These are the anterior ends of the inferior turbinated bone, the posterior ends of the inferior turbinates, the lateral ends of the middle turbinates and the septum opposite to them.

Are these sensitive spots the asthmogenic zone of Adam's ? There is a particular area on the septum which is closely connected with the centre controlling the calibre of the systemic blood vessels. On touching the spot with galvanocautery, a 15 to 20 millimetre drop in the systolic blood pressure is produced. It is to be noted that if the blood pressure is lowered by a vasodilator drug, it is likely to rise to its original level as soon as the drug is discontinued ; but the effect of reducing the blood pressure by cauterising the nasal mucous membrane is in a great measure permanent. When the vasomotor centre is thus stabilised irritants can no longer produce the erratic vasoconstrictions and vasodilatations. Dr. Ch. S. John[9] (1934) explains the experiments and procedure of cauterising the nasal mucous membrane in a concise manner.

Dr. Francis[8] and the supporters of his method of treatment claim that " Asthma is more amenable to treatment, and that the great majority of asthmatics, be their asthma catarrhal, spasmodic, cardiac or renal can be cured of their asthma permanently".

The Francis treatment is useful only in cases with a moderately high blood pressure. As, in cases of asthma associated with a low blood pressure, nasal obstruction as polypi, etc., and hyper-sensitivity to aspirin, this treatment is not successful, the field for its employment is limited to a great extent.

H. W. Acton[6] (1932) makes the following observations on *the Francis treatment* of Asthma :

How to find the spot for cauterisation is not well explained. The depth of cauterisation necessary is also not mentioned. We have not tried his method of treatment but we have been as successful in our results by finding out and eradicating the cause of the bronchial spasm and the turgescence of the bronchial mucous membrane.

H. W. Acton and Dharmendra[7] (1933), after an analysis of a large number of cases of asthma, published a clear grouping and classification of the asthma cases. Their classification is shown in Appendix 2 along with the appropriate treatment for each class. Wherever possible, the autovaccines must be used. When and where it is not possible to procure a supply of autovaccine, once the preponderating organism in the sputum are detected (on microscopical examination), the corresponding stock vaccines may be used. From the appendix it will be clear that, among Indians, asthma secondary to some disease or infection of the respiratory tract is much more common than the allergy cases.

"On the incidence of allergic asthma among Indians," Dharmendra and Napier[7] (1935) write as under :

Amongst Indians, asthma secondary to some disease or infection of the respiratory tract preponderates and that asthma as a result of hypersensitiveness to pollens, animal emanations such as horse hair, chicken feathers, or cat hair, and to specific foods such as egg and milk, is rare. Allergic asthma among Indians is usually dependant upon some abnormal condition in the gut (hence these cases are called cases of gut origin) such as intestinal hook-worm or strepto and staphylococcal infection. But only a small percentage of cases with chronic bronchitis, or with any of these intestinal infections suffer from asthma. There are, therefore, some factors which differentiate the group that develops asthma from those that do not. These factors are as follows :

1. Inherited hypersensitiveness to certain foreign proteins.
2. Hypoadrenia, due to intermittent dysfunction of the suprarenals as evidenced by a low blood pressure and hypoglycæmia.
3. Intestinal stasis, a pathological condition of the gut or liver dysfunction. It is possible that bacterial and foreign proteins absorbed from the intestines pass through the liver unchanged (on account of the inadequate proteopexic function of the liver) *en route* into the general circulation and enhance the sensitivity of the vagus so that stimuli which would be without effect in the normal persons, cause bronchial spasms in this class of patients (hypochlorhydria may also be present).

Cases of asthma secondary to some disease or infection of the respiratory tract show signs of hepatic dysfunction in common with other cases. In these cases, symptoms of intestinal stasis, hypoadrenia, and liver dysfunction may occur and these must be treated accordingly.

4. A connection between the onset of asthma and intermittent dysfunction of the endocrine glands especially the adrenals, thyroid and thymus is often suggested.

In a recent pamphlet[15] issued by the firm of Bayer, Germany, two German doctors (Doctors Slauck and Schmidt) have mentioned a number of cases of asthma cured by injections of Bayer's 'Campolan' (liver Extract). I have tried it in one case and contrary to all my expectations, injections precipitated the attacks (see case 23).

K. V. Krishnan[9] (1931) and Sandford[10] B. Hooker (1935) have dealt with the non-specific protein therapy of asthma in great detail. "Non-specific protein therapy requires judgment, careful attention and bed-side study on the part of the physician, perhaps in greater measure than any other therapeutic procedure. It should never be a routine ; to be useful it must be an individualised therapy, with dosage, preparation and time of application varied to the disease, its intensity, its duration, and the resistance of the patient." K. V. Krishnan[9] (1931), Chopra and Chowhan[17] (1935) report good results by this therapy, using snake venom. Appendix 2 will show that the field for the use of this form of therapy is very limited.

On the use of deep X-ray therapy in asthma Capt. T. W. Barnard[11] (1935) states : Deep X-ray therapy was tried in three cases of asthma, all of whom improved considerably. Cases of asthma are noted to react differently in different individuals, some reacting well with X-rays, others with ultra-violet radiation chiefly when combined with diathermic fomentation of the chest, subsequently to treatment with radiation.

Dr. A. Viswanathan[12] mentions R. N. Chopra's classification of cases of asthma. As Acton and Dharmendra's classification is more precise and accurate, I have followed the latter.*

The same author, has referred to the treatment of Infantile Asthma[13] and the treatment of Asthma with Soamin (B. W. & Co.) injections and tablets.[14] I have treated a few cases of Asthma in infants aged one to three months with Haliverol (P. D.), one drop thrice a day, once in two hours, or two drops twice a day, once in three hours. The results are gratifying. The attacks are promptly relieved and for months together they don't recur, the infants continuing to keep and enjoy good health (see case 10). Though some have found Soamin very effective in 'curing' asthma, I have found that it gives only temporary relief. I have reported a case (case No. 19) so treated. I con-

*There is very little difference between the two classifications. Ed. I.M.J.

fess there are other factors at work in this particular case.

Gonzales Y. Jiminez suggests that juvenile asthma (asthma in children, in his 14 cases, aged three to eight years) is almost invariably due to thyroid dysfunction. He has treated his fourteen cases with ½ to ¾ grain thyroid tablets daily (for several months) without any ill-effects. However, thyroid tablets should only be used with great care and caution. It should never be used indiscriminately for any length of time.[18]

Gold Salts Therapy of Asthma: L. Bauszky[20] (Leidon) reports good results from gold sodium thiosulphate given intramuscularly in doses of 5.5 mgm. Of twenty cases so treated, ten became wholly free from asthma. I am of opinion that the cases so benefited by gold salts therapy are probably cases in which the asthma is associated with general or pulmonary tuberculosis.

Asthmatiform syphilis[18] of the lungs is described on P. 229, of the Medical Digest, 1935. Status asthmaticus : the treatment of this condition is well described by Arthur F. Hurst[16] (1935).

A word about Calcium Therapy[4] of asthma cases. The relative frequency of asthmatic attacks at nights is due to a nightly alkalosis which removes active ionised calcium from the tissues. Consequently there is a relative increase of potassium ion in the body fluids and this sets up greater tonicity of the vagus. In fact, there is a nocturnal vagotonia and hence the attacks of asthma are more frequent in the night. An effort could be made to stabilise the vagal nucleus by relatively increasing the ionised calcium in the tissues. Hence the role of calcium chloride and calcium gluconate injections in the relief of the asthmatic attacks.

II

Some Thoughts On Asthma

Asthma and heredity: As the number of asthmatics with a negative past and/or family history is larger than those with a definite past and/or family history, and though in certain families, there seems to be an incidence of allergy, susceptibility is not always necessarily inherited. Where the disease runs in families, probably there is an inherited hypersensitiveness to certain foreign proteins which is actually transmitted. According to Acton and Dharmendra, cases of hereditary allergy are not common among Indians. It is common only amongst Europeans.

Perhaps, among Indians, where the disease runs in families, it is the nervous type of diathesis which plays the leading role ; *i.e.*, the members of such families are vagotonics.

According to Young and Beaumont (1928) heredity is not always direct, nervous instability being sometimes manifested, in other members of the same family, in the form of migraine, epilepsy or hysteria.

The vagotonics suffer from symptoms of chronic constipation, hypoadrenia and sluggish liver. In a well-to-do and rich family (which is under the author's observation for the past three years) there are three brothers. The eldest of them (upto November, 1935) was suffering from nasal polypi, adenoids and deflected septum causing obstruction to nasal breathing. In November he was operated by Dr. P. V. Cherian of Madras, and his nasal septum was cauterised. He feels better since then. The second is suffering from the effects of a high blood pressure every now and then. The third and the youngest (aged 27 years) is suffering from bronchial asthma. The duration of the illness in these cases varied from 5 to 10 years and in the case of all these the symptoms are frequent and severe during the last two years. All these brothers have a number of children of both sexes who are all quite healthy. It is noteworthy that the parents of these three brothers were apparently healthy. This family illustrates clearly that nervous instability manifests itself in different ways among different members of the same family.

Constitution in asthma : Though the vagotonic subject (when he first gets the asthmatic attacks) is fat and flabby, with each attack of asthma he tends to lose weight. In the early stages, once the attacks subside, the patient recoups his health and regains his weight. With repeated and frequent attacks, the patient becomes definitely reduced in weight and size. Chronic asthmatics are of thin build, with sallow complexion, anxious expression and nervous manners. Long neck, high, straight or square shoulders and forward stoop are characteristic of asthmatics. After numerous attacks the chest becomes emphysematous. Though some asthmatics lead active, useful lives in spite of the disease, it necessarily imposes limitations upon severe sufferers. The asthmatics are usually persons of sedentary habits as merchants, clerks, teachers, or labourers in the cotton mills or factories or fields, labourers in the rice, jute or textile mills, or persons living near to the cotton and rice mills or factories.

Reproductive capacity among men and women asthmatics (age 15 to 40 years) : I have found in my experience, that, whereas, as a rule, the asthmatic men have a number of

children of both the sexes, the asthmatic women are in most cases sterile. In the case of the asthmatic women, once they are cured of their asthma, they begin to have children (case 21).

Asthma and pregnancy:—Asthma is the most common of the respiratory diseases complicating pregnancy. This can be inferred from the fact that in a series of 21,266 confinements recorded at the Raja Sir Ramasami Mudaliar's Lying-in-Hospital, Madras, during the period 1914-27, asthma was responsible for 28 out of 57 cases with respiratory complications. In the first half of pregnancy, when the fœtus in utero is less resistant to infections, the asthmatic attacks are frequent and severe. In the second half of pregnancy, where the fœtus is more resistant to infections the asthmatic attacks are less frequent and less severe. Variations are common; whereas in some cases, the asthmatic attacks are made worse by pregnancy (so much so that pregnancy may have to be interrupted artificially), in other cases, the attacks subside during pregnancy and recur after delivery.

Asthmatics and marriage:—In the light of the above statements, the asthmatic women are well advised to get their asthma cured before they get married. If they get married before they are cured of their asthma, conception, should, as far as possible, be avoided, until such time as they are cured. When they become pregnant, they must be carefully looked after and if the attacks come on, they should be promptly relieved. Everything should be done to ensure that they remain free from the attacks throughout the remaining months of their pregnancy. Otherwise, during the course of a severe attack, miscarriage may occur, or, in the best interests of the mother, pregnancy may have to be interrupted artificially. The asthmatic men contemplating marriage may wait for sometime till they are cured of their asthma.

Asthma and Fever:—Though the chronic asthmatics keep a normal or a slightly (½ to 1°F) lower temperature, in some cases, during the attack, there is a slight rise (½ to 1°F). It returns to the normal when the patient is relieved of the attack. In cases in which the asthmatic attacks are associated with fever, they are probably due to the existence (in the patient) of septic foci, and the attacks, in most cases, set in when the mischief at the foci is at its greatest activity. One such case under my care proved to be due to septic, enlarged and inflamed tonsils (see case 22).

Asthma and Tuberculosis:—The relationship between asthma and tuberculosis is not definite. Whereas in some cases pulmonary tuberculosis precipitates the asthmatic attacks in persons with asthmatic diathesis, in other cases the asthmatics develop pulmonary tuberculosis. Where the asthmatics suffer from pulmonary tuberculosis, the latter may be the causal, complicating or co-existing factor. In patients with asthmatic diathesis, T. P. induces asthma (see case 9, 11, & 12).

Significance of the frequency and mode of onset of the asthmatic attacks:—Asthma occurring in persons aged about forty years or more with the attacks increased in severity and frequency in the winter and rainy seasons point to the presence of septic foci in the bronchi (cases 1, 9, 17). In the allegeric cases, the severity and frequency of the asthmatic attacks depend upon the method and duration of contact of the patient with the offending substance. The closer and longer the contact, more severe and frequent are the attacks. The remote and shorter the contact, the attacks are less frequent and less severe. Often, the attacks are preceded by allergic coryza and frequent sneezing (cases 4, 5, 6, 8, 12, 14, 15, 16, 23 and 24). In cases of gut origin, the attacks follow constipation, indigestion or other dyspeptic symptoms. (cases 2, 3, 23, 24). In nasal cases, the attacks are preceded by frequent sneezing, a sensation of blocking of the nose and allergic coryza Asthmatic aura, as a peculiar smell, is common in some cases (cases 3 to 5, 8, 12, 14 to 16, 19 and 21.) In the tonsil cases, the attacks are associated with attacks of tonsillitis (mild or severe) and often there is a slight rise in the patient's temperature which returns to the normal when the attack subsides. (Case 22). The attacks coming on in an otherwise healthy person is usually indicative of a latent septic foci which has become active or a sudden contact of a hypersensitive person with the offending substance. Occasional attacks of asthma may be indicative of an occasional contact of the patient with the offending substance; or, they may be indicative of a latent septic focus in which the infection is advancing at a slow rate, or, they may be indicative of occasional dysfunction of the suprarenals or the liver, or auto-intoxication from gastro-intestinal toxæmia. The attacks coming on in more or less regular intervals are indicative of regular, intermittent dysfunction of the adrenals. Attacks of asthma (mild or severe) continuing for several days at a stretch indicate a condition of status asthmaticus. This condition must be carefully treated. If in a mild case the symptoms increase in severity and frequency, it indicates acute or rapidly advancing inflammatory changes in the

causative septic foci, or a sudden and closer contact with the offending substance or gastro-intestinal toxæmia precipitated by digestive upsets and chronic constipation in the presence of a sluggish liver.

The chronic and elderly asthmatics, in course of time develop myocardial weakness and failure of compensation also becomes manifest with giddiness, dyspnœa on exertion, and œdema of the feet. The asthmatic attacks which used to come on only in winter are replaced by attacks of dyspnœa on the slightest exertion (as speaking aloud or continuously for a few hours, walking a short distance, etc.). These cases deserve the greatest care, attention and sympathy, and above all intelligent treatment (see cases 1 and 17).

Asthmatics and Life Assurance: On account of the risks which they undergo when they are not cured of their asthma, the asthmatics' lives may be assured with (slightly) increased premia.

Francis Treatment and High Blood Pressure cases: As, with this treatment, the blood pressure is said to be definitely reduced by 15-20 millimeters and this reduction is claimed to be permanent, can this method (of reducing the blood pressure) be adopted in the treatment of patients suffering from the effects of a high blood pressure? If this is possible, a large majority of the deaths, disabilities and discomforts resulting from a persistently high blood pressure can be avoided.

APPENDIX I

Analysis of cases of asthma

The following 25 cases are only a few of the most important cases that have come under my observation during the last 5 years. Some of the cases mentioned here are still under my treatment and observation.

Case No. 1. H.M. Age 62, duration 12 years, no family history of asthma and has children, retired vakil's clerk. Cause. chronic bronchitis. Treatment: asthma cigarettes and mixtures, adrenalin and ephedrin injections. Result: temporary relief. Remarks: for the past six months the patient shows signs of weak heart.

Case No. 2. H.M. Age 45, duration 5 years, no family history and has children, merchant. Cause: gastro-intestinal toxæmia. Treatment: adrenalin injection relieves the attack and the relief lasts longer if the patient is given an enema after the injection. Result: temporary relief. Remarks: gets the attacks only occasionally, once in 3 or 4 months.

Case No. 3. H.Mc. age 9, duration 1 year, and no family history. Same features as in case No. 2.

Case No. 4. Mh.M. age 45, duration: off and on for the last 10 years but frequent during the last 5 yeas, rice merchant. Cause: nasal allergy. Treatment: asthma mixtures, adrenalin and ephedrin injections. During the last one year, ephedrin tablets (P.D.) ¼gr. occasionally. Result: temporary relief. Remarks: patient is free when he is in his native place, sixty miles from here (Tirupur), gets the attack only when he is here and in contact with rice or cotton dust.

Case No. 5. Son of case No. 4, age 12, duration 2 years. Cause: nasal allergy and gastro-intestinal toxæmia. Treatment: asthma mixtures, adrenalin and ephedrin injections and patent medicines such as Famel's syrup and syrup coccillina compound (P.D.); uses ephedrin tablets occasionally. Result: temporary relief. Remarks: feels better only in his native place, though even there he gets occasional attacks.

Case No. 6. Daughter of case No. 4, age 9, duration 1 year. Cause: same as case No. 5. Uses ephedrin tablets (B.W.&Co.) occasionally. Temporary relief. Remarks: same as case No. 5.

Case No. 7. H.F., no family history, has one boy, age 35, duration 5 years. Cause: chronic bronchitis. Asthma mixtures, adrenalin and ephedrin injections. Only temporary relief. Attacks frequent in winter.

Case No. 8. H.F., aged 27, duration 5 years, house-wife. Cause: nasal allergy. Asthma mixtures give temporary relief. Patient residing near a ginning factory and the consequent inhalation of cotton dust bringing on the attack. Avoidance of the dust by living far away from the factory gives her complete relief.

Case No. 9. H.F., age 39, duration 2 years, no family history, no children, house-wife. Cause; chronic bronchitis (T. P. ?). Adrenalin, ephedrin, milk and sodium morrhuate injections tried. Only temporary relief. Still suffers in winter.

Case No. 10. H. Fe., age 3 months, duration 2 days, Haliverol (P.D.) two drops for two days twice a day relieved the attack promptly. No recurrence since then (6 months).

Case No. 11. H. F., age 20, duration 6 months, house-wife. Cause: T. P. early stage. Haliverol (P.D) relieved her trouble in 4 months. No remission so far (2 years).

Case No. 12. H. M., age 28, duration 3 years, ryot. Cause: nasal allergy, chronic bronchitis (probably early tubercular). Asthma mixtures did no good, attack relieved by smoking dried black datura leaves. Only temporary relief. Both the lungs are tubercular.

Case No. 13. H, M., age 30, duration 10 years, no family history, has children. Cause: chronic bronchitis. All the usual methods tried, besides autovaccine from sputum. Relief only temporary. Still gets the attack in winter.

Case Nos. 14, 15, and 16. These patients are workers in the local cotton ginning factories. After a few weeks contact with raw cotton they develop at first coryza, later on chronic bronchitis leading to asthma. They are too poor to change their avocations. They are temporarily relieved by Mistura Ipecac-opiata.

Case No. 17. H. M., age 50, duration 3 years, no family history, has children, retired telegraphist. Cause : chronic bronchitis. Adrenalin, ephedrin and milk injections. Temporary relief. Developed heart disease and died of heart failure.

Case No. 18. H. M., age 40, duration 12 years, no family history, has children, Dy. Inspector of schools. Cause : chronic bronchitis. Usual injection treatment. Temporary relief. Gets winter attacks.

Case No. 19. H. M., age 32, duration five years, no family history, has children, bank agent. Cause : nasal polypi. Polypi removed two years back. No relief. Soamin injections gave temporary relief Suffers much during winter. Advised removal of his septic tonsils. Patient is afraid of operation and is now trying native medicine.

Case No. 20. H. M., age 62, duration 15 years, no family history, has children, retired teacher. Cause : chronic bronchitis. Adrenalin, ephedrin and milk injections tried but to no avail. Has winter attacks.

Case No. 21. H. F., age 32, duration 7 years, no family history, house-wife. Cause : nasal polypi. Patient was insane when she was 16 years old. Two years before and five years after marriage she suffered from asthma. In the sixth year after marriage, the nasal polypi were removed at Madras after which she was free from asthma and also conceived. She is now the mother of 4 children and free from asthmatic attacks.

Case No. 22. H. F., age 14, duration two years, has septic enlarged tonsils. X-ray of lungs revealed no T. P. or glands. During the attack her temperature rises ½ to 1° F above the normal. Usual injections, relief only temporary. Patient was seen by Dr. M. R. Guruswamy Mudaliar of Madras in Sept. 1935. On his advice, she was given a course of autovaccine prepared from tonsillar exudates. She is now free from attacks, except for occasional cough. She was further advised to have her septic tonsils removed.

Case No. 23. H. M., age 25, duration five years, merchant's clerk. Cause : chronic bronchitis, intestinal toxæmia, and probably also nasal allergy. Adrenalin, ephedrin, pituitirin, atropine, alone or in combination gave partial relief. Campolon injection precipitated the attack. Mixtures gave little relief. This patient gets the attack whenever he comes in contact with cotton and rice dust. Another point of peculiar interest is that, during the period under my observation, he used to get the attack regularly on or about the 18th of every month and gets into a condition of status asthmatics for about 4 or 5 days. He is addicted to brandy : I could not dissuade him from this habit as he finds that this gives him relief. He is also very constipated passing one motion every 4 days.

Case No. 24. H. M., age 37, duration 10 years but most marked for the last 2 years, oilmonger. Cause : same as case No. 23. Usual injections and mixtures give but temporary relief. This case is of interest in that he gets the attack when he comes in contact with emanations from the gingili and the ground nut oil seeds when they are dried in the sun and collected. Compare this case with those who get the attack when exposed to cotton and rice dusts. He cannot avoid his present occupation.

Case No. 25. A case of vagotonic family is described in the text.

Note : Adrenalin hydrochloride given hypodermically is useful in group 2 cases and is of diagnostic value. It can be combined with ephedrin and pituitirin. Atropin 1/5000 to 1/200 grain (orally or by injection) is useful in cases of vagal instability. Tr. Belladonna, lobelia, etc., are usually given in mixtures. Pot. iodide is most useful in aged patients. Tr. of iodine (Rect) in 10 minim doses is often useful. Habit forming drugs such as morphin should not be used except in acute emergencies. The hardest cases of asthma are those who are addicted to morphia. Pot. Bromide and chloral hydras are justified in obstinate cases but should be used for a short period only. Arsenic (Fowler's solution 1 to 5 ms) may be useful in some cases. W. E. Schutz advises the use of dilute hydrochloric or nitro-hydrochloric acid in cases associated with hypochlorhydria. Thyroid extract (½ gr.) is useful in cases with definite hypothyroidism. Aspirin is of benefit in cases associated with disease or infection of the respiratory tract. It is of diagnostic value in group 1 cases. There are many proprietary remedies which, beyond giving temporary relief of distressing symptoms, are not of much use. No case of asthma should be treated by drugs alone for any length of time. Correct diagnosis of causative factor or factors and corresponding treatment should be our primary duty.

APPENDIX 2

Classification and treatment of cases of chronic bronchial asthma. (A) refers to Acton and Dharmendra's observation, (W) refers to writer's further observation and comments.

Group I. Infection or diseases of the respiratory tract

(A) i. Nasal reflex cases. Examination of the nose and para-nasal sinuses reveal presence of polypi, adenoids, deflected septum, engorgement or enlargement of the turbinated bones, congestion of the mucous membrane, etc. Leucocyte count more or less normal. Arneth's count normal. Eosinophilia normal. (W) If a powder containing aspirin gr.5, phenacetin grs. 3 and caffeine citras grs. 3 does not give relief (which usually relieves group i cases), we have to look for any co-existing allergic factors and the patient advised to avoid the offending substance. In cases associated with vaso-motor instability, the *Francis treatment* may be tried. Permanent relief may be obtained by operative removal of polypi, adenoids, etc. It must be noted that nearly 10% of asthmatics are sensitive to aspirin and as such this drug should be used with caution. (Refer illustrative case No. 21).

(A) ii. Throat cases with foci of infection in the throat as septic or enlarged tonsils. These may apparently look healthy but on pressure a thin fluid exudate may be obtained. Sub-maxillary glands are also found enlarged. Cellular counts as in No. i. (W) One or more of the following conditions may be present: (a) liver dysfunction, (b) chronic constipation, (c) intestinal intoxication, (d) inherited or acquired hypersensitiveness to certain foreign proteins, (e) intermittent insufficiency or dysfunction of the adrenals, indicated by low blood-pressure, (f). vasomotor instability (g). general debility (h). a slight rise of temperature during attacks. Treatment :—a course of auto-vaccine injections from tonsillar exudates, can be repeated after 3 or 4 months if necessary ; operative removal of the affected tonsils if the general condition of the patient admits ; constipation relieved by a paraffin preparation or a bowel wash ; liver extract orally or parenterally for liver dysfunction ; adrenalin injections if there is hypoadrenia ; general tonics containing iron, arsenic, glycerophosphates, iodides, etc. ; cod liver oil or Haliverol (P. D) (Refer illustrative cases No. 22 and 19).

(A). iii. Bronchial cases due to septic infection of the bronchi with common micro-organisms. Symptoms are marked and increased in severity during cold and rainy seasons. Such cases are common among persons aged 40 and more. Arneth's count shows a shift to the left. Leucocyte count may be high or low. (W). General or pulmonary tuberculosis may be a co-existing factor or there may be an allergic factor. Von Pirquette's test and Xray for diagnosing tubercular infection may be utilised. A positive Von Pirquette's test is not reliable. Dermal allergin test is not practicable. Desensitisation may be done either with specific or non-specific protein therapy. Auto-vaccines from a pure culture of the sputum organisms may be given in increasing doses, often with permanent benefit. A course of 6 to 12 injections may be necessary. (Refer illustrative cases No. 1, 7, 9, 10, 13, 17 & 20).

(A). iv Bronchial cases due to infection with a gram negative, non-motile organism belonging to the Blasthella group, the morphology of which is still under discussion. (W), The rest of the details same as in (iii).

(A). v. Cases in which asthmatic attacks are due to pressure on the bronchioles of enlarged hilum glands. These cases can only be diagnosed by a skiagram. (W). There may or may not be other co-existing factors. Deep Xray therapy gives relief.

Group II.—Allergic cases

(A). i. Local allergy of the nasal mucous membrane to dust, pollen, animal emanations, etc. : usually of congenital origin. These case are common among Europeans, rare among Indians. Leucocyte count high. So also eosinophilia. Arneth's index normal. (W). If any other factors co-exist, they must be promptly attended to. Advise the patient to avoid the offending substance or desensitize him.

(A). ii. Local allergy of the nasal mucous membrane to dust, pollen, emanations, etc. Usually acquired. Common among Indians, especially among the jute and textile workers of Bengal. (W). Refer illustrative cases No. 14, 15, 16, 4, 5, 6, and 8 who were all labourers in the local cotton and rice mills and factories. Leucocyte and eosinophilia count high ; Arneth's index normal, *Group II cases respond promptly to adrenalin injections during attacks.* To obtain permanent relief, patients are advised to change occupation if possible. In resistant cases, desensitisation.

(A) iii. Food allergy. Common among Europeans, rare among Indians. (W) avoid the offending food if possible or employ specific or non-specific protein therapy. Be also on the look-out for any co-existing factors.

(A) iv. Cases in which the allergic symptoms are secondary to bowel disorders, due to absorption of toxins from intestines. (W) In my series under reference no microscopical or cultural examination of the stools was done. Hypochlorhydria is common. Adrenalin relieves the attack. Permanent cure is obtained by proper treatment of the gastro-intestinal trouble. (Refer illustrative cases No. 2, 3, 5 & 6.)

Group iii. (A) Mixed allergic and bronchial cases

(W) These cases are most common. Treatment must be comprehensive as detailed under the various above headings. (Refer illustrative cases No. 23 & 24).

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II

Treatment of Internal Hæmorrhoids*

● Dr. Baij Nath, Medical Officer, Chopal

A Short description of the venous return of blood from the rectum and anus will go far to explain what internal piles actually are and why they occur so frequently.

The Internal hæmorrhoidal plexus begins inferiorly at the anal margin in a number of small veins which rapidly increase in size and number as they ascend. In the anal canal the venous plexus chiefly occupies the columns of Morgagni. In the upper part of the rectum the venous trunks pierce the muscular layers, and finally reach the exterior, where they unite to form Superior hæmorrhoidal vein. The latter drains into the Inferior Mesenteric vein and eventually into the Portal vein and by this means the greater part of the blood from the rectum and anal canal joins the portal circulation. The Middle hæmorrhoidal vein chiefly drains the external surface of the rectum in its lower half. It accompanies the artery of the same name, and terminates in the internal Iliac vein. The Inferior hæmorrhoidal vein drains the lower part of the anal canal. It joins the Internal pudendal vein, which opens into the Internal iliac vein.

The following anatomical factors are the more important of those concerned in the development of varicose condition, which commonly affects the veins of the hæmorrhoidal plexus :—

1. The absence of valves and lack of support, either muscular or fascial, to the veins within the loose connective tissue of the submucuosa, augments the effect of gravity which in itself tends to retard the venous return.
2. The oblique passage of the veins through the muscular wall of the rectum has a similar retarding effect.
3. By far the greater part of the venous blood of the rectum returns to the Portal vein, so that in portal obstruction the alternative channel or return through the Inferior hæmorrhoidal vein becomes greatly engorged.

Internal hæmorrhoids is primarily a dilatation of the veins of the Superior hæmorrhoidal plexus. This dilation leads to stretching of the overlying mucosa so that the pile mass tend to prolapse when they are distended. In a considerable majority of cases, there is a greater or lesser degree of redundant folding of the mucosa in the lower third of the rectum. Due to dilatation and stretching of the mucosa over the pile mass, this folding of the mucosa in the lower third of the rectum is increased and tends to prolapse. This prolapse of lower rectal mucosa is of the first importance in treatment; for, if it is not dealt with, treatment tends to be unsatisfactory and even after a successful operation relapse is apt to occur.

Treatment may be divided into three heads :

1. Palliative.
2. By injections of carbolic Acid.
3. By operation.

Palliative treatment. All possible sources of venous congestion in the rectum and liver should be removed. Constipation should be avoided. The patient must have an easy motion every day. Drastic purgatives should not be given. 20 grs each of sulphur sublimatum, cream of Tartar and pulv, glycyrrhizæ co., at bed time daily acts as a very good and mild laxative and suits almost every case. Cascara Evacuant (P.D. & Co.,) is another very good preparation and is non-habit-forming. Massage of the abdomen is another very useful measure. Food should be regulated. Alcohol, strong tea and highly spiced articles should be forbidden. Red pepper is especially injurious. Moderate excercise, especially walking, is often most beneficial.

