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PROCEEDINGS OF

THE SIXTH L. I. M. CONFERENCE.

The sixth L. I. M. Conference was held at Guntur on 28th and 29th of December 1936. About one hundred L. I. Ms. from different parts of the presidency attended the conference. Dr. T. L. Kanta Rao L. I. M. was the Reception Committee Chairman and during the course of his welcome address he said :—

Brother Delegates, Ladies, and Gentlemen,

It is a matter for pride and satisfaction to us that, the first District L. I. M. Association was formed, in this city in November 1934.

I believe that in the life, of fuller opportunities which is gradually opening up in the country, it will be necessary, in increasing proportion, for the residents of the several parts of the country, to push forward the bounds of their acquaintance, knowledge and sympathy. The true foundation of Science-building is in wide friendships, unrestricted by the limitations of religion, race or domicile. Perhaps, there is also a selfish purpose in our meeting together here today and that is, to rejuvenate our impulses and ambitions, which in the wear and tear of a strenuous profession are apt to get inactive. At the present stage, we are full of the bubbling emotions of life, which spread out before us in an unending avenue of visions and ambition. Life with its many hopes rightly appears to us, not an inadequate price paid for the attainment of what we consider to be "ideally pure and just." I hope we will all return to our duties considerably fortified by this visit, in the nobler part of our aspirations and ideals, and I feel confident that the momentum in cheerfulness, vigour, and energy, which our contact with each other will impart, will carry us all through a twelve months of toil and trouble. By the very

limitations of our existence, the true foundation of greatness has to be laid, not by the avocation that we may be pursuing, for that is very often predetermined, by birth and other circumstances, but by the method of our work in life.

At the outset, I wish to refer to the sad demise of one of our valued lecturers Dr. D. Nagarajan L. M. & S. (Madras) L. R. C. P. (London) M. R. C. S. (England) D.T.M.H (London) whose knowledge and scholarly exposition, have been a source of strength and encouragement to us all in general and to Govt. Indian Medical School, in particular.

We are sorry again to record the death of Dr. K. Narayana Row, L.I.M. In his death we have lost one of our co-workers in the mission we advocate.

Enough has been said on the subject from many platforms and by many eminent and scholarly persons more competant than myself. Suffice it to say, that, whatever causes may have been responsible for the negligence of this glorious science in the past, the beneficient effects of wide-spread agitation, the recognition given by the authorities to the school of Indian medicine, the successful results obtained by its Alumni, the extent to which they were able to alleviate human suffering have now brought Indian medicine into the forefront in our presidency.

While thanking the authorities for the recognition they have given to us upto now, I cannot content myself without making an earnest appeal for the amelioration of some of our grievences which at present stare us in the face.

It is not properly within our sphere to put before you any ready scheme which should be inaugurated, by which the lot of the L. I. M.s and the science they advocate can be improved; to attempt the same is a futile undertaking, for it is impossible within the limited compass of a brief address, to exhaust the limits of your Psychology. I shall therefore touch first that fringe of the subject which is uppermost in your mind at the present moment viz. the question of *Service and pay*.

Truely analysed as the situation would demand at the present stage, in consideration of the strenuous study of five years at Madras, and the meritorious work turned out by the employed L. I. M.s it is necessary that the Government should have got the G. O. concerning the pay, amended long ago. If the authorities spend any thought, on the essential nature of the struggle which we are carrying on, they will realise that the strength of our struggle lies in its being waged for equality and justice

—commensurate with the services we render. The struggle has to be carried on till our demands are satisfied.

The earlier batches of L. I. M.s lived in times when great faith and greater sacrifices were demanded of those who chose to work for Indian medicine. Thanks—to the Local Bodies, for the encouragement given by them to the L. I.M.s in the matter of employment, which enabled them to prove their worth. The results obtained in the hands of this new set of employees is a sufficient apology or making an apotheosis of L. I. M.s and the field for the activities of their services to the suffering humanity should be widened by opening In-Patient Hospitals in Indian Medicine, at the Taluq and District Head-quarters. India can be self-dependant not only in respect of food and clothing but also in medicine. As yet there is not even a single *In-patient Hospital of Indian medicine* in the Presidency, though time and again the necessity for the same has been given expressions to in the previous Conferences. We should renew the request this year also with hopes of better attention in the hands of the Government.

We would also lay stress upon the *opening of the Central stores of Indian Medicine*, which can erradicate many of the existing evils in the tender system of Medicine supply to the dispensaries in Indian Medicine. By such a store the standard of quality of the medicine can be kept up, on a more economical basis.

Next in importance is the question of *fecilities to L. I. Ms. also, in the research department* at the Government Indian Medical School, by increasing the number of beds in all the wards of the Hospital connected to the School. This will raise the quality of its Alumni, whose sole duty would be an increasing search for scientific interpretations of the old texts and the pursuit of learning for its own sake. A medical institution is not worth its name, if it does not provide for research of the highest order in diverse branches of medicine, and if it does not produce its own band of discoverers and conquerors of new realms of thought, who will help to raise the scientific level and can contribute to the world medicine.

Though the recognition and Privileges have already been given by getting passed the *Indian Medical Practitioner's Registration G. O.* the disadvantages felt by the L. I. M.s by the difference caused, by not being registered under the Madras Medical Registration Act of 1914, is a matter of serious consideration. It is high time for the authorities to clear away this disadvantage. Of course, we are sure, the authorities are contempla-

ting some steps to bridge this serious gulf and we have no doubt that, orders soon will be issued.

Next the paramount importance lies in, the *well-equipped institutions in Indian medicine*, that could impart both theoritical and practical knowledge to its Alumni in all the branches of the medicine (Viz. medical, surgical, obstetrical, and medico-legal) which are the urgent need of the day. Soundly educated Indian Medical Practitioners with thorough knowledge of the basic principles of the western school should be available in abundance to popularise Indian Medicine.

We feel certain, that if our demands could be purchased as the favours of certain ancient divinities could be, by the blood and sacrifice of a few of us, most of us would not hesitate to be included in the roll of honour. But unfortunately, we are not living in the days of speedy and miraculous bargains, depending on the favours or frowns, ill or well-purchased, of malevolent or beneficient dieties. Modern struggles have to be carried on in extremely prosaic surroundings. It is a patent and long drawn struggle, where the resultant victory is achieved, not by a single, rapid, or glorious act of self-immolation performed in public sight but by long continued process of daily endeavour, silently undertaken and humbly performed in the environment of our dispensaries, laboratories, and hospitals. It is this unfortunate circumstance that makes the struggle so difficult. The enthusiasm of the moment worked upto white heat, has to be distributed over patient years of daily and humble endeavour, and as Gods usually do not descend amongst men, in the present age, we have to rely on purely human dissolves, with their characteristic frailty and uncertainty. We are on the eve of great reforms and let us hope of better future.

