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FUTURE OF MEDICINE IN INDIA.

BY

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Amidst the innumerable problems, political, social, economic and religio-political alias communal, which India has to solve and is attempting to solve, there is one problem, the problem of medicine in future India, which must be handled with tact, courage and considerable foresight. A great responsibility rests on the present generation of medical men to evolve a plan suitable to the peculiar conditions in which India stands, as regards the so-called different systems of medicine prevailing here. India is peculiar in that it has a rich heritage of its own, of a glorious past, in every sphere of human activity. It is not like the case of Africa, America or Australia, where the uncivilized and uncultured aborigines, met with practical annihilation on coming into contact with civilized races. India has changed, is changing and is going to change, but any amount of impact with other civilizations, can never shake it out of its deep foundations of a transcendental past. Of course, the recent centuries, including some centuries of the pre-Mussalman period, were comparatively a period of decline in medicine. But compared to the state of medical knowledge obtaining in contemporary European states, India was far ahead, even in its period of decay. No useful purpose will be served in trying to find out the causes of decay, but suffice it to say that the one important cause was the unquestioning faith in all the proven and unproven medical dogmas of the past and the undue glorification of everything that was past without regard to one's own observations and experiences. Even in Europe this unquestioning faith in Hippocrates and Galen, giants though they were, was responsible for so much delay in the discovery of the circulation of blood by Harvey, an event of outstanding importance, in that it is the veritable foundation of the modern scientific medicine.

Historical back-ground.

An unbiassed historian of the modern medical system, I refuse to call it allopathy or western system, must have to trace its origin in the ancient

civilizations of the world, India, Egypt and China. Of these Indian civilization is the oldest. Indian medicine did go out of India. The Mahomedans imbibed it, who in turn gave it to Europe. In Sir Walter Scott's "Talisman", it is mentioned that during the Crusades, King Richard I, the lion-hearted, was treated for fever by a Mahomedan adversary by an effervescing draught. During the recent centuries this system took a scientific turn, and has come back to India with the advent of European civilization in India. India has been sleeping all these centuries, and when it woke up, like the proverbial Rip Van Winckle, it sees a new kind of medical system foisted on it as the official system. It looks upon it as an adversary, trying to kill it outright, little knowing, that the modern system is a great great grand-child of its own, who has returned to India, to greet the grand-parent after tremendous experience in its sojourn in various continents. The present problem is how to reconcile the grand-parent represented by the ancient Indian system and the world-experienced rationalistic and inquisitive grand-child. The grand-child must know, that the venerable grand-parent has still some treasures kept safely and secretly which will be bequeathed to the grand-child, on proving its bonafides that it will utilise the treasures properly and if necessary polish it out of its rust. The grand-parent also must know, that the child is born of his own flesh and blood, that he has an open mind, and will not hesitate to improve the treasure, after studying it, classifying it and incorporating it into its own bank account. The grand-child is bound to be immensely richer, if it cares for the hidden treasures of the grand-parent.

It was a great pity, that "Ayurveda", the science of life, did not, in the recent centuries, proceed towards its realization of its logical goal. Otherwise, it would not have been left to Europe to put fresh scientific foundations so lately as the 19th century. India should have done it at least a thousand years ago and India and the world would have been the gainer. But it was not to be. Now that the modern system, though developed recently, has shown remarkable progress, based as it is on vital ancillary sciences, it behoves us all to enrich it in every possible way. I shall put this matter in another way. Supposing India had not given any quarter to any European power and had continued to the present day ruled by the successors of Aurangazib or Shivaji, can any of us say that the modern scientific system might not have come to India at all? Japan was never conquered by any European power but still it has thoroughly imbibed the modern scientific system and is paying the European countries in its own coin. Possibly without the European advent, India might have taken to the modern system a little later, but not never. As in the case of railways,

telegraphs, automobiles, aeroplanes, wireless, etc., India is bound to be modern with or without its European connexion two centuries ago. So, to accuse the modern system as a system foisted on India by a foreign nation down the throats of protesting Indians, is a ridiculous interpretation of an inevitability under modern conditions of international exchange of thoughts, ideas, culture and trade. If I am to judge the events of the future world, not the immediate future with its warring camps each small group calling itself a nation out to civilise the rest with its pet slogans and dogmas, but a future war-weary world, I should conceive it bound by common ideals, standards, culture and a greater civilization shorn of its war provoking rakshasas or demons. In that greater civilized world, I want India should play its part nobly and well.

Ancient Indian Systems suited to Indian Constitution?

There is a fallacious popular saying that the Indian ancient systems alone are suitable to Indian constitutions under all circumstances. Some of our political leaders also are victims of this fallacy and since our future destiny lies in the hands of our politicians, we must do propaganda to negative this fallacy. The human anatomy is the same everywhere and the human machine acts and reacts alike to external stimuli in identical manner. Drugs do not discriminate between black man, white man or yellow man. All drugs act equally and to the extent of their specificity on all constitutions. The organic materia medica has its replica in the leaves, roots, barks, and seeds of Ayurveda. The inorganic materia medica has its replica in the baspams and metallic preparations such as those of mercury, arsenic, copper etc., of Ayurveda and Siddha. The malted preparations have its counterpart in the lehyams and gulgandhs. The medicinal springs and baths of Western Europe have its equals in the hot springs in the neighbourhood of Babrinath and elsewhere. The system of massage has its well studied rival in the famous Malabar systems of Navarakizhi and Dhara. Fundamentally the systems are the same. The drugs are the same or very similar. The drugs of the modern pharmacopœia are not grown in England or France exclusively. All the drugs of the modern pharmacopœia can be grown in India, and when that happens, you cannot say they are Western drugs. They are as much Indian as any other Ayurvedic drug. Even powerful drugs like Digitalis, Belladona, Nux Vomica, etc., are grown in India and exported to the European continent. So there cannot be any quarrel as to the geographical habitat of the drugs. As a matter of fact India, though poor as a country, is rich in its drugs of any variety and there is great future for Indian drugs of every denomination in the future world market. So even if India were to

practise cent per cent modern system, it need not and should not depend for its drugs on any foreign country. Throughout the history of medicine, in al countries, empiricism did play the dominant part. Even to day, in the modern system, empiricism has its own place and we cannot do away with it altogether. Even mistakes become discoveries if we are able to judge the mistakes properly. The mighty experiences of our fore-fathers, in ancient India, fell into unworthy hands, who did not have the capacity to enrich it but who claimed finality for all the truths, half-truths and even mistakes of their fore-fathers. Hence our stagnation in the logical progress of the evolution of Ayurveda. At least we shall learn a valuable lesson by the ignorance and foolhardiness of our more immediate fore-fathers.

The Genesis of the Modern System.