Local. If the piles protrude, the patient should be instructed to sponge them with cold water after defæcation, and gently replace them. On no account should they be allowed to remain prolapsed, and care should be taken to see that they do not get rubbed by the clothing. All ointments for rectal use should be prescribed in collapsible tubes to which a small rectal nozzle can be screwed. A little quantity of equal parts of tannic acid ointment, stramonium ointment and belladonna ointment may be squeezed into the rectum night and morning. It will allay itching and pain and prevent bleeding. If the hæmorrhage is troublesome, a suppository containing tannic acid grs. 5, icthyol grs. 5, ext. belladonna siccum gr. 1/3, ext. stramonium gr. 1/3, ext. hamamelis grs. 10, will be found useful. Unguentum galli c. opio (B. P.) is also very good. There are many preparations in the market put up in collapsible tubes with rectal nozzles *e. g.*, Hadensa, Recto-Serol, Chloreton c. Adrenalin ointment (P. D. & Co.), etc. Of these I have found the last mentioned to be the best. It alleviates pain and prevents bleeding. Palliative treatment is all that is necessary in the mildest cases, or in cases in which other methods of treatment are contra-indicated for some reason or other. When, however, bleeding is troublesome and prolapse of piles is frequent, palliative measures offer only temporary benefit, and a cure of the condition cannot be expected apart from injection treatment or operation. Such patients should not be advised to try palliative measures for long periods. On the contrary, they will be saved from unnecessary pain and discomfort if they have injection treatment or operation earlier.

2. **Treatment by Carbolic Acid Injections.** Carbolic Acid may be injected directly into the pile or high up under the mucous membrane above the pile.

Injection of Carbolic Acid into the Pile. The aim of this treatment is thrombosis. The following solution is used :—

Carbolic Acid	30 minims
Glycerine	2 drachms
Aq. dest	2 ,,

No anæsthetic is required. A short bevelled proctoscope is sterilized, smeared with sterilized vaseline and gently inserted into the rectum so that the piles come into view. This is cleaned with a sterilized moist cotton swab. A special syringe carrying a long fine needle is used and ½ to ¾ c.c. of the solution is injected into the centre of each pile, not more than 1 or 2 piles being treated at a time. The base of the pile is seen to turn white if the injection material has been rightly placed.

The solution must, as far as possible, be distributed through the pile by moving the point of the needle. The solution should not be injected just under the mucous membrane. Lockhart-Mummery's Pile syringe is best suited for this purpose. The writer would like to point out that the procedure mentioned above is not so simple as it appears and in inexperienced hands the treatment is not free from risk. If the injection material is placed just under the mucous membrane or too much of it is injected, piles slough away, and the patient is put to more pain and discomfort than even after the operation. The injection fluid should be prepared fresh at every treatment and should be sterilized. A neglect of this simple precaution might cause a submucous abscess leading to a fistula which can be cured only by an operation. In the hands of experts this treatment is practically free from risk.

High Injection Method. The following solution has been found very satisfactory for high injection method : Acid Carbolic Liq. 4 c.c., Glycerine 40 c. c., Aqua ad 100 c. c. TECHNIQUE :—The speculum should be long enough to reach well into the rectum. Morley's syringe of 10 c. c. capacity with an angled 4½″ needle is excellent. Any prolapsed piles are reduced. The sterilized speculum, after being lubricated with sterilized vaseline, is gently inserted and the bowel inspected. When prolapse is present in the lower rectum, one or more sterilized swabs are inserted to push up the mucous membrane and left *in situ*, the injections then being proceeded with. The injections should be started at the highest point where the mucosa is lax. Several injections are given, the maximum amount of solution at each site being 2 to 3 c.c. The quantity injected at each puncture varies with the laxity present at that point, the more lax the site the more the amount of solution it will accommodate and *vice versa*, the maximum amount being 3 c.c. A case with much prolapse requires more and can accommodate more solution than a case of simple piles. As much as 10 c.c. can be given at each treatment, though in less marked cases smaller amounts will be required. Usually three treatments are enough, though four may be required in more advanced cases.

If too much of the fluid is injected, the mucous membrane over that site becomes blanched and often shows fine vessels running over it. This is called 'Striation sign'. When this appears it means that too much of the solution has been injected. So this should be avoided. When the mucosa of the lower rectum is fixed to the underlying tissues, the piles themselves which lie at the ano-rectal juncture, and in the upper half of the anal canal, are directly injected. The essential point aimed at in the method described is the treatment not only of the hæmorrhoids themselves and the area immediately above, but also the mucous membrane of the lower third of the rectum, which shows some degree of laxity in the majority of cases.

Contra-indications

i. Presence of sepsis, *e.g.*, fistula. This should be treated by operation, and injection

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treatment deferred till the wound has thoroughly healed.

ii. Septic or sloughing piles. They should be treated conservatively till the inflammation subsides.

iii. Elderly patients with cardiac, pulmonary, arterial disease or hepatic cirrhosis.

Fissure on the other hand is not a contra-indication, but rather the reverse. It should be anæsthetized with novocaine, and any piles present should be injected at once.

The high injection method has advantages not shared by any other method. It is more radical than the so called radical operation. Recurrence after this method is almost impossible. It requires relatively few treatments, usually not more than three, though four are necessary for the more advanced cases. Discomfort is slight or absent, sloughing uncommon and when it does occur it has no deleterious effects. There is the further advantage that no anæsthetic is required and the patient is not obliged to lie up or stop work. Unless otherwise contra-indicated the high injection treatment should be the method of choice in all cases of piles which require any operative interference.

3. **Treatment by Operation**. It is beyond the scope of this small article to describe the details of various operations, for which the reader should consult books on operative surgery. It would suffice to say that the ligature operation still remains by far the best, is quite easy, and if carried out properly, there is no post-operative pain and the period required in bed is only 12 days.

The preparation of the patient is a most essential part of the operation and should occupy 2 days. On the night, two days previous to the operation, the patient should be given a full dose of castor oil and next morning a dose of salts. The diet is restricted to food which leaves little or no residue. On the night prior to the operation, a soap and water enema should be given which should be repeated again next morning. The patient should be given three doses of the following mixture :—Bismuth subnitras gr. 30, Tr. Catechu m. 30, Tr. Card Co m. 30, Mucil. Trag. q.s. aq. ad oz 1. The first dose which contains 10 grains of Dover's powder in addition is given on the night prior to operation, the second 4 hours before the operation and the third 2 hours before the operation. An hour before the operation, the patient should be given a good rectal wash with sterilized water, the wash being continued till the returning fluid is quite clear. The patient is given a hypodermic injection of morphia gr. ¼ and atropine gr. 1/100 about half an hour before the operation. The idea of this pre-operative preparation is to confine the patient's bowels for at least 4 days after the operation, and to have the area of operation surgically clean.

The operation is carried out under general anæsthesia with ether or under local anæsthesia. The writer has always preferred local anæsthesia and found it quite satisfactory. 2% novocaine with 2 drops of adrenalin hydrochlor solution is used. A small subdermal wheel is produced and injection continued all round the anus. Then 5 to 10 c. c., of 1% novocaine with a drop of adrenalin Hydrochlor, 1 in 1000, is injected deep on either side of the anus. Usually after 10 to 15 minutes the anæsthesia is complete. Sometimes the anus and lower part of rectum prolapse out after novocaine anaesthesia, when the operation can be carried out more easily. The parts remain prolapsed for about 12 to 24 hours which can then be easily replaced. This happens in some cases but not in all. While carrying out the operation the sphincter should not be stretched as it causes pain afterwards. The best way of doing the ligature operation is to grasp the piles longitudinally with a pair of Kocher's artery forceps, and after cutting away the redundant portion, to introduce a continuous catgut suture including the forceps and mucous membrane on either side. The forceps is removed and the suture tightened, thereby preventing bleeding. The wound is dressed with sterilized guaze soaked in sterilized acriflavine 1 in 1000 in castor oil. If there is much venous oozing a short piece of rubber tube, with a loop of silk through the end to prevent its being lost, should be inserted into the anus and left for 24 hours.

After treatment. If there is pain after the operation, a hypodermic injection of morphia should be given. If there is retention of urine, hot fomentations over the pubis and perineum should be tried ; failing this the urine may be drawn off with a sterilized rubber catheter. The bowels should be confined for 4 days by giving pulv. Kino Co. gr. 15 at bed time for 3 nights. On the morning of the fourth day, an ounce of castor oil should be given followed by olive oil enema in the evening if necessary. Afterwards the bowels should be kept acting easily each day with liquorice powder. The dressing should be changed twice daily and after every motion. If there is any external swelling, the patient should sit in a warm bath for 20 minutes twice daily before dressings.

(continued at the foot of next page)

III

Treatment of Scabies*

● Dr. M. Ramarao, L.C.P.S. (Bom.)

As is well known, this is the commonest of all skin complaints not only amongst children but also among adults. It is highly contagious and spreads to the inmates of the house with enormous rapidity, but is passed on as 'plain itch', with the result that the sufferers linger with lesions unattended to by appropriate treatment, and transmit their complaints to each and every one that comes in contact with them.

It is very easy to recognise scabies if we only look for the 'burrows' caused by the *Acarus Scabiei* in its most common sites on the body, namely, the clefts of the fingers and toes, the arm-pits, around the nipples, the penis and the scrotum, the buttocks and the inner sides of the thighs. The intense itching at night is very characteristic. Although it is mistaken for many other skin diseases, yet, once the lesions are noticed and their sites borne in mind, it will be an easy matter to arrive at a correct diagnosis, although it is not uncommon to meet with a case where super-imposed infection masks the underlying disease and makes the diagnosis more difficult.

The easiest and the most efficient treatment is the following :—

1. Advise the patient to have a warm bath for three successive nights as well as in the mornings, using a Sulphur soap (*e.g.* Kauffmann's Sulphur Soap) and 'rubbing and scrubbing the body' during the bath. The importance of taking a warm bath particularly at night time is because the causative organism, *the Acarus Scabiei*, is an insect which has nocturnal habits, and is, therefore, vulnerable to local treatment only at night-time. Not unlike the human beings, the *Acarus* likes to roam about for a partner of the opposite sex and prefers the night time for its gay pursuits.

2. After the bath, advise the patient to rub a sulphur ointment all over the body (40 grains of sulphur sublimatum to an ounce of vaseline for adults, and half that strength for children, and still weaker strengths for infants). The ointment should be well rubbed into the skin all over the body below the neck, wherever the lesions may or may not be existing. The idea of rubbing the ointment well into the skin is because the female *Acarus* is in the habit of burrowing itself into the deeper layers of the skin, where it lays its eggs, and millions of its young ones are being hatched awaiting to see the light of day. The duty of the male partner, having ceased after the night ramblings, is, now, to guard the female and its eggs at the entrance of the burrow in which the female partner with her eggs takes shelter.

3. On the 4th day morning, advise the patient to have his usual bath, and ask him to disinfect all the clothes that have come in contact with his body, *e.g.*, dhoti, gunji, underwear, bed-clothes, shirt, pant, coat, etc. The bedding and the mattress should be exposed and dried in the sun for a week, and a powder consisting of equal parts of sulphur sublimatum and boric acid should be dusted over the bedding for 3 nights. This disinfection of all the clothes is an essential part of the treatment, as otherwise, the insect will remain at large within the clothes, and thus give room for fresh infection to the patient.

4. From the 4th day a weak ointment containing zinc oxide and hydrarg. ammoniatum should be prescribed in order to heal the remaining lesions.

5. Regarding the internal treatment, an initial purge should be given, and a mixture containing acid sulphuric dilute 5 to 10 minims per dose prescribed 3 times a day after food. Any diet whatsoever may be given.

6. Care must be taken to treat all the persons affected by the disease, as, in the case of some members of the family being left untreated, reinfection of the members already treated is sure to take place, and the vicious

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(Continued from previous page)

When bleeding is checked, the anæmia usually disappears itself. Iron, calcium etc., may be given if necessary.

It is a general belief among the laity that piles cannot be cured even after an operation. The reason is, that causes which lead to piles continue to exist even after the operation, and fresh piles form in the columns of Morgagni. It would be perhaps emphasising the obvious to state that general treatment mentioned under palliative measures should be continued to prevent recurrence. The patient's diet should be regulated, and constipation should be avoided.

circle will never end. It is very likely that the parents of an affected child, or the other persons of the household, and especially the servants will escape the notice of the medical attendant. Very often, these persons deny the existence of the signs of the disease, such as itching and eruptions on the body, simply because they feel shy to disclose them. But attempts must be made to examine very carefully each and every one in the house, by making them to strip off their clothes, if possible in a private apartment, turn by turn, and to treat every one that has got the slightest suspicion of the complaint. Even mere itching and the presence of small vesicles in the clefts of the fingers, are enough evidences to necessitate the prescribed treatment. This careful scrutiny is essential in order to ensure thorough disinfection of the whole household, and to prevent a relapse of the complaint. The writer belives the above treatment, though simple, is yet extremely efficacious, and eradicates this most exasperating of skin diseases within the course of a week. Carrying out of the instructions by the patient with the utmost care is of greater importance in getting the desired results than writing the prescription itself.

If, after a couple of weeks of the above line of treatment, some symptoms persist indicative of scabies, then a second course of treatment on the same lines as the above may be advised. It has also to be borne in mind that sulphur itself causes a certain amount of dermatitis if applied for a long time and causes skin eruptions accompanied by itching and redness which may be mistaken for the original complaint of scabies. It is best, therefore, not to continue the inunction of the sulphur ointment for more than 3 days and 3 nights and it has to be followed for a week, at least, by the application of a plain zinc ointment.

Very often we see cases of nephritis *after the application of sulphur ointment, especially in the case of young children, for which reason it is advisable to keep a watch on the patient's urine for the presence of albumin.

It is not unusual to find a case of scabies mixed with a super-imposed infection of impetigo where we have to treat, first, the initial cause, namely the scabetic infection, and then tackle the impetiginous eruptions by means of white precipitate ointment with zinc oxide added to it (Hydrarg. ammoniatum gr. 5, zinc oxide dr. 1 and Vaseline oz. 1.). We also see eczematous patches developing over a scabetic infection, in which cases, it is best to treat the inflamed areas with a zinc and calamine lotion, and when the inflammation and oozing subside, to treat the underlying scabetic lesions. Urticarial rash is a common accompaniment of scabies, especially in children and women with tender skin, due to the irritation caused by the *Acarus scabiei*. Here we have to treat the scabies first so as to remove the cause. Then the urticaria will of itself get well. With the exception of some of these complicated cases, it is a very easy matter to handle patients suffering from scabies. The writer would like to point out here, that wherever signs of irritation like eczema or urticaria exist, the use of a soap is contra-indicated, as the soap itself is an irritant to the inflamed skin. So, where there is an inflammatory condition of the skin accompanied by redness and oozing etc., gram flour or oat-meal will serve the purpose of cleansing the body in the place of a soap.

*Nephritis is more often the result of scabies than the use of sulphur ointment. Ed. I. M J.

The Ministry of health's report entitled "Aluminum in Food" written by G.W. Monier Williams attemtps to corelate all known information on this subject with the object of arriving at some definite conclusions as to whether the use of aluminum cooking vessels and alum baking powders has any injurious effect on man. This work was undertaken in view of the current belief that aluminum cooking utensils are dangerous to health. (Such a belief is strongly held by Indian women throughout this country. Ed.I.M.J.) The report after a detailed examination concludes that only an infinitesimal quantity of aluminum enters into the body as a result of using such vessels for cooking, at any rate very much less than is the case when alum baking powder is used in the preparation of bread. Strong alkalines such as soda and strong acids attack the metal; as such these substances must not be used for cooking in aluminum vessels. The report concludes that there is no convincing evidence that aluminum, in the amount in which it is likely to be consumed as a result of using aluminum utensils, has a harmful effect upon the ordinary consumer but that the use of alum baking powder is undesirable. The report concedes that there may be persons idiosyncratic to even such minute doses of aluminum and that when such suspicion exists, investigation should be made and aluminum utensils avoided if necessary. (This report is obtainable from H.M. Stationery Office, price 9d.)

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Special report No. 202 of the Medical Research council, obtainable from H.M. Stationery office, price 1 shilling net, is edited by E. Margaret Hume and Hariette Chick. This report is a highly technical document and the object is to arrive at a suitable and easy method of standardisation of vitamine A. Since biological standardization of vitamine A is not satisfactory or convenient, they aim at the chemical evaluation of biological substances evolved or utilised by living organisms.

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Dr. Garson Slo-Bodkin, M.D., writing in *Medical Times*, New York (December 1935) states that Ce Vitamic acid which is pure vitamin C in crystalline form is found to be of great value in the treatment of scurvy, latent scurvy, arrest of severe hæmorrahages and all forms of hæmorrhagic diathesis, anaphylactoid states, hæmophliia, purpura, idiopathic bleeding, etc. Since 1932 cases of scurvy have been treated with ce-vitamic acid in England, Germany and U.S.A. It is issued by Merck under the name of Cebione N.N R. It is supplied in 0.01 gm. and 0.05 gm. tablets for oral use and 0.1 gm. for intravenous use.

CLINICAL MEMORANDA

AN UNUSUAL TYPE OF PANOPHTHALMITIS

DR. BHAGWAN DAS AGGARWAL, L.O., M.B.B.S.,
Aurangabad

Chajju, a Hindu male aged 46 years, came to our dispensary on 26-4-35, with severe pain in eyes and head. His condition was dreadful to look at.

Eyes markedly protruding forwards, congested and œdematous, with a sero-sanious discharge trickling down over the cheeks; cornea of each eye at the centre of each swollen eye looking like a hole at the bottom of a pit; and lids were red, heavily swollen, thick with œdema, and separated wide apart instead of the upper falling over the lower as is usually observed in most cases of panophthalmitis.

Questioned about past history, the patient informed that he was blind from both eyes for the last ten years or so due to previous sore eyes and other eye affections. Even twenty days ago, he had recurrence of similar soreness of both eyes, first affecting the right and two days later spreading to the left. He was unmindful of treatment till pain increased in severity and extended to his head. He was unable to sleep at night owing to severe pain and was getting fever for the last three or four days.

Physically he was not bad in health for his age, but looked worn out by the trouble of so many days. His temperature on admission was 100.8°F, and pulse 100 per minute. Respiration was not much affected. Tongue was slightly coated over with white fur. Spleen and liver were not enlarged. Glands over the body were normal. Neither history nor examination revealed venereal stigmata.

Condition of lids and conjunctival sac was as described above. Lower fornices had some sero-sanious discharge pocketed in them. Both the cornea were dull, irregular and abraded over their surface here and there. Part of cornea of each eye was either an adherent leucoma or partial staphyloma, and the remaining part was yellow and opaque due to infiltration with pus. Therefore, no trace of anterior chamber was visible in either eye. Eye-balls were extremely tender to touch. Tension was much raised above normal. Movements of eye-balls were possible in either direction but only to a limited extent. Preauricular glands were tender and palpable. There was no œdema over the mastoid areas on either side. Lacrymal passages were free and normal (acriflavine lotion drop test). No bacteriological examination was made for want of facilities.

Diagnosis: Bilateral conditions possible are (1) thrombosis of cavernous sinus, (2) lymphoblastoma and exophthalmic goitre with a possibility of coincident inflammation of anterior segments. The first was negatived by the absence of brain symptoms and the presence of movements of eyes in every direction; the second by the absence of special features. This case was therefore diagnosed as a case of bi lateral pan-ophthalmitis of exogenous origin.

Treatment: Evisceration was done with incision into the orbital tissues on either side to avoid the risk of orbital cellulitis. The wound healed up without any complication.

Such a case is, I believe, of rare occurrence and hence this note. I am much indebted to Rai Bahadur Dr. Mukand Lal, Civil Surgeon, Gurgaon, for permission to publish the above notes.

SPECIFIC SERUM THERAPY IN CHOLERA

By Dr. SUKLADA RANJAN BAKSHI,
Senior House Physician, Chittaranjan Hospital, Calcutta

Mangal Sardar, H., M.C. aged 8 was admitted into the cholera wards of the Chittaranjan Hospital on 27-7-35 at 9-40 a.m. Purging commenced at 6-30 a.m. after which he developed in quick succession vomiting, intense thirst, cramps, anuria and collapse. The patient was, in fact, admitted in a state of collapse.

Condition on admission: His axillary temperature 95 °F., rectal 100°F., pulse imperceptible, respiration 32 per minute (Cheyne-Stoke in character); tongue dry and thickly coated; liver and spleen not palpable; rate of heart-beat high, sp. gr. of blood 1066, time of co-agulation of blood 1½ minutes; cultural report of the stool positive.

Treatment given; Atropine and strychnine 1/200 gr. and 1/20 gr. each subcutaneously; normal saline 1 pint subcutaneously; continuous rectal saline. Later on, hypertonic saline with 25 c c. of 25% glucose intravenously. ***Anti-cholera serum, 60 c.c. with normal saline 6 ozs was also given.***

Progress of the case : Four hours after the administration of the above medicines, the patient's temperature rose up (axillary 104°F., rectal 107°F.) and tympanitis became more marked. Hyperpyrexia was treated by the application of ice-bag, ice-packing, iced enema, etc. Oxygen inhalation was also given. Pituitirin ½ c. c. was injected to control tympanitis but with no effect. Turpentine stupes also were applied. When the temperature came down, convulsions and delirium unfortunately set in. Morphia 1/10 gr. was injected hypodermically and this had its desired effect. At 10 p. m. glucose (25 c. c. of 25%) with sodi bicarb (25 c. c. of 5%) was injected intravenously. At 6 a.m. on the next day he passed 8 ozs. of urine which was acid in reaction. The other symptoms also gradually improved and the patient was discharged on the 10th day.

Remark. It is believed by the writer that anti-cholera serum saved this case.

My thanks are due to Dr. H. M. Ghosh, Chittaranjan Hospital, for his kind permission to publish the case.

A CASE OF PRIMARY PNEUMOCOCCAL MENINGITIS AND A CASE OF CEREBRAL MALARIA

By Dr. AMBA DATT BHANDARI, M.S.M.F.,

Lucknow.

The signs and symptomps of primary pneumococcal meningitis and cerebral malaria are so similar that without laboratory aid it is very difficult to diagnose one from the other. The following two cases are cited below :—

Case No. 1. Thakur Prasad, 22 years, Hindu male, was admitted into the Balarampur Hospital, Lucknow on 17th November 1934 at about 10 a. m.

Previous history.—he got fever with a chill and rigor five days back and since then the fever was continuous. He was taking some medicine at home, probably quinine, without any effect.

Condition on admission.— temperature 100. 8°F., pulse 110 per minute and respiration 22 per minute. Patient in a semi-conscious state, looked dull and apathetic, tongue moist and coated, bowels constipated, liver and spleen not enlarged, heart sounds normal, lungs no congestion, no kernig's sign, superficial abdominal reflexes lost, deep reflexes slightly increased, pupils react to light.

Observation, treatment and result. He was given an enema saponis with a good result and was put on an alkaline diaphoretic mixture with Tr. Digitalis four hourly. Blood examination for malaria was negative.

17-11-34, 6 p. m. temperature 102. 6°F. pulse 120, resp. 24 per min.

17-11-34, 10 p. m. temperature 104. 8°F. pulse 146, resp. 44 per min.

18-11-34 at 6 a. m. temperature 100. 4°F' pulse 120, resp. 36 per min.

Though blood examination was negative for M. P., yet as the case appeared clinically to be of cerebral malaria an intra-muscular injection of quinine bi-hydrochlor gr. 10 was given and the alkaline diaphoretic mixture with digitalis was continued as before.

2. p. m.—lungs showed some congestion at bases. Temperature 103. 4°F., pulse 140, resp. 42 per minute, comatose condition, slight retraction of neck, no kernig's sign. Intramuscular injection of quinine bi-hydrochlor gr. 10 with adrenalin 1 c. c. at 4 p. m.

5 p. m.—pulse tension low, digitalin gr.1/100 injected.

6 p. m.—the writer did a lumbar puncture and about 20 c.c. of cerebro-spinal fluid was withdrawn under pressure. It was turbid. It was sent to the Provincial Pathologist, King George's Medical College, Lucknow, for report. His report is as follows : " Cerebro-spinal fluid shows inflammatory exudate (mostly polymorphos) with a great number of gram positive diplococci (pneumococci). Diagnosis—pneumococcal meningitis".

Patient died at 2-15 a.m. on 19th November 1934.

Case No. 2. M. D.—an Anglo-Indian young man of about 23 years was admitted to the Balarampur Hospital on 20th November 1934.

Previous history. He had fever since 14th November 1934. Fever was continuous and he became unconscious on November, 19, 1934. Before coming to the hospital he was given two intra-muscular injections of quinine gr. 10 each.

Condition on admission. Comatose, pupils dilated and inactive, respiration hurried, heart and lungs normal; spleen not palpable, liver enlarged, involuntary passage of urine, slight rigidity of neck, retinal blood vessels congested, no kernig's sign.

Observation, Treatment and result.— An intra-muscular injection of quinine gr. 7½ was given to start with. Urine: a trace of albumin present, no sugar, no bile, no acetone, granular and hyaline casts present. Blood film showed malignant tertian rings; on lumbar puncture the cerebro-spinal fluid was clear.

Rectal saline with glucose and another injection of quinine gr. 10 intramuscularly were given. Temperature and pulse record was as follows :—

20-11-34	2 p.m.	6 p.m.	10 p.m.
Temperature	101.6°F	102.4°F	104.4°F
Pulse per minute	102	130	140

21-11-34	2 a.m.	6 a.m.	10 a.m.	2 p.m.
Temperature	103.4°F	104.4°F	102.4°F	104°F
Pulse per minute	140	140	144	145

Quinine gr. 10 in normal saline with 25 cc. of 25 p.c. glucose with ½ cc. adrenalin was given intravenously at 2 p.m., but the patient died at 6. p.m. on 21-11-34.

Points of interest :—Pneumococcal meningitis is usually secondary to similar infection elsewhere in the body such as empyema, otitis-media, etc., but primary infection is also not rare. Case No. 1. was a case of primary pneumococcal meningitis. Case No. 2. looked clinically like meningitis though it was cereberal malaria. Quinine (intramuscular or intravenous) had no effect whatsoever.

My thanks are due to Colonel R. S. Townsend, M. C., M. D., I.M.S., Civil surgeon, Lucknow, for kindly permitting me to publish these cases and for his suggestions.

BOERHAAVIA DIFFUSA*

By Dr. M. BAROOA, L M.P., F.T.S.,

Dibrugarh

Boerhaavia Diffusa belongs to the natural order *nyetagineæ*.

Synonyms: **sans.**—*punarnava ; Sothagni.* **Eng.**—*Spreading hog-wood.* **Hindi**—*Beshakapore ; Gandhaparna ; Thikri ; Santhi.* **Bengali**—*Gandhapurna ; Swetapurna.* **Assamese**—*Pananooa.* **Guzratti.**—*Ghetuli.* **Telugu**—*Atta-tamamidi.* **Tamil.**—*Mookiratti.* **Canarese.**—*Sanadika ; Golajali.* **Malayalam.**—*Tamilama ; Talutama.* **Mahratti.**—*Punanava ; Khapra ; Vasu.* In the **Punjab** it is known as *Itsit.*

The plant grows all over India as a common troublesome creeping weed. It is of two kinds, one containing white and the other red flowers. The former variety is used in medicine. The herb and the root are the parts used.

It contains an alkaloid named punarnavine, potassium nitrate and other potassium salts. Preparations:—powder, paste, decoction, infusion and electuary.

Actions and uses. It is a bitter stomachic, laxative, diuretic, expectorant and emetic. Its root has a diuretic, anthelmintic and febrifuge properties. Its active principle is a diuretic which chiefly acts on the glomeruli of the kidneys, stimulates and strengthens the heart beats, thus raising the peripheral blood pressure in consequence. On liver, the action is principally secondary. On other organs, the drug has practically no effect.

The drug is indicated in cirrhosis of liver or heart or kidney diseases. As it has the power of increasing the cardiac systole it may be used in all stenosed conditions of the cardiac valves. In dropsy and ascites of cardiac origin, it may do a lot of good by excreting the morbid products of the circulation through the kidneys. It is also useful in pleurisy and similar other conditions. The juice of the leaves is used in hepatic disorders as jaundice. Mixed with honey it is dropped into the eyes in case of ophthalmia. As the root has got a laxative action it is used in powder in drachm doses or in the form of decoction or infusion (1 in 20). As a diuretic it is useful in strangury, gonorrhœa and other internal inflammations. In moderate doses it is used successfully in asthma. In large doses it produces vomiting on account of its emetic properties. In case of dropsy, the decoction of the root is administered together with powdered chiratta, ginger and about 15 grains of potassium nitrate. It is also applied externally.

In the ayurvedic system of treatment there are other useful preparations like *Punarnavastaka* (a decoction useful in general anasarca with ascites, cough, jaundice, difficulty of breathing, etc.) ; an oil which is rubbed in case of general anasarca complicated with jaundice ; an electuary (useful in strangury and scanty urine) ; a paste which is applied to rheumatic and gouty painful joints and an ointment (useful in leprosy and skin diseases). Various ayurvedic authorities recommend it in the diseases of the nervous system and heart, piles, cough, intestinal colic, snake poisoning and rat bite infection, chronic alcoholism, phthisis and insomnia.

The following preparations of this drug are largely used by the Indian medical profession :—

1. Liquid Extract of Punarnava (B.C. P.W.)
   Dose :—1 to 2 drs. with water in empty stomach, twice daily.
2. Liquor Punarnava Buchu Comp. (I.M. Laboratory).
   Dose :—1 dr., 3 times a day to be taken with a little water or milk.

*Read before the Annual Provincial Conference of the A.I. M.L A.., Assam, Dibrugarh, 27-10-35. Received for publication on 2-11-35.

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PRACTICAL SUGGESTIONS

Matters Medicolegal

Wounds on the skin, the face and the scalp, even when caused by blunt weapons, look like incised wounds. This is due to the nearness of the skin to the bone. Apart from the recognised naked-eye differences between an incised and contused wound, the best method of clinching this difference is to examine the margins of the wound with a pocket lens. If the edges are not serrated or uneven you can take it as an incised wound; otherwise not. It is not prudent to rely on the history or on the mere naked eye appearance of the wound. Always remember that Law inflicts greater punishment when sharp weapons are used and that a careless expert opinion means that you are not helping the course of justice.

Head injuries—their medicolegal importance:—

(*i*) It is unsafe to classify them as simple or grievous till your examination of the wound is complete. You must not give more than tentative opinion at first and must clearly inform the Police that it is subject to confirmation or correction.

(*ii*) A small contusion may hide a serious basal fracture or rupture of the middle meningeal artery. In such cases await for the development of symptoms of concussion and compression. Such cases are to be classified as grave and if ultimately fatal, report the exact lesion in the skull and the brain as found in the post-mortem examination.

(*iii*) Underneath a contusion may be found a simple or slightly depressed fracture of the skull. Diagnosis by palpation is uncertain and deceptive. In all cases of contusion, it should be opened, periosteum divided and a fracture searched for. Feeling by means of a probe is useless for this purpose. Remember that folds of the periosteum and the natural sutures of the skull may be mistaken for a fracture. You should, therefore, devote consciencious care in arriving at a decision.

(*iv*) Sometimes a fracture may exist far away from the actual seat of the injury. This is called, *contra coupe*. It is due to the shape of the skull modifiying and directing the force of the impact in this manner. I have never been able to diagnoss this condition except during post-mortem.

(*v*) A hæmatoma of the scalp is a prolific source of confusion in the diagnosis of the fracture of the skull. Palpation is unreliable. This hæmatoma should be opened, the portion of the skull should be laid bare, the fracture searched for and seen before you put your opinion to the police report.