Many of us have obersved recently some merciless criticisms concerning the method of instructions imparted at the Government Indian Medical School, Madras, on one hand, and about the inconsistancy of the Indian system of medicine on the other hand. In the words of the revered Principal these people of the two schools of thought are classified as:— "some there be who tell us that Indian medicine is unscientific in theory and quackery in practice, that it is urgently necessary to end this obsolete system, so that western medicine which is the only thing that deserves to live may grow and flourish mightily and that, having regard to the recent events, it is also necessary that safeguards should be provided in the coming changes against the resustication of systems

that should have been ended long ago."

"Others there are, who would argue that there is nothing so perfect as Indian medicine which is the only thing that deserves to live, that there is no need to look at any other, and that what is urgently necessary is to safe-guard its purity by keeping it free from any contact with the Western system."

To answer this school of thought the suggestion of combining east and west, expressed by no less a person than Mahamahopadhyaya Kaviraj Gananathsen, Saraswati, M. A. L. M. & S., of Calcutta should be borne in mind.

"We must congratulate ourselves that a reniasance has now come. We must look back upon our past. We can regain much of our last glory and add to it the lustre and polish of the west. We must not forget that contact with the west and the application of scientific methods to our present day Indian medicine will certainly enhance its value and raise its status in the eyes of the whole world. No doubt we aught to keep up our individuality. But we must not suture new methods and move in the old grooves." Shall we make this science of healing glorious by combination or shall we turn this fair science of Asoka's dream, into a pandimonium of strife and bitterness? The solution lies with those who clearly see the purpose of this combination in the divine will, and are prepared to work as its humble instruments; where will our place be in grooping? Will you side with the forces of strife and hatred; or will you act the ministrial striking a melody which the east and west combine to hormonise?

To answer the former school of thought, I would like to quote the words of Dr. George Clarke M.A., M.D., the world renowned American Physician:—

"As I go over each fasciculous of "*Charaka*" I always arrive at one conclusion and that is this. If the physicians of the present day would drop from the pharmacopea, all the modern drugs and chemicals and treat their patients according to the method of "Charaka" there would be less work for the under-takers and fewer chronic invalids in the world.—"

Generally the notions of the critics of Indian medicine are very coloured with ignorance and prejudice. We have to supply the corrective and by our success in the field of research, show that Indian medicine can contribute much to the science-Building. This would soon alter the attitude of the two schools of thought towards each other. In heaven's dispensation, they have been thrown together to work out a common destiny. To whichever system of

medicine we may belong it is after all the public who are the final arbitors to decide which system deserves to be supported.

My advise is not to look for state aid only, for improving our lot, but to tap all the resourcers possible. I am sure there will be a sufficient number of philonthraphists and charitable rich men, who will willingly contribute the necessary funds for the establishments of *Hospitals of Indian medicine*, which is the system best suited for the sons and daughters of the soil. We can afford to take a lesson from the splendid achievements in different parts of India of the many distinguished missioneries and various missionary societies in this direction.

Medical profession will be a futile endeavour if it is not properly associated with the development of *Sanitation and preventive methods.* To meet this end in view we have to come to our path so as to win the co-operation and confidence of the public. I therefore urge the utilising of all the opportunities of social service. Much useful work can be done by arranging magic lantern shows, distribution of pamphlets, and organising Health centres on the lines of Indian Medical System. Perhaps some of us may dislike social service as being too tame for us. But I may have to confess that to obtain the public support, it is peremptorily necessary to attempt and achieve small ends in early life, and with the aid of these, we could succeed on the main issues.

Apart form these, I wish to place before you, a few words in connection with our L. I. M. Association. I hope our L. I. M. brothers do realise that union is strength. We L.I.M.s must unite into a compound mass and make ourselves stronger. The L.I.M. Association wants every help an L.I.M. can give it. The District Associations should first cultivate unity among themselves, get into closer touch with the central association and widen their activities in all matters concerning our future.

I plead with all earnestness that in whatever spheres we may work, our banner shall be a symbol of untiy, knowledge and service. Let us remember at every step that we exist not primarily for our own sake, but for adding our individual contributions, however humble, to the advancement of scientific prosperity. Let us learn to identify ourselves wholeheartedly with the cause of the suffering millions of our countrymen. Fortifid by a supreme belief that the cause of Indian Medicine, is just and legitimate and that India has an ennobling message to give to the rest of humanity, let us equip ourselves truely and well and march collectively and courageously towards our cherished goal.

Dr. D. S. Ramachandra Rao, M.A., M.D., (Edin.) the president then delivered the Presidential Address. The following are the extracts from his Presidential Address.

Ladies and Gentlemen, and
Delegates to the Conference,

Comrades! in the art of healing, you will pardon my looking back a little to the past. I have been somehow associated with the system of Indian Medicine for over a quarter of a century. When I first settled down in Madras some thirty years ago, I came into close contact with an enthusiastic Ayurvedic practioner who hailed from Andhradesa. He was well known all over the country, and I believe he is still remembered with much gratitude by many whom he tried to help in every way he could. He was Pandit D. Gopalacharlu of Madras. His great hobby was to revive Ayurveda, and make it modern and up-to-date. I was associated with him in examining the students trained in his school, and was in a small way responsible to see that the study of Ayurveda proceeded on modern lines. I may say that Pandit D. Gopalachary was a pioneer in making Ayurveda popular and scientific from the present day stand-point. It must be owned that in later years the late Raja of Panagal developed the idea of resuscitating the Indian system of medicine, established the School of Indian Medicine, and made the Govt. recognise the diplomas confered by that institution. So we are now on the way towards the goal, and it is left to us to take full advantage of the opportunities offered to us.

It is a pity that the study of Indian Medicine has long been neglected. Indian Medicine has long been considered as a relic of ancient superstition and quackery. No decent man is expected to have anything to do with it. Yet it cannot be denied that the great mass of the people of this country patronise it in an indiscriminate manner. By far the great majority of the inhabitants of this land must have passed through the hands of the Vaidya or Hakim at one stage of their life or other. Ordinary remedies for common ailments, and nervine tonics are to be found in every decent home all over the country. Often enough even the so called educated people resort to the Western System of Medicine only after their own family doctors have failed. It is also widely believed, with reason too, that some of the Indian remedies are very potent, and that they should be tried before foreign drugs or remedies are tried. The public have no doubt the right to demand what they want, and the demand should be met by all progressive states.

Unfortunately Indian Medicine has been associated with imposters and quackery. The name of quacks is legion in this country. How to distinguish them from the trained vaidya or hakim is the problem. Of course institutions of the kind established in Madras is an honest attempt to solve it. But it has as yet touched only the fringe of the problem. The School of Indian Medicine has only recently been established and we should not expect too much from it. But it has done very good work already, and it is gratifying that the first group of students trained there have been a success.