Not long ago, medicine practised in the European countries was, as Ayurveda has been in India these centuries, as much empirical, dogma-ridden, and authoritarian. Even at the time when the East India Company set its foot on the Indian soil, the English system was, considering the present advances, very primitive and did not possess any outstanding merit over our Indian system. A text book of medicine, published one hundred years ago, in England, will make even a third year student, in a Medical College, look with contempt at the achievements and curious ideas of diseases which medical men entertained at that time. Most of the tremendous progress has been recorded within the last three-quarters of the century, and to this progress every nation, including India has contributed. So the modern system of medicine is strictly speaking international and no nation has the exclusive right or the monopoly of its discoveries. The system did not originate in England and come to India along with the merchandise.

To the foundations and the superstructure of this international system practically every country in Europe, America, India, China, Japan, Australia and New Zealand etc., has contributed, even as India has contributed to the international knowledge in Physics, Chemistry, Botany and Mathematics. The full life cycle of the malarial parasite was worked out in India. Our knowledge of plague and its prevention was worked out in Bombay. The dreadful Kala-Azar has lost its dread, thanks to the gift of a distinguished Calcutta physician to the suffering humanity. The names of Noguchi, that martyr to yellow fever, Kitasato, Shiga, etc, are not European but Asiatic. In Europe, not only England, but France, Italy, Germany, Russia, Czecho-Slovakia etc, have all contributed to the system. Keeping these facts plainly before us, to call the system as Western, allopathic or foreign, is a gross misrepresentation of a really international system.

The merit of the Modern System.

The fundamental merit of the Modern System is that has fully utilized the vast treasures of the physical and biological sciences in return for what medical men themselves formerly contributed to them. The physical and biological sciences have revolutionized the world in the 19th and 20th centuries, in all fields of human activity. We all deplore and condemn the prostitution of science for the creation of engines of human destruction, but all the same, we cannot but see, that in every sphere of our activity, the results of these discoveries have pervaded very minutely. Whether some of us want these or not, whether all these developments are eventually for our good or not we have to admit, that the present international life is dominated by it. Even the present Madras Provincial Government, having immense faith in the spinning wheel, does not hesitate to spend money for hydro-electric projects and radio-receivers for villages. It shows that the Government, in spite of its concern for the unemployed humanity, have to admit the usefulness of such of these latest innovations. It is but right they do it. In a similar way, the modern system of medicine, is entrenched, in secure scientific foundations by the advancement of the physical and biological sciences. The sciences of chemistry, physics, biology, anatomy, physiology bio-chemistry, pharmocology, morbid anatomy and pathology, bacteriology, psychology etc., have been utilized to the full in illuminating the origin, progress, effects, diagnosis, prevention and treatment of diseases. The pure clinician might deplore so much intrusion of the ancillary sciences into his domain, but he has no right to restrict the uses of these sciences. In the region of traumatic surgery of bones, no doctor will be safe medico-legally, in a future enlightened India, if he does not demand a skiagram of the injured part. The so-called sprains of the wrist and ankle, of the olden days have been, in some cases, proved to be minute fractures of the navicular or the internal malleolus respectively. Without skiagrams, the fractures will be missed and the lesions thought of lightly. To give another example, cystoscopy and pyelography, utilizing the Edison's vacuum lamp, has placed urology on a firm foundation as an exact science. These are only two random examples of the saying "Knowledge is Power." To ignore these triumphs of modern medicine, is to deny truth and what all it stands for. Charaka and Susruta, if they were to re-live today, will gladly incorporate these modern procedures into their system, with advantage to the science. Why not we, descendents of these illustrious men, catch a little of their spirit, at least ?

Theories in Ayurveda.

It must be admitted that man, in spite of all the epoch-making discoveries, is still imperfect. There is no limit to the knowledge which a

man can have. Doubts there were, there are and there are going to be. Perfection in all knowledge is impossible. Even if I am given two thousand years of life, and I go on discovering and discovering, at the end of my life, the sum total of my knowledge will be very negligible compared to the things I will be ignorant of. Even in the modern system, some of our pet and so-called established theories, may be disproved by our descendents. Bacteriology was priding itself that it had settled the causation of some microbic diseases, but De' Herelle's bacteriophage, as ultramicroscopic things, inimical to the bacteria themselves, have to be explained convincingly. We do not yet know the causation of cancer, though the theories of cancer, from Virchow's cell inclusions, to Lockhart-Mummery's theory of Gene-Mutation, are a bewildering and imposing study. So all the theories of the Modern system as well as the Ayurvedic system, must be judged in the historical perspective. A correct theory or hypothesis might establish a science even as the Atomic theory established chemistry. But when another theory, like the election theory, explain the phenomena better, the original theory must be given the go-by even as the old Phlogiston theory is mentioned now-a-days to ridicule it. Some of the theories have given great impetus to the state of sciences then existing and should be given a proper niche in the history of that science. But to hold on to it in spite of the odds of proofs against it, is to deny truth. The tri dosha theory is considered to be the basis of Ayurveda. It may explain many disease phenomena and their therapeutics. But to hold fast to it and to it alone, to the exclusion of all the recent developments, and to bend it and twist it to explain all and sundry diseases including traumatic manifestations, endocrinology, etc, is the limit. If today you discover adrenalin and acetylcholine as the sympathetic and para sympathetic effects respectively, the tri-dosha theory comes in to give an ingenious explanation. If to-morrow you discover prolan A and prolan B and correlate its effects on the ovary and corpus luteum, the tri-dosha theory comes in anyhow. It may be right but you have to prove it on your own platform. At least you must make an attempt to do it. If you seriously attempt it, you cannot but utilize the resources of modern science. You cannot live on the patriotism of your leaders alone for all time to come, if you ignore facts and truths. Any nation, which disregards truth, must come to grief eventually. If you cannot explain a thing or if I cannot explain a thing, it would be manly for both of us to say we do not know.

Greatness of Ayurveda.

But having said all these against the unscientific attitude of the present-day Ayurvedic practitioners, I cannot but feel a thrill, when we recognise how great Ayurveda was, judged according to contemporary conditions, and in the