(*vi*) A simple fracture of the skull, as per the existing Penal Code, has to be classified as grave even though there may be no grave symptoms. Age of the patient and and existence of such diseases as syphilis, rickets, etc., which influence the fragility of the skull should be noted in your diary to avoid an awkward position during the cross-examination by the defence counsel.

(*vii*) Suppose there is only a contusion or a contused or incised wound and there is no fracture; but the patient is suffering from shock and concussion. What is your procedure? The possibility of cerebral hæmorrhage without fracture of the skull at all should always be remembered. If the patient shows no signs of compression for 2 or 4 days after the injury, you will be safe in concluding there has been no cerebral hæmorrhage. In which case, you have to return the wound as simple, but the fact of shock and concussion may be mentioned under cross-examination so that the magistrate may have advantage of these facts for his decision. In case of internal hæmorrhage due to this apparently simple wound, you will naturally do the decompression operation. If the patient recovers, the wound has to be classified as grave; if he dies, as fatal. You must, without fail, note any co-existing diseases such as atheroma, syphilitic arteritis, etc. You will be cross-examined about all these and many more.

A. V.

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Lacmin.—This is a newly introduced ophthalmo-vaccine collyrium, a bacterial emulsion containing polyvalent strains of conjunctival pathogens. It is not a bouillon vaccine like that of Beseredka. Its action is purely local and the therapeutic results are consequently rapid. The formula has been evolved by the medical research department of the University of Rome and officially tested and standardised. It is indicated especially in trachoma and its complications but can also be safely used in other infective lesions of the eye. It is now being widely tried by some of the ophthalmic surgeons of Madras with a fair amount of success. Messrs. Gopal & Co., Triplicane, Madars, are the sole agents for India & Ceylon for this preparation and they will gladly respond to enquiries.

The Indian Medical Journal

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THE CANCER PROBLEM

There is no disease on which more has been written and more money has been spent, yet greater confusion exists, than on the cause and origin of cancer.

Theories have been evolved. Analogies have been set up. Animal experiments are made on a large scale from different points of view, viz., bacterial and virus infection, abnormal biochemical factors, chronic irritation, hyper and hypo functions of the endocrines, avitaminosis, etc. Not one of them has been accepted as final, most of them have been rejected as untenable and a few await further experimentation and verification.

Thus, the origin of cancer still baffles solution and our present position may therefore be summed up laconically:

(1) recognise cancer early and treat it early by surgery or radium,

(2) continue the investigations on its ætiology and treatment, preventive and curative.

The essential point, as it appears to us, is to recognise that the problem of the origin of cancer is the problem of the origin of all tumours plus malignancy. If cancer and sarcoma are not malignant and fatal they would not have attracted such wide-spread attention and would have been naturally relegated to a leisurely research.

The hope that animates the cancer researcher is that if only he can find out the exact cause of cancer, he may thereby help in its prevention and cure. This is as it should be, but we wonder whether the discovery of a cause always results in the immediate or remote discovery of a cure There are glaring instances of disease whose cause has been finally discovered and yet we are still far from having found out a specific cure. Filariasis, cholera Asiaticus, plague and typhoid are examples in this respect. Cinchona was found out long before Laveran discovered the malarial parasite. This is the other side of the picture. The discovery of a cause is certainly important in medicine, as it is in other sciences. But we must clearly understand that the result of therapeutic attack on a discovered cause varies from zero to cent percent. In other words, there are causes which can only be prevented and there are causes which can be cured as well as prevented.

The Gene theory of inheritance first started by De Vries (1900) and warmly advocated by Lockhart-Mummery* is the latest hypothesis with which the origin and the development of cancer are attempted to be explained. This theory is based partly on animal experiments (vide infra) and if this is after all the truth about cancer, it accounts for the many complicated factors that underlie the origin of neoplasms—benign and malignant.

There are certain indubitable facts regarding tumours which have to be kept in mind in the construction and testing of a theory or in conducting any experiment regarding their causation in general. (1) Tumours have not yet been seen in invertebrates. (2) They certainly do occur in all vertebrate animals but the tissue or organ commonly affected varies considerably. It may be in the deeply situated organ like pancreas or in the superficial parts like skin. (3) The tumour grows by mitosis of its own cells and by stimulating mitosis in other cells. This is the very reverse of the process of infection. (4). The tumour cell is specific to its original character, wherever it may be. Thus the cancer cell of a rectal carcinoma retains the character of rectal epithelium even if it is growing in the liver or in the bone whither it is carried by metastasis. (5). The tumour cell is species specific, that is to say, the human tumour cell will not grow in any other animal and *vice versa*. (6). There are varieties of tumours for any single species. They are usually classified according to the tissue in which they originate, though their behaviour, even when arising in the same tissue, varies widely. (7). They are commonest in tissues where active growth is taking place, as in epithelium. (8). The familial incidence of tumours.

*The orgin of cancer, 1934

Two theories are holding the field, especially with regard to carcinoma, and they deserve a brief review, if at least to prove that they are in no way conclusive and do not cover all the facts about tumours just mentioned above.

The association of chronic irritation and cancer is so constant, at least in cutaneous cancer, that the first impulse of the reasoning mind is to connect the two together as probable cause and effect. These irritants may be chemical, mechanical, acitinic and infective. Thus tar, dibenzanthracine, some aniline dyes, sunlight, heat, lime, tobacco, chronic sepsis, some parasites, radium, Xrays, filtrable virus, etc., may all produce cancer and have been experimentally so produced.

The liability of paraffin workers and of those who have had prolonged internal arsenic medication to cutaneous cancer ; the vesical cancer among the workers in aniline products ; cancer of the mouth frequently observed in those who use clay pipes for smoking and the Kangri cancer of Kashmere ; cancerous changes in chronic ulcers due to sepsis or syphilis ; all these and many more are well recognised associations. There is, perhaps, no occupation in which some irritant or other does not play a part and offer as an explanation, at least as a suggestion, for the cancerous lesion so produced. Clergy, coal-miners, lead manufacturers, gun-smiths, potters, printers, plumbers, painters, paraffin and petroleum workers and a host of others too numerous to mention have claimed the attention of the cancer statistician. This bewildering and comprehensive array of occupations and corresponding irritants and the widely varying physical and chemical properties of the suspected irritants are very suggestive that the fundamental cause of cancer is outside the pale of these alleged cancerogenic agents. The greatest common measure among these agents is chronic irritation, long-continued and localised in the tissues on which the irritant acts. The weight of statistical evidence has been materially influenced by the confirmatory experimental production of cancer by some at least of those irritants mentioned above. It may be mentioned as a contrast that it is not all the irritants that are capable of producing cancer. The most powerful irritants like formalin and mustard gas do not produce cancer at all ; and that there are substances which are not irritants at all but which are capable of producing cancer with surprising constancy and facility. Dibenzanthracene is not an irritant in any sense of the word but which, if painted on to the skin of mice for some weeks, produces cancer.

The next step in the research of cancer was the use of the microscope, the Xrays and the culture tube as aids to find out its cause. These proved a deplorable failure. Then Gye and Bernard*, somewhere in 1926, put forward the virus theory first started by Payton-Rous (1913) in connection with fowl sarcoma. An ultra-microscopic virus common to all tumours acting in association with a special agent, specific to each individual type of tumour is the main theme of this virus theory. This again failed as it was not applicable to mammalian tumours other than those of the fowl. Neither has it been yet possible to define or to find out what this specific agent is nor could ultra-microscopic virus be isolated except from fowl tumours. Whether this virus is the honest fiction of the researcher's mind, whether this is an intangible yet true entity as in the case of the vitamins, whether it is causal or accidental, whether the inability to separate it from the rest of the mammalian tumours is due to present imperfectness in technique-as Gye wants us to believe, it is difficult to say. But one thing is obvious that, like the theory of chronic irritation, the theory of virus infection does not explain satisfactorily all or at least most of the fundamental facts about tumours, and cancer in particular. Some workers even doubt the experimental virus sarcoma in fowl produced by Gye and Bernard is genuine and suggest that it may after all be a simple granuloma. This, of course, is prejudice with a vengeance.

The irritation theory does not explain the cancer of internal organs. There are very wicked irritants which do not, even when applied for long time, produce cancer at all. Thus mustard gas, no mean irritant, actually antagonises the action of well-known cancerogenic agents if alternately applied. There are also substances which are not irritants at all but which cause cancer. The virus theory does not explain the incidence of cancer in families and in homologous twins. Both the theories do not explain why the cancer cell grows, not by conversion of adjacent cells but by its own division and multiplication, why it is species specific and why it occurs, as a rule, in elderly adults only.

As Lockhart-Mummery† puts it, the clue to cancer problem is not to be found in the study of cancer but in the study of the normal cell. This is one of the fascinating physiological

*The cause of cancer, 1931.
†Ibid.

problems allowing much speculation but is difficult to study and to solve. Just as an atom is the unit of matter, so cell is the unit of life and as the nature of matter is dependent on the exact combination of a particular number of atoms and molecules, so the species of organic life depend on the nature and mutations of cell. It may also be permissible to say, in the light of modern physics, that just as the ratio of protons to electrons determine the nature of an atom, so also the mystic contents of the protoplasm and the nuclei determine the nature of the cell and its further species development, normal or abnormal. It is obvious that this factor or factors must be within the cell itself and the balance between growth and decay and between normal and abnormal is the result of the play of these factors. In a word, the normal human cell contains within itself the specific differentiation factor and the controlling factor. The first determines the nature of the cell and is constant ; the second determines growth, repair and replacement. It is the alteration in the second factor that gives rise to the abnormality called tumours. The essential difference between the normal cell and the tumour cell is that the latter is not amenable to the normal control mechanism and has lost the faculty of differentiation. The tumour cell simply grows and grows and gives it the size we often see. We do not know yet how this normal controlling factor is lost, just as we do not know what makes the healing process stop when the healing is complete. Lockhart-Mummery* presumes like his forerunners Maud Slye, Lynch, Little and Marsh, that this factor is an hereditary tendency for the cells of some particular organ or tissue to become tumorous.

That is the physiological explanation of tumours, not that they are hereditary in the sense we use the word congenital syphilis but that there is an hereditary transmission of all the factors favourable for the formation of tumours. We know that the human organism reaches its maximum growth and development till the end of adolescence and becomes static during adult life which is the age for tumours, especially for cancer and which is the age favourable for the mutation for the excessive growth of the somatic cell to take place. If this mutation is governed by increased rate of mitosis only a simple benign tumour results such as lipoma, fibroma and adenoma ; but if there is not merely increased rate of mitosis but also other changes in the character of the cell, probably biochemical in nature or some other intangible factor like avitaminosis, the neoplastic cell not merely grows but is also imbued with a malignant power of invading other tissues. That is all the difference between simple and malignant tumours. Lockhart-Mummery writes :—

"The experiments on carcinogenesis are all proofs of the gene theory of inheritance. Yamagiwa, in 1916, found that a certain number of rabbits could be given cancerous tumours of the skin by the application of tar. Since then cancer in the skin of mice has been produced by the application of tar thousands of times and it has been proved by successfully transplanting portions of these tumours in other healthy mice that a genetic change for excessive rate of growth of the cells has taken place."

The treatment of tumours, other than sarcoma and cancer, is simple enough, namely, surgical excision. This removes from the field the rapidly dividing and growing tumour cells ; and if all the tumour cells are so removed the tumour does not recur. This is also greatly true in case of sarcoma or cancer in their early stages before malignancy is in the ascendant and metastasis is established. Surgery in the later stages is futile. Outside surgery, the researcher is in search of a therapeutic agent which will force the cancer cell to regress and modify or completely deprive it of its malignancy to invade and spread into the adjacent and remote tissues. In other words, that agent should be capable of stopping the abnormal mitosis of the somatic cell and of depriving or antagonising that factor in the cell which induces malignancy. Radium and anti-cancer serum are two such agents now available in the treatment of cancer, but they are not yet capable of wide-scale application. Further progress in the researches of radium and serum therapy may usher a new dawn. Radium is a double edged weapon. Applied in improper dosage it may make the normal cell cancerous or accelerete the division, growth and malignancy of cancer cell. That is the reason for the failure of radium therapy in the early days of its discovery and probably accounts also for the many failures with radium now and again reported in the literature. The technique of radium treatment is improving fast and the gamma rays, difficult before to handle with precision and safety, can now be handled with more confidence. While it is probable that radium therapy will stay in the treatment of cutaneous cancer, it will be inapplicable to cancer in inaccessible regions. Radium and gamma rays act by killing the cancer cells or mutating them backwards so that their power of growth and ability to divide is terminated or it may cause further mutation forwards. The first results in ulceration of the area

*Ibid.

which heals like an ordinary ulcer. This is not desirable and is reminiscent of the early days of radium therapy. The second is the result of the action of small doses of the radium spread over a long time; this does not end in ulceration of the applied parts but the cancer cell is as it were converted into a non-dividing and non-growing static cell removed or removable by normal activity of the adjacent cells or into a normal somatic cell capable of differentiation. The present practice of small doses of radium spread over a long time is the method of choice in radium therapy. The last is the result of a mal-application of radium.

Lumsden* is responsible for the idea of and experiments with anti-cancer serum. He prepares a serum from sheep which have been inoculated with malignant tumour extract prepared from rat sarcoma. An antigen in this serum is said to be responsible for the regression of cancer and even, as he experimentally showed, conferring immunity to cancer in all the mammals. This is rather curious in view of the fact that tumour cell is species specific. It is suggested that the curative and immunising properties of this serum are due to changes in the tumour cells which, in turn, generate such anti-bodies which are not only lethal to tumour cells but also inhibit the genetic tendency of the somatic cells to cancerous activity. This anti-serum has till now been rightly confined to animal experiments and has not been extended to the treatment of human cancer. Now and again reports are published in the press regarding the success of such a serum in treatment of a few cases of human cancer. Along this line, probably, lies the progress of the cure of and the active immunity to cancer.

CURRENT COMMENTS

The calendar of the Royal College of Physicians and Surgeons, Bombay (1934-35) contains on page 22, the following:—

Conditions regarding the admission of Licentiates of the college to the examination of the Royal College of physicians and surgeons of London.

(*iii*) *a.* A candidate holding any qualification granted in India (other than the degrees in Medicine and surgery of a recognised university) which entitles him to Provincial registration in India and who has completed his entire curriculum in a recognised †university or Government Medical College is admissible to the examinations for the diplomas of L.R.C.P., M.R.C.S., under the following conditions.....

*Tumour Immunity, 1932.

†*The following colleges are only recognised by the Board under this paragraph of the regulations viz., Grant Medical College, Seth Gokuldas Medical College*

* * *

The language of this regulation is certainly clear. It means that the L.C.P.S. of Bombay who is trained in institutions other than Grant Medical College and S.G. Medical College will not be admitted to the diplomas of the Royal college of physicians and surgeons of London; whereas those who take their L.C.P.S., diploma from the above two colleges will be admitted.

* * *

We do not know who drafted this regulation but whoever he may be, it is obvious that the draftsman is a somewhat broad-hearted man. He meant that the L.C.P.S. trained in these two colleges are or should be made eligible to appear for the diplomas of the Royal College of physicians and surgeons of London.

* * *

Probably he also meant that these two colleges should have some provision for the admission of L.C.P.S., candidates, in addition to those of the M.C.P.S., and M.B.,B.S. candidates. We do not know whether the draftsman of this regulation is alive so that we can learn from him directly what he meant by this regulation. We know only that a copy of this regulation is available for consultation in the library of the Bombay College of physicians and surgeons and its President is pleased to endorse that the *regulation* is still living—in the *calendar*. He is not responsible if the Bomby colleges do not follow the *regulation* and admit candidates for the L.C.P.S. course. That is not within his purview but whithin that of the Deans of those colleges.

* * *

The much respected Deans of these colleges do not deny the implication or the plain meaning of this *regulation* but only say that the admission into these colleges are very limited and besides only those who have wholly passed the Intermediate science examination can be admitted. Our readers must not be harsh in judging them; they must realise their difficulties which are two in number. (1) No accommodation. (2) The colleges under reference are affiliated to the Bombay University under certain terms.

* * *

At least the Dean of S. G. Medical college is kind enough to say that the L. C. P. S. diploma holders who have applied for a post-graduate course in that college have not been refused admission for such a study and that they are admitted on the same basis as the medical graduates.

* * *

That is a consolation indeed. But what the L.C. P. S. of Bombay wants to know is: why should this regulation be allowed to remain in the *Calendar* if no action, in the terms of the regulatton, has been taken before or now or would be taken here-after.

* * *

Let us take the difficulty No. (1) *No accommodation.* Could not they make provision for at least 5 or 6 candidates for L. C. P. S. training within the allotted maximum of admissions? That is certainly not asking for too much nor do we ask them to admit more than the number usually admitted or possible under the circumstances.

* * *

Difficulty No. (2) *Affiliation terms with the Bombay university.* We know them. But the Deans of these colleges should know that those who desire to get trained there for L. C. P. S. diploma seek admission into these colleges, not for appearing for the medical degrees of the Bombay University but for the examinations of the Conjoint Board, England, as per the terms of this *regulation.* We wonder in what way and under what provisions will the Bombay university object to these colleges undertaking to train a limited number for the L. C. P. S. diploma. So long as these colleges do not admit more than the maximum allowed by the University or possible under the existing teaching and hospital facilities, the Bombay university cannot question the prerogative of these medical colleges to coach candidates for diplomas recognised by the Bombay Government and registrable by the Bombay Medical Council.

* * *

We fancy the trouble lies elsewhere, not in the authorities of the college of physicians and surgeons or the university of Bombay but in the authorities of these medical colleges. Like race and caste-prejudice, the professional prejudice against the L. C. P. S. candidates is there. It may be right or wrong, but we believe it is wrong. This prejudice percolates to the students they train and when they come out of the colleges and join the profession they assume a superior air and demand preferential treatment. In private practice, there is no Dean to help them or to puff them with the pride of education they are receiving. The public have got a mystic knack of judging the efficient medical man. Over this test neither the university nor the colleges have got any control. Thank goodness, it is so!

* * *

We entertain no false hopes that the Deans of these colleges will ever make this *regulation* a working reality. But we are entitled to request the president of the college of physicians and surgeons, Bombay, to cancel this *regulation* if he has no powers to enfore it into action. The words in a regulation must mean what they convey to an average man and if they cannot be acted upon, fairness requires that they ought to be expunged.

NEWS AND NOTES

OUR GERMAN LETTER

(*From our own correspondent*)

Application of the New Laws of Heredity: Sterilization

The head of the University Clinical Hospital for Women at Rostock, G. Haselhorst has made a report on the experiences, up to now, with eugenic sterilization of women. In the course of more than a year there were 100 sterilization cases at the clinic. The majority were cases of innate feeble-mindedness (69), then came chizophrenie (11), hereditary epilepsy (10), hereditary deafness (2), hereditary deformity (1), and a few cases where several of these maladies were present at the same time.

The feeble-minded form the greatest number of the insane and with them the necessity for sterilization is most evident. From their school days they have been known as mentally deficient and are therefore easy to get at, as a rule. On the whole the ages between 16 and 30 are most prevalent. The average stay at the hospital was about 20 days. Haselhorst sums up in what cases one might reckon with sterility being already present. For virgins approximately 40 years; women of the same age who, in spite of frequent intercourses, have never become pregnant; women over 30 with infantile sexual organs, women with acute chronic adnexal inflammation in a high degree. The decision whether an operation should be performed or not must rest with the one who is to operate.

Siegel (Insterberg) had a case in which a woman had been sterilized to prevent her from having diseased progeny, became pregnant again. The method had not answered its purpose this time. This caused him to refer to the efficiency of *inguinal sterilizing* as introduced by Menge in 1899. He believes that this operation brings the surest results and does not endanger life, at the same time it is technically simple. Only 3-4% of the cases cannot be operated upon by this method.

In this *collective* statistics of eugenic sterilization of women, F. v. Mikulicz-Radecki, Koenigsberg gives some fundamental material (Zentralblatt fuer Gynaekologie). These statistics comprise the material of all German University Clinical Hospitals and many independent Clinical Hospitals for women. Eugenic sterilization has been carried out in 6032 cases by these 47 institutes. (A total of 45,000 persons have been made sterile since the new legislation, half were women, half men). The mortality among the woman was only 0.7%. Even this low percentage could be reduced, according to Miklecz-Radeki, when the causes of death have been studied. The average length of stay in Hospital was 16 days. In 82.4% cases, sterilization was abdominal, in 12.9% inguinal, in 4% vaginal. Interest centres around the method of sterilizing affecting the tube.

O. Pedersen (Kiel) has made an interesting survey of *Sterilization and Castration in Countries outside Germany*, which appeared in the "Deutsche Medizinische Wochenschrift". About the year 1800 there was a law in Scotland which provided for sterilization on eugenic grounds. In 1899 the first eugenic vasectonia, following out the suggestions of the Chicago doctor, Ochsener, was made, in the State of Indiana. The same State passed the first sterilization Law in 1907 which enacted that incorrigible criminals, idiots, etc., were sterilized when their reproduction seemed undesirable. At the beginning of 1933 there were sterilization laws in 27 North American States. In these States between 1907 and 1933 more than 16,000 persons had been made sterile. In 1933 there were about 1000 cases of sterilization in California alone.

In Europe the first castrations from eugenic considerations were carried out at Forel's suggestion in 1892, though there were no legal regulation at the time in Switzerland. Only the Canton of Vaud had legalized sterilization by a paragraph in the Lunacy Laws, according to which, with the permission of the Board of Health, a person suffering from insanity or weakness of mind might be sterilized, if it were proved that he or she were incurable and in all probability only able to have defective progeny. During the years from 1919-1933 there were 71 cases of sterilization, most of which again were mainly on account of feeble-mindedness.

After Canton Vaud, Denmark was the next to get a law passed concerning sterilization. It can be carried out on psychically abnormal persons who are in asylums and for whom it is better, both for themselves and others, that they be prevented from having offspring.

In Norway a law has just come into force on this subject. The Norwegian, like all the other non-German laws, holds to the principle of voluntary compliance to the operation. The operation may not be undertaken without the consent of the patient if there is any prospect of the illness being cured, or if the person in question has reached the mental development of a child of nine.

Bills are ready in Sweden and Finnland but they have not yet come into force.

International Congress on Population Science

A meeting of the "Internationaler Kongress fur Bevolkerungs- Wissenschaft", was arranged for in Berlin by the International Union for Population Science. To this Union the following countries belong: Belgium, Czechoslovakia Denmark, France, Germany, Great Britain, Holland, Spain, Sweden, United States of America. Sir Charles Close, England, was chosen President.

The series of lectures was opened by E. Fischer, the Vice-President of the Union, with an address on the importance of the Science of Population as well as the cultivation of heredity and purity of race for the life of a nation. Burgdörfer, Berlin, described the birthrate as a question of will. The State must take special care of large families. Yanigasawa, Japan, stated that for the last 10 years the annual increase in population in Japan amounted to 1 million. It was, of course, to be expected that the births would gradually decrease.

Campbell, New York, demanded a rejection of Rousseau's teaching that all men were equal. Care for heredity and race was a question for every nation, for reasons of self-preservation. *Lundborg* had a lecture read in which he laid down the necessity of maintaining a healthy peasantry. The leading classes of a country have generally too few children so that compensation from other classes of the population, country people, lower, middle and labouring classes is all the more necessary. *Gross*, Berlin, described the mental struggle for the cultivation of race. *Boverat*, Paris, also spoke in defence of large families. There was a great difference, he said, in the standard of living between unmarried and the family of many heads, everywhere. *Gütt*, Berlin, put the policy of population down as a matter for the State. He described the measures taken by the German government in this connection, was in favour of improving and extending advice given to couples about to marry, and the furtherance of families with many children. *Ruttke* spoke on the German law for the Prevention of Hereditarily diseased offspring, and the Scandinavian Sterilization Laws. Other lectures dealt with the conditions of the population in England and Scandinavia where conditions were difficult. Conditions in Spain were dealt with by Hoyos Sainz. In further lectures the subjects of Heredity-Biology and Racial Hygiene were treated.

Grippe

still plays an important role in clinical-publications. From a paper by *Schulze*, Flensburg, found on more than 2000 observations, quinine prophylactic would seem effective. It is true there was noticeable decrease in the number of cases from the use of quinine but the course of the illness was shortened and made easier by it. From their experience in Vienna *Lapp* and *Wicke* have come to the conclusion that their is no call for the innumerable new special preparations against grippe. They gave a combination of Amidopyridin 0.25 with quinine 0.25. For pneumonia they gave only Transpulmin, camphor, and caffeine. There was hardly a case where they had to go beyond this intentional limit. They stress the fact that a certain reserve must be maintained towards these ever recusant new remedies.

In this connection it must be pointed out that in the English "Lancet" and some American periodicals, readers are warned against

Amidopyridin (Pyramidon)

as a dangerous drug. The "Deutsche Medizinische Wochenschrift" thinks this is very far-fetched. The discussions on this subject at the meeting of the German Medical Society in Wiesbaden this year and further publications, have proved that the danger is very slight and a general warning appears out of place.

The Reich Minister of Education expressed the wish in a decree regulating the fees for taking a degree, that the

Title of doctor

should no longer be conferred, as a matter of course, on passing the State Examination but only for a thesis showing that a problem has been rightly grasped and brought nearer to a solution by scientific method. The fees in their entirety are, in future, to go to the State Exchequer. Admission as University lecturer is henceforth to be free.

SPECIAL ARTICLE

SERIES OF ANOMALIES AND THEIR IMPLICATIONS

DR. SATKARI GANGULI

[Dr. Satkari Ganguli is one of the oldest member of the All-India Medical Licentiates' Association. His presentation of the present position of the medical licentiates is indeed as true as it is striking. He appeals to the licentiates to strengthen the association by joining in greater numbers and to work in a concentrated and concerted manner. "Do not mind the waves of the sea but mind your leaks in the vessel." This is his message to the medical licentiates of India. Ed. I.M.J.]

1. Every individual and every group has an inherent right to take all legitimate and lawful steps for self-expression, self-preservation and maximum usefulness. Self-preservation is the instinct of even the tiniest insect. And upon this fundamental principle, the All-India Medical Licentiates' Association was brought into being about three decades ago, when it was realised that in this age of general awakening and organisation collective and concerted action was absolutely necessary for the survival of the class—the much maligned and much neglected medical licentiates, who bear the brunt of medical work in India undepressed and undismayed. It is, to my mind, the only organisation of medical men on an All-India basis which is competent to voice the views of the bulk of the medical men in this country and it has reached a position of importance in public work, by which is meant humanitarian work in the interest of the human society on a large and comprehensive scale, which enables it to wield great influence for the protection of medical profession in general, and the medical licentiates in particular. But the wonder of wonders is that such an important and useful organisation of so many years' standing has not succeeded in obtaining as much support and recognition as it deserves at the hands of the public, the press and also of the class for which it was started, although they (Licentiates) have been ever treated as members of the "depressed" class in the profession or rather more correctly "suppressed" class, in the words of a distinguished member of the Indian Medical Service.

2. There is a dark cloud gathering on the horizon, and all forces are mobilised against the uplift of the licentiates. They have no moral right to exist if they are as blind as a mole or as a deaf as the doormat, and remain unassertive and irresponsive to the call of the moment—*awake, arise, shake off the lethargy, sink all differences, unite and stand as one man and war against the retrograde policy of "So far, no further"*. If they fail to take time by the forelock and present a united front against all forces of disruption, the edifice of so many years will prematurely collapse and their hopes and ambitions will in no time be driven into the limbo of oblivion. Those who are not yet members should sleep no more but join the association in right earnest, and make it a common duty to fight against the repressive and destructive policy, which is at the root of all their disabilities. Will the licentiates march with the spirit of the time and go forward undaunted by the frowns and unbeguiled by the smiles of the powers that be, or yield meekly as helpless babies to a policy which will result in their moral, social, intellectual and economic disintegration? To my mind, if organisation means power, influence and prestige, and if it is to pull through the present crisis, it behoves every licentiate worth his name to come forward and register his opinion through this association that their only motto is "progress" and that they are not prepared to sell their birth-right for a mess of pottage or for a few smiles and lip-deep sympathies, or surrender to a policy which offends their honour and self-respect.

3. Theirs is a holy war against a policy, which deprives a section of medical men, who, in the words of a distinguished member of I.M.S. "correspond to in terms of currency to the nickel anna, or its equivalent in copper, the coin that serves the multitude, and who have thousand times proved that they are good metal and no counterfeits," and who "are backbone to the medical profession in India, and in matters medical, the Indians' one and only hope". Theirs is a war against the policy which strikes a destructive blow at the root of progress of a class of medical men, who are deprived of the rightful opportunities of self-improvement—a right which is too sacred to those whose only ambition is to live as a self-respecting citizen and practise as a respectable medical man on equal terms with other grades of registered medical practitioners in this land of theirs without any stigma of inferiority stamped on their forehead. There are two courses open to our men. They should fight, of course on constitutional lines, till their goal is reached, ambition realised and the stain of inferiority wiped out. But it should also be borne in mind that, as in politics so in their profession, there is no charity or generosity, and if they are really in earnest for the improvement of their lot, they shoud not rest content with meeting once a year and passing sheafs of resolutions and then forgetting all about them till they meet again twelve months later. The panacea lies in self-help, sacrifice and suffering, and above all, a will and self-consciousness which are lacking amongst our average men and women who are ignorant of their own power and strength. This lack of will which is still to be

created, and lack of self-conciousness which is yet to be roused, are undoubtedly clogging the wheel of progress. The aspirants of progress can ill afford to lose sight of these two essentials.

4. In recent times the scope of the association has been widened, and its hopes raised to a higher plane by introducing new rules. Formerly it was the class-interest which was the only and chief concern of the licentiates but now their vision and outlook is broadened, and the constitution is so framed as to make it adaptable to the new environment. There is no manner of doubt that even now the organisation is not perfect and there is plenty of room for improvement. Extensive and intensive propaganda work is needed to popularise the institution by way of printed appeals through the central, provincial and district offices, and no money should be grudged for giving wider publicity to the existence of the association, which is yet unknown to many, and to my mind, free distribution of the specimen copy of the Journal to the non-members all over the country from time to time is a step in the right direction.* My long association with this organisation has convinced me of the necessity of reaching every licentiate at least once a year, if not oftener, with printed hand-bills through the postal service as used to be done before; and unless the whole country is tapped and our men are roused from slumbers by frequent drumming and brought into the fold, the association will remain as much representative as *the three tailors of Tooley street.*

5. To my mind there is a definite cause for fight, and those who fight for a definite cause with perseverance and with a determined purpose must ultimately win. What for are the licentiates fighting these nine and twenty years? In plain words, they are agitating for their professional improvement; they are not contented with their social and official status, and they painfully realise that they are treated as *pariahs* in the profession. The indifferent, sometimes contemptuous, attitude held by the press, our public men, and the Government towards the demands of the licentiates is almost sickening and centainly unjustifiable.