Friends, let me draw your attention to the fact that the system of Indian Medicine should not be content with mere medication to cure disease. The attempt to remove the offending part from the body,known as surgery, should be attempted in a bold and progressive spirit. We should not remain content with quoting authorities from ancient books, but should try them in our work-a-day world and find out for ourselves whether they suit the needs of the day or not. We shall lag behind other countries in the the methods of cure if we do nôt adopt surgery in our study of Indian Medicine. The surgery of our ancients should be modernised; otherwise we fail.

Now let us turn to some of the most important questions that concern us all as medical practitioners. During the last decade or two the universities and colleges of India have been turning out graduates and licentiates by the score particularly in our part of the country, the rural practitioners scheme by the Government has provided medical aid in the remotest corners of the presidency, and a crying need has been met. But there is a continuous stream of medical men and women entering the field of private practice, and the profession is getting overcrowded. The quacks snatch away the most paying part of the private practice, and what is left over is hardly sufficient to make both ends meet, so far as the average skilled and trained practioner is concerned. The private practitioner is expected to keep up appearences and also to scrupulously regard medical etiquette. He is often overworked and underpaid, and driven to the margin of starvation. Very few long-standing practitioners in towns and villages have a banking account that they could rely on, on a rainy day. To compete with the quack is not an easy matter in a poor and illeterate country like ours. Then there is the other competitor who is more formidable than the quack. He is the doctor in state service. He gets a decent salary, picks up the technique which the

hospital affords, and competes in the open market with the private practitioners on unequal terms.

Of course the public has the right to make use of the skill obtained in the hospitals. More, efficiency needs recognition. But, all the same the private practitioner goes to the wall in the unfair competition with his more favourably placed comrade in the art of healing. Something should be done to save the private practitioner before it is too late, I mean to save him not only from the quack but also from his rival who has the aid of the state institution. I admit that it is not easy to solve the problem once for all. But an honest attempt should be made to look facts in the face, and meet the situation taking courage in both hands. The plight of the private practitioner would be much worse in another decade if the present inflow of graduates is not stopped.

The state should step in to help the private practitioner, else the only course left open is to have the educational institutions closed down as soon as possible. There is no meaning in turning out graduates by the hundreds and leave them to the tender mercies of the quacks and the hospital staff. The 'panel system' has been a success in England and Germany. It has helped the industrial labourer, as well as found work to many a medical practitioner. The state subsidises the doctor for looking after the works by paying a small annual fee per head. In our municipalities, industrial areas, and even in towns with stationary population the local authorities might undertake to remunerate the private practitioner for treating the men and women who go on his panel. A couple of rupees per head of the population per annum would bring the doctor a decent income while the public would be assured of skilled medical and surgical aid all round the year. Of course the people will be allowed to choose their own doctor. The state, too, might recoup its expenditure by compelling those who go on the panel to pay a portion of the fee paid to the doctor. I need not go into the details here now, but something of that sort should be done to help the private practitioner, particularly for the first few years of his career. Even the labourer in the field of the cure of disease is worthy of his hire, and the sooner is the medical profession made to be self-sufficient and self-respecting from the economic point of view the better would it be to all parties concerned.

Again self-help is the best help even to the medical profession. In all spheres of life we have now learnt that co-operation pays better than competition. So long as medical men

and women can stand together they can solve their problems. Unity is strength. It is gratifying that there are medical associations all over the country. Their purpose has hitherto been professional, academic and social. Time has come for them to include the economic aspects also amidst their activities. They should protect their members from the ravages of disease and death. They should be able to devise means by which the disabled members could make both ends meet for the time being, and also provide for the family in case of death. There are many medical men who are in dire poverty today, but they are too respectable to beg; there are families, too, who have been reduced to starvation by the death of the practitioner. The medical associations all over the country should undertake to do something in the line of social insurance for their members. Small annual contributions from the members to further this object together with grants from the state might help to launch out a scheme with a fair prospect of success.

The medical profession should ceaselessly insist on its being protected from the quack and the impostore. The public too needs to be protected from them. But nobody seems to be in earnest to tackle the problem. There are, no doubt, difficulties in the way. Public opinion is slow to be educated in this respect. If there be organised, systematic, continuous agitation by the medical profession all over the country, I am sure, the state would be compelled to interfere and set things right. If the quack has the right to live and impose on others, the medical man, too, has the right to live and get opportunities to utilise his skill. There are quacks all over the world, but the medical profession knows how to safeguard its interests. We can, at all events, prevent quacks' trade on the credulity of the people under the guise of qualified men. The state ought to prevent their calling themselves 'doctors'. The state ought to penalise when quacks use poisons with injurious effects to patients. Quacks ought to be prosecuted by the state for performing operations with dire consequences to their victims. Quacks should be made to feel that they cannot play with the lives of human beings in a reckless and unwarrented manner. They should be made to realise that human life is sacred, and that they should not mar its sanctity by careless and thoughtless interference. Recklessness should be penalised even in the art of healing. When the quack is made to realise his position, perhaps, the medical practitioner will be able to lift up his head with self-confidence. Half the battle would have been won for him.

The village is the problem of the day. How to make it self-supporting economically is engaging the attention of some of the leaders of the country now. But the sanitary problem has not created much enthusiasm as yet. The insanitary conditions that obtain today in India are a reproach to our national selfrespect and dignity. We, as a nation have not, as yet, developed what I would like to term a '*sanitary conscience*.' Our educated men and women are not better than their less favoured brothers and sisters in sanitary notions and habits. Very little is being done tor each sanitary principles either at school or college, much less at home. Sanitation, modern and throughgoing sanitation, is the need of India today. The state ought to realise that sanitary efficiency is as important as military efficiency for the wellbeing of our country. There should be no niggardness with regard to the policy to be followed to improve the sanitation of our motherland.

The village should be reorganised on a sanitary basis if the health of the nation is to be improved. Our death-rate is appalling, and our disease index is one of the highest in the world. Modern sanitary ideas have not touched even the fringe of the nation. We must tackle the village, should we desire a nation-wide result. The sanitary problem could be successfully tackled only by men who have been trained in modern sanitary ideas. The village sanitation problem could find work for thousands of medical men for the next generation or two. The state should make use of the material available, I mean the qualified men and women, and make each one of them responsible for the sanitary development of one or a group of villages. It helps the nation and the medical profession.

There is one thing that I want to bring before you for your consideration. There are many drugs that people play with, regardless of their deleterious effects. For instance, calomel is used in large doses in some parts of Andhradesa for pregnant women. Many lives are being lost or endangered by the reckless use of that drug. That is by no means the only drug that has escaped insertion in the list of the Poison Act. It is our duty as members of the medical profession to agitate till these drugs are out of the reach of ordinary people.