historical perspective. I, perhaps, an unworthy descendent of the great medical men of yore, who were scientific enough, according to the conditions then prevailing, cannot but feel a genuine pride, when I read that even the science of surgery, leaving alone medicine, was very advanced, and operations such as lithotomy, lithotrity, intracranial explorations,delivery of the child by forceps etc, were in vogue. These could not have been achieved by minds pinned to dogma and tradition. There must have been original minds, thinking minds and minds free from bigotry and authoritativeness. Toleration has been the watch-word of all our great men of the past in every field of activity. The ancient Indian mind, was always open for receiving truths from any source and that instinct is not dead even now. India has never been inactive in its researches on the properties of matter, mind and soul. The mightiest thinkers did differ from each other even fundamentally even as modern scientists and philosophers. If there had been implicit faith in authority handed to them by their fore-fathers, how are we to explain the three systems of Advaita, Visishtadvaita and Dwaita based on the Gita and Upanisheds. Probably future scientists may agree to Sankara's conception of the identity of matter and energy even as the alpha and beta rays in radium emanation represent both matter and energy in contradistinction to the gamma rays which represent only energy. We must also take into consideration the fact that the Indian races have managed to live on till the twentieth century under the Indian systems of medicine, old as they are and imperfect as they are, judging from the present standards. We did not die as a race because of the want of the scientific system. Even serious illnesses and chronic illnesses have been cured under the Indian systems. Leaving apart the question, whether medicines alone cure diseases, the fact must be admitted that these cures are attributed to the Indian systems. Any amount of our pride on our scientific system, must occasionally meet with humiliation on a case getting ultimately cured by a so-called "quack". These everyday failures attributed to the scientific system, is not the fault of the system as such, but the narrowness and bigotry of the proud allopathic practitioner. So though the scientific system is broad-based, rationalistic, convincing and achieved notable triumphs, yet its imperfection must be acknowledged, if we have any regard for truth, and must learn to profit by its failures, and be ready to incorporate remedies and systems of treatment, from any source and I should say, even from an ignorant unlettered quack knowing only Kattumathirai (கட்டு மாத்திரை) and Vayu ennai (வாயு எண்ணெய்). When Jenner can take a hint from a milk-maid who asserted she could never get small-pox and utilized it to protect humanity against the scourge, when Owen Thomas and Sir Robert Jones could learn and utilize the tricks learnt from bone-setters and osteopaths, in the practice of orthopaedics,

we must have no hesitation to learn anything from any source. Even the toad may have "a precious jewel in its head". After all Ayurveda and other systems of Indian medicine are as old as the Indian civilization, and we have to credit it with a vast amount of clinical experience, empirical use of drugs and a vast pharmacopoeia specially the organic pharmacopoeia. Even without a proper diagnosis in the modern sense, without morbid anatomy and histology, without any of our ancilliary sciences to help us in even our trivials, that the ancient practitioner could achieve remarkable cures in the majority of diseases and in some serious and chronic diseases too, speaks volumes for their common sense, clinical acumen, proper utilization of their ordinary physical senses, and above all knowledge of the organic Indian materia medica. They may not know the pharmacology but they know that such and such a herb could cure a certain symptomatology associated with a particular disease. Are we to ignore the experiences of our fore-fathers and blind ourselves in the dazzling brilliance of the modern system and its triumphs? No, certainly not! we must achieve a synthesis of the two systems and prevent the drift that is threatening between the two systems and their practitioners. As the Jumna and Ganges meet at Allahabad, we must create a "Prayag" as early as possible, and the future system, with which all the Indian Systems are absolutely incorporated must be expected to be as vigorous as a fertilized ovum in its development and birth of a new Indian prodigy in the shape of a fertilized Ayurveda "The Science of Life". My conception, my goal, and my yearning, is towards a rejuvenated and fertilized Ayurveda, call it by whatever name you like. Even as we could incorporate Hydrocarpus wightania, punarnava, Ephedrine, Butea Frondosa, Makaradwaja and some others, if we in-corporate all the useful drugs, and all the principles of useful treatment, we will be richer and the Ayurveda will be richer.

Diplomas in Indian Medicine.

Knowing full well the limitations of pure Indian systems of medicine, in understanding diseases which do not discriminate between the so-called systems of medicine, the framers of the L.I.M. course in Madras and of the Ayurveda course in the Benares Hindu University, have recognized the fundamental need of a scientific comprehension of the basic sciences of chemistry, anatomy, physiology and pathology etc., and have not hesitated to teach modern surgery, medicine, midwifery etc. They do not hesitate to utilize the services of the Roentgen Roys for elucidation of the diseases. Pyloric stenosis cases are called "Gulmam" signifying visible peristalsis, a symptomatic nomenclature. So I should understand, as a logical corollary, that these courses are meant to give a scientific orientation of the disease processes, and

confine the treatment to Ayurvedic medicines. To this extent it is an acknowledgment of the superiority of the modern diagnostic methods and one cannot but give praise to this open-mindedness in accepting truth from any source. But when you can adopt modern diagnostic methods, why not accept modern therapeutic measures which are admittedly sound in addition to Ayurvedic methods. Even if the authorities of the L.I.M examination, put an intellectual embargo on non-ayurvedic therapy, the majority of the L.I.M. practitioners, when free from the clutches of the examination, will certainly resort to such of the modern therapeutic measures, as are admittedly good and useful. In other words the L.I.M. will legitimately claim that he is versed in medicine in all its respects, and in all the systems. Nobody can say, no, to this claim and a medical man with L.I.M. qualification, must be recognized for all State purposes, as a qualified medical practitioner whose certificates must be accepted as a routine. But the question is whether the preliminary standard of education is sufficient for such an extensive course and whether even five years are sufficient for giving the barest outline of the whole medicine including Ayurveda, Siddha and Unani. From my experience of the M.B. B.S. course in the leading teaching hospital of this Presidency, I can say that the bare $5\frac{1}{2}$ years study after a pass in the intermediate examination, which the regulations require, are not sufficient to make a man safe for private practice. In my opinion an additional stay in the big hospitals, for one or two years as housemen, is absolutely necessary. I am not talking of any specialities which require study and practice for not less than five years after graduation. If an L.I.M. must claim the knowledge that he is expected to claim, he must have not only passed the intermediate examination as a minimum but also, in my opinion, must study for eight years in the medical school going through all the subjects for the M. B. course and an additional $2\frac{1}{2}$ years study of Ayurveda, Siddha and Unani. Such an L.I.M. or B.I.M. (he deserves to be called a bachelor in Indian medicine), certainly has claim to more knowledge than the M.B. B.S. When once these high standards are enforced, the L.I.M. course will become unpopular and there will be no volunteers for the course. Moreover eight years are a good bit of a man's span of life. So the more rational course will be to do research in the three Indian systems and incorporate the fruits in the scientific system gradually and continuously. If we make a start now and work vigorously we can expect to assimilate everything of Ayurveda and the other systems in the course of 25 years with five five-year plans. After 25 years we can see the rejuvenated Ayurveda, the mighty Indian prodigy, of my dream. The thing must be done and finished before the existing practitioners of Indian medicine die out.

Who should do Research ?

To do intensive work for these twenty-five or more years, we require specially qualified men who after the M.B. B.S. degree should devote 3 years of study in the Indian systems and must continuously practise in Hospitals where the Ayurvedic system only is in vogue. The present L.I.M's are not sufficient. If the L.I.M. standard is raised to my expectations and the L.I.M. students, wherever they are trained, are made to appear for M.B. B.S. degree of the University, then they will do admirably. But money can be conserved and duplication prevented by abolishing the present L.I.M. course and enticing graduates to study Indian systems for three years with a view to do clinical research in hospitals dealing in Indian medicine only. Such hospitals need not concern themselves with surgery, midwifery, ophthalmology etc. Any cases requiring surgical aid must immediately be transferred to suitable other hospitals. So also other hospitals must send suitable cases to the Ayurvedic hospital.