6. It is universally recognised that advancement in education, culture and economic improvement is required for the elevation of social status. The licentiates, therefore, insist upon the improvement of their education by lengthening the period of study from four to five years in the medical schools, and upon the provision for opportunities for higher medical education in their own country. But to our surprise there is an emphatic "No" in reply to this elementary demand and the set-back policy is pursued with undiminished vigour and open contumely, backed by interested public, press and those possessing higher medical qualifications occupying superior position in service and society.

7. The butterfly sitting comfortably on a high perch cannot appreciate the hardships of the proverbial load under the harrow, and it is not surprising that the men in power and position will not appreciate the extent of physical and mental sufferings to which the licentiates as a class are exposed with the enactment of the Black Act—the Indian Medical Council Act, the baneful effect of which has not only filled the licentiates with disgust, diffidence and despondency, but is likely to engender a spirit of jealously, hatred and distrust between the different grades of medical men, practising and serving in India, widen the gulf of difference already existing, and make unity impossible, so essential for the development of an united medical profession in India which we all cherish. In the teeth of strong opposition and emphatic protests the Act was passed: petitions, appeals and deputations proved unavailing. The licentiates thus suffer perpetual inferiority and any talk of self-improvement is *bete-noire* to the powers that be!

8. To my mind we need not be perturbed over the Act which is, however, consistent with the reactionary policy of manufacturing a brand of medical practitioners from the Indian medical workshop in the name of medical relief for rural population.

9. No one, who is sane, can question the propriety and reasonableness of the suggestion that the rural areas should be provided with qualified doctors and no one should die for want of medical aid. There are large tracts of the country, where medical relief is *rara avis*, but is there any cogent reason that they should be deprived of efficient medical aid through fully qualified medical men. Will the problem of medical relief be solved by sending in a large contingent of ill equipped and ill-edeucated doctors?

10. The problem of medical relief is indeed the problem of the day, and it should not be tackled in a light-hearted manner. India is a vast sub-continent, and it is proverbially poor. Poverty creates disease, or disease creates poverty in turn—this should not be lost sight of. It is admittedly true that, so far, only a fringe of the population is benefited by the western method of treatment and the bulk of the population are treated by the indigenous methods or no methods at all. Unani, Ayurvedic and Tibbi methods are spreading under the patronage of the people and local bodies, and in some provinces State help is accorded to them. In recent years several schools and colleges are manufacturing homeopaths, kavirajas, vaids and hakims, and as such the output of allopaths are out-numbered by them. They are as free to deal with human lives as their registered comrades—the medical licentiates and graduates. Besides, there are many unrecognised medical schools of allopaths producing a large number of medical men quite unrestricted, and there is a movement to make their qualification recognised by the Provinical Medical Councils. These are stern realities which can neither be ignored nor everlooked. Under the circumstances the original plea of replacing the "village quacks", or diminishing their number gradually by the licentiates has now no legs to stand upon.

11. Who are "quacks," and what should be their definition? Judged by the standards of the League of Nations the sub-assistant surgeons would be "partly qualified," and so also goes the verdict of our Government and some of our own people. In fairness to the homeopaths, vaids, kavirajas, hakims, they should also be styled as "partly qualified," as they also possess some knowledge in medicine and as there are no restriction imposed upon their practice. The licentiates may be bracketed with them or styled as "registered quacks."!

12. This is the time for stock-taking. When it is said that the licentiates must live for the country, and the country must not live for the licentiates, and any measures adopted for the welfare of the country should not be questioned or taken exception to, the matter ends there. But this remark applies to the medical graduates and also to those possessing British qualifications serving and practising in this country. In every free and civilised country no artificial restriction is placed against attaining higher qualifications, and compartmentalisation is unknown. Lowering of standard for special purpose at the expense of a community and depriving the suffering humanity of the services of the fully qualified medical men, and thus allowing the talents of the country to be wasted for generations on the plea of "cheap medical aid" is unthinkable and cannot be tolerated. If it be at the back of the mind of the responsible authorities and persons that all classes of practitioners should practise unrestricted irrespective of their medical qualifications, and there should only remain two distinct class of such practitioners, "fully" qualified and "partly" qulified, let the licentiates who are "partly qualified" be bracketed with the rest of the medical men viz., followers of ayurved and Tibbi and there will no longer be any necessity for Provincial Medical Council which is a mockery. Let the curriculum of the medical school be further reduced to three or two years, and the standard of medical education be still lowered in the name of "cheap medical aid"! In one word, let us go back to the good olden days, and within a few years the country will be flooded with "village doctors," for saving the rural population from imminent devastation from diseases, and not from food, water or cloth famine with which they are faced! This is the logic, and our enlightened countrymen are to be congratulated for solving such a complex problem of medical relief so easily without any let or hindrance.

13. The coming events cast their shadows before, and with the development of the higher grades of medical men and their elevation to the highest position in service it is conjecturable to what position and status the poor licentiates will be consigned. Many appointments under the local self-governing Bodies are being captured by them. The paying and purchasing capacity of the people are steadily on the wane, and the income of the licentiates has gone down so rapidly that it is hardly possible for them to keep their body and soul together. It is, therefore, incumbent upon them to unite and meet on a common platform to devise a plan of action and influence and create a public opinion, which is apparently not in their favour. It is certainly an uphill task, but there is no help for it. There are "vested interests," and their hidden hands are working from behind the screen to thwart the progress of the licentiates. Let them be guided by the advice: "*don't mind the waves of the sea but mind your leaks in the vessel. Don't depend upon others with the look of a mendicant but love your own people and set your house in order. Salvation lies in one's own hand. The path to fulfilment is the difficult path of sacrifice and suffering.*" I think the question of "status" should be in the forefront and the sense of self-respect should under all circumstances be maintained. Success is always with those whose cause is just, and who are organised and resolute till the objects are realised.

*We are now doing this through the provincial secretaries. Ed. I.M.J.

REPORTS AND REVIEWS

Annual Public Health Report of The Province of Assam for the year 1934 by Lieut. Col T. D. Murison, D.P.H., I.M.S., Director of Public Health, Assam.

This report, like most other P. H. reports of the other Provinces in India, is an interesting document. The health of Assam during the year is generally satisfactory. The following table culled out from the report, will give a bird's eye view of the public health of this province.

Population ...	...	8,197,605	Mid year
Total births ...	...	242,756	29.61 per mille
,, deaths ...	...	155,701	19.64 ,,
,, of infantile deaths	...	40,143	165 per 1,000 births
Death due to cholera	...	1,904	.24 per mille
,, small-pox	...	206	.03 ,,
,, dysentery and diarrhœa	...	8,196	1.03 ,,
,, respiratory diseases	...	6,440	.81 ,,
,, injuries	...	2,317	.29 ,,
,, fever	...	101,779	12.84 ,,
,, other causes	...	34,860	4.40 ,,

It will be noted that infant mortality rate of the province is fairly high; 165 infants die for every 1000 born. Of these, the largest number (20,632) died within one month of birth. The infant mortality rate compares favourably with that of other provinces; and as the report observes, this heavy infant mortality is due largely to immaturity and ignorance of the mother, to improper feeding and to exposure of infants to insanitary surroundings. Vigorous educational measures in regard to the care of infants are strongly advocated. The largest number of deaths due to cholera (596) occurred in December and the lowest (33) in October; the highest death rate was reported from Goalpara and Sylhet districts. 8,77, 316 doses of bacteriophage were issued during the year, a large part of which were used in Tea Gardens. Bacteriophage is being experimented with in the Nowgong

district and in the Habiganj sub-division, In these areas, no cholera vaccine is administered. In other areas, inoculation with cholera vaccine was given to those who asked for it. Five mobile epidemic units were employed under the charge of Sub-Assistant Surgeons : the establishment of these units has been more than fully justified and the provision for more such units is very real and much overdue. The gradual fall in the mortality from small-pox is due to the prompt preventive measures taken to deal with isolated small outbreaks and to the thoroughness of vaccination. There was no case of plague during the year. Beriberi also was not reported. Yaws seems to be widely prevalent and shows a tendency to spread. A total of 3,089 cases of this disease were brought under treatment with striking results. The P. H. Department dispensaries undertake the treatment of yaws in conjunction with the treatment of Kala-azar, Leprosy, etc, Malarial fever is by far the greatest scourge of the province, It is prevalent throughout the province in greater or lesser degree at all times in epidemic form. During the year 6,65,983 cases were treated. Separate mortality figures for this disease are not available.

Anti-malarial operation. The scrub jungles were kept clean and no rain water was allowed to accumulate anywhere. The Morlali stream was cleaned and canalised. The compulsory use of mosquito nets was enforced on the Assam Rifles and Bamber oil was issued to night sentries. *Malariol* was sprayed in the breeding places and marshy lands were treated with *Paris Green.* 7,965 parcels of quinine treatment were sold and about 400 lbs. of quinine and cinchona were distributed free to indigent malarial patients in the badly affected areas.

Maternity and child-welfare, medical inspection of schools, health propaganda, industrial hygiene have all received a fair share of possible attention by the department.

The financial condition of the province during the year was not such as would permit of any expansion of the department.

Research. It is entrusted to the Assam Medical Research Society. It is in receipt of an annual contribution of Rs. 25,000 from the Govt. and the D.P.H., Assam, is an ex-officio member of the Governing Body. Its activities have been confined to malaria, cholera and dysentery. Experiments with cholera and dysentery Bacteriophage were continued in the Nowgong district and Habiganj subdivision.

Treatment of Leprosy is available in out-patient clinics at all Sadar and Sub-divisional head-quarter hospitals and at many of the more important outlying dispensaries. 52 P. H. Dept. dispensaries have so far been equipped for the treatment of leprosy. There are special institutions at Sylhet, Kohima, Dhabri, Tara, Ganhati and Jorhat. Bacteriophage in the treatment of bacillary dysentery and in the prevention of cholera seems to give favourable results. The use of Neostibosan in K. A. is restricted to urban areas where hospital conditions exist. Plasmoquine and Atebrin were tried experimentally in the prophylactic and curative treatment of Malaria.

The report makes special mention of good work done by the Assistant Surgeon, P.K. Das and the Sub-assistant Surgeons, Azizur Rahman, N. R. Mazumdar, Kameswar Hazarika, S. C. Gogoi, J. C. Chakravarty, Munwar Khan, Habibur Rahman, Ganshyam Das and Kaziram Das.

Of the subordinate medical staff employed, 7 were Assistant Surgeons (1 permanent and 6 temporary), 104 were Sub-assistant Surgeons (1 permanent and 103 temporary).

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The 15th Annual Report of the Blind Relief Association, Bijapur, 1934.

This association was started in 1920 and owes its existence to the solid support and enthusiasm of the people of Bijapur district. It is the first philanthropic association of its kind in Karnatak and was established for the prevention and cure of blindness, primarily in the district of Bijapur and funds permitting, in the surrounding districts. By means of field workers, cases of eye disease and blindness are detected from the actual homes of the poor and ignorant people and treated properly and timely. A large majority of the cases of blindness are due to cataract which is particularly common between the ages of 50 and 60 and which is fortunately amenable to surgical treatment. The glare of the sun, the heat of the tropics, and the dust act as predisposing causes of cataract in India. Among other causes of partial or total blindness are ophthalmia neonatorum, syphilitic affections, congenital malformations, injuries, small-pox and measles. 30 to 40% of the cases of blindness in Karnatak are remediable and an equal number preventable.

By means of propaganda, field workers, itenerant ophthalmic surgeons, and treatment by eye specialists at the Bijapur Civil Hospital, the Association serves the public, especially its poorer section, in an organised manner and with a commendable enthusiasm. At present, it is financially helped by the Govt. Grant-in-aid in the form of pay, allowances, pension of one subordinate medical officer and half of the sallary of the second subordinate medical officer. This is supplemented by contributions from the Local Board, the Public and the interest accruing on its reserves. In view of the large field of work and the certain possibility of affording greater relief, the funds and grants at the disposal of the Association are obviously insufficient to meet the needs of the situation. We appeal to our countrymen to help this institution liberally and to send their donations to its General Secretary. Copies of the report and all information may be obtained, free of charge, from the Civil Surgeon and Chairman, Blind Relief Association Bijapur.

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A Practical Hand-book of Mid-wifery and Gynæcology by W. F. T. Haultain, B.A., M.B.,B.Ch., F.R.C.S.(Ed.), M.R.C.P.(Ed.), and Clifford Kennedy, M.B., Ch.B., F.R.C.S.,(Ed.). Second Edition, 1935. Publishers, E. & S. Livingstone, Edinburgh. Copies can be had from Messrs. Butterworth & Co., Calcutta, or Bombay or Madras. Price Rs.11/4

The subject matter of the book, under review, has been entirely re-written owing to the recent numerous advances in Midwifery and Gynæcology and brought up to date to meet the urgent demands of both students and practitioners. The arrangement of the subject is simple and practical while its presentation is concise and authoritative. The chapters on Ante-natal care, pathology of Pregnancy and some Gynæcological operations are excellently written and summed up. The division of Pathology of Pregnancy into three classes, viz., Intercurrent diseases in no way due to pregnancy, Intercurrent diseases due to pregnancy, and Morbid states of the uterus and ovum which seriously affect the mother or the fœtus or both, is happily conceived and is bound to help the understanding of the subject by the student and the practitioner in a comprehensive manner. This will leave in their minds a whole and indelible picture of the pathology of pregnancy, less likely to be forgotten after the examinations are over. Besides, the addition of simple, concise and exact description of operative procedures commonly employed in obstetric and gynæcological surgery will, we consider, be of real help to the students—even to the busy surgeon for ready reference. Though we have picked out for our special comment and review the above three chapters, the other chapters in the book are equally well presented. It is as a hand-book should be—lively, accurate, concise and above all up-to-date. The printing and get-up is superb, and we heartily recommend the book to the students who can pass even the highest examination with its help and to the practitioners for occasional and quick revision of the subject.

NOTICES

IMPORTANT

Any amendment which has to be given notice of by virtue of rule No. 18 by any member of the A.I.M.L.A. should be sent through the General Secretary only. We have no authority to publish Association Correspondence or Notices, or Notes without his endorsement. As we go to the press one month in advance, we would also particularly request the members who desire to notify amendments to send the same in time. We shall not be held responsible for non-publication of notices of amendments not received in time. (Editor I.M.J.)

The Scientific Committee of The All-India Medical Licentiates' Association has decided to award two prizes of the value of Rs. 50/- and Rs. 25/- for two best papers in each of the following subjects :—

1. Incidence of Protozoal infections of the intestines and the methods of their eradication.
2. Blindness in India, its causes and how to prevent it.
3. Causes and treatment of chronic enlargement of Tonsils in children.

The papers must be based on writer's own observations and only the members of the All-India Medical Licentiates' Association shall compete for these prizes.

The papers must reach the Secretary at least ten days before the next Annual Conference.

In the award of these prizes, the decision of the Scientific Committee shall be final and the members of the Committee present at the Conference shall form a quorum for this purpose.

The Committee shall reserve the right to withhold any of the prizes, if in its opinion no paper merits distinction.

The competitors may, if they like, present themselves at the Conference (of course at their own expense) to reply to the criticism on their papers.

For further particulars a reference may please be made to the Honorary Secretary, Dr. Chhabildas, Civil Hospital, Ludhiana (Punjab).

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The Honorary Secretary, Gujrat Branch of the A.I.M.L.A., writes.—

The period of submission of Dr. Ramachandrier's Prize Thesis for the year 1935, as announced in the *Indian Medical Journal* for May, page 264, is extended till the end of March 1936. Intending candidates are, therefore, requested to send their papers to Dr. Joseph Benjamin, President, Gujrat Branch, A.I.M.L.A., Dhalgarwada, Ahmedabad, so as to reach him on or before the due date.

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Dr. T. C. Basu Chowdhary, General Secretary Reception Committee, 28th Conference of The All-India Medical Licentiates' Association, Agra, writes under date 27-1-36.

The next annual conference of the All-India Medical Licentiates' Association will be held during Durga Puja Holidays at Agra. Members are requested to send their scientific papers to be read in the conference to the above mentioned address. The paper should be type-written as far as possible. No paper will be read in the conference unless it is passed by the Local Scientific section, as the time has to be regulated.

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STATE MEDICAL FACULTY OF BENGAL

Fellowship Examination—Title (F.S.M.F.)

1. It is hereby notified for information of the Medical profession that the State Medical Faculty of Bengal has instituted the above higher Examination equivalent to the Doctorate of the Universities by which the profession will be able to secure a covetable distinction.

2. The examination of the diploma of Fellowship is held either in Medicine or in Surgery and may be held once a year,

3. The examination shall be written, oral, practical and clinical.

4. Every candidate must either be a member of State Medical Faculty or possess a qualification in Medicine and Surgery recognised by the Governing Body as equivalent thereto. Such qualification or qualifications must have been obtained at least two years before the examination.

5. Candidates in Medicine will be required to specialise in one of the following groups of diseases, viz :—Diseases

1. of the nervous system and mental diseases.
2. of the skin.
3. of the heart and circulatory system.
4. of the respiratory system.
5. of the digestive system including diseases of the liver.
6. of the urinary system.
7. Tropical diseases.

Canditates in Surgery will be required to specialise in Surgery of one of the following descriptions, viz :—Surgery.

1. of the eye.
2. of the ear, nose and throat.
3. of the skull, brain and spinal cord.
4. Obstetrical and Gynaecological Surgery.
5. of the bones and joints including Orthopaedic Surgery.
6. of the urinary and generative system.

N. B. For further particulars apply to the Secretary, State Medical Faculty of Bengal, Grosvenor House, Calcutta.

SERVICE NOTES

LIST OF CHANGES AMONGST MEN SUB ASSISTANT SURGEONS IN THE PUNJAB DURING THE MONTH OF NOVEMBER 1935.

Dr. Faqir Chand, General Duty, Civil Hospital, Ludhiana *to* Jail and Police Hospitals, Jhang, Vice Dr. Muhammad Hussain granted 4 months leave.

Dr. Gobind Ram, on return from leave, *to* General Duty, Civil Hospital, Jhelum.

,, Karm Singh, General Duty, Civil Hospital, Gujranwala, *to* Fair duty, Nankana Sahib, Sheikhupura District.

,, Shivram Das, Zaffarwal Dispensary, Sialkot District, *to* Burewal Dispensary, Multan District,

,, Nand Lal, Burewala Dispensary, Multan District, *to* Zaffarwal Dispensary, Sialkot District, Vice Dr. Diwan Chand Chopra transferred to General Duty, Civil Hospital, Sialkot.

,, Kanshi Ram Gauri, on reversion from the N. W. Railway, General *to* Duty, Civil Dispensary, Lahore.

,, Tola Ram, General Duty, Punjab Dental Hospital, Lahore, *to* Old City Branch Dispensary, Amritsar.

,, Udham Singh, on expiry of leave, *to* Agricultural Reformatory Farms Dispensary, Kussumsar, Multan District.

,, Muhammad Hassan, Agricultural Reformatory Farms Dispensary, Kussumsar, Multan District, *to* General Duty, Civil Hospital, Lyallpur.

,, Ganga Singh, 2nd Class Senior, General Duty, Civil Hospital, Jullundur, *to* Jail and Police Hospital, Hissar, Vice Dr. Pirthi Singh Dabas proceeded on one month's military training.

,, Kanshi Ram Gauri, General Duty, Civil Dispensary, Lahore, *to* Karor Dispensary, Muzaffargarh District.

,, Dasondha Singh, General Duty, Mayo Hospital, Lahore, *to* Sutlej Valley project Canal Dispensary, Wanwala, Multan District, Vice Dr. Dina Nath Kohli whose services have been placed at the disposal of the Agent, N. W. Railway.

,, Muhammad Abdur-Rahman, M. B., B. S., General Duty, Civil Dispensary, Lahore, *to* Guhla Dispensary, Karnal District.

,, Karm Singh, Fair duty at Nankana Sahib, Sheikhupura District, *to* General Duty, Civil Hospital. Gujranwala.

,, Sundar Das, on return from leave, *to* Canal Dispensary, Kanya, Lyallpur District.

,, Sandagar Singh Gill, Canal Dispensary, Kanya, Lyallpur District, *to* General Duty, Civil Hospital, Lyallpur.

,, Muhammad Ismail, Canal Dispensary, Tajewala, Ambala District, *to* General Duty, Civil Hospital. Lyallpur.

,, Khuda Bakhsh, Khangarh Dispensary, Muzaffargarh District, *to* General Duty, Civil Hospital, Muzaffargarh.

,, Panna Lal Khanna, on expiry of leave, *to* Khangarh Dispensary, Muzaffargarh District.

,, Ram Chand Dhupar, on reversion from one month's military training, *to* Police Hospital, Campbellpur.

Dr. Manohar Lal Kaisth, Police Hospital, Campbellpur, *to* Chakrala Dispensary, Mainwali District.

,, Chuhar Singh, General Duty, Civil Hospital' Jullundur, *to* Canal Dispensary, Bainsi, Rohtak District, vice 2nd Class Senior Doctor Shadi Ram granted two months leave on medical certificate.

,, Beli Ram Jain, General Duty, Civil Hospital Kulu, Kangra District, *to* Keylang Dispensary, Kangra District.

,, Ambu Lal Sharma, Keylang Dispensary, Kangra District, *to* General Duty, Civil Hospital, Kulu, Kangra District.

,, Harbans Singh Mahol, General Duty, Civil Hospital, Lyallpur, *to* Baborakalan Dispensary, Gurgaon District, Vice Dr. Mul Raj Aggarwal, granted 5 months leave.

,, Sheo Ram, 2nd Class Senior, on return from leave, *to* Municipal Male Dispensary, Mozang, Lahore.

,, Kishan Chand, 1st Class Senior, Municipal Male Dispensary, Mozang, Lahore, *to* General Duty, Civil Dispensary, Lahore.

,, Ram Narain, on reversion from one month's Military training relieving Dr. Siraj-ud-Din Ahmad transferred to General Duty, Civil Hospital, Multan, *to* New Central Jail, Multan.

,, Mir Muhammad Riaz, L.T.M. (Cal.), On reversion from the one months military training relieving Doctor Nanak Chand, Lakhanpal, transferred to general duty, Civil Hospital, Gujranwala, *to* Canal Dispensary, Khanki, Gujranwala District.

,, Mirza Kazim Beg, on return from leave the unexpired portion of which is cancelled, *to* Muktsar Dispensary, Ferozepore District.

,, Mehr Singh Chawla Jamadar, Muktsar Dispensary, Ferozepore District, *to* General Duty, Mathra Das Hospital, Moga, Ferozepore District.

,, Abdul Wadood Qureshi, General Duty, Civil Dispensary, Lahore, *to* General Duty, Civil Hospital, Gurdaspur.

,, Ghulam Ali Soofi, on reversion from one month's military training, *to* Kot Naina Dispensary, Gurdaspur District.

,, Amar Das Kohli, Kot Naina Dispensary, Gurdaspur District, *to* General Duty, Punjab Dental Hospital, Lahore.

,, Ram Nath Sharma, on reversion from one month's military training, *to* Civil Dispensary, Chhota Simla.

,, Duni Chand Sharma, 2nd Class Senior, Civil Dispensary, Chhota Simla, *to* Mehta Dispensary, Amritsar District.

,, Udho Das, General Duty, Civil Hospital, Multan, *to* Canal Dispensary, Muzaffargarh.

,, Hakumat Rai, on return from leave, *to* Kotgarh Dispensary, Simla District.

Dr. Sohawa Singh, Kotgarh Dispensary, Simla District, *to* General Duty, Civil Hospital, Ambala.

,, Tara Chand, 1st class Senior, Old City Branch Dispensary, Amritsar, *to* Abohar Dispensary, Ferozepore District.

,, Lehna Singh, 1st Class Senior, Sardar Sahib, Abohar Dispensary, Ferozepore District, *to* Old City Branch Dispensary, Amritsar.

,, Trilok Nath, on return from leave, *to* Zira Dispensary, Ferozepore District.

,, Bishambar Das Sharma, Zira Dispensary, Ferozepore District, *to* General Duty, Civil Hospital, Ferozepore.

,, Muhammad Ramzan, Police Hospital, Mainwali, In addition to his own duties relieving Dr. Sujan Singh detailed for 1 month's military training, *to* Jail Hospital, Mianwali.

,, Honda Ram, Chakrala Dispensary, Mianwali District, *to* Jail Hospital, Mianwali, Relieving Dr. Muhammad Ramzan of the additional charge.

,, Gopal Das, On return from leave, *to* General Duty, Civil Hospital, Lyallpur.

,, Muhammad Sharif, 2nd Class Senior, on return from leave, *to* City Branch Dispensary, Gujranwala.

,, Kalyan Singh Makhania, L.T.M. (Cal.) D.T.M. (Cal.), City Branch Dispensary, Gujranwala, *to* General Duty, Civil Hospital, Gujranwala.

,, Kishan Chand, 1st Class Senior, General Duty Civil Dispensary, Lahore, *to* Pattoki Dispensary, Lahore District.

,, Shiv Nath Razdan, Pattoki Dispensary, Lahore District, *to* Anandpur Dispensary, Hoshiarpur District.

,, Puran Chand, Karor Dispensary, Muzaffargarh District, *to* Vehari Dispensary, Multan District.

,, Gobind Ram, General Duty, Civil Hospital, Jhelum, *to* Daska Dispensary, Sialkot District, Vice Dr. Arur Singh Chawla, proceded on one month leave.

,, Asa Ram, on reversion from the Delhi Province, *to* General Duty, Civil Hospital, Rohtak.

,, Rajindar Nath, on return from leave, *to* Canal Dispensary, Narnaund, Hissar District.

,, Uttam Chand, Canal Dispensary, Narnaund, Hissar District, *to* General Duty, Civil Hospital, Hissar.

,, Sandagar Singh Gill, General Duty, Civil Hospital, Lyallpur, *to* Canal Dispensary, Kanya, Lyallpur District.

,, Sundar Das, Canal Dispensary, Kanya, Lyallpur District, *to* Police and Sub-Jail Hospitals, Sheikhupura.

,, Sidh Das, on return from leave, *to* General Duty. Civil Hospital, Sargodha.

ASSOCIATION NOTES

[We are publishing below almost all the proceedings of the Branches received in this office up to 1-1-36 and this will practically clear off all the arrears. In consequence, we have regretfully to withhold publication of other usual items of medical interest. The Secretaries will be helping us substantially in the regular, accurate and timely publication of the proceedings if they send us a brief extract of the same, avoiding proper names as far as possible and giving accurately all references to dates, government orders, circulars, etc. Ed. I.M.J.]

The Annual Provincial Conference of The All-India Medical Licentiates' Association of Bengal was held at Dacca on the 30th December 1935. The Divisional Commissioner, Mr. Nelson, opened the proceedings of the Conference and the Superintendent of the Dacca Medical School, Major Linton, subsequently presided on the opening day. The chairman of the Reception Committee read his welcome address after which the President took his seat. In a neat and brief speech, Mr. Nelson sympathised with the aims and objects of the Association and encouraged the medical licentiates with the hope of his help which he promised in his own way. The Provincial Secretary gave a review of the working of the Association during the year 1935 in Bengal. Drs. A. N. Roy and A. D. Mukherjee of Calcutta and Rai Sahib Dr. S. C. Gupta of Jalpaiguri addressed the conference. Major Linton also addressed the conference exhorting the medical licentiates to join the association in greater numbers and expressed his full sympathy with its aims and objects. After the usual vote of thanks the conference adjourned to the 1st of January 1936, when it reassembled at 12 noon with Dr. A. D. Mukherjee of Calcutta in the chair. After a short speech by Dr. A. D. Mukherjee the conference formally passed the resolutions as drafted by the Subjects Committee. The President of the conference in his final remarks appealed to the medical licentiates to join as members of the association. The scientific section of the conference met under the presidency of Major R. Linton, I.M.S. Dr. R. C. Adhikari, M.B., M.R.C.P., T.D.D., read a paper on 'Management of Pulmonary Tuberculosis in Bengal.' Dr. K. R. Roy read a paper on 'Blood pressure' and Dr. B. B. Sen, M.Sc., M.B. on 'Serum manufacture in India.' There was a lively discussion. After the usual vote of thanks to Major Linton, the session of the Conference was brought to a close.

The Reception Committee arranged tea party, dinners in European and Indian styles and provided the guests with various sorts of amusements e.g., theatricals, magic, etc. The pandal was tastefully decorated and illuminations were made in the night time. The whole ceremony was held in the compound of Dacca Medical School.

Resolutions passed by the Medical Licentiates' Provincial Conference held at Dacca, December 1935.

1. This conference places on record its profound sense of sorrow at the loss sustained by the All-India Medical Licentiates' Association on the demise of Rai Bahadur Sarju Prasad, Ex-President of this Association, at Indore and resolved a letter expressing sympathy be sent to his family by the Provincial Secretary of Bengal.

2. Resolved unanimously that the recommendation of the Indian Jail Committee regarding the special pay in Jail Service, vide para 4 of the circular issued on 7th August, 1928, No. 7353 from the Secretary of the Government of Bengal, Revenue Deptt., which has since been rescinded by a recent order of the Government making compensatory allowance not pensionable, is a hardship to the S. A. S. in jail service and that Government be requested to re-install the original recommendation making the special pay as pensionable. Proposed by Dr. M. Sett, seconded by Dr. B. K. Sen and carried.

3. This conference learns with concern that in many districts of Bengal, licences under Poisons' Act are issued to persons who are not properly authorised under the rules and resolved that Government be requested to put a stop to this practice as early as possible. Proposed by Dr. B. L. Roy., seconded by Dr. B. K. Sen and carried.

It is further resolved that since many district officers have been enforcing the issue of licences under Poisons' Act in those cases whe e the practitioners do not sell poisons but use them in mixtures according to the latest amended Poisons' Rules, the Government be requested to issue circulars to district officers to put a stop to this harassing practice. Proposed by Dr. B. L. Roy, seconded by Dr. B. K. Sen and carried.

4. This conference learns with concern that the Board of Intermediate and Secondary Education of Dacca has not yet totally withdrawn the ban against the medical licentiates, as qualified for the teachership of hygience in the schools under the Board. Resolved that the board be requested to withdraw the ban at the earliest opportunity. Resolved further that as the Hygiene Committee of the board has no proper representation of the medical licentiates, the Board is requested to arrange for the just and adequate representation of the medical licentiates in the said Committee. Proposed by Dr. N. N. Das Gupta, seconded by Dr. M. Sett and carried.

5. This conference learns that in many jail dispensaries there are no compounders and that the medical officers themselves are to dispense the medicines. This conference considers it derogatory for the medical officers to dispense medicines themselves and resolves that the Government be requested to appoint compounders in those jail dispensaries and hospitals where there are no compounders. Proposed by Dr. K. Roy (Nadia), seconded by Dr. B. Chakrabarty and carried.

6. This conference learns with grave concern that the following dispensaries in the Hill Tracts are not provided with compounders ;—1. Lama, 2. Borkol, 3. Manikcharri, 4. Mahalcharri and all the dispensaries of Terai. Resolved that the Government be requested to take early steps to provide these dispensaries with suitable compounders to ensure proper working of the dispensaries and also to afford some sort of help to the medical officers themselves in case of emergencies.

This conference further begs to invite the immediate attention of the Government to the fact that the tenure of service of S. A. S. in the Hill Tracts were formerly only one year and recently this tenure has been extended to 2 years in some dispensaries. In view of the fact that the place is very unhealthy, this conference resolves that the Government be requested to limit the tenure of service in the Hill Tracts to only one year as was formerly done. Proposed by Dr. M. L. Ghosh, seconded by Dr. A. N. Roy and carried.