Friends, I have come nearly to the end of my say this afternoon. I am a great believer in conferences of the kind I have to preside over today. I trust that this conference tends to bring us together, and make us look at things from different angles. Where we cannot agree, let us agree to differ with good grace. Unless we

trust one another, and co-operate with one another we cannot get on professionally. Great professional success depends not only on efficiency, but also on the capacity to co-operate with others. The doctor who wishes to be a success in the long run, should be scrupulous about medical etiquette. Hate and suspicion beget hate and suspicion: trust and love beget trust and love. We reap what we sow. Let us learn to trust and co-operate, for co-operation is more potent than competition.

It may not be possible for most of us to take much money in our profession. Some of us may not have very large practices. It may not fall to the lot of most of us to contribute something original to the sum total of human thought in our life time. But let us remember that we ought to be faithful in small things. Human life is made of small things. Human beings are more than human bodies. They have minds; they have spirits. A doctor cannot make much progress if he deals only with the bodies. He should attempet to treat the whole entity involved in the human being. It is not given to us to lengthen span the of human life. But we can soothe the pillow of pain, put in a word to brace up the mind and gently lift drooping spirits to see the higher realities of life. If we do that truely and honestly, who can say that we have failed in our prefession, or that we have not been a success? In that wide and all comprehensive definition of the term I wish you success in your profession, every one of you here present. I wish the confernce every success. With God's blessling let us do our bit to make our country less unhealthy and our countrymen and country-women more robust and cheerful.

I wish you all goodluck and God-speed!

ANTIQUITY OF VENEREAL DISEASE IN INDIA.

PHIRANGAM (SYPHILIS)

V. NARAYANASWAMI, L.I.M.

Introduction

In the modern civilization with all its advantages like increased commerce, quicker ways of transport and a large floating population in all important cities and ports, one should not fail to note its disadvantages also like increase of communicable and contagious diseases, spread of epidemics, love of luxury and such other things. As a consequence amongst various other diseases, Phirangam (Syphilis) also has spread all over the world. It is one of the dire diseases which is insidious in its onset and indirect in its killing. Itis reported that it is the third in the killing list (Osler.) If one understands the mental and physical breakdown that it causes to the victim before finally ending the scene by deaths one would realize the importance of its study. It is also reported that 1 in 5 suffer from syphilis and the number of people suffering from Pooyameha (Gonorrhoea) is five times as much. One tenth of the population in the cities suffer from this disease. That is why in enlightened nations both medical and lay men join together to combat against the spread of these diseases. As the incidence of Syphilis is 90% by actual contact, it is easier to prevent it than try to cure it after its onset.

Its origin in Western Countries

It is said in books on venerealogy written by western authors that the disease had come to Europe from Haiti Island when Columbus returned with his men from that land. It was generally believed that it was a disease peculiar to Red Indians of America and the spread in Europe was in the 15th century though the other venereal disease Gonorrhoea was mentioned by Galen 181—201 A. D. Of late there is extensive study of the disease after Ehrlic has found the specific organisim that is the cause of the disease and the literature too has become extensive. The public in western countries have become aware of the seriousness of the disease and a large number of educated men are in possession of the literature. The British Social Hygiene League is doing very good work in this connection.

Its position in India

It will be benificical for the study of this disease in India, to have a knowledge of the antiquity of the

Hindu Medicine. There are two ancient text books of medicine one commonly called Charaka Samhita and the other Sushruta Samhita. The former deals more in medical diseases and the latter in surgical diseases. Charaka Samhita is supposed to be the earlier of the two. The book was written by Agnivesha and later on it was re-dacted by Charaka. The present book is again re-dacted by one Drida bala, Earlier than the Sixth Century B. C. is the date that is ascribed to it. There is no mention of any venercal disease in this book in any of the recent recensions.

The other book equally important and which is devoted more to the surgical diseases is Sushruta Samhita. This book is written later than Charaka Samhita, that is later than Sixth Century B. C. In this book there are certain diseases described of the male genital organ due to impure contact. I will deal later in detail with this portion.

In the second century A. D. another book was written. This was written by Vagbhata, mostly following the above two books and with very little of originality. But as a text book of medicine, in the arrangement and exposition in a concise way it is a brilliant contribution, the like of which was neither written previous to it nor afterwards. In this book too there is mention of certain diseases which are peculiar to the genital organs.

Considering from these three books there is no specific mention of the disease Phirangam or Syphilis. So it is just possible that the disease was not present in ancient India or at least the disease was not rampant as it is today to attract the attention of the ancient medical authorities.

For the first time the disease is mentioned in a book named Bhavaprakasa written in the 16th Century A. D. by one Bhavamisra. There were number of treatises written on medicine between the Second Century A. D. and 16th Century like Chakradatta Samhita, Sarangadhara Samhita etc., wherein no specific mention has been made. So it is to be infered thatthe disease Phirangaroga bas attracted the attention of Bhavamisra inthe 16th century, for the disease might not have been included under any other disease mentioned by ancient authors. If the inference is correct, then the theory that the disease should have been brought to India in the middle of the 14th century when Vasco de gama came to India and when the Portugeese occupied some of the ports of India. And by the time Bhavamisra began to write his book this disease should have been spread sufficiently widely so as to treat the disease under seperate heading and not to have included it under diseases of the genital organs. So also he hasdealt with certain other diseases like Pleehavriddhi enlargement and spleen apart from including Pleehadoram under Udaram chapter.

If we come to the conclusion that thedisease came into prominence only in the 14th century and, not before it, and it was brought only by the Portugeese traders and other foreign invaders, we might also subscribe to the view that the disease should have come to Europe only after Columbus had brought it from Hiati. India was invaded by various foriegners starting from Alexander the Great, Moghuls, and Europeans, yet the disease was not prominently noticed. However, it should be remembered that during the period of Moghul rule in India there were no outstanding medical publications produced and we do not know whether the disease as found by Bhavamisra was present or not. Granting that the country was relatively free we will have to know how the disease was not prevalant in Ancient India so that if possible we might also adopt those methods now.

Among the causes that are attributed to the spread of the disease the most important is the promiscuity of sex relations. Various legislations and rules were present in ancient India which prevented the spread of these diseases. One of those things is Superintendent of prostitutes Ganikadhyaksha—(Kautalya's Artha Shastra Book 2ch.27) When the prostitutes were seggregated and brought under control of the state supervision the spread of the disease is less. I am not writting this from the moral and social point of view but only from the medical point. However much one may try to erradicate the social evil of professional prostitution it would continue to exist as man and woman live, and sex a biological necessity. One can penalise professional prostitution as in England but the amateur prostitutes are a greater evil. And one cannot prevent amateur prostitution by law. So according to Kautilya's Artha Shastra there were Superintendants of prostitutes and there were periodical inspections of them regarding their health and to collect fees from them.

Knowledge of the social life of the Hindus at that time would also be of use to us to see how these diseases were not prevalent at that time. Marriage was usually early. When I say early I don't mean the child marriages. Every man of education and culture was allowed to marry and was usually married at the age of twenty five. The age of the woman was usually above sixteen. When Sushruta says " marry a person aged twenty five to a girl of twelve," he means only the enagement.