Along with clinical research, in the same institution, there must be pharmacological research by whole-time workers. These workers mnst be highly trained and must be numerous to do intensive and extensive research I should insist on the following qualifications for a pharmacological research worker in Ayurveda (1) B.Sc. or B.Sc. honors with chemistry and botany as indispensable subjects (2) M.B. B.S. degree (3) Two Years' Clinical study in an Ayurvedic hospital (4) Three Years' training in a pharmacological research laboratory perferably in an institute where research in Ayurvedic drugs are going on. With such qualifications, and with a good number, with these qualifications, working in close collaboration with the clinical side of the Ayurvedic hospitals, surprising results can be achieved.

Indian Pharmacopoeia.

Side by side an Indian Pharmacopoeia must be built. Every five years the pharmacopoeia must be revised and the results of the researches must be incorporated. If within 25 or 50 years the Indian systems are exhausted, the Ayurvedic hospital, will become automatically a modern hospital and the research section can go on doing research in Chinese medicine etc. So there will be only one system, an Indian system and those system wallahs ever emphasising on the differences, will be silenced for fever.

M.D. in Ayurveda.

For those men who may work in the Ayurvedic hospital after the M. B. B. S. course, the University can introduce an M. D. in Ayurveda along with the other branches in medicine.

Conclusion.

The plan suggested by me, or on some such lines, is the only solution for this pressing question. The present L.I.M. can never solve the problem. With the abolition of the L.M.P., at any rate in Madras, the L.I.M. will naturally become the out-caste, in the medical profession in the future. India, with its teeming millions, can afford to produce any number of highly trained medical men and women. Half standards and lowering of standard will be ruinous in the end. The authorities, who control our destinies, must look far ahead and must visualize the future possibilities of a step in the right direction.

MEDICO-LEGAL.

An unqualified practitioner convicted.

An unqualified medical practitioner Amar Singh was sentenced to a fine of Rs. 150/- under Section 6 of the Indian Medical Degrees Act, by the Sub-Divisional Magistrate, Murree on the 30th May, 1938. Subsequently the appeal filed by him was rejected by the Session's Judge, Rawalpindi on the 20th June, 1938.

LAHORE, REGISTRAR,
Dated 16th August, 1938. *Punjab Medical Council.*

THERAPEUTIC TEST.

By

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[This is the first of a series of articles with brief notes pertaining to *modern modes of treatment—in medicine*. Every effort shall be made to make the notes brief, comprehensive, modern and non-controversial. Wherever necessary, reference will be made to Diet though a detailed mention of this aspect of treatment would deprive the notes of their crispness.—EDITOR]

The art of diagnosis based upon the result of treatment has been known for some years. Thus a pyrexia yielding promptly to the administration of quinine is diagnosed as malaria. With certain reservations the inference is often correct. But the development of this branch of clinical medicine including the application of the test on a large scale and laying of emphasis in its accuracy even when no other corroborative evidence is available should be deemed to be a recent advance in clinical diagnosis. As more and more specific remedies for the relief of disease are available, greater and greater emphasis on these lines is possible.

While it is a matter for gratification that such simple means are available in the solution of diagnostic problems, the fact that the application of the test may need considerable care and that the needing of the test is not altogether easy should be borne in mind. For example, even so simple a process of diagnosis of malaria through the administration of quinine may fail to yield the information sought. A few pills of quinine taken in any haphazard manner may fail to bring down the fever. A prior relief of the clogged liver and the loaded bowel through the agency of the Blue pill and the Black draught may be very necessary.

Further accuracy of technique, caution in the mode of interpretation of the result and realisation of the possibility of the test being not absolute always are some of the other points to be noted.

Of the infectious diseases—diphtheria stands out vividly as a possible member under this grouping. But the antitoxin is pushed in so vigorously from the start that for diagnosis other aids (Bacteriological) are sought. But the crucial test as to the identity of the bacteria is still made by the

injection of antitoxin to a test animal which later gets an injection of the brother culture. If the infection is true diphtheria, the animal gets no local or general action.

However the response to antisera still merits its inclusion under therapeutic tests.

A long continued low grade relapsing fever with comparatively little constitutional changes—yielding to one or two injections of Neo arsphenamine (intravenous) medication deserves to be dubbed as a case of rat-bite fever. A history of rat-bite is all the more welcomed.

Malaria needs no mention here. Employment of antimony preparation (Neo-stibosan) (organic) to aid in the diagnosis of Kala-azar is well-known to most of us in the endemic area.

Emetine injections in amoebic dysentery, amoebic hepatitis and Tropical abscess of the liver are also matters of common knowledge.

As for rheumatic fever, Horder and Gow's statement in PRICE'S Text book of the Practice of Medicine running as follows needs no addition or alteration :

"a patient suffering from acute arthritis with fever, who is not considerably better after 48 hours' treatment by full doses of salicylates, almost certainly is not suffering from rheumatic fever."

Bacillus coli infection of the urinary tract :—Adequate doses of alkalis for 72 hours rarely fail to bring down the temperature in cases of uncomplicated pyelitis with B. Coli. Mandelic acid and its ammonium salt are also claimants for similar therapeutic relief. However, the inference as to the diagnosis should be guarded regardless of the response or otherwise.

Santonin therapy in some cases of refractory low grade pyrexia of children—if successful should lead to a diagnosis of Ascariasis.

Diseases of Metabolism.

Prompt response of the articular inflammation, constitutional reaction etc. to medication of vinum Colchicum (about 20 minims with alkaline diuretics) is only possible in *Gout*.

Vitamin Deficiency diseases.

Infantile Scurvy—Half an ounce of orange juice daily with the removal of the tinned milk (used prior as often happens) leads to rapid amelioration of symptoms. This constitutes the therapeutic test.

Adult Scurvy likewise has at times to be diagnosed only by the administration of green vegetable etc.

Rickets :—Response to Vit. D. ultravoilet baths, etc. are the only evidences for basing the diagnosis in incipient cases. Beriberi and Pellagra need the administration of Vit. B. (Roche 1,000 to 2,000 units per day injection) and B 2 (marmite by mouth) for the confirmation of the diagnosis.

Diseases of the Endocrines:

Thyroid :—Thyrotoxcosis and milder grades of cardiac irregularities have to be given Iodine in some form (Lugol for instance is one of them) to elicit their nature.

Likewise milder grades of athyroidism and dysthyroidism are to be diagnosed through the administration of extractum Thyroidieum. Recognition of Infantilism of thyroid origin is often done through thyroid medication.