7. This conference urges upon the authorities of the Calcutta University to expedite the grant of facilities to the medical licentiates to obtain the M. B. degree as per representations made by the University Education Sub-Committee appointed by the Calcutta Branch of the All-India Medical Licentiates' Association under the directions of the Provincial Branch. Carried.

8. This conference requests the Government of Bengal to throw open the responsible clinical teaching appointments in the Campbell, Dacca and other Government medical schools to licentiates. Proposed by Dr. A. N. Roy, seconded by S. C. Gupta and carried.

9. This conference requests the Government of Bengal to increase the percentage of promotion of the S. A. S. to the assistant surgeon cadre and other higher posts. Carried.

10. With a view to safeguard the lives of the village folk in rural Bengal, the Government of Bengal be requested to start Rural Health and Treatment Centres on a basis of subsidy in charge of Registered Medical Practitioners. Moved from the Chair—carried.

11. As the sub-assistant surgeons in the services of E. B. & E. I. Railways are wholetime officers of the Railway administration, this conference is of opinion that the practice of not providing them with free quarters and charging 10% of their pay as rent is most unjustifiable and therefore resolved that the Agents and Chief Medical Officers of the E. B. & E. I. Railways be requested to allow the S.A.S. free quarters. Proposed by Dr. R. S. Dasgupta, seconded by Dr. K. R. Roy and carried.

12. This conference is decidedly of the opinion that it is anomalous and derogatory to allow only Rs. 5 as increment to the S.A.Ss. in E. B. Ry., service while the sanitary inspectors, who are to work under the S.A.Ss., are allowed Rs. 10 as annual increment after they reach the grade of Rs. 100; resolved, therefore, that the Railway Board be moved to allow the S.A.S's increment at the rate of Rs. 10 after they reach the grade of Rs. 100. Proposed by Dr. S. C. Gupta, seconded by Dr. K. L. Roy and carried.

13. In order to improve the conditions of teaching in medical schools in Bengal, the Government of Bengal be requested to introduce a separate school medical service with a special higher pay and allowance for the recruitment of specially trained teachers and demonstrators in Government medical schools. Moved from the chair, carried.

14. This conference reiterates that the course of study in medical schools be raised from 4 to 5 years as early as possible with a view to make the educational standard up to date and efficient. Moved from the chair, carried.

15. This conference is of definite opinion that to safeguard the interests of medical licentiates, the Govt. be requested to reserve adequate seats in the Governing Body of the State Medical Faculty of Bengal. Moved from the chair, carried.

16. In consideration of the large number of registered medical licentiates in Bengal, the Govt. of Bengal be requested to amend the Bengal Medical Act in such a way as to allow more seats to this class of practitioners in proportion to their numerical strength. Moved from the chair, carried.

16. (*a*) This conference is of opinion that the different interests, *e.g.*, teachers, moffussil practitioners and Calcutta practitioners should be given separate representation in the Bengal Council of Medical Registration. This conference, therefore, requests the Government of Bengal to amend the Bengal Medical Act 1915, amended in 1928, and the subsidiary election rules in such a manner as to enable (1) one teacher independent of his being a moffussil man or otherwise, (2) one moffussil practitioner, and (3) one from Calcutta proper be elected to the afore-said Council. Proposed by Dr. S. C. Gupta, seconded by Dr. A. N. Roy and carried.

17. This conference reiterates that it is high time that the Government of Bengal revises its policy of education in medical schools, most of which are not properly staffed and sufficiently equipped. If it is thought by the Govt., under the present financial difficulties, that it will not be possible to improve the conditions upto the modern standard, this conference strongly urges upon the Govt. to close down some of the district medical schools, and divert the money thus saved towards the improvement of other schools. Proposed by Dr. A. N. Roy, seconded by Dr. S. C. Gupta and carried.

18. This conference learns with concern that the Law courts at Dacca and other districts mete out a special treatment to different classes of practitioners in fixing the fees for expert evidence and resolved, that as the nature of work involved in all such cases is the same, this conference urges upon the Govt., in the Judicial Deptt., to enforce a uniform rate of fees for all registered medical practitioners who appear before courts as expert witness. Moved form the chair, carried.

19. This conference resents the non-inclusion of licentiates within the purview of the Indian Medical Council Act and urges upon the Govt. of India

and the members of the Legislative Assembly to amend the Act at an early date. Proposed by Dr. A. N. Roy, seconded by Dr. K. L. Roy and carried.

20. This conference records with concern the growing menace of manufacture, import and sale of spurious and unwholesome patent and pharmacological drugs in India and whole-heartedly supports the recommendations of Drugs Enquiry Committee and requests the Govt. to give effect to the said recommendations as early as possible.

21. This conference records its appreciation of and offers its thanks to the Dacca Branch of the All-India Medical Licentiates' Association and the Reception Committee formed under its auspices and the volunteers for the arrangements made for the conference.

22. With the usual vote of thanks to the chair, the conference adjourned for the scientific section.

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Resolutions passed in the Sixth Assam Provincial Conference, A. I. M. L. A. held on the 26th & 27th October '35 at Dibrugarh.*

1. Resolved that this Association records its deep sense of sorrow and expresses its condolence at the sad demise of the following members of the Association :—(1) Dr. Mrs. Durgabashini Das, (2) Dr. Bhupesh Gobinda Chanda, (3) Dr. Gunindramohon Dastidar, (4) Dr. Nirodebehari Das. It is also resolved that the copy of this resolution be forwarded to the bereaved families. (The resolution was carried by the members, all standing).

2. Resolved that the authorities be moved (i) to raise the course of studies in the B. W. Medical School from 4 to 5 years; (ii) to increase the number of beds in the attached hospital from 110 to at least 200 for clinical facilities to the students and (iii) to appoint three Demonstrators in midwifery, surgery and medicine in the said school.

3. Resolved that two Deputy Superintendents, one for the B. W. Medical School (as in vogue in the Medical Schools of Bengal and some other provinces) and the other for the hostel attached to it (as was the practice in the past) be appointed from the cadre of the Sub-Assistant Surgeons.

4. Resolved that rent-free Government quarters be provided to all the Health Officers and Sub-Assistant Surgeons, including those who entered the Service after 1924 or the House-Rent allowance be increased to Rs. 30/- per mensem.

5. Resolved that the different authorities (viz., T. E., L. B., Railway, Government and others) be requested to depute licentiates serving under them to study for the D. T. M. course in the school of Tropical Medicine, Calcutta.

6. Resolved that the Local Government be requested to move all the Local Boards to grant an uniform scale of pay to all the Local Board Medical Officers serving under them on the same basis as the Government scale of pay.

*For other details of the conference, Vide 1. M. J. Vol. XXIX and XXX, Pp. 645 and 105 respectively.

7. Resolved that the Government be requested to count the past services when fixing the scale of pay of the Temporary Sub-Assistant Surgeons at the time of their confirmation.

8. Resolved that the Sub-Assistant Surgeons of Selection Grade be given the chance to officiate as Assistant Surgeons whenever such opportunities occur and grant the pay and allowances accordingly for the officiating period.

9. Resolved that the Selection Grade Sub-Assistant Surgeons be treated as Second class officers.

10. Resolved that the authorities be requested to do away with the Departmental examination of the Assistant Medical Officers serving in the Railways and introduce a Post-Graduate system on the lines adopted by the Government.

11. Resolved that the authorities of the different Tea Estates be requested to extend to their Assistant Medical Officers the privilege of Provident Fund system, where there is none.

12. Resolved that the members of the Legislative Assembly, especially Dr. T. S. S. Rajan and Sjt. N. C. Bordoloi, be requested to move an amendment to the existing Indian Medical Council Act for the inclusion of the licentiates.

13. Resolved that the authorities concerned be requested to take licentiates in filling up all the vacancies in the Local Board Dispensaries and to provide all the dispensaries under the Board with up-to-date equipments.

14. Resolved that the new rules of the Association as passed in the last Annual session of the A.I.M.L.A., Indore, be adopted.

15. Resolved that the following members of the Association be requested to find out ways and means to hold the All-India Annual Conference of our Association in Assam :—1. Rai Sahib Dr. Ramesh Chandra Ganguli, L.M.P., Assistant Surgeon, Maulavi Bazar, 2. Dr. B. B. Sen Gupta, L.M.P., I.M.D. (Rtd.), Jorhat. (Copy to be sent to them).

16. Resolved that the Provisional Provincial Budget for 1935-36 be adopted.

	Rs.		Rs.
From Parent Association A. I. M. L.		Propaganda	... 200
		Postage	... 50
Central Fund	... 200	Stationery	... 10
Miscellaneous	... 100	Freight	... 10
		T. A. and Miscellaneous	... 80
Grand Total	... 300		
		Grand Total	... 300

17. Resolved that the following gentlemen be elected as office-bearers for the year 1935-36:—President :—Dr. Mahananda Barooa, Mancotta T.E., P.O. Dibrugarh. Vice-President :—Dr. Parboticharan Dass, Bhawani Pharmacy, P.O. Silchar, Secretary :—Dr. K. Purkayastha, Algapur Dispensary, P.O. Kalibari Bazar (Cachar), Joint Secretaries :—Drs. (1) Md. K. Rahman, Patbological Laboratory, B.W. Medical School, Dibrugarh, (2) D. N. Chakravorty, Burnibrease T.E., P.O. Salchapra, Cachar, Auditor :—Dr. S. N. Datta, Bordubi T.E., P.O. Doom-Dooma, Treasurer :—Dr. K. Gogoi, Rangajan T.E., P.O. Kharikatia, Assam.

Members of the Managing Committee :—Drs. (1) K. C. Chakravarty, P.O. Doom-Dooma, (2) U. B. Bordoloi, P.O. Rangiya, (3) R. M. Kar, Gauhati, (4) O. Gunney, Hilikha T.E., P.O. Kharikatia, (5) H. D. Nath, Chowkidinghee T.E., Dibrugarh. (6) D. Bose, D. S. Railway's Dispensary, P.O. Mohanaghat, Dibrugarh, (7) Ghonosayam Das, P.O. Gauhati, (8) Habibur Rahman, P.O. Itakhola, (Sylhet), (9) Khasrubali Hazarika, Jorhat, (10) M. R. Das Gupta, Karimganj; (with power to co-opt. all the Branch Secretaries.)

18. Resolved that the Accounts as presented by the Provincial Secretary along with the report of the auditor be passed.

19. Resolved that a vote of thanks be passed and conveyed to the following :—(1) Lt. Col. J. L. Sen, M.C. I.M.S., Supdt., B.W. Medical School, for allowing the Association to hold its conference in the School premises, (2) President and Secretary of the Students' Union, B.W. Medical School, for rendering all possible help, (3) the student volunteers who helped the conference, (4) the out-going office-bearers who have managed the affairs of the Association efficiently.

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Saharanpur Branch

A meeting of the Medical profession was held under the auspices of the above branch on 3-8-35 at the residence of Dr. Tambe.

Present :—Doctors A. P. Sharma, A. P. Mathur, Mit Singh, K. L. Endlay and J. N. Vaish.

Dr. A. P. Sharma was elected chairman.

Following resolutions were passed.

(1) Resolution of protest against the recent amendments to the U. P. Poisons' Act, vide I.M.J., page 526, Vol. XXIX. No. X.

(2) The Branch is of opinion that no restriction should be imposed for re-election of the same member to the State Medical Faculty or U.P. Medical Council irrespective of the time he has been holding such offices and that the election of a member should depend solely upon the merits and experiences and services rendered to the Association.

(3) This branch of the Association offers its heartfelt thanks to Dr. Viswanathan for the pains he has taken in preparing the rules of the Association recently approved and passed by the Indore Conference.

(4) That Dr. Mit Singh's T.A. Bill for attending the Indore Conference as delegate of this Branch amounting to Rs. 37-10-0 be passed, and the bill be submitted to the General Secretary of the Association.

*

Minutes of the meeting of the Saharanpur District Branch of the A. I. M. L. A., held at the residence of Dr. Indra Narain Saxena on December 15, 1935.

Dr. Kanhaya Lal Endley was in the chair. 8 members were present.

1. The branch Secretary Dr. I. N. Saxena, at the outset, brought to the notice of the members, present, the propaganda work done to enlist new members, and read out the letters received from absent members. It was resolved that outsiders (moffussil doctors) be requested to enlist themselves as members of the branch, and an appeal be issued by the branch Secretary.

2. The proceedings of the last meeting of the branch were confirmed.

3. The accounts of the Branch were checked and passed.

4. The Civil Surgeon's letter regarding permission to Medical officers in charge of branch dispensaries in the district to attend meetings of this branch was read and recorded.

5. The following resolution of condolence on the death of Rai Bahadur Dr. Sarju Prashad Tiwari, L. M. P., was passed :

The members of the Saharanpur branch of the A. I. M. L. A., assembled at a special meeting, express their heartfelt sorrow at the sad and untimely demise of Rai Bahadur Dr. Sarju Prashad and express their sympathy with the family of the deceased. Further resolved that a copy of the above resolution be sent to the Rai Bahadur's son, Mr. Ram Bharosey Tiwari, Tukoganj, Indore, C. I.

6. The General Secretary's circular letter No. 21 dated 8-10-35 to the district branches was read and it was resolved that Saharanpur branch is not in a position to invite the next A. I. M. L. A. conference at Saharanpur.

7. Dr. Kunj Behari Lal Varma's printed circular was read and the efforts made by Dr. Varma to get the recent poison rules rescinded were appreciated. It was further resolved that Dr. K. B. L. Varma be congratulated on the success of his resolution in the Medical Council.

8. Resolved that a sub-committee of the following members of the Branch be formed to suggest alterations in the existing rules for the election of 2 representatives to the U. P. State Medical Faculty on behalf of the provincial branch of the A. I. M. L. A. The report of the sub-committee should be placed before the next meeting of the branch for discussion and approval. Dr. Barkat Ali, Dr. Amba Prashad, and Dr. I. N. Saxena should act on this sub-committee with powers to co-opt other members.

9. Rai Saheb Dr. R. N. Lal's letter to Dr. I. N. Saxena regarding the amendment to the I. M. C. Act was read, and it was resolved that a deputation of the following gentlemen should wait on the local members of the Legislative Assembly to discuss the matter : 1. Dr. K. L. Endley, 2, Dr. Barkat Ali, 3 Dr. Amba Prasad Sharma, 4. Dr. Maqsud Hussain, 5. Dr. A. P. Mathur, 6. Dr. J. N. Vaish, 7 Dr. I. N.

Saxena. (For details, Vide Vol. XXX P. 100 Ed. I. M J.)

10. The circular letter of the Secretary, Saharanpur branch of the Indian Medical Association, was read out and the members present in the meeting approved the resolution passed by the Executive Committee meeting of that branch.

11. The attention of the members of the branch was drawn to a letter of Dr. S. L. Sharma, President of the U. P. Provincial branch, published in the Hindustan Times of September 1935 in favour of the amendments of the poison rules enacted by the government of U. P. The members took serious objections to Dr. Sharma's propaganda in favour of the rules which are against the interests of the private practitioners. The meeting resolved that Dr. S. L. Sharma be requested to throw light under what circumstances he started the propaganda in favour of amendment of the poison rules. Resolved that a copy of the above resolution be sent to Dr. S. L. Sharma for favour of an early reply.*

12. Resolved that the provincial M. L. Conference of U. P. should also be held at Agra, if the Agra branch or U. P. provincial branch has invited the A.I.M.L.A. Conference to Agra.

13. The last item on the agenda of the meeting was to devise ways and means to bring pressure on the Insurance authorities to appoint L. M. Ps., as Insurance doctors in the cities and towns without invidious distinctions. The following resolutions were passed :

i. That L.M.P. doctors should be requested to get their lives insured or to advise their friends and clients to have their lives insured in such Insurance Companies which do not foster unnecessary class distinctions amongst the qualified members of the medical profession and which are prepared to appoint L. M. Ps., both in the rural areas and in towns as medical examiners of insurance cases.

ii. That the insurance companies be requested that all proposals amounting to Rs. 2000/- should be referred to any suitable medical licentiate for medical examination. The M. B., B. S., medical practitioners may be appointed to examine proposals of higher sums than Rs. 2 000/-. (Even this is *infra dig.* Ed. I.M.J)

iii. That the General Secretary may be requested to send the list of such insurance companies as observe no class distinction in the profession for the information of this branch.

iv. Resolved that the members of the L.M.P. class be further requested to withdraw their Policies from such companies which still remain unnecessarily insistent upon maintaining unnecessary distinction in our profession.

Resolved that a copy of the above be sent to all the members of the class in the district for necessary action in the matter.

The business part of the meeting concluded after finishing the item on the agenda. The clinical meeting was presided over by Dr. Scudder, M.P.L., Lady doctor. Dr. K.L. Endley read a very interesting paper on "Treatment of Cholera", in which Dr. Amar Singh and Dr. Amba Prashad Sharma took keen interest in bringing before the members certain important points concerning the treatment of cholera.

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

[*In compliance with the request of the Saharanpur Branch to enlighten it with his views on its resolution No. 11, Dr. S. L. Sharma writes :—

Your Secretary has drawn your attention to my letter in The Hindustan Times in support of this resolution. That letter is certainly in consonance with the resolution of the Medicel Council (U.P.)., which was unanimously passed by it in favour of the Amendments to the Poison Rules, as passed by the Government on 20th September 1934. Your Secretary must be cognizant of this resolution, as it was passed not only in his presence, but also with his favourable vote. I fail to find any difference between my published letter and the resolution as passed by the Medical Council—which was supported by your Secretary, Dr. Indra Narain Saxena, as a representative of private practitioners (L.M.P.). It has been now asked by your branch why I issued that letter under reference. Let me state clearly and once for all, that I issued it because I was assured by the President of the Medical Council that the amended Poison Rules as passed by the Government on 20th September 1934 did not mean that the registers of the stock of medicine kept by registered practitioners will be open to inspection by the Excise Inspector and other officers, and that the practitioners will have to keep their prescriptions and other rocords of the sale of poison, but that they have to strike the balance only, on the last date of every month. It was as a matter of duty to my constituents that I issued the press communique which was based on the assurance of and interpretation by the President of the Medical Council.

Later, I realised that the members of the Medical Council were misled by its President and I now felt that the maintaining of the register meant or might mean inspection by the authorities. To make this point clear, I immediately wrote to the Secretary (Judicial Department), the Excise Commissioner, the Inspector General of Civil Hospitals, Lucknow and the Excise Officer, Aligarh, on 2-9-35. When I received no reply to this letter and to further reminders, I immediately sent a motion to rescind the resolution of the Medical Conncil, referred to above, which was unanimously passed by it on hearing our well-reasoned arguments. *Vide I.M.J. Vol. XXX, P. 123.*

That was my position which I hope is now clear to you. It is rather unfortunate that your Secretary, Dr. Indra Narain Saxena, who is in the know of the above facts should have failed to bring them to your notice ; on the other hand he had mislead you to the belief that my letter was against the interests of Practitioners and I did all this to gain popularity in the official circles. It is also unfortunate that he should be consistently finding fault with my work, villifying and misrepresenting me as often as he could. The passing of series of resolutions by the Jhansi branch under his leadership regarding the memoradum presented to His Excellency, Sir Malcolm Haily, is a glaring instance of misrepresentation.

In fact, the whole of the Province has disapproved, in no uncertain terms, the said resolutions of the Jhansi branch and its activities againt me. Those resolutions which alleged that I jeopardized the five years' scheme by incorporating other unnecessary and unreasonable demands now stand self-condemned in view of the following facts which were, I believe, the direct result of the memoranda in question :—

1. The U.P. State Medical Faculty has been pleased to recommend a third seat for the licentiates in its governing body. (*Vide I.M.J. Vol. XXX, P. 122, Resolution No. 5).*
2. The Government is now favourably considering the posting of compounders to jail dispensaries and to increase the jail allowance as soon as they find funds for them.
3. The U.P. State Medical Faculty and the Medical Council (U.P.) are taking keen interest in the question of increasing the course of studies at the Agra Medical School from 4 to 5 years due to my personal unceasing efforts in its support in these bodies. (*Vide I.M.J. Vol. XXX, P. 122*).

It is not at all fair for anybody to say that I would endanger the cause of 5 years' course, because everybody knows ful well that I have been working in this direction and shall always work till the object is achieved.]

* * *

Gauhati Branch

Proceedings of a Clinical Meeting of the above branch held on 31-8-35 at 7. 15 P. M. at the Civil Hospital, Gauhati.

Present :—Doctors 1. U. M. Lahiri, 2. R. C. Sen 3, R. B. Deb, 4. S. C. Barooah, 5. R. M. Kar, 6, J. N. Roy, 7. S. S. Dhar, 8. S. C. Dutta, 9. B. C. Talukdar (of Baku).

1. Dr. U. M. Lahiri presided.
2. The following subjects were discussed :—
   (*a*) Clinical manifestation of round worm infection.
   (*b*) Treatment of Black-Water Fever.
3. Dr. S. C. Barooah read a short note on Lambliasis.
4. Read circular No. 14 of 1-8-35 from the General Secretary. Resolved that 20th September next be observed as an All-India Anti-Indian Medical Council Day and to hold a protest meeting on that evening and that this will be followed by a clinical meeting.
5. With a vote of thanks to the chair the meeting ended.

*

Proceedings of the meeting of the managing committee of the above branch held on 31st August 1935 at 6 P. M. at the Civil Hospital, Gauhati.

Present :—Doctors 1. U. M. Lahiri, 2. R. M. Kar, 3. Dr. R. C. Sen, 4. S. C. Dutta, 5. J. N. Roy, 6. S. C. Barooah.

Dr. U. M. Lahiri presided.

1. The Secretary put the arrears accounts for the period from January 1934 to the end of August 1935 on the table and explained the cause and difficulties of the unavoidable delay in submitting accounts by the ex-office bearers of the branch. The members being satisfied with the explanations put forth by the Secretary, accepted them and after going through the accounts the following resolutions were passed.

2. Resolved that the accounts for the periods :—
   (*a*) January 1934 to December 1934 for Rs. 31-4-0,
   (*b*) January 1935 to July 1935 for Rs. 11-6-0,
   (*c*) August 1935 for Rs. 7-4-3,

be passed and the bills be submitted to the General Secretary for early payment.

3. Resolved that a requisition for an advance of Rs. 10/- be sent to the General Secretary for this branch.

4. With a vote of thanks to the chair the meeting dissolved.

*

Proceedings of the emergent meeting of the above branch of the A.I.M.L.A. held on 6-10-35 at 11 a.m. 8 members were present.

(1) Dr. R. M. Kar was voted to the chair.

(2) Resolutions to be moved in the next provincial conference were drafted to be sent to the Reception Committee after confirmation in the next meeting.

(3) Secretary read out again all the letters of the Reception Committee and the members were requested to send their quotas soon.

(4) With a vote of thanks to the chair the meeting ended at 1 p.m.

*

Proceedings of the meeting of the Managing Committee of the A.I.M.L.A. of the above branch held on 1-12-35 at 5 p.m. at the Civil Hospital, Gauhati.

(1) Dr. U. M. Lahiri presided. 4 members were present.

(2) Proceedings of the last meeting read and confirmed.

(3) The T. A. Bill of Dr. U. C. Bordoloi for Rs. 11-11-6, which was passed in the General Body meeting, be approved and be paid from the Local Fund.

(4) The accounts for the months of September and October 1935 be passed and bills be submitted to the General Secretary for necessary action.

(5) With a vote of thanks to the chair the meeting dissolved at 5-35 p.m.

*

Proceedings of an ordinary meeting of the above branch of the A.I.M.L.A. held on 1-12-35 at 8-30 p.m. at the Civil Hospital, Gauhati.

(1) Dr. U. M. Lahiri was voted to the chair. 9 members were present.

(2) Proceedings of the last meeting read and confirmed.

(3) Resolved that this branch learns with great regret the sad demise of Rai Bahadur Dr. Sarju Pershad Tiwari of Indore and conveys its heart-felt sympathy to the bereaved members of the family and prays to God for the peace of his Soul. The resolution was moved from the chair and passed, all members standing.

(4) Resolved that the first week of December be observed as Rai Bahadur Dr. Sarju Pershad Tiwari's Memorial Week.

(5) Resolved that the T. A. Bill for Rs. 11-11-6 of Dr. Umesh Chandra Bordoloi who attended the Sixth Provincial Conference at Dibrugarh as a delegate of this branch be passed.

(6) Resolved that the Annual General Meeting of this branch be held on 19th January 1936 and appeals to the members be reissued.

(7) The appeal from Dr. Bimal Ranjan Dey L.M.P., Dibrugarh for contributions to "Berry White Memorial Fund" was read and members present were requested to do the needful.

(8) A case of Myeloid Leukemia was demonstrated by Dr. S. Roy and members took part in the discussion.

(9) With a vote of thanks to the chair the meeting dissolved at 5 p.m.

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Dibrugarh Branch

Proceedings of the Monthly meeting of the above branch of the A. I. M. L. A. held on 20-9-35 at 4-30 p. m. in the premises of the Police Hospital, Dibrugarh.

Dr. P. K. Sengupta was voted to the chair. 8 members were present.

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

(2) Accounts for the months of July and August 1935 were scrutinised and passed.

(3) Circular No. 14 of 1-8-35 from the General Secretary was read and resolved that this branch strongly protests against the action of the India Government for the unsympathetic and unjustified exclusion of the Medical Licentiates from the All-India Medical Council Act 1933, inspite of the vehement opposition of the licentiates in particular and medical profession in general and requests the India Government to reconsider the said Act and include the licentiates therein.

(3) It was further resolved that a copy of the above resolution be sent to the local press, The Times of Assam, the Hon'ble Members of the Legislative Assembly, the Under Secretary to the Government of Assam and the I. G. C. H. Assam.

(4) Resolved that this branch strongly protests against the action of the Dibrugarh Local Board for the proposal of replacing medical licentiates by medical graduates in the Local Boards Dispensaries at Tinsukia and Doom Dooma, which were so long most efficiently managed by the licentiates.

It was further resolved that a copy of the above resolution be sent to the Chairman, Local Board, Members of the Local Board, the Civil Surgeon, Lakhimpur, I. G. C. H., Assam and the Minister, Local Self Government, Assam.

(5) A letter from Dr. U. C. Das, Private Practitioner, was read and filed.

The meeting terminated at 5-30 p. m. with a vote of thanks to the chair.

***

Proceedings of the monthly meeting of the above branch of A. I. M. L. A. held on 16-10-35 at 7 p. m. in the premises of the Central Pharmacy, Dibrugarh.

Rai Saheb Dr. Ramesh Chandra Ganguli, L. M. P., Assistant Surgeon, was on the chair. 15 members were present.

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

(2) Resolved that the following members be elected as delegates from this branch to attend the 6th Provincial Conference to be held at Dibrugarh.—Doctors (i). M. Chakraborty, (ii). D. N. Bose, (iii). Hony. Secretary, Dibrugarh Branch, Md. K. Rohman.

(3) Some resolutions were discussed and passed by the house to be moved in the next Provincial Conference at Dibrugarh.

(4) The General Secretary's circular No. 23 was read and resolved that this branch is willing to invite the Annual Conference of the A. I. M. L. A. provided the Mother Association helps us with Rs. 1000/- to meet the cost and gives us 6 months' time to make necessary preparations.

(4) The General Secretary's circular No. 24 was read and filed.

(5) Resignation letter of Dr. D. Bhattacharjee, Vice-President of the above branch, (on transfer to Jorhat) was accepted and Dr. P. K. Sengupta was duly elected in his place. It was further resolved that the branch do offer their hearty thanks to Dr. D. Bhattacharjee for his past services rendered to the Association.

(6) Resolved that the members of the above branch of A. I. M. L. A. do offer their hearty thanks to the Editor, Times of Assam, for his very kind and sympathetic editorial on the All-India Medical Council Act 1933 in its issue of 5th October.

The meeting terminated at 8-30 p. m. with a hearty vote of thanks to the chair. Dr. K. L. Ghosh, Proprietor of the Central Pharmacy, entertained the members with light refreshments.

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Mussoorie Branch

Resolution passed at a special meeting of the Mussoorie branch of the All Indian Medical Licentiates' Associotion, held at 12-15 p. m. on the 7th July 1935.

The protest of this branch against the U. P. Poisons' Act was already published in the I. M. J. page 526, Vol. XXIX-10.

*

Proceedings of a meeting of the above branch held under the presidentship of Dr. B. C. Das (President) on the 22nd June 1935 in the Civil Hospital, Mussoorie.

The following were present :—Doctors B. C. Das, Miss G. B. Sharma, J. R. Goyal, J. M. Mehrota, R. S. Ram Narain Lal and Pratap Singh.

Proceedings of the last meeting were read and confirmed.

Drs. S. L. Sharma of Aligarh and Miss G. B. Sharma of Zenana Hospital, Mussoorie, be nominated as members on the governing body of the U. P. State Medical Faculty.

General Secretary's circular No. 8, Ref. No. 3096 dated 6-6-35 read and recorded for necessary action.

Postage account of the branch of annas eight be passed.

*

1. Proceedings of the above branch meeting held on 6-12-35 at Landour Civil Hospital, U. P.

5 members were present.

(1) Dr. Jaswant Singh was elected to preside over the meeting.

(2) This meeting records with deep regret the sad demise of Rai Bahadur Dr. Sarju Pershad, an illustrious and sincere member of the A. I. M. L. A. and conveys its heartfelt sympathy to the members of his family in their bereavement and prays to God for peace to his Soul.

(3) Resolved that a copy of the above be sent to his son, Mr. Ram Bharosa Tiwari, at Indore.

(4) This branch expresses deep serrow on the sad and utimely death of Dr. Piarey Lal Sahadev, a member of the branch, and conveys its heart-felt sympathy to the members of his family in their bereavement and prays to God for peace to the departed Soul.

(5) Resolved that a copy of the above resolution be sent to his son, Mr. Prem Prakash, at Indore.

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Burdwan Branch

The monthly meeting of the above branch of the A.I.M.L.A. was held on Sunday the 7th July 1935 at 6-30 P.M. at the Provincial Secretary's Office at Burdwan with Dr. S. C. Maitra in the chair.

Present: Doctors A. B. Mukherjee, S. C. Maitra, A. Hamid, K. Dutta, P. K. Mukherjee and A. P. Banerjee.

1. Confirmed the proceedings of the last meeting held on 22-2-35.

2. Resolved unanimously that the unutilised balance sum of money as advance to this branch by the mother Association last year be refunded and sent back to the Treasurer of the Association as per his letter No. 757 dated 17-6-35.

3. Resolved unanimously that the bill amounting to Rs. 3-12-6 of Dr. P. K Mukherjee, Secretary, Burdwan Branch, for attending the Provincial Association meeting held on 22-6-35 be passed.

4. Read a paper on Round worm by Dr. P. K. Mukherjee, M.B., D.P.H., Burdwan, and it was resolved that it be sent to the Provincial Secretary, for publication in the Indian Medical Journal.

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1. A monthly meeting of the above branch of the A.I.M.L.A. was held on 14-9-35. Dr. A. B. Mukherjee was in the chair. 7 members were present.