(To be continued.)

CHAPTER 2*

THE ART OF HEALING AS THE CRAFT OF THE PRIEST

BY

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However, it is evident from many of the recent researches that the primitive people all over the globe had more or less exactly the same myths, beliefs and superstitions. To them Sun, Moon, Stars etc. are the external manifestations of God. They believed that the souls of their departed relatives and enemies played an important part in the origination of disease, consquent upon which they regarded that health and disease were under the control of such superhuman beings as the devils, demons and spirits. Particularly diseases were considered as the mischief of devils or in themselves (diseases) were devils taking possession of physical body temporarily.

As ages advanced and new diseases made their appearance, their origin was attributed to new devils and as such with the advance of time, the number of disease producing devils was multiplied to such an extent that one particular devil was attached to every disease and at times one devil to every particular symptom even. Even the ancient Aryans believed in the agency of some supernatural beings in the causation of certain diseases. By the humiliation of the superhuman agencies as the Dieties, the Rishis, the Gandharvas, the Pisachas, the Yakshas, the Rakshasas, the Pitrues etc., they believed that insanity of the accidental variety was caused. They attributed certain diseases that are peculiar to childhood to some of the superhuman agencies that go by the common name of grahas as Bala graha, Skanda graha, Visakha graha, Mesha graha etc.

It will not be uninteresting to point out in connection with this kind of demonlore regarding some of the ancient civilised nations. The ancient Chinese believed that nightmares were caused by "the fox ghost" abdominal pains by the "house Gods." The devil that was responsible for neuralgia they believed used an iron band which it pierces on one's head producing a terrible

* Being the second chapter in "The Primitive seeds of the Healing Art" published in the July 1936 issue of this Journal.

pain. They thought the fever Malaria was caused by the combined action of three individual devils, one carrying a bucket of cold water to give the chills and another carrying a stone to set up the fire (temperature) and the third carrying a hammer to knock the head of the patient to produce headache. The ancient Tentons also believed that the demons appear in this world actually under the various aspects of diseases and possessed a large catalogue of the names of the same. There were to them *demons of contact* that cause erysipelas *strolling demons* that produce mental derangements and so on. They had demons of gout, and also those of *biting, pinching, binding, griping,* etc. a detailed description of which will form a volume in itself.

People of ancient Mesopotomia also shared in the belief, that disease was largely of demonic origin, along with their brother nations and used to set up at the gates or used to bury beneath the thresholds of their dwelling Demonic figures with the hope of frightening and driving away the sickness causing devils.

It was during these days when such superstitious beliefs reigned supreme over other things regarding the origin of disease that witch doctors, faith healers, nature curers, and many other such types of magic doctors appeared professing to cure ailments by all sorts of miraculous devices as a result of which the priest craft and superstitious beliefs had pierced and spread their roots so deeply in the hearts of the people that not a single step could be made in the west in the advance of medical science on rational basis until the time of Hippocrates.

Diseases being chiefly of demonic origin, the men of most remote ages thought only the priests could combat with them and so much so that the medical profession was entirely in the hands of the priests and it would so seem that in almost all the earliest civilised countries that the priest and the physician were closely associated or more often identical (i.e.) a priest was a physician and a physician was a priest who generally being endowed with some divine attributes was later on ranked among the Gods. So much so never we find in the ancient days medicine being divorced from religion. Astrology also to a greater extent gradually found its ways into the domain of Healing and predictions were pronounced according to the movements of stars that guided the destiny of the patient As a twin to Astrology, the science of omens also crept into Healing as an aid from good and bad omens, prognosis was informed. On special occassions, in addition to astrology and omens, oracular consultation was resorted to and in histories we

find instances of kings as well as people consulting the famous Delphic oracles. Still to this day we find in India, people consulting professional oricular tellers, who generally belong to a wandering class of people like the gypsies of the west. When in troubles as sickness etc. the livelihood of this kind of medico—priests chiefly depended upon the alter of the temple as well as on the annexed medical shop consisting of some crude and emperical medicines. These priest doctors not only devoting their time and temples to the service of Gods to whom they were dedicated, but also kept alight the lamp of medical knowledge by equally devoting their time and temples to medical learning and the healing of the sick under their care. Thus it would be seen that these temples were not merely places of barren worship but places of health resorts which later on became the prototypes of hospitals and schools of medicines.

In most cities, temples of this nature were erected mostly in places consisting of fine air, enchanting scenery and pure water often with a medical spring close by. In Greece and her colonies temples of this kind existed in abundance in Athens, Cos, etc. The temple of Isis at Phitae in Egypt and of Aesculapius at the above two places were among the most such famous medico-religious institutions in the west. The famous Hipporcretes, the father of medicine in the west belongs to the temple of Cos and the celebrated Galen belonged to Pergamus a town in Asia Minor wherein was also situated a temple of Aesculapias. Dhanvantari, the medical incarnation of God preached the doctrines of his surgery in Kasi, the modern Benares. In Mediaeval India, the temple of Somanath was one of the such famous medical temples as the people believed that the Linga of Somanath would cure persons of every inveterate illness and heal every desperate and incurable disease. To this day so is the beliefs of the Hindus with the most celebrated temple of * Sri Venkateswara situated in the seven hills of Sri Tirumalai (Tirupati) in South India where devotees go in streams with their owes and homages to pay the idol. The temples at Banares, Tarakeswar etc., in Northern India and those of Tirukalukundram, Rameswaram etc., and many other sacred places are some of the similar temples in the present days where patients go in numbers to obtain relief from diseases which have been found unyielding to treatment.

In most instances these temples having been constructed on hills and by the side of rivers and in forests

* In these temples priests have nothing to do with medicine.

possessed the best climate and hygienic advantages and as such were naturally conducive to health. Above all these physical environments, the priests by their grand and glorious enchantments captivated the senses of the patients and it is generally alleged that the priests practised mesmerism as a means.

Imagining the origin of diseases from this kind of theological view, they believed that they could only be cured when the intruders (devils) could be evicted from the physical body and as the result of their attempts the practice of Anti-demonic Healing (Bhuta Vidya) gradually came into existance flourishing even to this day, which essentially is an art of magic containing in some whispering and spoken words from some ancient religious texts now and then with shouts at intervals. Sometimes these words were written on the bark of wood or on the body of the patient himself and also on bits of papers which were kept in small metal cylinders to be worn by the patient.