Adrenals:—When the cost of Eucartone gets down to a level at which it is accessable to the average man the cause of many a case of hypotension marasmus may be laid at suprarenal cortical defect.

(To be continued)

THERAPEUTIC IDIOMS.

The following are excerpts by Sollmann (taken from the treatise of Du-Jardin-Beaumetz) and published in the Journal of American Medical Association, August 1908. (Quoted in Woods' system of Ophthalmic Therapeutics).

" Beware especially of skepticism. A physician who lacks faith in medicine has no more reason for existence than a priest who does not believe the religion he teaches, or a soldier who is destitute of love for his country and his flag.....

" Believe then in your art, but that this belief may be judicious, reasonable, let it not suffer you to be too easily carried away by what you may deem results of your medication ; in therapeutics, illusions are indeed frequent. This arises from numerous causes, especially from the propensity of the human mind to attribute all that eventuates favourably in the course of the disease to the medicine given, when very often it is only the natural evolution of the disease which the physician has observed.

" This explains to you why it has happened that certain remedies, exhibited with success in some epidemic and contagious diseases, in other seasons have failed to give as good results. This is an example of those therapeutic illusions which have cumbered the materia medica with so many drugs that have obtained a certain brief reputation in their day, soon to fall into forgetfulness and neglect, until another experimenter repeating the trials of a by-gone time, restore them to passing notoriety.

" This celebrity, then, this decadence of remedial agents, are unfortunately parts of too great frequence in therapeutics. So after having pruned away all the useless and superfluous substances of the materia medica, if you retain only those which medical practice has consecrated by long usage, you will find that the really useful medicaments are much less numerous than one would suppose, and your daily practice will include but a few drugs.....

" Do not employ too many remedies at the same time ; do not in your busy endeavours to serve your patient, inflict on him medicines and medications widely differing in their action. Study with care the disease which is before you ; go back to the origin of the morbid affection ; formulate the

leading indications resulting therefrom; decide concerning the diatheses which have influenced the course of the malady, institute a plan of treatment and endeavour to carry it out with a very moderate exhibition of drugs....

"This is not all; it is desirable that the physician should use the utmost care in prescribing his medicines;.....if we see in our day, the pharmaceutical speciality having a constantly increasing importance, it is in some measure due to the fact that physicians do not acquire that expertness in the preparation of their medicines which they ought to possess, and prefer lazily to rely on the combinations of the manufacturing chemist, trade-mark preparations, even the nostrums of the charlatan.

"But if by pursuing this course the practitioner often promotes the fortune of the pharmacist, he despoils himself in the end, for the patron, beguiled by the advertisements which accompany his nostrum, is almost certain to apply in the future, not to the physician, but to the vendor of the trumpeted drug.

"Learn then, skilfully to prescribe, and not only to write in an orderly and judicious manner the substances which compose your prescription but also to render the combination as pleasant to the taste as possible. Repudiate, therefore, in a general way all the specialities which inundate the therapeutics of to-day. Exercise the greatest care in the directions which you give to the patient or his nurses; do not fear to enter into the minutest details; indicate how the external applications should be made, and the times for giving the internal remedies; regulate carefully the little incidents of the day, and be particular about the diet. For you must ever remember that pharmaceutical measures go but a little way in the care of your patient, and that you can often accomplish more by hygiene than you can accomplish by medicine."

CORRECTION.

Our attention has been drawn to a statement in the June issue of the Journal under "Re-organization of medical relief". It is mentioned therein that the Chairman of the Reception Committee of the Provincial Licentiate Conference held at Vellore repeated the statement of high responsible officers that mistakes could be rectified later. We regret very much for the mistake. It was Dr. P. S. Srinivasan who made the statement and not the Chairman of the Reception Committee.

JOURNAL OF SOUTH INDIAN MEDICINE.

AUGUST, 1938.

ANTI-TUBERCULOSIS FUND.

Undeniably one of the noblest undertakings of our times is the collection of an Anti-Tuberculosis fund. Tubercular Infection is rapidly taking its pernicious root in every family, home, hamlet, village, and town. Hence it is extremely gratifying to note that over 50 per cent. of the anticipated sum has already been collected. The poor man's pie and the rich man's cheque have both helped to swell the fund. Considering the impoverished state of our country, the response is none too bad though the aspirants of success in this task would like to see the amount collected doubled, no one can deny the fact that the amount asked for (if not more) is needed to launch such a big scheme.

Though the degree of success bears a certain measure of proportion to the amount collected the mode of expenditure is even more important in fulfilling the hopes of all who are interested in this matter. Failure to take cognisance of this fact has led to great disappointment in the working of many a philanthropic scheme of this nature in the past. It is high time that the promoters mobilized the best "brains" in this country with a view to formulating a very definite plan of action. The view of the economist is no less important than that of the public health worker to avoid a helter-skelter scattering of funds. Good money (and so it is considering that the appeal has been responded to even by people who could ill afford to give anything at all) should be most frugally expended. The amount collected is too small to permit big "lay-outs" in urban areas. Expensive contractors—indigenous or foreign, flashy ceremonies (such as—foundation laying, opening, should one add closing!), not to speak of the inevitable group photos, all these leading to erection of stupendous structures named after some one or other would completely ruin the essential objects of the originators viz., mass prophylaxics against this scourge.

Even a more deplorable extravagance that needs the minutest scrutiny is the employment of highly paid personnel. The amount on hand is too small to permit the appointment of so called "Specialists," "Directors," "Organisers" etc., regardless of the country of their origin on high salary basis. It would be pathetic to see the fund being eaten away by this variety of human parasites with the aid of legally secured contracts, prior to engage-

ment. Even the masses of the country for whom the only fascinating problem of life is to work out a solution for the existence of the morrow, are beginning to perceive the diverse ways by which public funds are at times sapped dry. Leaving aside the pay, allowances of all types (to mention only a few of them personnel, overseas, daily, travelling, conveyance, charge, compensatory, etc.,) contribute towards further depletion. It is earnestly hoped that any scheme of work accepted would be rid of any highly paid official, no matter what the guise be ("specialist" "research worker" etc.). Should there be some persons with more influence than principle coveting the hypothetical jobs already through the aid of the press and the platform, there is little to be wondered at. Even efforts at soliciting the High Gods of Olympus with hopes of success is possible. But there "anglers" are bound to fail this time mainly because the organizers are bound to display even greater zeal in the working of the scheme than they have done in the collection of the fund. While the extent of the fund may permit the employment of (or subsidizing) trained workers on a modest salary basis, the bulk of the workers consisting of not only medical men but also the educated laity, the economist, the rural reconstructor, the legislator and the philanthropist should be invited to help in the work. The spiritual aspect of the undertaking cannot but evoke a sympathetic co-operation of the public and success can confidently be predicted.

P. S. V.

The attention of our readers is drawn to a note published below which was drawn up by the Central Organisation of the King Emperor's Anti-Tuberculosis Fund. It gives guidance to Provincial organisations as to how the funds are to be utilised in tackling the problem of Tuberculosis in India.