(1) Proceedings of the meeting held on 7th July '35 were confirmed.

(2) Resolved that the circular regarding, 'The Anti-Indian Medical Council Day' be circulated among all the registered Medical practitioners of Burdwan.

(3) Resolved that resolutions of protest against The Indian Medical Council Act be sent to the press at the expense of the branch.

(4) A discussion on a case of general septicæmia, starting from several furuncles on the fore-head in a woman, 3 weeks after child-birth, with symptoms of pneumonia and pleurisy, meningitis and multiple swellings in the body and subsequent dealth was initiated by Dr. A. Mukherji.

(5) A discussion or pneumococcal infection manifesting firstly in the cerebral meninges and subsequently in the lungs and the joints was initiated by Dr. P. K. Mukherji.

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2. The monthly meeting of the above branch was held at the Ronaldshay Medical School at 5 p.m. on Sunday, the 3rd October 1935 with Dr. Satya Ch. Maitra in the chair. 5 members were present.

(1) Read and confirmed the minutes of the last meeting.

(2) Read the General Secretary's circular No. 28 dated 8-10-35: since the United Provinces invited the next conference at the last conference held at Indore, it was unanimously resolved that it be held at Agra.

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3. The monthly meeting of the above branch was held at the office of the Provincial Secretary, Borehat at 7 p. m. on Sunday the 10th November 1935 with Dr. A. Hamid in the chair. 8 members were present.

(1) Confirmed the proceedings of the last meeting held on 3-10-35.

(2) Resolved unanimously that this branch deeply mourns the sad demise of Rai Bahadur Dr. Sarju Pershad and appreciates the valuable services rendered by him to the cause of this Association as a

Founder member of the Association and his subsequent activities in connection with it. Further resolved that a copy of the resolution be sent to the bereaved family through Dr. Ram Bharosa Tiwari of Tukogunge, Indore, C. I. This resolution was carried, all the members standing.

(3) Resolved unanimously that the Secretary of the branch be requested to consult the Provincial Secretary, Dr. Ahibushan Mukherjee to arrange a propaganda tour in the interior of the district of Burdwan to enlist as many members as possible. The Secretary is further requested to submit a budget estimate for such a propaganda to the General Secretary through the Provincial Secretary within a week.

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A special condolence meeting of the above branch was held on 1-12-35 to express the grief felt at the demise of Dr. Sarju Pershad. Many members of the profession and of the branch were present. Lt. Col. B. H. Singh, who presided over the occasion, spoke feelingly on the life and sacrifices of the late Dr. Sarju Pershad. Dr. Satya Charan Maitra also spoke. The following resolution was passed, all standing.

Resolved that the members deeply mourn the death of Rai Bahadur Dr. Sarju Pershad Tiwari, the beloved leader of the A. I. M. L. A., offer their sincere condolence to the bereaved family and pray that his soul may rest in peace. Further resolved that a copy of this resolution be sent to Mr. Ram Bharose Tiwari, Tukogunge, the son of Dr. Sarju Pershad.

Dr. A. B. Mukherji proposed a vote of thanks to the chair.

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The monthly meeting of the above branch was held on 15-12-35 at 6-30 p. m. with Dr. Satya Charan Maitra in the chair. 9 members were present.

(1) Confirmed the proceedings of the last meeting held on 10-11-35 and of the last condolence meeting of the late Rai Bahadu Dr. Sarju Pershad Tiwari.

(2) Drs. Satya Charan Maitra and Saraj Bandhab Ghosh are elected as delegates for the ensuing Provincial Conference to be held at Dacca. Carried nem com.

(3) Unanimously resolved that attempts be made to collect Scientific Papers from the members of the branch.

(4) Unanimously resolved that a sum of Rs. 20/- be sent as contribution for the ensuing Provincial Conference at Dacca. Further resolved that the sum be raised by special individual collection, which, if necessary, may be supplemented from the funds of the branch.

(5) Election of the office-bearers for the year 1936 is postponed for the next meeting.

Bhandara Branch

Proceedings of the Branch meeting held on 28-8-35.

(1) Resolved that the election of the Provincial Secretary be held according to the new rules and that the General Secretary or the Standing Committe be requested to issue clear instructions regarding the procedure and the method of election, since the new rules of the Association are not sufficiently clear on many points. In the meantime, the General Secretary be requested to nominate only one Provincial Secretary, since two men cannot function in one and the same place and post.

(2) Resolved further that a Provincal Conference be called in the next month to discuss and decide questions affecting the medicos of this province. For the past many years there has been no Provincial Conference of C. P. Medical Licentiates.

(3) Resolved that the T. A. bill of Dr. D. N. Reghada, delegate to Indore Conference, be forwarded again to the G. S., Bombay. The Branch Secretary believed in the statement of members to pay their subscriptions for the year 1934 and on the strength of the same a delegate was elected. Subsequently, the promised subscription was not remitted and thus the full quota of ten members, necessary to elect a delegate, could not be made up. Under the circumstances explained above the Finance Committee is requested to reconsider the bill under referenoe.

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Proceedings of a general meeting held at the residence of Dr. Bhandari in Balarampur Hospital, Lucknow, on 1-9-35. 6 members were present.

(1) Resolved that the postage bill for Rs. 2 from 1-6-35 to 30-9-35 be passed.

(2) Resolved that the question of Provincial Conference be decided in the Standnig Committee meeting.

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20-10-35.

5 members were present.

(1) Resolved that the subcription be realised from members of the Reception Committee according to their income.

(2) Resolved that the Hon'ble Minister be requested to preside over the 14th Annual Conference.

(3) Resolved that an Executive Committee of the following be formed: Drs. Ahmed Hussain, Ajodhya Singh, Prabhu Dayal, G. A. Khan and Bhandari.

*

31-10-35.

6 members were present.

(1) Resolved that the Conference be held during the 1st or 2nd week of December and that special arrangement be made for Mohammedan delegates so that there may not be any inconvenience to them during the Ramzan days.

(2) This branch has learnt with much regret the untimely death of R. B. Dr. Sarju Pershad Tiwari, the Patron of the Association and late Inspector General of Civil Hospitals, Indore State and conveys its heartfelt sympathies to the members of the bereaved family.

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Amritsar Branch

1. *Annual Report for the year 1935 of the above branch.*

The last annual meeting was held on 12-1-35 and the following members who were holding charge of one or the other offices have served the cause of the Association to the best of their ability for which special thanks are due to them by the Association.

(1) Dr. Harjas Ram, the President, attended all the meetings, except urgent ones, at Amritsar, inspite of much inconvenience of distance. It will not be out of place to mention that on one occasion he invited all the members to Taran Taran. The meeting was held there and the members were entertained to tea and refreshment and were taken to Darbar Sahib and other places of historical importance.

(2) Dr. Syed Ali Hassar, the Vice-President, very ably conducted the proceedings of the urgent meetings.

(3) Dr. Pyare Singh, the Hony. Secretary has tried to serve the Association with all earnestness and thanked the members for their willing co-operation.

The following are elected as office-bearers for 1935-36.

Drs. Gian Chand Blaggana : President. Sayat Ali Hassar : Vice-President, S. R. Issack : Secretary, Pyare Singh : Joint Secretary.

A special feature of this year which deserves special mention is that prompt payment of annual subscription was made by almost all members. Two are new members. There are 15 bonafide members at present.

It is a matter of great pleasure to note that Dr. Devi Dayal is re-elected as a member of the Railway Head-Quarter Staff.

Our hearty congratulations to Dr. Gian Chand Blaggana on his election as a member of the Punjab Medical Council. The contest was a heated one and the overwhelming majority of votes cast against the old member of 15 years' standing does show clearly that a change was desirable.

We wish all success to Dr. Abdul Aziz (Ex-Hony. Secry.) who has proceeded to England for further studies.

Only 5 meetings were held during the year. It is desirable that the meetings should be held more frequently, at least once a month.

Few clinical meetings have been held during the year. Special steps should be taken to read scientific papers of medical importance. Members should devote more time to the Association. For lack of time the paper on "Diagnosis of Acute Abdomen" which the Secretary had to read could not be read. Almost every member had contributed to Quetta Relief Fund. Drs. Som Raj, and Md. Sherif deserve special thanks for their presonal services.

"That this meeting deeply mourns the demise of Rai Bahadur Dr. Sarju Pershad, the Patron of the A.I.M.L.A. The loss is really irrepairable and the Association, no doubt, has been deprived of his wise counsel and zeal which he manifested in the furtherance of the casuse of the licentiates".

That a copy of the above resolution be sent to the family of Rai Bahadur."

*

Copy of resolution adopted at an emergent meeting of the All-India Medical Licentiates' Association, Amritsar Branch, held at the New City Branch Dispensary, Dhab Khatikan, Amritsar, on the 26th Jannary, 1936.

1. Resolved that this Association deeply mourns the sad and sudden demise of their beloved Sovereign, a great and noble Ruler, and humbly prays that their feelings of respectful and loyal sympathy be conveyed to the Royal Family.

2. That a copy of this resolution be submitted to the Inspector General of Civil Hospitals, Punjab, with the prayer that the humble sentiments might kindly be conveyed to His Majesty the King-Emperor and Royal Family.

3. That a copy of the above resolution be sent to the Civil-Surgeon and the Deputy Commissioner, Amritsar.

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Surat Branch

The monthly meeting of the Surat branch of the A. I. M. L. A. was held at 5 p. m. on 7-7-35 at the Civil Hospital and the following members were present.

Doctors J. J. Athugar, K. S. Dr. A. D. Patel, Dr. P. M. Vora, Dr. C. N. Vyas, Dr. J. S. Pandya.

Dr. J. J. Athugar was proposed by K. S. Dr. A. D. Patel and was seconded by Dr. C. N. Vyas as the President of the meeting and it was carried unanimously.

The proceedings of the last meeting were read and confirmed.

Resolution 1. protested against U. P. Poisons Act. (Appeared in I. M. J. page 525, Vol. XXIX No. 10.)

2. It was proposed and passed unanimously that the circular No. 8 dated 6th June 1935 be circulated amongst all the members of this branch and subscriptions towards the Earth quake Fund be invited and sent to the General Secretary, Bombay.

*

The monthly meeting of the above branch was held at 5 p. m. on 3-8-35 at the Civil Hospital, Surat, and Dr. C. N. Kinariwala was in chair.

The following members were present :—Doctors C. N. Kinariwala ; C. N. Vyas ; J. J. Athugar ; P.M. Vora : J. S. Pandya ; A.B. Talati and C.P. Patel (non-member).

The proceedings of the last meeting were read and confirmed.

Dr. C. N. Vyas proposed and Dr. J, S. Pandya seconded that 20th September, 1935, be observed as an All-India Anti-Indian Medical Council Day and a protest meeting be held on that day and that measures may be taken towards the repeal of that Act individually as suggested in circular No. 14 dated 1-8-35 from the General Secretary, A. I. M. L. A., Bombay. It was passed unanimously.

It was proposed and passed unanimously that the contingent bill for Rs. 4-7-9 for the month of July 1935, submitted by the Secretary, be passed and sent to the authorities for final disposal.

Dr. P. M. Vora proposed and Dr. J. J. Athugar seconded that Dr. C. P. Patel (Gandhi Chawk, Patwa Building, Surat) be enlisted as a member of our Association and the Journal be sent to him by V. P. P. It was passed unanimously.

After a lively discussion on the Indian Medical Council Act, and tea from Dr. C. N. Vyas, the meeting dispersed.

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1. A monthly meeting of the above Branch of the A. I. M. L. A. was held at 5-30 p. m. at the Civil Hospital, Surat, on 1-12-35 and Dr. C. N. Kinarewala was in the chair.

Six members were present. The minutes of the last meeting were read and confirmed.

It was proposed by Dr. J. J. Athugar and seconded by K. S. Dr. A. D. Patel, that we express our condolence on the death of R. B. Dr. Sarju Pershad. who was the guiding soul of our Association and authorise the President to send a copy of this resolution to the relatives of the late Rai Bahadur. It was passed unanimously.

A good deal of discussion was carried on in connection with the memorial in his honour and it was decided to be discussed at the next meeting after full consideration.

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Gujrat Branch

A meeting of the Sub-Committee appointed to examine and decide the award of Dr. Ramchandrier prize of Rs. 25 for the year 1934, on "Cerebro-Spinal Fever", was held at 6 p.m. at Dr. Joseph Benjamin's dispensary, Ahmedabad, on Sunday the 9th June 1935, when the following members were present.

Doctors 1. Jamiatram B. Desai, 2. G. D. Mahadevia, 3. P. R. Trivedi, 4. Joseph Benjamin (in chair).

Resolution :—"Resolved by majority that the award of Rs. 25 for Dr. Ramchandrier prize be awarded to Dr. T. C. Basu Chaudhari of Agra, for his thesis on "Cerebro-Spinal Fever".

*

A general meeting of the above branch was held at Dr. Joseph Benjamin's Dispensary, Ahmedabad, at 6-15 p.m. on 9th June 1935, when the following members were present ;

Doctors 1. Joseph Benjamin (in chair) 2. Ishvarlal C. Dalal, M.B.B.S., 3. Ganpatram D. Mahadevia, 4. Jamiatram B. Desai, 5. Pranlal R. Trivedi, 6. Ishvarlal R. Pathak.

The proceedings of the last meeting were read and confirmed.

1. Resolved that the report of the Sub-Committee appointed to examine and report on Dr. Ramchandrier thesis prize for 1934, on "Cerebro-Spinal Fever" awarding the prize to Dr. T. C. Basu Chaudhari of Agra, be adopted and that all the three papers be sent to the Editor, I.M.J. for publication.

2. Resolved that the members of the Gujrat branch assembled, offer their hearty congratulations to Dr. Ishvarlal C. Dalal, L.C.P.S. (Bom.) on his having passed the M.B., B.S. examination of the Madras University. That a copy of this Resolution be forwared to him.

3. Circular No. 8 dated 6th June, 1935, from the General Secretary, A.I.M.L.A., Bombay, was read and it was resolved that this meeting has heard with horror the terrible catastrophe that has befallen Baluchistan, and Quetta in particular, and offers its deep sympathy with the sufferers and their relatives, and that all the members of the branch be requested to contribute their mite to relieve the suffering there. A subscription list was opened on the spot, and the following amounts were subscribed by the members present.

1	Doctor J. Benjamin	...	Rs. 25
2	,, J. B. Desai	...	,, 25
3	,, S. K. Vyas	...	,, 5
4	,, K. J. Bhatt	...	,, 5
5	,, I. R. Pathak	...	,, 5
6	,, P. R. Trivedi	...	,, 5
7	,, C. T. Behrawalla	...	,, 5
	Total	...	Rs. 75

It was also resolved that the Secretary be requested to find out if any member of the branch is willing to go as volunteer and if any one comes forward, to communicate the name to the General Secretary.

4. With a vote of thanks to the chair the meeting was dissolved.

*

A meeting of the Medical Profession of the City was held on 7th July 1935, at 4 p.m. at Prarthna Samaj Mandir, under the combined auspices of the above branch and the Ahmedabad Medical Society, to protest against the New Poison Rules promulgated by the U. P. Government as per their G. O. No. 1000-v-1776-1930 dated April 1935, published in the U. P. Gazette of 18th May 1935, whereby undue restrictions are placed on all Registered Medical Practitioners in that province by the said rules :—

The following doctors were present :—1. Joseph Benjamin, President, Gujrat branch (in chair), 2. Jacob E. Soloman, President, Ahmedabad Medical Society, 3. Hariprasad V. Desai, Vice President, Ahmedabad Medical Society, 4. J.B. Desai, Secretary, Gujrat branch, 5. G.D. Mahadevia, 6. J.J. Desai, Secretary, Ahmedabad Medical Society, 7. C.T. Beharawalla, 8. P.R. Trivedi, Joint Secretary, Gujrat branch.

The following resolution was moved and unanimously carried :—

"Resolved that this meeting of the qualified medical men of Ahmedabad held under the joint auspices of the Gujrat branch and the Ahmedabad Medical Society strongly protests, in sympathy with the Registered Medical Practitioners of the U.P., against the new poison rules promulgated by the U.P. Government as per their G.O. No. 1000-v-1776-1930 dated April 1935, published in the U.P. Gazette of 18th May 1935, whereby undue restrictions are placed on all Registered Medical Practitioners in that provice by the said rules ; and requests the U.P. Government not to enforce the said rules as they are likely to entail great hardship upon the Medical Practitioners in that province, and that a copy of this resolution be submitted to the U.P. Government and to the press for publication".

Moved by Dr. Jacob E. Soloman, President, Ahmedabad Medical Society, seconded by Dr. J.B. Desai, Vice President, A.I.M.L A., supported by Dr. H.V. Desai, Vice-President, Ahmedabad Medical Society, Ahmedabad.

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A meeting of the Managing Committee of the Gujrat branch of the A.I.M.L.A. was held at Prarthana-Samaj Mandir at 4-45 p.m. on 7th July 1935, Dr. Joseph Benjamin being in the chair. The following members were present.

Doctors 1. Joseph Benjamin (in chiar), 2. J.B. Desai, 3. C. T. Behrawalla, 4. G. D. Mahadevia, 5. P. R. Trivedi.

The following business was conducted :—1. The postal expenditure bill for Rs. 0-7-0 (seven annas only) of the Ex-Provincial Secretary, Dr. G. D. Mahadevia was passed. 2. A bill from the Secretary, Gujrat branch for Rs. 7-3-0 (Rupees seven and annas three only) being the postage and other miscellaneous charges from 9th March 1935 to 7th July 1935, both dates inclusive was passed.

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1. Resolution passed at the Special Meeting of the above branch of the A,I.M.L.A. held at Dr. Joseph Benjamin's Dispensary, on the 24th October, 1935, at 5 p.m.

"Resolved unanimously that the members of the above branch of the A.I.M.L.A., Ahmedabad, in a Special General Meeting assembled, place on record their sense of heavy loss at the the demise of Rai Bahadur Dr. Sarju Pershad Tiwari, late Chief Medical Officer and State Surgeon, Indore and formerly Vice-Principal of the Indore Medical School, who was a Patron of the A.I.M.L A., and who had rendered very valuable services to the Association in his capacity as its General Secretary and afterwards its President ; and express their deep sympathy with the family of the deceased doctor, and a copy of the above resolution be forwarded to the son of the deceased Rai Bahadur."

The above resolution was passed in solemn silence, all members standing.

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2. A short report of the working of the above branch for the year 1935 i.e. from 1st April 1935 to 12th October, 1935 was submitted by it's Hony. Secretary, Dr. J. B. Desai.

General Meetings.—In all, we had nine meetings, out of which seven were of the General Body and two of the Managing Committee. The attendance was satisfactory. The average No. of members present were eight, the maximum being 10 and minimum being 6.

Protest Meetings.—Meetings were held under the joint auspices of the Ahmedabad Medical Society and the above branch of the A.I.M.L.A. where the resolutions protesting against the U.P. Government Poisons Drug Act, and the Indian Medical Council Act were passed and sent to the authorities concerned, also to the members of the Indian Medical Council and our Bombay representative in the Legislative Assembly. On both these occasions, most sympathetic co-operation was shown by all the members of the profession, and they were well attended.

Papers. Only one paper was read by Dr. I. R. Pathak regarding his experience on Cholera at Hardwar. The cinical section is not at all satisfactory and attempts are being made to induce members to try to read papers regularly once a month.

Thesis Prizes.—Dr. Ramachandrier's prize of Rs. 25/- was awarded to Dr. T. C. Basu Chaudhari of Agra, while Dr. Joseph Benjamin's prize of Rs. 35/- is not yet decided. The same will be decided next month and the report be submitted.

Opinions, etc., on various important matters concerning our class and the working of the Association were offered. Various suggestions were made to the new draft rules and regulations of the Association. Great economy is observed in the expenses of the branch, and the sum spent on this account for the years 1933, 1934 and the current year were Rs. 7-2-6 ; Rs. 14-2-6 and Rs. 23-3-0 respectively. Attempts are made from time to time to persuade men of our class to join the Association. The new members enlisted during the past six months were six.

I am glad to report that Dr. Pranlal R. Trivedi, the Joint Secretary of the branch, is doing much useful work in the interest of the Association and I am sure with his hearty co-operation the work of the branch is sure to improve in the future.

The services rendered by our dear veteran Dada, I mean our President, Dr. Joseph Benjamin, for the last 25 years to the Parent Association as well as to this branch are most

praise-worthy and commendable. Dada Joseph, although of late is not keeping good health, still is always, either at midday or late at night, quite ready to work with us and direct us in various important matters. May God improve his health as early as possible and give him a long and useful life.

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Resolutions passed at a General Meeting of the above branch, Ahmedabad, held on the 1st December, 1935 at Dr. Joseph Benjamin's Dispensary in memory of the late R. B. Dr. Sarju Pershad Tiwari.

(1) "Resolved that all the members of the branch should try to enrol as many new members as possible during R. B. Dr. Sarju Pershad Memorial Week."

(2) "Resolved that this branch is of opinion that a scholarship should be founded in his name to be awarded to a candidate selected from among the members of the A.I.M.L.A. for higher medical study."

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Jalpaiguri Branch

Proceedings of a meeting of the Jalpaiguri branch held on 26-7-35.

Place :—Student's common room, Jackson Medical School, Jalpaiguri. Time 6-30 p. m. President Dr. J. C. Ghose.

Members present :—Doctors J. C. Ghose, N. C. Dasgupta, A. Bhattacharjee, N. K. Pal, S. P. Ghose, C. H. Gupta, R. S. S. C. Gupta.

Proposed by Dr. N. C. Das Gupta and seconded by Dr. A. Bhattacherjee, Dr. J. C. Ghose was elected president of the meeting.

R. S. Dr. S. C. Gupta stated that the notice of the meeting was properly served. The envelope showed that 23 Licentiates residing in this town had put down their signatures on the envelope indicating that proper service of the notice has been made. The members present waited from 6-30 p. m. to 8-30 p.m. with a view that the other members residing in this town may have every facility to take part in the proceedings of the meeting.

The meeting commenced at 8-30 p. m.

The following office bearers were elected for the year 1935-36.

President: Dr. Jogesh Chandra Ghose, proposed and seconded by Doctors N. C. Dasgupta and S. P. Ghose respectively.

Vice-President : Dr. Abhani Bhattacharjee, proposed and seconded by Doctors S. C. Gupta (R. S.) and N. C. Dasgupta respectively.

Hon. Secretary : R. S. Dr. Satish Chandra Gupta, proposed and seconded by Doctors N. C. Dasgupta and A. Bhattacharjee respectively.

Jt. Hon. Secretary : Dr. Aksboy Kumar Bhowmik ; proposed by R. S. Dr. S. C. Gupta and seconded by Dr. A. Bhattacharjee.

(Dr. Bhowmik being absent from the meeting the proposer and seconder suggested that Dr. Saktipada Ghose be appointed as Jt. Secretary if Dr. Bhowmik refuses to accept the office).

Treasurer: Dr. N. C. Dasgupta, proposed and seconded by Rai Saheb Dr. S. C. Gupta and A. Bhattacharjee respectively.

Circulars number 8 and 9 dated 6-6-35 received from the General Secretary of the mother Association were circulated among all the Licentiates residing in the town. They were again read in the meeting. The President suggested that these circulars be read again in the next meeting to be held in August 1935. In the meanwhile the Secretary was requested to collect subscriptions in aid of the Quetta Relief Fund.

Resolved that the Superintendent of the Jackson Medical School be approached and requested to adore our branch Association as Patron.

It was further resolved that the Hony. Secretary R. S. Dr. S. C. Gupta be requested to approach the Superintendent of the Jackson Medical School so that he may kindly preside at the deliberations of the next monthly meeting.

Resolved that the first Sunday of each month be fixed as the date for the holding of the monthly meeting.

Resolved that the monthly subscription of this branch Association be fixed at the rate of annas four to be realised from the members commencing from the month of August 1935.

Resolved that the Hon. Secretary be requested to enlist new members for the mother Association and the Family Fund.

With a vote of thanks to the President, the meeting dissolved.

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Minutes of a meeting of the members of the above branch of the A.I.M.L.A. held on 1-12-35 at 6 p.m, in the premises of the Fanindra Deb Institution. Jalpaiguri, under the presidentship of Dr. F. C. Ghosh, 19 members were present.

(1) Confirmed the minutes of the last meeting dated 20-9-35.

(2) Rai Sahib Dr. Satis Chandra Gupta read the appeal (*inmemorium*) issued by the General Secretary on 31-10-35 in connection with the death of Rai Bahadur Dr. Sarju Pershad Tiwari who was the life and soul of the Mother Association.

(3) All standing, the following condolence resolution was passed unanimously :

"Resolved that this meeting of the above branch of the A.I.M.L.A. learns with great regret the sad demise of Rai Bahadur Dr. Sarju Pershad Tiwari Ex-Inspector General of Civil Hospitals, Indore, and Patron of the A.I.M.L.A. and conveys its heartfelt sympathy to the bereaved family and prays for the peace of his soul."

It is further resolved that a copy of resolution No. 3 be sent to his son Mr. Ram Bharosa Tiwari, Tukogunj, Indore, C.I.

(4) Hony. Secretary, Rai Sahib Dr. Satis Chandra Gupta, spoke about the great qualities of the late Rai Bahadur and declared, on behalf of the General Secretary, that this week i.e., from 1st to 7th of December be observed as "Rai Bahadur Dr. Sarju Pershad Memorial Week."

The Hony. Secretary earnestly appealed to each and every member of this Association to solemnly resolve that each of them will induce at least one of their non-member friends to join the Association during this week.

(5) Dr. A. D. Mukherjee, President, Calcutta Branch, addressed the members present in connection with the expansion of this branch and exhorted them to enlist more members. He spoke about the late Rai Bahadur and impressed upon the members present the love of the late Rai Bahadur for the Association.

(6) A Committee consisting of the following members was formed with the object of enlisting non-member medical licentiates as members of the Mother Association during the "Rai Bahadur Sarju Pershad Memorial Week" : Drs. S. P. Ghose, N. C. Das Gupta, S. Das, A. Bhoumick, A. Banerjee, S, Bhowmick.

(7) With a vote of thanks to Dr. A. D. Mukherjee of Calcutta and the President the meeting terminated.

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Kolhapur Branch

A monthly meeting of the Kolhapur Branch of the A.I M.L.A. was held on the 28th July 1935 at 5 P.M. at Dr. Bapat's Dispensary when Dr. Bapat was in chair.

The following members were present. Doctors Bapat, Sirnaik, Shrikhande, Dr. Mrs. Dhanawade, Doctors Gogate, Tembe and Dr. Miss E. D'Silva.

The proceedings of the last meeting were read and confirmed.

The Hony. Treasurer's letter dated the 17th June, 1935 about remitting the sum of Rs. 7-6-9 being the balance upto the end of April 1935 out of the advance of Rs. 10 given for postal expenses ; it was resolved unanimously that the balance be sent to the Hony. Treasurer.

With light refreshments, the meeting dissolved.

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2. The members of the above branch of the A.I.M.L.A. met on the 27th October 1935 to pass a condolence resolution in honour of the late Dr. Sarju Pershad of Indore. 8 members were present. Dr. G. B. Shinde was in chair, and the following resolution was put by Dr. Bapat which was unanimously passed all standing. Dr. Bapat and others spoke about the high qualities of the deceased and the President was authorised to send the following resolution to the relatives of the late Rai Bahadur Dr. Pershad.

"The members of the above branch of the A.I.M.L.A. are extremely sorry to keep on record the sad death of Rai Bahadur Dr. Sarju Pershad at Indore. In Rai Bahadur's death, the Association has suffered an irreparable loss. He was one of the originators of the Association and it was through his influence that it has achieved wide publicity. He served the Association as General Secretary, President and Patron. His advice always proved useful in many Subjects Committee meetings. The Family Fund also owed its existence to his patronage and able guidance. Above all, his professional career has been an inspiration to our class. He held the unique position of the State-Surgeon of Indore State for many years and during his tenure he was loved by the people as well as by His Highness the Maharaja Saheb. The meeting was then adjourned.

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1. A monthly meeting of the above branch was held on the 24th November, 1935 at 5 p.m. at Dr. Bapat's Dispensary. Dr. Kibe was voted to the chair. 10 members were present.

The minutes of the last meeting were read and confirmed.

Dr. Gogate read his paper on "Infantile Diseases" in which he dealt with the main causes, symptoms and treatment. He gave more importance to the regularity in feeding infants. Dr. Kibe, in summing up. emphasized the necessity of teaching the mothers on the importance of keeping the things clean and thus preventing infection.

After a vote of thanks to Drs. Gogate and Kibe the meeting was dissolved with light refreshment.

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Jorhat Branch

A meeting of the above Branch of the A.I.M.L.A. was held on the 7th July 1935 at 7.30 p.m. in the premises of B.B. Civil Hospital, Johrat.

The following were present:—Drs. Miss N. Shullia, K. Hazarika, B.B. Sengupta, R. C. Dey, S. K. Sengupta, A. Rashid.

Dr. B.B. Sengupta was in the chair.

Read General Secretary's circular No. 10 dated 23-6-35 regarding the New Poison Rules published in U.P. Gazette of 15-5-35.

"Resolved that the new Poison Rules promulgated by the U.P. Government are derogatory and detrimental to the interest of the Medical Practitioners possessing registrable qualification".

A copy of the resolution be sent to the U.P. Government and to the press.

Considered the appeal and circular No. 1 sent by Dr. D. Bhattacharjee, Secretary, Reception Committee of the 6th Assam Provincial Conference to be held at Dibrugarh. This branch is of opinion that the President-elect be chosen from amongst :—

1. Inspector General of Civil Hospital & Jail Assam.

2. Director of Public Health, Assam.

3. Superintendent of B. W. Medical School Dibrugarh.

Resolved that the following delegates be sent from this branch of the A.I.M.L.A. and the Reception

Committee be informed of it:—Doctors 1. K. Hazarika, 2. B.B. Sengupta and 3. Lady Doctor Miss N. Shullia.

With a vote of thanks to the chair the meeting came to an end.

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A meeting of the above branch was held on the 21st October 1935 at 7 p.m. in the premises of B.B. Civil Hospital.

7 members were present. Dr. B.B. Sengupta persided.

(1) Read letter from the Secretary, Reception committee, dated 5-10-35 and noted the contents.

(2) Read letter from Secretary, Re-union Committee, dated 11-10-35 and resolved that all the members and ex-students of B.W. Medical School are requested to attend the function.

(3) Resolved that all the members be requested to contribute towards the Provincial Conference and the Secretary is requested to realise the contribution and send to the Secretary, Reception Committee, without delay.

(4) Read G. S. Circular No. 22 dated 1-10-35 and noted contents.

(5) Read G. S. Circular No. 23 dated 8-10-35. This branch is not in a position at present to invite the All-India conference. But the branch welcomes the All-India Conference and will co-operate wholeheartedly if that is held in Assam.

(6) Read G. S. Circular No. 24 dated 8-10-35 and noted the contents.

With a vote of thanks to the chair the meeting came to an end.

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Fatehpur Branch

A meeting of all the Doctors in Fatehpur District, U. P., was held on 7th July 1935 at 4-30 p. m, at the residence of Dr. V. W. Clifford, M. B., B. S., to discuss the New Poisons Act as brought into force by the U. P. Government and published in the U. P. Gazette of the 18th May 1935.