Prayers were prescribed as a means of cure and the following is one of such of the Babylonian prayers for consumption "Wicked consumption, villianous consumption, consumption which never leaves a man, consumption which cannot be driven away, consumption which cannot be induced to leave, bad consumption in the name of Heaven be placated, in the name of Earth I conjure thee." We find such spells for swellings, for fractures and dislocations which had to be uttered while massaging the parts and also birth spells to be uttered at the time of labour to bring the child hale into this world. The ancient Aryans also, when ordinary medical means failed to cure a praticular disease, believed that it was the result of his wicked deeds in his prior existance (Karma) and as such it could not be cured by ordinary medical means except by religious ceremonies and therefore as a last chance of cure prescribed penances, prayers, as chanting the thousand names of Vishnu and similar Gods and the distribution of gifts to the Brahmins and the like superstitious rites. Indeed, the Vedas and the other religious texts of the Aryans are vast, a mine of such prayers and rites. Garudapurana devotes a full chapter which gives an interesting account of the manifestation of sins committed in the previous birth. It says that one who murders a brahmin becomes a consumptive in the next-birth and that one who murders a virgin a leper and that one who insults his master out of pride, an epileptic and that who despises the vedas, a jaundiced etc. Brahamapurana also gives a series of such sins and their manifestations in the form of diseases etc.

On votive tablets, particularly in the temples of Æsculapius were inscribed the miraculous cures that were obtained by resorting to those temples and votive offerings made of gold and other costly metals in the shape of limbs as hands, legs etc., when the patients obtained any relief from distressing troubles those affected limbs were exhibited in the halls of the temples, about which the priests narrated their histories in an exaggerated style to excite the enthusiasm and instil faith in the hearts of the incoming patients. Still we find the custom of of native offerings in the shapes of limbs made of gold etc., in India often offered to the Goddess Kali and Sree Venkateswara.

In Greek temples *temple sleep* was practised as people harboured some faith in the supernatural origin of dreams as also in Egyptian temples. Therefore to some extent the dreams, in the treatment of diseases, played a considerable part in the West as well as in East. Usually, the patients had to bathe in the sacred waters close to the temple and pass through some religious rites. After observing fasting on that day had to lie in front of the idol prostrating on the ground and pray for the mercy of the God when after some time and at times after some days, in dreams they felt as if God had directly put medcinces in their hands or directed them to go to a particular place or perform certain religious ceremony. The imaginations of the patients exalted primarily by all such imposing ceremonies naturally tended them to sleep and get dreams. As some of the sedatives like opium, hemlock etc. were known to the ancient doctors i.e., medico priests, it was also probable that they might have been used to bring-forth sleep upon those who could not get sleep even after passing through all the above mentioned imposing rites as bathing etc. Still we, in India, find the custom of lying prostrate generally with wet cloths in the temple of Sree Hanuman and also going circuit round the same for a specific number of times chanting his various names etc. In some times dreams were sent to the priests instead of the patients which were interpreted to them latter by the former. Strange to say that tamed snakes were employed in the production of visions during sleep and also in curing ulcers etc. In the valley in which the temple of Æsculapius was built, there were to be found in Greece large quantities of non-poisonous snakes which were tranced by the priests to pick wounds and sores with their tongues. More strange it will be to know that the fame of these serpents spread so wide that about 300 B. C. when Rome was devastated by the ravages

of Plague, the Romans sent to Greece for one of these serpents when on its arrival, the plague immediately disappeared.

At times, in order to appease the Gods for the life of one man, they used to give the life of some other animal in exchange and the tribal priests used to design now and then bloody sacrifices to protect the whole tribe in general from the invasion of the disease demons when they used to assault the whole tribe.

In Australia it is the practice of the medicine men (magic doctors) to suck out the evil spirit from the body of the patient for which he projects the invisible magic crystals into the patients body and after massaging for some time over the place he sucks the devil through them.

Along with these kinds of hygienic and suggestive measures, the medico priests resorted to purgatives, anointments, and even blood-letting. People believed that in temple sleep, cures were directly divine sent and the priests according to circumtances who probably might have been keeping themselves informed of the private concerns of the patients skillfully interpreted their dreams. Unclean and impure men and also pregnant women were forbidden to enter the sacred precincts and every one had to undergo the process of purification by bathing etc. before he was taken to the shrine. Successful cures were always attributed to the credit of the shrine and all failures to the misbehaviour and impiety of the patient.

It is true, as found from the histories of diseases written by some of those temple medicinemen that those temples beyond doubt created suitable opportunities of examining patients and of experimenting some methods of cure and their results. Russel in his History and Heroes of the Art of Medicine observes that the histories of the cases were recorded in three different styles; some were upon votive tablets, others were formal descriptions by literary visitors and the third were drawn up by the physicians themselves. The description of some of the cures and the methods employed for them were engraved in many temples on the pillars and at times on votive tablets of wood and stone which were hung up on posts and pillars within the premises of the temple. The patient that was cured was bound to reimburse the priets and the God. It is so said that in Epidauros, once Æsculapius himself claimed the fee from a patient who was cured from his disease with the words "Thou-art healed, now pay the honorarium"

With the lapse of time, the religious features of these institutions fell away giving more and more place

for rational treatment than for the magical and particulary in the west by the influence of Hippocrates and the doctorism was seperated from the priesthood as new observations were made inculcating rational principles. Thus the art of Healing which flourished as a craft in the hands of the temple priests from the time of Hippocrates gradually transformed itself into a Science and thence began to put forth sprouts, the growth of which for long time formerly had been arrested by temple medical practice.

When even in modern times civilised men have faith in the poteney of religious relics in the cure of diseases intances of which are to be found in many famous Journals of medicine, there is nothing for us to be surprised to see people of very ancient times believing and resorting to such supertitious means of cure.

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GLEANINGS

THE TENDENCY OF THE MODERN MEDICAL PROGRESS.

SOME SELECT OPINIONS.

The following paragraphs are extracts from the pages of current medical journals. They have been selected just to impress the practitioners of Indian Medicine about the tendencies of modern medical progress which seem to bring the various 'systems' closer together. Every great writer deplores the confusion brought about by a mere accumulation of facts without a 'system' i.e. a rational procedure, for understanding them in their proper perspective. In other words, what is urgently needed at the present juncture of modern medicine is a 'synthesis' i.e. a correlation of all facts into an organic whole by which the pathology and therapeutics can be linked together in a common terminology akin to that of Ayurvedic vata, pitta and kapha etc., or unani rooh, safra, souda, khoon and balgam etc.

Robert Hutchison, B.M.J. January 9, 1937.— I sometimes wish, indeed, that there could be a sabbatical year in medicine during which all research and publication should cease, so that we might have leisure to sift the grain from the chaff and to consolidate the ground already won and plan out fresh advances; to get out of the trees, in short, and survey the wood as a whole. But that, I recognize, is merely a dream. The first impression that any survey of the present aspect of medical science must produce is one of confusion. An

immense amount of investigation into the causes and treatment of disease will be found going on, but too often it is ill conceived and ill directed, with the result that much so called "research" is a mere bearing of the air, a form of solemn trifling, wasteful alike of time and money. The confusion is reflected in medical publications, which have become excessive in number, and often so highly specialised that their very terminology is only to be understood by the initiated; full of facts and observations, but poor in ideas, in fertile hypotheses, and in helpful generalizations. We find the same disorder in the application of medical science to practice, for, in this country at least, our health services show a chaotic mixture of individualism and socialism, of commerce, charity and state aid. Now it may be admitted at once that much of this confusion is inevitable, for medical science is engaged in a constant fight with disease, and a battlefield is not the place to look for order. None the less, there might be more planning and direction of research; a reduction in the quantity and an improvement in the quality of medical literature, and some means of making it easier of access, as well as a better organization of the different services concerned with health.