THE TUBERCULOSIS PROBLEM IN INDIA.

A note for the guidance of Provincial Organisations.

1. Tuberculosis Dispensary Clinic.

This institution occupies a front position in the organisation for combating Tuberculosis in a given area and is the centre for preventive work.

In urban areas Tuberculosis Dispensaries should be established having their own staff under a Medical Officer, either full time or part time. Except in cities sufficiently large to warrant the establishment of a separate building fully-equipped and staffed, it is advisable to locate the Tuberculosis

Dispensary within the boundaries of a well-established hospital in order to utilise the facilities for X-ray diagnosis and surgical work that should be obtainable there.

In rural areas, on the other hand, with scattered and less developed communities, the organisation of separate Dispensaries devoted solely to tuberculosis work is impracticable and here tuberculosis clinics should be opened in existing dispensaries on one or more fixed days each week. This will necessitate the doctors-in-charge of these particular dispensaries having some specialised knowledge of tuberculosis work.

Emergency beds, attached to a Tuberculosis Dispensary Clinic, are useful for patients requiring observation for a day or two or for minor surgical treatment, but patients should not ordinarily be retained in such beds for more than a week.

2. Domiciliary Treatment.

Owing to the small number of beds available for tuberculosis cases in general hospitals and special tuberculosis institutions, domiciliary treatment must perforce be resorted in a majority of cases for many years to come. In home treatment and care of patients and their families, the Health Visitor and the Care Committee play an important part. These are discussed below. The organisation of open air centres where patients can be kept by day may be helpful especially when patients come from congested areas.

3. Health Visitor.

Formerly known as the Tuberculosis Nurse this worker is preferably a woman and a trained nurse. Owing however to the great shortage of of women nurses in India it will be necessary in many areas to employ others to perform the duties of tuberculosis Health Visitor. In some Provinces and States educated girls who have passed the matriculation examination may be given a short specialised course of training at a central well-organised dispensary and when considered qualified may be posted as Health Visitors. In other places it may be found necessary to utilise men for this work and Sub-Assitant Surgeons, Sanitary Inspectors, or even exceptionally efficient Dispensers or Dressers may be employed. In any case it seems desirable to observe the principle of having a uniform rate of pay in each Provincial or State Area for any person performing the duties of a Tuberculosis Health Visitor.

4. Care and After-care Committees.

These should be organised on a voluntary basis in connection with all Tuberculosis Dispensaries and should consist of non-officials and officials.

The Committee meets at the dispensary where the circumstances and difficulties of patients requiring aid are explained. Each case is considered on its merits, given financial assistance if required, and where desirable helped to find suitable employment. Without such Committees, composed of members who are familiar with the life and difficulties of patients and their families, the work of a Tuberculosis Dispensary is seriously hampered and its scope restricted. Even after patients have ceased to be under treatment, the Committee should endeavour to keep in touch with them where possible.

5. Training of Tuberculosis Staff.

The success of all efforts to deal with the problem will depend on the provision of an efficient and sympathetic body of workers. The establishment of suitable training centres for doctors, health visitors, and members of of care committees should therefore be accepted as an important function both for the Central and for the Provincial organisations. The school teachers in village schools are capable of rendering valuable assistance in anti-tuberculosis work and for them a suitable course of training would seem to be desirable.

The training should be undertaken at Provincial and State Centres in major Provinces and States, while smaller units should look to their adjoining large neighbours or to the central organisation for help in this respect.

6. Hospitals and Sanatoria.

The removal of the infective case from close contact with his family and associates is one of the most effective measures for preventing the spread of the disease. Unfortunately it is expensive. For cases requiring prolonged treatment in bed accommodation arranged on a District basis is advisable, tuberculosis wards in existing hospitals being constructed for the pupose.

A large city may maintain its own Tuberculosis Sanatorium or combined institution comprising hospital and sanatorium with an after care organisation, but generally sanatoria should be organised on a State, Provincial, or even divisional basis. It is desirable that all these institutions should be of a simple type of construction.

In some areas the establishment of tuberculosis colonies adapted to Indian conditions may be possible.

7. Preventorium Methods.

The value of open air schools in combating tuberculosis is proved and any steps in this direction are of value. Similarly the establishment of play grounds and open air shelters are of help in the campaign.

8. Co-operation.

The Central and the Provincial and State Associations will require to co-operate closely with all organisations, official and non-official interested in the Tuberculosis problem. Government Departments such as the "Medical" and "Public Health" are most closely concerned and a great deal of the actual work will be carried out by and through them. The Education Department and official agencies for Development and Rural Reconstruction should also be consulted. Among voluntary agencies the Red Cross Society, St. John Ambulance Association, and Maternity and Child Welfare organisations are interested and have been carrying out active Tuberculosis work in a number of areas. Charitable and social organisations which are concerned in any way with the problem should be approached to help. The best way to link up all these bodies is to appoint representatives from them on the Council of the Association.

It should be remembered that the success of all tuberculosis measures will depend on obtaining the co-operation of the entire medical profession, especially the general practitioner.

9. Funds.

The various activities mentioned in this note are all legitimate objects upon which the funds of the Association may be spent. In allocating funds in the first instance an endeavour should be made to spend not less than 75% on institutions and organisations primarily of a preventive character (the chief of which is the Tuberculosis Clinic) and in this way districts will derive immediate benefit from the sums contributed by them.

10. Housing.

In view of the widespread existence of slum conditions which contribute so largely to tuberculosis in urban areas and of the tendency that unfortunately persists towards the creation of more overcrowded areas, Tuberculosis Associations should take a leading part in stimulating measures directed towards the removal of existing slum conditions and their prevention in future.

11. Educative Work.

All kinds of educative work on the Control and Prevention of Tuberculosis fall within the scope of a Tuberculosis Association and should form an important part of its activities.

EDITORIAL NOTICE.

- Manuscripts for publication, books for review, and correspondence relating to the editorial management should be sent to the EDITOR, JOURNAL OF SOUTH INDIAN MEDICINE, FLETCHAM, MARSHALL'S ROAD, EGMORE, MADRAS. Communications regarding subscription, reprint, etc., should be addressed to the Secretary, South Indian Medical Union, 7, Ritherdon Road, Vepery, Madras.

- Articles are accepted for publication on condition that they are contributed *solely* to the Journal of South Indian Medicine. Manuscripts *must be typewritten* preferably double spaced, and the *original* copy should be submitted. Zinc etchings and halftones of illustrations will be supplied by the Journal when the original illustrations warrant.

- Contributions to the regular issues of the JOURNAL should ordinarily be limited to ten printed pages, not counting the spaces occupied by illustrations, and it is understood that they have not been published elsewhere.