The following Doctors were present:—

Doctors C. S. D. Misra, M. B. B. S., the Civil Surgeon, Fatehpur, the chairman of the meeting, V. W. Clifford, M. B. B. S., M. O. I/C Sadar Hospital, Fatehpur, Raghunath Das, L. M. P., M. O. I/C Jail & Police Hospital, Fatehpur, R. N. Verma, Varma Medical Hall, Manik Chawk, Fatehpur, R. C. Sengupta, doctor to Grey & Co, Chemists, Fatehpur, R. M. Tiwari, M. O. I/C Ghazipur Dispy., Fatehpur.

The following changes to the U. P. Poisons Act were proposed and unanimously carried.

1. The cases under Poisons Act be tried by a special Magistrate helped by a representative Medical Jury nominated by the District Medical Associations (where in existence) otherwise by the Civil Surgeon of the District.

2. The appeals of such cases should lie with the Medical Council only.

3. Whenever it is deemed necessary, the Medical Council should have the right to make necessary amendments to the Act with the sanction of the Government.

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Amraoti Branch

Proceedings of a meeting of the Amraoti branch of the A. I. M. L. A. held on 11-8-35.

Dr. R. S. Khot presided. 9 members were present.

Proceedings of the last meeting were read and confirmed. Accounts were checked and passed. The following resolutions were passed unanimously:

1. "We emphatically protest against the order passed by the C. P. Government debarring the C. P. Licentiates (Medical Private Practitioners) from issuing Medical Certificates to sick persons, unless they have eleven years standing and we propose that a representative delegation of C. P. Medical Licentiates should wait upon the Minister in charge, to bring this matter to his notice for his favourable consideration." Proposed by Dr. K. N. Mulay, seconded by D. R. Bode.

2. Read the letter of Dr. Paoneskar, the President of A. I. M. L. A. for C. P. along with other correspondence sent for the consideration and opinion of this branch: after due consideration, it was decided to ask the General Secretary, as to who proposed and seconded the name of Dr. G. K. Kulkarni for the Provincial Secretary's post and whether there were any other proposals for the election from C. P. and Berar and to keep the matter pending till a reply from the General Secretary is received.

A copy to be forwarded to Dr. Paoneskar, the President of A. I. M. L. A. for C. P. Proposed by Dr. B. J. Bansode, seconded by Dr. Y. L. Khane.

3. This meeting requests the Nagpur University authorities to consider the claims of Medical Officers in charge of the College Hospitals, while appointing the Medical Examiners for College students, wherever such hospitals exist. Proposed by Dr. A. N. Patki, Seconded D. N. Deshpande.

The meeting concluded after a vote of thanks to the chair.

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Bombay Branch

1. General Body meeting of the above branch held on the 4th August, 1935: Dr. N. R. Karandikar was voted to the chair. (1) The minutes of the previous meetting were read and confirmed. (2) Clinical meeting:—Dr. U. S. Rao read an interesting paper on the Treatment of Gonorrhœa in women and then the subject was thoroughly discussed by all the members present. The meeting terminated with a vote of thanks to the chair after light refreshments.

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2. Managing Committee meeting held on 4-8-35: Dr. N. R. Karandikar was duly voted to the chair.

(1) The minutes of the previous meeting was read and confirmed. (2) Branch accounts for July 1935 were scrutinised and passed. (3) Branch fund accounts for July were scrutinised and passed. (4) The secretary was requested to hold the next clinical meeting at night time at 8-30 or 9 p.m. (5) General Secretary's circular No. 14 regarding Indian Medical Council Act 1933 was read and the secretary was asked to arrange for a public meeting of the profession on the 20th September, 35. Further a committee of the following members was elected to wait on deputation on the M.L.As. in Bombay and to put forward the grievances of the licentiates and to enlist their sympathies:—Drs. A. V. Baliga, B. Y. Paranjpye, U. B. Narayanrao, A. D. Mastakar, R. R. Tavargiri and U. S. Rao. (6) The secretary was authorised to purchase a cupboard for the Bombay branch office from the branch fund; the amount not to exceed Rs. 20. The meeting terminated with a vote of thanks to the chair.

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3. Managing committee meeting held on 7-9-35: The President, Dr. A. V. Baliga was in chair. (1) The minutes of the last meeting was read and confirmed. (2) The branch accounts upto 31-8-35 was scrutinised and passed. (3) The General Secretary's circular, regarding Anti-Indian Medical Council Act day was read and then referred to the General Body. (4) Regarding the branch library, the secretary was requested to prepare a provisional list of all the available books and journals and send copies to all the members for their information. (5) The secretary informed that out of the M.L.As. of Bombay, Messrs. (1) Sir H. P. Mody, (2) Mathurdas Vasanji and (3) N. M. Joshi were interviewed by the members in deputation and they have tried to secure their help in getting the Indian Medical Council Act amended. Further, the secretary informed that Dr. Deshmukh was also approached by himself and the Joint Secretary, for getting an appointment for the members of the deputation to wait on him but Dr. Deshmukh was not able to give the appointment sought for. The meeting terminated with a vote of thanks to the chair.

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4. General Body meeting held on 7-9-35: The President, Dr. A. V. Baliga, was in chair. (1) The minutes of the last meeting were read and confirmed. (2) The General Secretary's circular re.: Anti-Indian Medical Council Act Day was read and directed to be recorded. The Secretary was requested to arrange under the auspices of the Association for a public meeting of the Bombay medical profession on 20-9-35. (3) As some of the members complained that 3-30 p.m. (S.T.) on Sundays was unsuitable for them to attend the meetings the secretary was requested to arrange for the next clinical meeting at 8-30 or 9 p.m. on a Saturday. The meeting terminated with a vote of thanks to the chair.

5. *Protest meeting of the Bombay medical profession held on* 20-9-35: already published Vide Vol. XXIX. P. 581.

6. Managing Committee meeting held on 20-10-35. The meeting was adjourned in honour of the departed soul of Rai Bahadur Dr. Sarju Prasad, the patron of the Association.

7. General Body meeting held on 20-10-35; the minutes of the General Body meeting held on 7-9-35 as well as of the protest meeting were read and confirmed. As Dr. A. D. Mukherjee, the guest of the evening, informed that he intended to start to Calcutta the same evening, his speech was taken as the 1st. item in the agenda. The President, Dr. A. V. Baliga F. R. C. S., introduced the guest, Dr. A. D. Mukherjee, President of the Bengal provincial branch of the A. I. M. L. A., and Member of the Bengal medical council, to the members present in a short speech and requested the guest to address the meeting on the subject chosen by him namely "The standard of medical education and the future of the medical licentiates in India".

Dr. Mukherjee, after thanking the President, and the members for the honour done to him in affording him an opportunity of expressing his views on the subject of his address, observed during the course of his learned speech that it is time that India should have one uniform standard of medical education irrespective of any distinction so as to attain unity within the country and to secure dignity abroad. Facilites for Post-Graduate studies in specialisation in the various branches of medicine should be provided for all the medical men as is the case in all the other civilised countries. He deplored the state of compartmentalism that is still perpetuated in India in the matter of medical education and hoped that the system will soon be ended in the interest of the country as well as that of the profession. He emphatically pointed out that the need of having two different grades of medical men no longer existe as is evidenced by the fact that almost all the posts that were intended for the licentiates are now being filled up by the graduates both in the Government and other Public Bodies, such as Municipalities and Local Boards. He stated that the fate of the future licentiates would be very gloomy unless efforts are made to secure an uniform standard of education for all at an early date. In order to attain this, the speaker exhorted the licentiates to strengthen the A. I. M. L. A., by enrolling all those who are still non-members of the Assn., and endeavour to enter, in large numbers, the Medical Councils and other Public Bodies, such as Municipal Corporations, Legislative Councils and Assembly and Council of State and to try their best as members of these bodies, directly or indirectly, to bring about the necessary changes in the matter.

The speaker stressed that this step is of utmost importance as the licentiates who are the very creation of the Government and who are recognised by them as Qualified Medical Practitioners are now refused the political status both in the country and abroad by the exclusion from the purview of the Indian Medical Council Act. As it is, the doors are closed against the class for their further progress both in India and abroad and he appealed to them to unite under one banner and to effiectively fight out the issue.

Dr. U. B. Narayanarao, then thanked the guest on behalf of the above branch of the A. I. M. L. A., for his kind acceptance of the invitation and his inspiring speech. The President, while joining Dr. U. B. Narayanrao in thanking the guest, observed that he entirely agreed with the speaker in asking for one uniform minumum qualification. He further

observed that in case the idea of the Government is to follow the system of medical education in Great Britian, they should have similar minimum standard recognised by the Premier Medical Council in India and with a free scope to the holders of such minimum qualification to aspire for the highest degrees and diplomas of the country.

Dr. N. R. Karandikar then suggested that the meeting should be adjourned after passing a condolence resolution on account of the sad demise of Rai Bahadur Dr. Sarju Pershad Tiwari, the Patron. The suggestion was approved by the house. The following resolution was then moved by the chair after a short speech in which the president gave a sketch of Dr. Sarju Pershad's activities in the Assn. and outside it :—" This General Body meeting of the above branch of the A. I. M. L. A. learns with deep regret the sad demise of Rai Bahadur Dr. Sarju Pershad Tiwari, an ex-General Secretary and President and the present Patron of the A. I. M. L. A. and while condoling with the members of the family of the bereaved prays that his soul may rest in peace." Passed unanimously, all the members standing. Further resolved that the President be authorised to forward the above resolution to the family of the bereaved. The meeting was then adjourned.

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Calcutta Branch

1. A meeting of the Managing Committee was held on 16-9-35 at 69/1, Serpentine Lane. Agenda: (1) Consideration of a proposal for the postponement of the proposed Provincial Conference and (2) Proposal for grant of money by Central Association for propaganda in Calcutta. Proceedings: 8 members were present. (*a*) Dr. Santi Lal Roy proposed that in view of the fact that dates formerly fixed for holding the provincial conference are being changed from time to time, the holding of the same be postponed for the year. Dr. A. D. Mukherjee, Hony. Secretary, Reception committee, explained the difficulty. He said as the elected president of the proposed conference gave different dates when he would be able to preside, he had no other option but to accept his proposal. It was finally decided that in case the conference is not held in November, 1935, the holding of the conference be postponed *sine die*. (*b*) Proposal made by Dr. A. N. Roy that the Central Body should sanction fund for propaganda in Calcutta was considered and the following resolution was passed unanimously :—"That the General Secretary be requested through the Provincial secretary to move the Finance Committee to obtain sanction of the following sum for propaganda to be launched by the above branch to approach medical licentiates in Calcutta whose number is about 500 to enlist them as members."

Printing of appeal and application forms ...	10	0	0
Purchase of 500 envelopes ...	1	8	0
Postage " " " at 9 pies each ...	23	7	0
Rs.	34	15	0

(*c*) That the Provincial secretary be requested to inform the branch as to what the Government is doing to remove the disabilities of the R.M.Os. of Campbell Hospital as a result of disconnection of electric connection from their quarters.

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"Anti-Indian Medical Council Day"

2. Under the auspices of the above branch a largely attended meeting of medical men of Calcutta and its suburbs was held on 20-9-35 at 69/1, Serpentine Lane under the chairmanship of Dr. A. D. Mukherjee to launch a protest against the Indian Medical Council Act. Drs. S. C. Roy, N. N. Ghosh, K. P. Sen, A. N. Roy and A. D. Mukherjee addressed the house. Each one of them said that the Indian Medical Council Act was anti-national and anti-professional and that vigorous propaganda should be launched for the amendment of the Act in order to make the Medical Council really representative. The following resolution was passed unanimously :—"This meeting of the registered medical practitioners of Calcutta and its suburbs emphatically protests against the existing Indian Medical Council Act and respectfully urges on the Government and the members of the Legislative Assembly to amend it in such a way as to admit the medical licentiates as eligible for admission into the Indian Medical Council. Further resolved that a copy of the resolution be sent to the General Secretary for submitting it to the authorities concerned for taking necessary action.

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3. A meeting of the above branch was held on 25-11-35 at 69/1, Serpentine Lane to consider the circular of the General Secretary in connection with the death of Rai Bahadur Dr. Sarju Pershad Tiwari, the Patron of the Assn. 7 members were present; Dr. K. P. Sen presided. Proceedings: resolved that a special meeting to mourn the loss of Rai Bahadur Dr. Sarju Pershad Tiwari, the Patron of the Assn. be held on the 1st of December, 1935 and that the secretary be authorised to issue appeal to as many medical licentiates of Calcutta as possible to attend the said meeting.

4. Under the auspices of the above branch a special meeting of the medical licentiates of Calcutta was held on 1-12-35 at 69/1, Serpentine Lane, Calcutta, to inaugurate "Dr. Sarju Pershad Memorial Week" in order to commemorate the memory of Rai Bahadur Dr. Sarju Pershad Tiwari, ex-President and Patron of the Assn. Dr. K. P. Sen presided. Dr. K. P. Sen in addressing the house touched on the many-sided qualities of head and heart of the late Dr. Sarju Pershad Tiwari. He exhorted the house to emulate these qualities and do something befitting the man who was the life and soul of the Assn.

Dr. A. N. Roy suggested that no better memorial could be raised in honour of the memory of Dr. Sarju Pershad than to work with all our might for the solidarity of the Assn. for which Dr. Sarju Pershad devoted most of his time and energy. In order to do that, the members should strengthen the

Assn. by propagating its objects among the medical licentiates, so that they may join the Assn. Dr. Makhan Lal Ghosh supported the suggestion. Resolutions passed: (*a*) Resolved that this branch records its deep sense of sorrow at the sad demise of Rai Bahadur Dr. Sarju Pershad Tiwari of Indore whose untiring and unselfish devotion for the welfare of the medical licentiates and their Assn. is felt throughout the length and breadth of India. This Assn. conveys its hearty condolence to the bereaved family.

(*b*) That the first week of December, 1935 be observed as "Dr. Sarju Pershad Memorial Week," during which time the members be requested to persuade the medical licentiates of Calcutta to enlist themselves as members of the Assn. for the cause of which the late Dr. Sarju Pershad spent the best part of his life and energy.

(*c*) That the Mother Assn. be requested to find suitable means to commemorate the memory of the late Rai Bahadur Dr. Sarju Pershad in a fitting manner.

(*d*) A sub-committee called the "Sarju Pershad Memorial Sub-Committee" was formed to carry out the programme of enlisting members of the Assn. during the week.

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Ludhiana Branch

1. Annual report for 1934-35: The branch was re-organised in April 1935, with the combined efforts of Khan Sahib Dr. Rustom Ali, Subedar Drs. Kamal Din and Chhabildas. Since then, 8 new members have been enrolled and 7 meetings have been held wherein many questions concerning the welfare of the class and the profession were discussed.

At the last annual conference held at Indore the branch was represented by its secretary, Dr. Chhabildas who won the distinction of having been re-elected there as the seceretary of the Scientific Committee of the Assn. The Hony. Treasurer Dr. Lajpat Rai made the name of the branch by winning the first prize of Rs. 50/- for his paoer on "Sprue" which he sent for competition at the Scientific Session of the same conference.

On the sad occasion of the last Quetta disaster our branch did not lag behind other organisations and lost no time in not only extending their deepest sympathies to the sufferers but also in offering the services of its members for the relief of the wounded and in contcibuting a sum of Rs. 75/- to the Earthquake Relief Fund.

2. Proceedings of the Meetting of the above branch of the A.I.M.L.A. held on 1-9-35. Nine members attended. Dr, Bindra Ban was in the chair. The following resolutions were unanimously adopted :—(*a*) That this meeting sympathises with Dr. Lajpat Rai, the Hony. Treasurer of the branch, on the sad demise of his wife, (*b*) That a copy of the above resolution be sent to Dr. Lajpat Rai, (*c*) That the money collected by this branch for the Quetta Relief Fund be distributed amongst the medical men who have suffered and amongst the families of those who have been killed in this catastrophe; and that the Provincial secretary be requested to make enquiries about the deserving people and to distribute this amount together with the sums of money collected by other branches in this province, (*d*) That this meeting regretfully accepts the resignation of Dr. D. R. Mehta both from the vice-presidentship and the membership of the branch: and elects Dr. Bindra Ban as Vice-President in the vacancy caused by the resignation of Dr. D. R. Mehta. (*e*), Read circular No. 9 received from the General Secretary and resolved that the above circular be circulated among the members of the branch. (*f*), Read circular No. 14 received from the General secretary and resolved that a meeting of all the licentiates in the station be called on 20-9-35 to record a protest against the All-India Medical Council Act 1933. (*g*). That this meeting requests Dr. Gian Chand Blaggana to move the Punjab Medical Council to devise some means for the prevention of quackery in this province in the name of allopathic system of medicine.

With a vote of thanks to the chair the meeting came to a close.

3. A meeting of the medical practitioners stationed in Ludhiana was held under the auspices of the above branch of the A. I. M. L. A, on 20-9-35. Ten doctors attended. Dr. Amarchand was voted to the chair and the following resolution was unanimously adopted :—That this meeting of the medical practitioners of Ludhiana condemns the All-India Medical Council Act 1933, in view of the fact that it does not represent the whole of the medical profession and excludes the medical licentiates who form the bulk of the profession in India; and earnestly requests the authorities to so amend the said Act as to include the representatives of medical licentiates in that body. With a vote of thanks to the chair the meeting came to a close.

4. 20-10-35. Seven members attended. Dr. Bindra Ban was in the chair. The following resolutions were unanimously adopted :—(*a*) That this meeting learns with great sorrow the sad demise of Rai Bahadur Dr. Sarju Pershad, late State Surgeon and Inspector General of Prisons, Indore State, the life and soul of our Assn., and expresses its deep sympathy with his bereaved family and earnestly prays for the peace of his soul. (*b*) That a copy of the above resolution be forwarded to his son Mr. Ram Bharose Tiwari, Indore. (*c*) Read letter No. 1328 dated 27-8-35 from the Managing Editor of *The Indian Medical Journal* and resolved that papers on scientific subjects be read and discussed at the monthly meetings of the branch and the same be sent to the journal; and that this meeting requests Dr. Shanti Swaroop to read a paper at the next meeting on a subject selected by him. (*d*) That the monthly meetings of the branch be held on the 20th day of every month. (*e*) That this meeting views with great concern the action of the Inspector General of Civil Hospitals, Punjab, in inviting applications from persons possessing higher medical qualifications along with the licentiates of the State Medical Faculty Punjab, for employment in the

Panjab Subordinate Medical Service and earnestly prays that only the licentiates of the State Medical Faculity be appointed to this service in view of the fact that there being no other opening for them it is the exclusive right of the licentiates to fill these posts. This meeting is of the opinion that in case the doors of the Subordinate Medical Service are being closed to the licentiates it is high time that the Amritsar Medical School is closed for ever. (*f*) That this meeting approves of the annual report submitted by the Hony. Secretary on the working of this branch as asked for by the General Secretary. (*g*) Read circular No. 23 from the General Secretary and resolved that this branch is not at present in a position to invite the annual conference. (*h*) Read circular No. 24 from the General Secretary and resolved that the same be filed for future guidance.

With a vote of thanks to the chair the meeting came to a close.

5. Resolution adopted at an emergent meeting of the above branch of the A.I.M.L.A. held on 5th November, 1935 under the chairmanship of Khan Sahib Dr. Rustum Ali :—

That this meeting fully endorses the resolution proposed to be moved by Dr. Gian Chand Blaggana at the forthcoming meeting of the Punjab medical Council for the increase in the number of elected representatives of medical licentiates on that body from two to three and earnestly requests the President and members of the Council to unanimously adopt this resolution and thus to remove the great unfairness under which the medical licentiates of this province are labouring under since the inception of the Punjab Medical Council.

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24 Parganas Branch

1. The first annual gathering of the above branch of the A, I. M. L. A. was held on the 5th July 35, at 7 p. m. Elven members were present. Dr. S. S. Sircar was voted to the chair. But as he had to leave the meeting on account of certain urgent affrs in the middle of the meeting, Dr. Naha took his place.

The proceedings of the last meeting were read and confirmed.

Resolved that a box for keeping the records of the branch at Rs. 3/-be sanctioned.

Resolved that the monthly branch subscriptions of the members who were in arrears upto December, 34 be exempted on special grounds.

Resolved that the following office-bearers be elected for the coming year :—President : Dr. H. C, Paul, L. C. P. S., L. M. F., Vice president : Dr. S. S. Sircar, L. M. F., Secretary : Dr. B. M. Paul, L.M.F., L. T. M., Joint Secretary & Treasurer : Dr. K. L. Paul, L. M. F., Asstt. Secretary : Dr. N. C. Kar, L. M. F., Auditor :—Dr. N. Roychaudhury, L. M. F.

Executive Committee :—Drs. A. T. Chakrabarty, L. M. F., J. Naha, J. M. Chatterjee and J. Sharma.

Resolved that this branch expresses its hearty thanks to Dr. H. C. Paul and his family for the kind help they rendered this evening in allowing us to hold the annual meeting and the Social gathering at their premises.

Following is the *summary of the Annual Report* :

After Dr. K. Paul's welcome address to the members and the guests of the evening, the Branch Secretary, Dr. B.M. Paul, presented his annual report. This branch was started by himself two years ago (9—7—35) with the enthusiastic help of Dr. Mrs. A. Das Gupta and Drs. H. C. Paul and K. L. Paul. It began with 6 members and at the end of the year there were 10 members. Dr. A. D. Mukherjee of Calcutta graced the inaugural meeting and explained eloquently the advantages of having many branches of the A.I.M.L. A. During the period under review, meetings were held periodically for the discussion of scientific subjects and the topics affecting the licentiates. Interesting papers on Cholera and Epidemic Dropsy were read and discussed. As regards financial position, the income was Rs. 64/8/-, expenditure Rs. 20, leaving a balance of Rs. 44/8/-. He appealed to the medical licentiates of his locality to join the Assn. in greater numbers and drew the attention of the members to the advantage of joining the family fund of the Assn.

The meeting dissolved after a vote of thanks to the chair.

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3. A monthly meeting of the above branch of the A. I. M. L. A. was held on 31-8-35 at 6 p. m. at the premises of Messrs. Bengal Immunity Co. Ltd., Barnagore. 5 members were present. Dr. N. Roy Choudhury was voted to the chair.

Proceedings of the last meeting were read and confirmed.

Considered the income and expenditure of the last *social* on the occasion of the annual gathering and sanctioned Rs. 19/- for the same from the branch fund.

Considered the letter of Dr. B. M. Paul, secretary of the branch. Resolved that Dr. M. Roy Chaudhury of B. I. Co. Ltd. do act as officiating secretary in his place.

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

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Madras Branch

1. Proceedings of the managing committee of the A.I.M.L.A. of the above branch, held on 8-10-35 under the presidentship of Dr. R. Ramanjulu Naidu. Dr. D. V. Venkappa was At Home to the members.

(1) The minutes of the previous meeting were read and confirmed.

(2) The minutes of the All-India Medical Council Protest Meeting held on 20th September 1935 at Gana Mandir, No. 10, Thambu Chetty St., G.T. Madras, was also read and confirmed, with instructions to the Secretary to retain the objections raised by Dr. G. Subbarayadu for bringing in politics in the course of the meeting.

(3) The accounts for the month of September 1935 aggregating to a sum of Rs. 21-1-0 was placed before the meeting and passed unanimously.

(4) The Secretary informed the house that a sum of Rs. 31-12-0 was collected towards the Quetta-Earth-quake Relief Fund and the same was sent to the General Secretary for necessary disposal.

(5) A list of 6 new members of the Assn. was placed on the table and passed.

(6) Letter No. HDE. 150/35 dated 20-9 35 from Dr. C. S. Govinda Pillai, Health Officer, Corporation of Madras, written under instruction from the Commissioner, Corporation of Madras (vide letter No. 130-dated 10-8-35 from the Secretary of the above branch) expressing that the point referred to therein would receive his sympathetic consideration whenever possible was read before the house.

As the house was not satisfied with the reply sent by the Health Officer in as much as the intention of the Assn. was to wait on a deputation to the Commissioner, Corporation of Madras, it was resolved that the Secretary would do the needful to press their claims in a deputation.

(7) Letter No. 26017-D. 1 P.H. dated 31-8-35 from the Secretary to the Local Self Government Madras, informing the Assn. in reply to their letter No. 78 dated 22-6-35 that the Government do not consider it necessary at present to raise the preliminary educational qualification for admission into the medical schools. The letter was recorded.

(8) The Secretary suggested the organisation of the Old Boy's Day of the Stanley Medical School, which occasion could also be taken to meet the new diploma-holders and the staff of the school.

(9) With reference to the deputation that was to wait on the Surgeon General with the Government of Madras, to represent some of the service grievances, the Secretaries placed before the house a draft memorandum prepared by the deputationists under reference. After a lengthy discussion, it was resolved that they should as far as possible confine their views to the grievances of Sub-Assistant Surgeons with higher qualifications.

The meeting terminated with a vote of thanks to the Chair and the host.

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2. Proceedings of the Managing Committee meeting of the A.I.M.L.A. of the above branch held on 21-11-35 under the presidentship of Dr. R. Ramanjulu Naidu. Nine members were present. Dr. A. Viswanathan was At Home to the members.

Before the meeting commenced, the following condolence resolution regarding the demise of Rai Bahadur Dr. Sarju Pershad Tiwari, Patron of the A.I.M.L.A., was moved by the chair and passed unanimously all standing:—"This branch of the A.I.M.L.A. views with deep regret the sad demise of of their old and venerable Rai Bahadur Dr. Sarju Pershad who has not only been the pillar of the Assn., but who also worked till the last day of his life with great sacrifice to himself in the cause of medical licentiates of India."

The minutes of the previous meeting were read and confirmed.

The accounts for the month of October 1995 aggregating to a sum of Rs. 14-9-0 were placed before the meeting and passed unanimously.

The secretary placed before the house the memorandum that was presented to the Surgeon General by the deputationists appointed for the purpose on 22-9-35, explained the various points that arose during the discussion and pointed out the favourable disposition of the Surgeon General towards the views of the deputationists. The house was of opinion that the memorandum as well as the secretary's report on the deputation should be sent for publication in *the Indian Medical Journal*.

The secretary placed before the house the following resolution :—

(1) This branch of the A.I.M.L.A. requests the Surgeon General with the Government of Madras, to restore the epidemic allowance to sub-assistant surgeons posted to epidemic duties such as of cholera and small-pox, in view of their arduous work and the economic loss sustained by them by maintaining two establishments during the period of such duties.

(2) While referring to the new regulations regarding the admission of L.M.P. diploma-holders to the M.B.,B.S. degree examination, this branch of the A.I.M.L.A. requests the authorities of the University of Madras and the Principal, Medical college, Madras, to relax their new regulations of fixing a period-bar of one year prior to the examination in the preliminary subjects such as pathology, ophthalmology, etc., in as much as the L.M.Ps. who study for the M.B.,B.S. course do so as a post-graduate study and in which case two years' course in the final M.B.,B.S. subjects would afford greater facilities to pass the examination.

8 new members were admitted to the Association.

Regarding the collaboration of the Old Boys' Day of the Stanley Medical School, it was resolved that the managing Committee of the above branch of the A.I.M.L.A. do work as a Special Committee to consider the details.

The meeting terminated with a vote of thanks to the Chair and the Host.

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3. Proceedings of the Managing Committee meeting of the A.I.M.L.A. of the above branch held on 22-12-35 under the presidentship of Dr. R. Ramanjulu Naidu. 10 members were paesent. Dr. K. Rama Rao was At Home to the members.

The minutes of the pervious meeting were read and confirmed.

The accounts for the month of November 1935 aggregating to a sum of Rs. 18-3-3 were placed on the table and passed unanimously. Two new members were admitted to the Association :—Drs. S. Anthony Samy Pillai, 30, Arathoon Road, Royapuram, Madras, P. P. Mythili, 108, Anna Pillai Street, G.T. Madras.

The Secretary read the draft Annual report of the above branch for the year 1935. It was resolved to celebrate the Annual General Body Meeting of the

branch during the first week of January 1936, the expenses to be met by voluntary contributions.

The correspondence that passed between the Mother Association and the Central Government regarding the recognition of the A.I.M.L.A. by the Government of India as a registered body was pointed out to the Local Self-Government of Madras, Fort St. George, and the Surgeon General with the Government of Madras, who in an interview with the undersigned informed that our representation could not be considered on the ground that the Assn. is not a registered body with the Government.

Letter from the Secretary to the above authorities made it clear that the A.I.M.L.A. is at liberty to submit representation to the Government of India or Local Gevernments on behalf of its members and that no official recognition of the Association is necessary for the purpose. (Vide copy of letter No. 380, Health, Government of India, Departmet of Education, Health and Lands, Delhi, the 12th March 1935.)

The meeting dispersed with a vote of thanks to the Chair and the Host.

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Nadia Branch

1. The monthly meeting of the above branch was held on 31-10-35 at 6-30 p.m. in the house of Dr. L. K. Pramanik, Ghurni.

5 members were present. Dr. H. Sen was in the chair.

(1) Proceedings of the last meeting were read and confirmed.

(2) The circular No. 22 dated 1st October and circulars Nos. 23 and 24 dated 8th October from the General Secretary were placed on the table and discussed.

(3) The Secretary of this branch is authorised to submit the Annual Report of this branch to the General Secretary, through the Provincial Secretary, without delay.

(4) The following office-bearers have been elected for the next year:—President: Dr. Harshnatha Sen, Vice-President: Dr. Jogendra Nath Sarkhal, Secretary and Treasurer: Dr. K. Ray, Assistant Secretary: Dr. Bimal Chandra Bhadra; other members of the Executive Committee:—Drs. Bimal Chandra Muzamdar, Taraprosad Bagchi, L. K. Pramanik, J. C. Mukherjee, and Birendranath Mukherjee.

(5) Dr. Manoranjan Sammadar has been elected a delegate for the next annual conference and if he is unable to proceed Dr. Kulajranjan Ray will attend the conference as a delegate in his place.

(6) The Secretary is requested to send the budget estimate of income and expenditure of this branch to the General Secretary, through the Provincial Secretary, without delay, for submitting to the Finance Committee.

(7) The Secretary is asked to submit a budget estimate of this branch for propaganda work to be sent to the General Secretary, through the Provincial Secretary, without delay.

(8) This branch has no furniture, etc.. of its own. This branch thanks the Secretary for very kindly allowing his own furniture for the use of this branch.

(9) This branch is sorry to inform the General Secretary that it is impossible to hold any annual conference at a moffussil branch like this where there is no medical school and where no medical volunteers are available.

(10) As for circular No. 24, it is noted for future action.

(11) The circular letter No. 1764 dated 3rd October 1935 from the Managing Editor *Indian Medical Journal*, read and considered.

(12) Considered the letter No. 598 dated 17-10-35 from the Provincial Secretary. The Secretary of this branch is requested to comply with it.

(13) The Secretary of this branch is requested to submit a postage and contingent bill to the General Secretary, through the Provincial Secretary, for payment. Up till now, this branch has met all the expenses including the propaganda work without any monetary help from the Mother Association.

(14) An Interesting case of Early Iliac Abscess was exhibited by Dr. L. K. Pramanik.