So few, in fact, are the diseases we can really cure that one is tempted to believe that if all doctors went on strike for a year the effect on the death rate would be inappreciable. That is not to say, of course, the doctors are of no use, but only that they are of use in a different way from what the public imagines. In most cases of illness the doctor is really a mental poultice; he is a source of comfort, confidence, and consolation to the patient and his friends; but if he is honest with himself he will admit that the number of patients who would have died but for his attendence is lamentably small.

Since the beginning of the present century a change is gradually coming in the underlying doctrine of medicine as distinct from the science of it. Such a change although inconspicuous is important, for practice depends upon theory just as conduct depends upon one's philosophy of life. This reorientation of medical theory or perhaps to speak more accurately, this reversion, with modifications, to an older doctrine goes by the various names of Neo-Hippocratism, individual medicine, and constitutional medicine, of which the last is perhaps the best. This has been brought about by three factors which in order of their appearence are (1) the rise of biochemistry (2) the discovery of the endocrines (3) the striking advances in medical psychology, which we

owe mainly to the genius of Freud. Hence has arisen what is now often called constitutional medicine. The term 'constitution' being of the nature of abstraction, is difficult to define. We may regard it as the total make-up of the individual, physical and mental. Constitution in this sense is partly inborn, and so may be hereditary, although it must be remembered that every individual is really a new amalgam or experiment—and, in part, it is the effect of of environmental influences. Nor is it to be regarded as a static condition; rather is it a state of flux, which varies to some extent from day to day and even from hour to hour.

Constitution as thus defined has three aspects or components (1) The anatomical or morphological, the 'order of architecture' as it has been called, to which the individual body belongs. (2) The physiological or functional, the way in which the particular machine works. (3) The psychological, the intellectual and emotional peculiarities and reactions which he exhibits. These three components are closely interrelated and react upon one another so as to produce a trinity in unity, the chief integrating factors being the vegetative nervous system and the hormones acting through the blood.

The constitution doctrine is already influencing preventive medicine, although perhaps unconsciously. Physical training is directed to build up the anatomical side of physique of the individual, and improved nutrition aims at a more vigorous and harmonious working of the machine as a whole, while industrial psychology is beginning to throw light upon the stresses and strains to which the psychological aspect of the constitution is subjected under modern conditions. On the curative side of medicine this new doctrine will prevent the commonest fault of the prescriber—that of regarding all patients as alike. Man is not one, but "a diversity of creatures," and although all men may be born free they are certainly not all born equal, If this is so, it follows that there are few if any rules of health applicable to all individuals. We must remember the advice "know thyself"; in other words, everyone must learn to manage his own machine so as to keep it in running order. It is the essence, too, of the constitutional doctrine that it recognises that health is not a single static thing, but has many degrees and varies even from hour to hour. In the majority of persons it is true, the constitution is tolerably uniform and reasonably stable, but there are not a few in whom it departs so far from the mean in one or other of its aspects as to render the possessor of it liable to certain diseases. In other words it produces a diathesis.

In the matter of diagnosis constitutional medicine teaches us to look for syndromes rather than for cut and dried diseases, the aim being to find out what is wrong with the working of the constitutional machine in any of its parts. It should, therefore, be specially helpful in those cases in which no precise diagnosis can be made. As it is the essence of the doctrine to regard the body as one and indivisible, every part of which, through the integration of blood, the vegetative nervous system, and the hormones, influences every other, constitutional medicine naturally looks for remote causes for localised effects. The fruits of this view are being seen in the growing recognition given in recent years to local sepsis, as a cause of disease and in the introduction of thyroidectomy for auricular fibrillation—even when not primariy of toxic origin—as well as in the surgery of the sympathetic system. In the matter of early diagnosis, it points to chemical changes in the body fluids and to alterations in the functional efficiency of viscera as the most hopeful line of advance. In questions of treatment it has redirected attention to the importance of the blood, and this has led to a renewed interest in blood-letting, which had fallen too much into disuse, to a great development of transfusion, due to the use of new methods such as protein-shock. Last and most important of all, constitutional medicine bid us never forget that man has a mind as well as a body, and that every disease whether organic or not, has a psychological aspect. It might even be said with some truth that the greatest service which the constitutional doctrine has rendered to medicine in recent times is the emphasis which it lays upon the functional element in all diseases and upon the necessity for treating it.

Such is a very inadequate sketch of the doctrine which in all likelihood will chiefly influence the development of medicine in the immediate future. This outlook is salutary for we hear too much of the triumphs of medicine and too little of its failures; too much of the rosy prospects in store for it and too little of the difficulties to be over-come. It is surely better to face the facts without illusions, for "things are what they are and their consequences will be what they will be. Why, then, should we seek to be deceived?"

B. M. J. Jan. 9, 1937. We are living in an epoch of profound transformations which challenge the established order in which we have been brought up and even call in question matters which in our pride we had regarded as fixed and assured. These changes show the relativity of our points of view and our conceptions. The state of flux shows up in all

domains—economic, political, social, scientific, and philosophic. A revision of values, a readaptation, is demanded on all sides. At the end of the last century men put material things first; they looked at the things of life from the outside, ignoring often the human values. Now there is a growing sense of the needs of man and study of his reactions to his surroundings. It is not possible to separate the future of medicine from this new humanism.

Delore accepts Harvey Cushing's description of medicine as at cross roads. Medicine of the nineteenth century and even of to-day is predominantly, almost exclusively, analytical. This has occurred because all the auxiliary sciences in the training of the medical student are in essence analytical. The spirit of the laboratory has tended to support the clinical sense. Each problem is tackled as an entity. This method leads only to erudition, the accumulation of isolated facts; and the broad general principles, the science, and the plan are left in abeyance. Further, there is separation of man into mind and body, of man from his surroundings. The accumulated material is not subjected to the succeeding process of synthesis. Medicine should become more human, treating the whole man as one psycho-physical complex. The accurate knowledge of the first change in function, the real onset of the disease, leads to an earlier diagnosis in the preclinical stage. Thus preventive medicine must be for the individual not only preventive but abortive. In future use must be made of all the lessons of empiricism; even methods at present outside the pale of classical therapeutics are to be explored, and if found helpful brought into use. A synthesis which will advance the science of man should be brought about.