- MATTER APPEARING IN THE JOURNAL OF SOUTH INDIAN MEDICINE IS COVERED BY COPYRIGHT; but, as a rule, no objection will be made to its reproduction in reputable journals, if proper credit is given. However, the reproduction for commercial purposes of articles appearing in the JOURNAL OF SOUTH INDIAN MEDICINE will not be permitted.

- Authors of articles and case notes will receive twenty-five re-prints free; additional re-prints may be obtained at cost.

- REVIEWS. THE JOURNAL will make an especial feature of the reviews of monographs and books bearing upon the field of medicine. Authors and publishers wishing to submit such material should send it to the EDITOR. While obviously impossible to make extended reviews of all material, an acknowledgment of all books and monographs sent will be made in the department of reviews.

- Cheques, etc., should be made payable to the SECRETARY, SOUTH INDIAN MEDICAL UNION, 7, RITHERDON ROAD, VEPERY, MADRAS.

ASSOCIATION NOTES

The Tinnevelly District Medical Association, Palamcottah.

JOINT MEETING OF PANDYA AND CHERA MEDICAL ASSOCIATIONS.

A Joint Meeting of the Travancore State Medical Association, the Madura Medical Association, the Ramnad District Medical Association, and the Tinnevelly District Medical Association, was held in the splendid palace of Ramnad on Saturday the 23rd of July 1938, at COURTALLAM, one of the most charming waterfalls of Southern India, noted for pretty mountain scenery. 47 members of the Travancore Medical Association, 15 members of the Ramnad District Medical Association, 39 members of the Madura Medical Association and 63 members of the Tinnevelly District Medical Association, making a total of 169 Doctors, attended the function. Three of the distinguished guests were (*i*) Rao Bahadur Dr. C. B. Rama Rao, Retired Civil Surgeon and one of the Founders of the Tinnevelly District Medical Association now in his 78th year came all the way to attend our Joint Meetting and bless our work, (2) Dr. P. Rama Rau, the distinguished Radiologist of Madras, who came up all the way from Madras, to give us his lucid and informing address, and (3) Dr. D. V. Venkappa, Provincial Secretary of the All-India Medical Licentiates Association, who also came all this distance specially to attend this unique meeting and to inspire his co-workers for common action. The members had an early bath at the waterfalls. Later in the day, Colonel Shastry requested Dr. C. B. Rama Rau to declare the Medical Exhibition open, and Dr. Rama Rao did it in an inspiring speech expatiating on the social benefits of such an Exhibition.

The Meeting began under the presidentship of Rao Bahadur Dr. Raman Tampi, M.D., President of the Travancore State Medical Association. The Secretaries of the Medical Associations read out the minutes of the proceedings of the previous meetings of their Associations, which were passed.

Resolutions congratulating Rao Bahadur Dr. T. S. Tirumurti, B.A., M.B. & C.M., D.T.M. & H., (London)., on his appointment as Principal, Stanley Medical College Madras, and Dr. Mrs. Poonen Lukose, B.A., M.B. B.S. (London)., L.M. (Rot.), on her appointment as Surgeon-General of the Travancore State, were passed *nem-con.*

The following resolutions of the Tinnevelly District Medical Association were read out and passed unanimously by the Joint Meeting :—

I. "Tinnevelly District Medical Association is of opinion that the time has come when the All-India Medical Licentiates' Association and its Branches together with its membership, Funds and Journal should be entirely amalgamated and merged with the Indian Medical Association, thereby facilitating the formation of a united front for the redressal of the legitimate grievances of the Licentiates and to unify the Allopathic Medical profession as a whole".

II. "The Tinnevelly District Medical Association is of opinion that the question of forming a Provincial Branch of the Indian Medical Association for the Madras Presidency may be considered when an adequate number of District Branches of the Indian Medical Association have been formed in the Presidency".

III. "The Tinnevelly District Medical Association is of opinion that the Indian Medical Association subscription may be reduced from Rs. 3 to Rs. 2 in as much as the membership of the Indian Medical Association has increased appreciably since its formation and as there is every likelihood of more Medical Associations joining the Indian Medical Association *if the subscription is reduced*, and that this suggestion may be sent up to the Central Council of the Indian Medical Association".

IV. "Resolved that a definite number of seats not less than 10 per cent—in the Medical Colleges of the Presidency, be allotted to the children of the Alumni of the Medical Colleges and of the old Medical Schools".

V. "Resolved that the Cambridge Senior Examination be recognised as before, for admission into the Medical College."

VI. The following were nominated as President and Vice-Presidents of the Indian Medical Association for the ensuing year :—

1. President :—Colonel Kukday, I.M.S. (Retd)., Nagpur.
2. Vice-President :— (*a*) Lieut.-Col. T. S. Shastry, I.M.S., Palamcottah.
   (*b*) Left open for names from other provinces.

Consideration of the membership of the Indian Medical Association when persons are transferred to places where there is no Branch of the

Indian Medical Association was discussed and it was suggested that each District Medical Association should have non-resident membership also from amongst their old resident members.

Three cases of Regional Colitis and Ileitis which were operated and treated by Lieut.-Col. T. S. Shastry, I.M.S., at the Govt. Head Qrs. Hospital Palamcottah, were read out. Col. Shastry, delivered an interesting lecture on Regional Colitis and Ileitis.

Dr. A. L. Ananthanarayana Iyer, M.B. B.S., demonstrated a case of Ataxia, and read notes of the case.

Dr. P. Rama Rau, Radiologist, Madras, delivered an interesting lecture on " the uses of (a) Deep X-Ray Therapy and (b) Radium Therapy " and also demonstrated skiagrams and some of his cases. He exhibited one of his old patients cured of Cancer of Tonsil and Tongue and Lymph glands.

Dr. Karunakara Menon of Trivandrum, delivered an interesting lecture on " Deficiency Diseases ".

After Lunch Col. Shastry moved a vote of thanks to the guests of the other Medical Associations, to the organisers, to the Estate Manager for having permitted us to hold the meeting at the Rajah of Ramnad palace and to the representatives of the Medical Exhibition. Dr. M. V. Natesan on behalf of Madura, Dr. Kesavan Nayar, on behalf of the Travancore Medical Association, Dr. Venkappa, on behalf of the guests offered a hearty vote of thanks to the Tinnevelly District Medical Association for the excellent arrangements and organisation of this unique gathering and wished for many a happy return of the same.

Thereafter an enjoyable musical entertainment by Sangeetha Vidvan Sri G. N. Balasubramanyam, B.A. (Hons.), brought the happy gathering to a close at 5-30 P.M. Lieut.-Col. T. S. Shastry, I.M.S. proposed a vote of thanks to Sri Balasubramanyam, for his readiness and kindness in giving us the performance.

NOTICE.

All India Ophthalmological Society.

The Sixth Conference of the All India Ophthalmological Society will be held in Bombay on the 19th, 20th and 21st December 1938.