(15) The meeting dissolved after a vote of thanks to the chair and the host at about 9 p.m.

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2. A meeting of the above branch was held on 9-11-35 in the dispensary of Dr. S. N. Roy of Nawadwip, under the presidency of Dr. H. H. Sen of Krishnagar. Drs. H. N. Sen, President, K. R. Ray, Secretary and M. Sammadar came from the above branch. Drs. A. B. Mukherjee, Provincial Secretary, and S. C. Maitra came from Burdwan. Drs. S. N. Roy and P. K. Ray and some other retired medical practitioners of Nawadwip attended the meeting. Dr. Surendra Nath Roy of Nawadwip, Nadia, has agreed to be a member of the Association. The General Secretary is requested to send him the Journal by V. P. P.

The members of this branch are very sorry to hear the death of Rai Bahadur Dr. Sarju Pershad, the back-bone of the Association.

Naresh Babu, the S.I. of Police, entertained the doctors with tea and light refreshmen's.

With a vote of thanks to the chair and Naresh Babu the meeting dissolved at about 9 p.m.

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3. A monthly meeting of the above branch was held on 1-12-35 at 6 p.m. in the house of Dr. J. N. Sarkhal, Sadar Hospital, Krishnagar.

9 members were present.

Proceedings of the last meeting were read and confirmed.

This branch is very sorry to learn the death of Rai Bahadur Dr. Sarju Pershad Tiwari, the back-bone of the Association and conveys its heart felt sympathy to the bereaved family. A letter of condolence be sent to Mr. Ram Bharosa Tiwari, the son of late Rai Bahadur. To commemorate the memory of late Rai Bahadur Sarju Pershad Tiwari for the noble services he rendered for the Association throughout his life, this branch opines that the contemplated

Research Branch of the Mother Association be named as "The Sarju Pershad Research Work."

This branch is very glad to annouce that Drs. Ananth Nath Tarafdar, S.A.S. on Supernumerary Duty, Sadar Hospital, Krishnagar, has agreed to be a member of the Mother Association from December 1935 and Naresh Rajan Chandra, Sadar Hospital, Krishnagar, from January 1936.

The bill of Rs. 2/- for propaganda work dated 9-11-35 was passed.

Scientific discussions on some injury cases were held by the members with great enthusiasm.

The meeting dissolved after a vote of thanks to the chair and the host at about 9 p.m.

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4. A monthly meeting of the above branch held on 16-12-35 in the house of Dr. K. R. Ray Amin Bazar, Krishnagar, Nadia, at 6 p.m.

6 members were present. Dr. H. Sen was in the chair.

Proceedings of the last meeting were read and confirmed.

Letter No. 711 dated 11th December 1935 from the Provincial Secretary was placed in the meeting and it was resolved that Dr. Kulajaranja Ray be elected a delegate for the Dacca Provincial Conference or in his place Dr. L. K. Pramanik will attend the conference. The T. A. will be borne by this branch.

A contribution of Rs. 5/- be sanctioned to the said conference and be sent to the Secretary of the Committee.

This branch congratulates Dr. U. Ramarao on his election as President of the next Nagpur Conference of the I.M.A. A copy of this resolution be sent to Dr. U. Ramarao and thanks be given to the members of the Indian Medical Association for their wise selection of the President for the next Nagpur Conference.

Resolved that the contingent bill of this branch for the year 1935 be passed and forwarded to the General Secretary for payment. It is for the first time that this branch is submitting this bill amounting to Rs. 12/6/- only.

Scientific discussions on Cataract, Ulcer cornea and Small-Pox were made by the members present.

The audited accounts of this branch upto 16th December 1935 checked and passed.

The meeting dissolved after a vote of thanks to the chair and the host at abont 8-30 p.m.

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Rangpur Branch

1. A meeting of the above branch was held on 12-2-35. 7 members were present. Dr. J. C. Lahiri was voted to the chair.

(1) Resolved that the following office-bearers be elected from the year 1935: President:—Dr. J. C. Lahiri, Vice-President: Dr. S. C. Dutta, Secretary: Dr. N. N. Mukherjee.

(2) Resolved that the budget as submitted by the Secretary be passed.

(3) Discussions about 'Adrenalin-its Physiological Functions and Therapeutics' were held amongst the members.

(4) The meeting dispersed with a vote of thanks to the chair.

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2. A meeting of the above branch was held on 5-5-35. 6 members were present. Dr. J. C. Lahiri was voted to the chair.

(1) Dr. N. N. Mukherjee, delegate of this branch to the Indore Conference, narrated in detail the deliberations of the conference.

(2) Resolved that the Travelling Bill of Dr. N. N. Mukherjee, delegate to the Indore Conference, amounting to Rs. 85-12-0 be passed.

(3) The meeting dispersed with a vote of thanks to the chair.

3. A meeting of the above branch was held on 7-7-35. 7 members were present. Dr. S. C. Dutta was voted to the chair.

(1) Resolved that the members of this branch regret that, having already subscribed to the Quetta Earth-quake Relief Fund individually, they are not now in a position to subscribe further, through the Association, as requested by the General Secretary.

(2) Resolved that this branch congratulates Dr. S. C. Dutta of the Sadar Hospital on receiving the Silver Jubilee Medal.

(3) Interesting discussions took place amongst the members about the Uses of Atebrin.

(4) The meeting dispersed with a vote of thanks to the chair.

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Family Fund, Indore

1. Copy of the resolution passed by the Family Fund of the A. I. M. L. A. on 24-10-35.

"This meeting of the Family Fund of the A. I. M. L. A. held on 24-10-35 at Sir Hukamchand Eye Hospital in the premises of the Maharaj Tukoji Rao Hospital, Indore, records its grief and sorrow at the death of Rai Bahadur Dr. Sarju Pershad, one of the originators of the Fund and its Director from the beginning and places on record its appreciatien of his valued services towards the cause of the Fund.

This meeting further expresses its condolence and sympathy towards his bereaved family."

Passed unanimously, all the members standing.

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Punjab Provincial Branch

1. Minutes of the Executive Committee meeting held at Amritsar on 22nd December 1935 at 10 a.m. in the New City Branch Dispensary, Dhab Khatikan.

8 members were present:—Subedar Dr. Kamaluddin was in the chair. (1) Drs. Chhabil Dass, Civil Hospital, Ludhiana, (2) Samuel Ram Singh, Medical School, Amritsar, (3) Harjas Ram, Civil Dispensary, Taran-taran, (4) Gian Chand Blaggana, New City, Branch Dispensary, Dhab Khatikan, (5) Hira Nand, City Branch Dispy., Ludhiana, (6) Dr. Som Raj Issar Medical School, Amritsar, (7) Dr. Jai Gopal, Civil Hospital, Dipal Pur, District Montgomery.

The following resolutions were adopted after the minutes of the last meeting were read and confirmed :—

(1) That this meeting places on record its sense of profound sorrow at the sad demise of its Patron, Rai Bahadur Dr. Sarju Pershad of Indore, and expresses sympathy with the members of his family in their sad bereavement. Resolved that a copy of the above resolution be forwarded to his son. The resolution was passed, all standing in solemn reverence and was read in a low vice by Dr. Gian Chand.

(2) Read and considered letter dated 21-12-35 from Dr. Manohar Lall Kapoor of Kaithal.

Resolved that this committee appreciates the zeal and enthusiasm of Dr. M. L. Kapoor in inviting the next Provincial Conference to be held at Kaithal, but taking into consideration the likelihood of very meagre attendance at such an out of the way place, advises him to seek another venue for the conference under his influence and seek the approval of this body with regard to his fresh proposal for the venue.

(3) Read and considered letter No. 6011 34 dated 16-12-34 from the General Secretary regarding the T.A. bill of Dr. M. L. Kappoor, Secretary, Karnal branch, and desires that the Provincial Secretary should deal with the case in accordance with the rules governing the grant of travelling allowance provided by the constitution.

(4) That this committee conveys its sense of gratitude to the Inspector General of Civil Hospitals, Punjab, for the supply of monthly list of transfers amongst the members of the Punjab Subordinate Medical Service and requests the favour of supply of list of promotions to the senior grade and also the list of transfers amongst the rural medical officers.

(5) That the Inspector General of Civil Hospitals, Punjab be requested for the grant of Trans-Indus allowance for the members of the P.S.M.S. employed in the districts of Dera Ghazi Khan and Mianwali as is being given to the employees of the Police, Postal and Railway departments.

(6) That a Sub-Committee consisting of Drs. Harjas Ram, Samuel Ram Singh, Som Raj Issar, G. C. Blaggana and Sardar Sahib Lehna Singh should report on the proposal of Dr. N. D. Mahajan regarding the desirability of replacing the present selection grades by the time scale, Dr. Mahajan to please make up a detailed and well argued case in support of his proposal by the end of January 1936 at the latest and Dr. Som Raj to act as convener.

(7) That this Committee reiterates the oft repeated demand of the Association to start the Post-Graduate Course in the Amritsar Medical School in place of the present grade examination and requests the Inspector General of Civil Hospitals, Punjab, to kindly expedite its early introduction as the delay is adversely affecting the utility of the members of this service to the public, besides feeling of unrest and resentment.

(8) Read and considered resolution No. 8 adopted by the Punjab Medical Council at its meeting held on 9th November, 1935 at Lahore. (*a*) That this Committee highly appreciates the sympathy recorded by the Punjab Medical Council to the increased representation of the medical licentiates on the said council.

(*b*) That this committee places on record its appreciation of the valuable service rendered by Dr. G. C. Blaggana, Member, Punjab Medical Council, in securing the adoption of two important resolutions by the council vitally affecting the interest and welfare of this class.

(*c*) That the Hon'ble Minister for Education, Punjab be approached with the request that the Punjab Medical Registration Act (2) of 1916 be so amended as to allow three members to be elected to the Punjab Medical Council by the registered practitioners who hold a diploma from a Local Government declaring them to be qualified to perfrom the duties of a Sub-Assistant Surgeon, to rectify the meagre representation allowed to them at present.

(*d*) That a deputation consisting of Drs. Gian Chand Blaggana, Samul Ram Singh, Chhabil Dass, Rai Bahadur Dr. Hari Ram, Sardar Bahadur Dr. Khartan Singh, Khan Sahib Dr. Rustom Ali, Khan Sahib Dr. Sayed Ali Hussain, the President and the Provincial Secretary with powers to co-opt be formed to give effect to the details of the above resolution, Provincial Secretary to act as convener

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Karnal Branch

1. A General Body meeting of the above branch was held on 7-7-35 under the presidentship of. Dr. P. L. Tandon, Civil Surgeon. Dr. L. P. Kapoor, Secretary, gave a brief history of the Branch, which is summarised below :—

"I thank you all for the trouble you took to attend this meeting, and especially, Dr. P. L. Tandon, our worthy Civil Surgeon and Patron of our branch. The present branch was started on 15-10-33 under the patronage of Late Dr. Paru Ram, Civil Surgeon. There are at present 12 members out of the 22 licentiates in this district. 7 branch meetings were held and the attendance was fair. The total annual average expenditure is Rs. 15/-. A deputation consisting of 6 medi, cal officers waited upon the Chairman of the District Board-Karnal, to allow the rural medical practitioners to do private medico-legal work. The chairman appreciated our reasons but unfortunately he was transferred and nothing much could be done thereafter. Rs. 60/-was contributed to Quetta Relief. Every year we are sending a delegate to the annual conference. I have attended two annual conferences and I find that other Provinces are much ahead of us. I would therefore appeal to you take active interest in the Association, as it is worth-while.

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2. An urgent meeting of the above branch was held on 8-12 35 at the residence of Dr. Manohar Lal Kapoor, Civil Hospital, Kaithal, under his presidentship. The meeting was-well attended, Minutes of the last meeting were read and confirmed. There was a keen discussion regarding the fixing of dates for the Provincial Conference. No decision was, however, arrived at ; but a Reception Committee was formed and office-bearers for the same elected : some new members were also enlisted during the meeting. The following resolutions were passed :—

1. (*a*) It was decided that the quorum of the Executive meeting of the Reception Committee of the Provincial conference should be five at least.

(*b*) That all the office-bearers are members of the Working Committee.

(*c*) That the selection of the President for the Conference rests with the Working Committee.

2. This branch of the A.I.M.L.A. feels utmost sorrow at the death of R. B. Dr. Sarju Pershad, the patron of the Association, and sends condolence to the bereaved family. May his soul rest in peace. Copy of the above resolution to be sent to his son, Mr. Ram Bharosa Tiwari, Tukoganj, Indore. Resolution was passed, all members standing.

3. This branch requests the Punjab Government to kindly amend section 5 (1) (*e*) of the Punjab Medical Registration Act II of 1916 and be pleased to make provision to entitle the registered practitioners who hold diplomas from Local Government to elect three members to the Punjab Medical Council in view of the fact that the present elected representation of the Medical Licentiates is inadequate and not based on their numerical strength and that the representation of the licentiates in other provinces on their respective medical councils far exceeds that of the Punjab and, above all, in view of the sympathetic attitude of the Punjab Medical Council itself towards our demand for increased representation, vide resolution No. 8 (II) adopted at its meeting held on the 9th November, 1935.

3. Resolved that the President of the above branch is authorised to communicate with the civil surgeon, Karnal, as regards the licentiates of the district leaving station on Sundays and communicate the final decision to this branch. Copy of the above forwarded to the Civil Surgeon, Karnal, and President of the branch.

4. Resolved that the Government be requested to empower civil surgeons regarding the transfer, appointment and dismissal of Dispensers serving under the local bodies, as without such a power it is impossible for the medical officer in charge and the civil surgeon of the district to control these Bodies. Copy of the above to be forwarded to the Civil Surgeon, Karnal, I. G, C. H. Punjab, and the Minister in charge, Medical Department.

5. Postage a/cs. of the branch were checked and passed.

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Benares Branch

1. A meeting of the above branch was held on 31-5-35. Capt. A.P. Misir I.M.D. (Retd.) persided. 8 members were present.

Proceedings of the last meeting were read and confirmed.

Resolved that Dr. B. C. Sen be thanked for giving a short description of the working of the last annual conference held at Indore.

Resolved that the T.A. Bill of Dr. B. C. Sen, the Benares representative, amounting to Rs. 46/12/- be passed for payment.

Resolved that Dr. Ganga Singh be requested to read a paper on 'Eye Surgery' at the next meeting.

2. Ordinary meeting of the above branch held at S.L.M. Hindu Hospital on 6-7-35 at 7 p.m. Dr. C.B.L. Dina, the President, was in chair. 7 members were present.

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Resolved that this Branch of the A.I.M.L.A. expresses its extreme sorrow at the earth-quake calamity at Quetta and sympathises with the sufferers and resolves to offer its professional services for them whenever needed. It is further resolved that those willing to donate in this connection may remit to the General Secretary, A.I.M L.A. direct.

Resolved that the offer of the worthy President and the Secretary to approach the licentiates who are still out of the Association fold to become members is accepted with thanks and the mandate of the President and the Secretary is recommended to be followed by all the present members of the Association.

Resolved unanimously that Dr. S.L. Sharma and Begum Abdul Ghafoor be returned to the State Medical Faculty as representatives of the licentiates after the expiry of their present term.

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3. A meeting of the above branch was held at K. E. Hospital on 26-9-35. Dr. C. B. L. Jaini persided. 8 members were present.

After the minutes of the last meeting were read and confirmed, the following resolutions were passed :—

Resolved that this meeting emphatically protests against the Poison Rules enacted by the U. P. Govt., in as much as the registered medical practitioners keep poisonous drugs and their preparations at their dispensaries to treat their patients only and alleviate their sufferings but not for sale. The registered medical practitioners must not therefore be treated as Poison Vendors and be required to maintain registers for the ready inspection of the Excise Department at all hours. The measure reduces the profession in the estimation of the public. It is further resolved that a copy of this resolution be sent to the Local Government, local press, to the General Secretary and to the Managing Editor of the *I.M.J.*

Resolved that a Committee be formed of the following gentlemen to consider the question of inviting the next conference to Benares. This committee will please put concrete proposals about the approximate expenses :

Drs. B. C. Sen, Morarilal, P. L. Jaini, C. B. L. Dina, H. S. Mukherjee, Rai Saheb Dr, P. Chaturvedi, Dr. Jaini to convene the meeting.

The fourth item in the agenda could not be discussed for want of time.

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Jhansi Branch

1. Proceedings of the above branch meeting held on the 18th June 1935 at the residence of Dr. Amir Ahmed who was voted to the chair. 11 members were present.

(1) The minutes of the last meeting were read and confirmed.

(2) This branch strongly protests against the Poison Rules notified in the U. P. Gazette of May 18, 1935. They are objectionable for the following reasons :—

i. It is humiliating to the sense of self-respect of qualified medical practitioners, that, in the practice of their profession, they are required to take out a licence for the possession of certain poisonous drugs of the British Pharmacopœia.

ii. These rules are uncalled for, as the qualified medical practitioners have given no cause for the introduction of these rules which are against their interests.

iii. The restrictions imposed on qualified medical practitioners' freedom are unjustified and undesirable as they encroach on their liberty hither-to enjoyed by them in their legitimate practice.

iv. The branch requests the Government to rescind the rules as far as they concern the qualified medical practitioners. If the Government is not pleased to rescind the rules, the following amendments are suggested :—

(*a*) Registered Medical Practitioners should be exempted from the keeping of any register and registering their names with the District Magistrate for the sale of drugs.

(*b*) Qualified Medical Practitioners should also be exempted from taking out a licence for the possession and sale of drugs.

(*c*) The inspection by any lay men, like Excise Inspectors and City Magistrates, should be done away with.

(*d*) The following drugs should further be deleted from the schedule :—(i). Digitalis, (ii). Chloroform and (iii). Nuxvomica.

(*e*) Cocaine being included in the list of excisable drugs for which separate account is kept and checked by the Excise Inspectors should be excluded from this list.

(*f*) More restrictions in the use of poisonus drugs should be imposed on unqualified practitioners.

(3) Dr. Kunj Behari Lal Varma and Dr. Begum Abdul Ghafoor, F. S. M. F. (Hon), are nominated unanimoulsy by this Branch as the members of the Governing Body of the U. P. State Medical Faculty ; the former has been nominated in place of Dr. S. L. Sharma, F. S. M. F. (Hon.) and the later has been re-nominated.

(4) Circular No. 8 from the General Secretary, A. I. M. L. A. in connection with the Quetta Earthquake havoc was read ; the branch records its heartfelt sympathy with the sufferers.

(5) Drs. Vyas, Varma and R. N. Tandon were requested to subscribe to the *Indian Medical Journal* ; they kindly consented to the same.

(6) Correspondence of Drs, Sharma and K. B. Lal Varma, regarding the latter's candidature for a seat in the Medical Council, U. P., were read and discussed. It was passed by the majority that at this critical time when the recent amendments to the Poisons Act are engaging the attention of the medical profedsion, Dr. Kunj Behari Lal Varma should be supportes in his election campaign—Drs. F. L. Jain and R. N. Tandon dissenting on the grounds that the branch had nothing to do with such election campaign.

(7) The meeting dispersed with a vote of thanks to the chair.

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Jessore Branch

1. The first inaugural meeting was held on 20-12-35. Dr. P. G. Basu presided and 8 local medical licentiates were present. Dr. A. B. Mukherjee, Bengal Provincial Secretary, who was on a visit to organise this branch explained lucidly the advantages of joining the Association. The following resolutions were passed :—

Resolved that the above branch of the A.I.M.L.A. be formed with the old and new members of the district.

Resolved that the following office-bearers be elected for the year 1936 and for the current year :—Drs: P. G. Basu, M.R.A.S., L.M.P. : President, N. N. Basu : Vice-President, N. C. Banerjee : Secretary and Treasurer.

Resolved that the General Secretary of the Association be informed, through the Provincial Secretary of Bengal, of this and he be requested to furnish this Branch with the necessary contingencies and a copy of the Rules and Regulations.

The new members requested the Provincial Secretary to request the General Secretary to enlist them as members of the Association and also to send the Indian Medical Journal by V.P.P. The old member, Dr. N. N. De, also requested the Provincial Secretary to request the General Secretary for renewal of his membership. The provincial Secretary thanked the members present for their zeal and enthusiasm in the cause of licentiates. The President of the meeting in winding up the debate, thanked those who were present, specially the Provincial Secretary, in a short nice speech.

With a vote of thanks to the chair the meeting dissolved.

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2. Copy of the proceedings of the above branch held on 19-1-36 at 6 p.m. 4 members were present. Dr. P. G. Basu presided.

Resolved that all the medical licentiates of the District be approached with a view to enlist them as members of the Association.

Resolved that the Civil Surgeon of the District be requested to be the Patron of this newly-formed branch.

Resolved that the Provincial Secretary be requested to send a list of the members of the association in this District, old and new, and some application forms for membership.

After a professional discussion the meeting dissolved with a vote of thanks to the chiar.

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Mainpuri Branch

Proceedings of the above branch held at Sadar Hospital, Mainpuri on 1-12-35. 5 members were present.

R. S. Dr. R. N. Lal was unanimously voted to the chair.

(1) The above branch of the A.I.M.L.A. places on record its deep regret over the most untimely demise of our revered leader and Patron, R. B. Dr. Sarju Pershad Tiwari, *Musahib-i-Khas Bahadur* of Indore. The branch offers its very sincere and deep condolences to the bereaved family and prays that the departed soul may rest in peace. This resolution was passed, all standing.

(2) Resolved further that a copy of this resolution be sent to Mr. Ram Bharosa Tiwari, Tukoganj, Indore, C.I.

(3) Resolved that a scheme for removing unemployment amongst the licentiates be inaugurated in the forthcoming A.I.M.L.A. Conference to perpetuate the memory of late Rai Bahadur Dr. Sarju Pershad Tiwari.

The meeting dispersed after a vote of thanks to the chair.

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Chapra Branch

Proceedings of the condolence meeting held on the 1st December, 1935 at 6-30 p.m.

Present.—Drs. K. C. Das, R. C. Prosad, B. Gupta, N. Bose.

"It is unanimously resolved that the members of this branch of the Association, express deep sorrow at the sad demise of Rai Bahadur Dr. Sarju Pershad Tiwari and appreciate his sincere patronage and deep love which he cherished for the Association and convey their heart-felt sympathy to the bereaved family."

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Mariani Branch

Proceedings of the above branch meeting held at the premises of Dr. A. Hazarika of Kharkatia T. E. on 20th October 1935 when 6 members were present. The following were elected as delegates for the ensuing Provincial Conference at Dibrugarh :—Drs. K. Gogoi, O. Cunny, A. Harika and S. C. Sengupta.

Contingent bill for R. 4-2-6 of the Secretary is passed.

Condolence resolution was passed on the death of Lt. Col. Acton, all members standing.

A discussion on "ovarian Hormones" was initiated by Dr. K. Gogoi.

With a vote of thanks to the host and the chair, the meeting terminated.

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Mymensingh Branch

A special meeting of this branch was held in its office room at 6 p.m. on 4-12-35 on the occasion of the kind visit of Dr. S. C. Maitra, Ex-Provincial Secretary, and S. B. Ghose of Burdwan to this branch. Dr. B. N. Roy was voted to the chair, proposed by Dr. H. Bagchi and seconded by Dr. R. K. Sengupta. Many members were present.

Before the commencement of the meeting the following resolution was passed on the sad demise of the late Dr. Sarju Pershad Tiwari, Rai Bahadur, the Patron of the Association.

(1) We offer our sincere condolence at the sad demise of our beloved Patron, late Rai Bahadur Dr. Sarju Pershad Tiwari of Indore.

Further resolved that a copy of this resolution be sent to the bereaved family of the late Rai Bahadur. May God grant them sufficient strength to bear this irreparable loss and may his soul rest in peace.

(2) The life sketch of our revered leader, Rai Bahadur Dr. Sarju Pershad Tiwari, was read before the meeting by Dr. H. C. Bagchi, President.

(3) Dr. S. C. Maitra, Ex-Provincial Secretary, fully explained the objects of the Association, the work done by the same and requested the licentiates present, who are non-members, to join the Association. The licentiates present in the meeting who are not members promised to become members of the Assn. from the next session.

The meeting ended with a vote of thanks to the chair, to Drs. S. C. Maitra, Ex-Provincial Secretary and S. B. Ghose for their kind visit to this branch.

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Nagpur Branch

A meeting of the above branch of the A.I.M.L.A. was held in the Mayo Hospital, Nagpur, on the 3rd November 1935 at 4 p.m. with Dr. G. R. Dongre in the chair. 9 members were present.

The following resolution was passed, all standing :—

"This meeting of the above branch of the A.I.M.L.A. places on record its deep sense of loss and sorrow at the sad demise of the late Rai Bahadur Dr. Sarju Pershad, Patron of the A.I.M.L.A. and offers its heart-felt condolences to the bereaved family.

***

Bareilly Branch

A meeting of this branch was held on 17th November 1935, at Modern Dental Clinic. 4 members were present. Dr. Lakshman Swarup was in chair.

(1) That the proceedings of the last meeting be read and confirmed.

(2) Resolved that this branch learns with great regret and deep sorrow the death of R. B. Dr. Sarju Pershad, *Musahib-i-khas*, the Patron of the Association, and prays to the Almighty to give his soul rest in peace, and further resolved that this branch conveys its sympathy to his bereaved family members and that a copy of this resolution be sent to Mr. Ram Bharose Tiwari, Tukagunj, Indore, C.I.

(3) Resolved that the following delegates and representatives be elected for next Provincial Conference to be held at Lucknow :—delegates :—Drs. R. S. Garga or Lakshman Swarup : representatives : Drs. J. N. Saxena or P. N. Banerjee.

(4) Read General Secretary's circular No. 23 and 24 and recorded.

(5) That the contingent bill from 18-9-35 to 17-11-35 be passed.

With a vote of thanks to the chair the meeting ended.

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Burma Branch

Copy of the resolution passed by the medical licentiates of Burma: (date and place of meeting not communicated. Ed. *I.M.J.*).

"The medical licentiates of Burma have come to know with sadness the lamentable death of Rai Bahadur Dr. Sarju Pershad whose selfless sacrifice to the class is much appreciated and pray for the peaceful rest of the departed soul and offer their sincere condolence to the family of the deceased."

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Agra Branch

1. Resolutions passed at the meeting of the above branch of the A.I.M.L.A. held on the 20th September 1935.

(1) Vide I.M.J. Vol. XXIX. P. 581.

(2) Resolved that this meeting of the above branch of the A.I.M.L.A. records its emphatic protest against the action of the Govt. in passing the Amended Poison Rules, published under Judicial (Criminal) Dept. No. 1273/vi-1776-1930 dated 15-4-35 published in the Govt. Gazette of 18-1-35, in utter disregard of the universal condemnation of the said amendments, by the medical practitioners in the Province, both individually and through various medical associations in the Province. In view of the fact that the said amendments are definitely derogatory and detrimental to the interests of the medical profession, this meeting again urges upon the Govt. to entirely rescind the said amendments, so far as they affect the qualified medical practitioners.

*

1. A meeting of the above branch of the A.I.M.L.A. was held at the residence of Rai Sahib Dr. Murare Lal on 24th of January 1936 at 6-30 p.m. 9 members were present. Rai Sahib Dr. R. N. Lal was specially requested to attend.

As the president was absent due to unavoidable circumstances Dr. S. S. Shukla, the senior vice chairman took the chair. The minutes of the last meeting were read and confirmed. Rai Sahib Dr. R. N. Lal spoke at length about the condition of our class and what we should do. The following resolution of condolence was passed unanimously all members standing :—

" The members of this branch of the A. I. M. L. A. mourn the death of His Imperial Majesty King George V and respectfully offer their deepest sympathy to the Royal Family."

After discussing at length the situation which stood in the way of holding the next annual conference the following resolution was unanimously passed :—

" Resolved that the next annual conference be held at Agra as early as possible."

The meeting ended by proposing a vote of thanks to Dr. R. N. Lal who specially came from Mainpuri to attend the meeting and to the gentlemen present.

*

2. A meeting of the above branch of the A.I.M.L.A. was held in the Medical School, Agra on the 25th January 1936 at 6-30 p. m. 20 members were present.

Dr. R. D. Pandya took the chair. The minutes of the last meeting were read and confirmed. The following resolutions were passed unanimously :—

(1) Resolved that Lt. Col. M. A. Rahman, I.M.S., Civil Surgeon, Agra and Lt. Col. J. C. Bharucha, I. M. S. Principal, Medical School, Agra be elected as the patrons of this branch of the A.I.M.L.A.

(2) The above branch of the A.I.M.L.A. notes with regret that it has not heard as yet whether the invitation for holding the next conference at Agra, accorded to the Mother Association by the U.P. Standing Committee on its behalf in October last, has been accepted or not.* This branch was very keen to hold the next conference during the Easter Holidays but, as according to the rules six months' notice is required, this meeting resolves that the next conference should take place during Durga Puja holidays and it is now hoped that the acceptance of the invitation will be forth-coming, so that no further delay may occur.

(3) Resolved that the quorum for the meeting of the Reception Committee be one fourth.

The following office-bearers for the Reception Committee have been elected.—**President**: Dr. S. L. Sharma, Aligarh. **Vice Presidents.**—Drs. R. D. Pandya, Medical School, Agra; Gurumukh Ram Tandon, Agra; Mahmudal Hassan, Agra; Rai Sahib Dr. Hari Singh Bhist, Etawah; Rai Sahib Dr. Lekhraj Singh, Hathras; **General Secretary.**—Dr. T. C. Basu Chowdhary, Agra; **Joint Secretaries.**—Drs. A. B. L. Mathur, Medical School, Agra; Rahmat Hussain, Medical School, Agra; **Treasurer.**—Dr. Mangal Sen Jain, Medical School, Agra. **Members of the Executive Committee:**—Khan Sahib Dr. Akbar Ali, Medical School; Drs. Murari Lal; Bhupendra Shankar; Janki Prosad; R. N. Sharma, Infectious Hospital; Gopi Nath Agarwal, Hamid Hassan; Lal Bahadur, Police Hospital; Manji Lal, Jail Hospital; B. M. Banerji. Gaya Prasad Bharadwaj; Barkat Ram; Mrs. Philips; Mrs. Mathews; Mrs. Semiens; Mrs. Satyawati—Agra.

Exhibition Secretary: Dr. Shyama Shanker Shukla.

Joint Secretaries: Drs. Mohd. Zama Khan, A.M. Sengupta, Baikunth Nath—Agra.

Exhibition Committee.—Dr. Mithanlal Katara, Anand Swaroop Singhal, R. N. Shukla, P. K. Battacharya, Kunwar Ram Pearey Singh, Medical School—Agra.

The meeting terminated after due thanks giving.

[*The General Secretary, A.I.M.L.A., writes to us to publish the following in connection with the above :—

"The Secretary, Agra Branch, was informed under this office No. 16/36 of the 3rd January that 'Dacca is not willing to call the Conference, even if the Standing Committee decides in its favour' and under No. 31/36 of the 4th January that the 'burden will fall on Agra'. The Standing Committee resolution was sent to him on the 1st Feb. 1936.]

CORRIGENDUM

Under Current Comments, P. 156 of this *Issue*, read "The Royal College of Physicians and Surgeons Bombay" as "the College of Physicians and Surgeons, Bombay" We regret that the mistake has escaped our correction.

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