B. M. J. Jan. 9, 1937. According to a Chinese aphorism "The sum of the parts is not the whole." The right emphasis should not be, as at present most upon the causal factors and the localization or degree of morphological disturbance—the anatomical findings are merely the concluding documents in the pathological description of the course of the disease—but primarily upon the often insidiously beginning disturbance of function. Out of this disturbed function come later the formal reactions of structure. The modern physician can no longer divide diseased conditions into functional and organic. He must be aware of the psycho-physical disequilibrium in his patient. His mission must be to take equal amount of the need for his help called for by the subjective and objective aspects of the patient as a whole. The skilled physician must often

base his treatment on accumulated experience rather than upon exact knowledge. The shrewd doctor will strive to detect the early disturbances of function and correct them before they bring about changes of morbid anatomy.

John. A. Ryle. B.M.J. Nov. 28 1936. It has sometimes occurred to me to wonder with what criticism a man of scientifically judicial mind would head his list if called upon to scrutinize and report upon the daily work of doctors. Perhaps, we may safely assume that our method or lack of method in therapeutics would at least receive prominent censure. Even after allowances are made for difficulties under which we work, the rushed and frequently exhausting conditions of our lives, and the complexity and variability of our human material, we must confess that modern therapeutics in practice are still sadly lacking in system; that many of us are curiously uncritical and susceptible to the blandishments of the proprietary chemist; that we are pessimistic sometimes, but as hopeful often about the new remedy or operation as the untutored laity, and as slow almost to distinguish between "post" and "propter" in assessing the results of treatment.

Chronic diseases are of variable duration and have commonly a tendency to remission or slow natural recovery. As Gull said "Medicines do more good when there is a tendency to recovery without them. The remissions and recoveries give the upholders of the treatment their opportunities to "claim results". They are never true students of disease. But unless we study disease and its natural variations how can we ever accept that variations occurring during a treatment are due to it? Other debatable treatments are concerned with acute and alarming illnesses. Here anxiety and a disinclination to dispense with anything which "might do good" provide the common impulse to the employment of the remedy. What are the reasons, apart from the subtle virus of advertisement, which impel doctors to employ such doubtful and unproved remedies? They may do so in an anxious or troublesome case with a forlorn hope that this time "it may do good". They may do so from a vague urge "to do something active", when at the end of their resources, and for some reason a hypodermic injection has come to be regarded as a more positive action than the prescription of a potion or poultice. They even do so "because the patients demanded it". But surely these are all motives unworthy of our art.

Lancet Aug. 10, 1935. Pavlov's Address. The types of higher

nervous activity, their relations with the neuroses and psychoses, and the physiological mechanism of neurotic and psychotic symptoms, are clearly understood by a study of the conditioned reflexes. On the basis of certain experiments on dogs it was possible to distinguish four types of beings. According to the strength of the excitation processes the dogs could be divided into two groups, the weak and the strong. The strong could be further subdivided according to the relationship between their excitation and inhibition processes into the balanced and the unbalanced, and finally the strong balanced type could be divided according to the liveliness and liability of the nerve processes into the slow and the quick. Thus the four types were, the strong unbridled, the strong balanced and slow, the strong balanced and quick, and the weak. These corresponded to the four Greek temperaments, the choleric, the phlegmatic, the sanguine, and the melancholic. In order to explain the normal and the pathologicial conduct of man it was necessary to add to these types which were common to man and animal, special human types, the artistic, the thinking, and an intermediate type.

Lancet June 1, 1935. Nature recognises no water-tight compartments and yet presents so vast and complicated a structure that man's mind cannot compass its entirety. Pasteur said "There is only one way of seeing things rightly and that is seeing the whole of them," but specialism has become a necessity if knowledge is to increase. In no branch of applied science is this dilemma more evident than in medicine; we are continually faced with the danger that a pursuit of scientific truth may impair our sense of perspective, so that eventually we shall come to resemble the man who, knowing more and more about less and less, ended by knowing every thing about nothing. The moral is that pragmatism still has a claim and that the patient is greater than the disease.

Galen taught the indissoluble unity of mind and body, and to this extent we are urged to return to the spirit of the ancients. We are reminded that the temperamental constitution of man is a personal characteristic which determines not only his way of life but the course and prognosis of his diseases, and we are shown how in more recent times medicine has tried to materialise—and interpret in physical terms—something which is essentially psychological. It is the fusing of emotion and reason in balanced harmony that makes for vivid and creative life. The mere realisation that patients have important emotional reactions is valueless unless one can see how these reactions

sare "touched up" by circumstance as economic educational and industrial background the of patient's life. Prof. Greenwood says that people are unhappy in mind under the modern industrial systems. H. G. Wells says that the mass of mankind, halting in intellectual puerility, constitutes the greatest menace to civilisation. Dr. Crichton-Miller says that the ultimate stewardship of mental health lies with the individual himself. We need adult-minded, psychologically poised and intellectually courageous body of men and women. Medicine on its physical side can still be practised within four walls; but on its mental side—on the side that views the whole man as something greater than his symptoms —its boundaries are coextensive with life itself. Let us specialise by all means; let everyone contribute something detailed exact and necessarily limited to the pool of knowledge; but at all costs let us also maintain at a high level of general culture of those who practise medicine. A very high proportion of the sickness wastage results primarily from temperamental maladjustments and from the influence of modern life on minds which have no real insight into themselves.

B. M. J. November 17, 1934. The scope and methods of clinical science is a matter of the highest importance to all who have the future welfare of medicine at heart. Clinical science is nothing distinct from the science and art of medicine. Indeed it is very old. The science of Harvey was clinical science. So far from suggesting by this term anything distinct from medicine, it is to emphasize the necessity, not for a divorce or even a judicial separation between medicine and science, but their closer and more intimate union. Harvey fought for "science" against "no science" for accurate observation against vague tradition. Times have changed since his day. There is no longer a fight between "science" and "no science." Indeed, there is no longer a fight at all, but rather a matter of friendly adjustments among fellow scientists. During recent times medicine has availed itself so fruitfully and to so wide an extent of the help of the laboratory workers in the auxiliary sciences that the true position and the paramount importance of the clinician in medical research have been somewhat overshadowed, and are in danger of being overlooked. To-day the prayer of the clinician may well be "Save me from my friends."

It seems clear that if progress in this direction is to be made in the near future more whole time clinical posts must be available at our hospitals, to which young men of

highest scientific training will be prepared to devote their lives—posts in which clinical research can be carried on not only with every facility which science can supply, but freed from the drudgery of class and office routine, or the intermittent calls of private practice. Existing posts deal only with the margins of medicine, while the real centre lies at the bedside of the patient. In disease as in health "the proper study of mankind is man." While for the purpose of such study every available help that animal experiment and laboratory investigation can give must be made use of, it is the clinician and the clinician alone, who should be in control over every final conclusion regarding diagnosis and treatment.

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