The subject for a symposium will be " Uveitis ".

23rd July 1938.

G. ZACHARIAH,
B. N. BHADURI,
Hon. Secretaries.

NOTICE.

The Bombay Medical Union recently resolved to institute an inquiry into the conditions of practice of the medical profession. For this purpose they have issued a questionnaire to all medical men in Bombay. The Questionnaire is published below :—

BOMBAY MEDICAL UNION.

BLAVATSKY LODGE BUILDING,
FRENCH BRIDGE, CHOWPATTY.
Bombay, 1st July 1938.

Dear Doctor,

The Managing Committee of the Bombay Medical Union have passed a Resolution to the effect :—

> "That an inquiry in the interest of the Medical profession to improve the conditions of practice and status of the profession is desirable,"

and in accordance therewith, we are sending the accompanying Questionnaire approved by the Committee for favour of an early reply.

Yours truly,
SORAB J. POPAT,
M. B. THAKORE,
Joint Honorary Secretaries,
BOMBAY MEDICAL UNION.

THE QUESTIONNAIRE CIRCULATED BY THE BOMBAY MEDICAL UNION.

(1) What are the hours of work in your Rooms ?
  (*a*) Are you satisfied with them ?
  (*b*) Do you want any change, if so, what change ?
  (*c*) What are your visiting hours ?

(2) ***Fees*** :
  (*a*) What fees do you charge for consultation at your Rooms for the first and subsequent consultations ?
  If you do not charge anything, do you think that this fee should be charged ?
  (*b*) What fees do you charge for first and subsequent visits &c., when you visit a patient at his Residence ?
  Do you consider this fee adequate ?
  If not, what would you consider as adequate ?

(*c*) Do you think that fees should be graded according to the seniority of the practitioner ?

(*d*) Do you keep a Dispensary ?

(*e*) What are your other medical sources of income ? (Insurance, Mill, Charitable Dispensaries, Hospitals, Offices, Teaching appointments, and Coaching classes ?

(3) *Other charges* :

(*a*) What are your charges for medicine including Mixtures, Pills, Powders &c. ?

(*b*) What are your charges for Injections ? Subcutaneous and Intravenous, Minor operations and for Dressing ? Are they adequate ?

(*c*) Do you charge extra if you attend to these things at the patient's residence ?

(4) How many years have you been in practice ?

(5) Do you have an Annual Holiday ? If so, how many days ? Have you any other suggestions in general which would raise the standard of medical practice ?

(6) Do you close once a week for one day or half a day ? If so, would you prefer a uniform day for all or a different day for different localities ?

(7) What are your views about consultation practice, Indigenous and by Foreigners ?

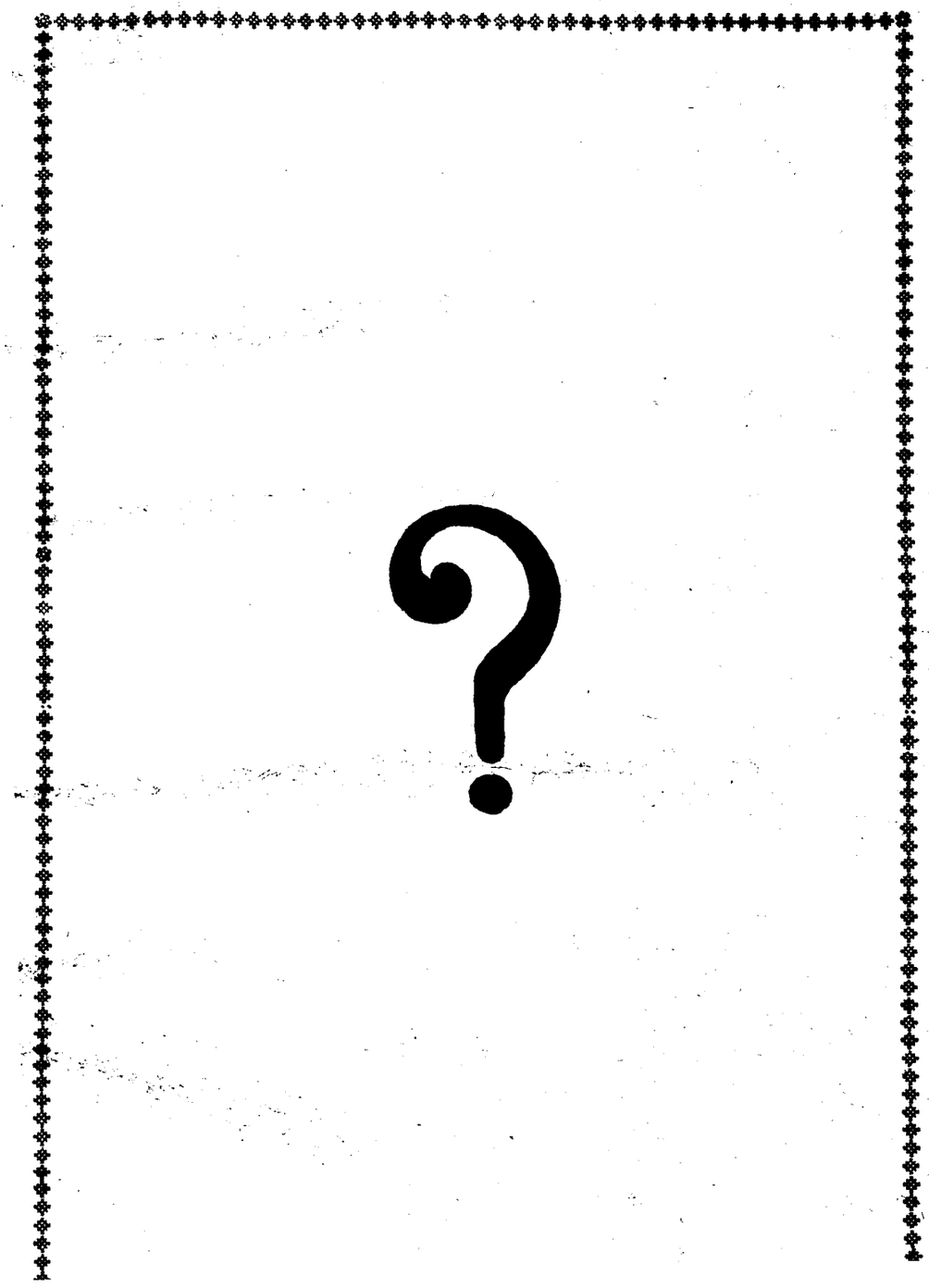
(8) What is your opinion of the practice of allowing even rich people admissions as by right, in public general Hospitals ?

Signature of Doctor :—

Date :—

Name and Address in Block Letters }

BOMBAY MEDICAL UNION,
Blavatsky Lodge Building,
French Bridge, Bombay 7.
1st July 1938.



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