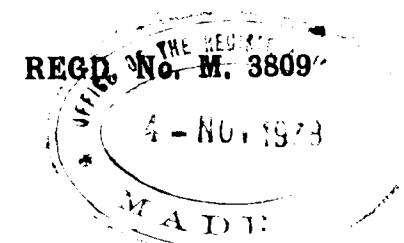


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OCTOBER, 1938

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VOLUME V

NUMBER 7

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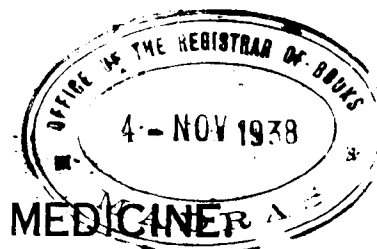
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JOURNAL OF SOUTH INDIAN MEDICINE

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No. 7

THERAPEUTIC TEST.

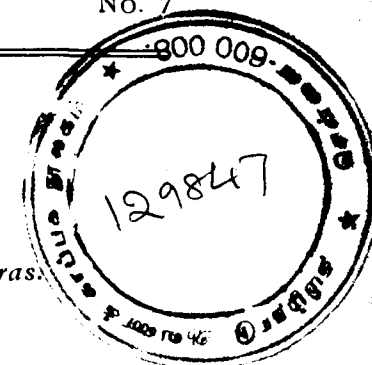
BY

P. S. VARADARAJAN, M.D., M.R.C.P.,

Honorary Physician, Govt. General Hospital, Madras.

(Continued from the August Issue.)

[The writer offers his sincere apologies to the readers of this Journal for the very many
errors in printing the first instalment of this article consequent upon great haste in submitting
the Article to the Editor.]



Diseases of the Endocrines.

The clue to the causation of some at least of the tachycardias is
furnished by the administration of any one of the approved forms of Iodine
for nearly ten days. This therapeutic test has been of great help in digging
up some of the silent forms of Thyrotoxicosis.

That a small, but definite percentage of neurasthenics are really
those needing the hormone of adrenal cortex is a matter of recent knowledge.

Pituitary Gland:—It is indeed premature to limit the possibilities
of the numerous hormones of this gland which is aptly called "the conductor
of the Glandular Orchestra". One of the best examples of therapeutic
test is furnished by injection of Pituitarin (subcutaneous injection) to a
case of Polyuria. Immediate response would mean that the person is
suffering from Diabetes Insipidus (Plugs of Pituitarin into the nose will do
as well instead of injections).

Spasmophilic manifestations or even fits of that nature responding to
some potent form of calcium medicine indicate the lesion to be in the Para-

thyroid glands. Calcium medication may, at times, have to be reinforced with injections of Parathormone.

Diseases of the blood.

Though the term therapeutic test is not usually applied to any of the diagnostic procedures of anaemia the sense of the term is abundantly prevailing, for instance, the modern conception of the genesis of blood and the morbid affections of the same owe their elaboration to therapeutic methods.

Megalocytic anaemias with deficiency of either intrinsic, extrinsic, or haemopoietic factors easily diagnosed by the substitution therapy of any of the following factors :--

- (1) Extrinsic factor (Vitamin B complex)
- (2) Intrinsic factor (Probably in the nature of an enzyme in the stomach wall—the nearest approach to this factor is the commercial ventriculin)
- (3) Hydrochloric acid (dilute) in conjunction with any of the above factors or alone.
- (4) Haemopoietic factor as is present in liver etc.

Likewise the diagnosis of Microcytic anaemias is made easy by the administration of any of the following factors :

- (1) Iron with copper (2) Thyroid (3) Vitamin C and others.

Cardio-Vascular Diseases.

Administration of adequate doses of digitalis in the rectification of a disordered rhythm of the heart determines the diagnosis of auricular fibrillation of the heart particularly of the fast variety. Likewise, arrest of an attack of cardiac distress (wrongly designated as pain) by the administration of vasodilator drugs (such as Amyl nitras, trinitrin, other nitrites etc) fixes the diagnosis of the condition as one of Heperden's Angina (Angina of effort, Angina pectoris). Considering the fact that many cases of precordial pain have an exo-cardial origin this mode of diagnosis of Angina Pectoris should be deemed as a powerful implement in the armamentarium of clinical medicine.

Respiratory Diseases.

The effect of adrenalin injection on an asthmatic subject and conversely the elucidation of the diagnosis through the injection of adrenalin are too well known to need any mention.

The writer regrets the fact that he has had to stretch a word or two to fit in the theme into many of the diagnostic procedures. The only excuse he pleads for doing so is that emphasis of this new aspect of clinical medicine would have been lost otherwise.

Further, temptation to refer to many other allied conditions has had to be resisted e.g.,

- (1) Orthostatic albuminuria (treated with recumbency in bed for three days, cutting off high albumin containing articles of diet such as eggs, administration of calcium by mouth in the form of lactate 30 grains a day in milk after food, combined with simple procedures such as cold bath, massage etc.) as different from chronic nephritis.

- (2) G. P. I. with malaria therapy

- (3) Myasthenia Gravis with prostigmine

- (4) Myopathies with Glycine treatment. However, if it is appreciated that treatment, especially when it is specific, helps in the diagnosis, new point of view in clinical medicine would be learnt.

"PREVENTION OF DISEASE IN RELATION TO RURAL UPLIFT." *

BY DR. A. LAKSHMIPATHI, B.A., M.B., C.M.

Diseases are of two kinds :

One set of diseases is unavoidable. There are others which are preventable by human effort. These diseases which are due to unsuitable seasons depend upon the movements of the Sun, the Moon and other heavenly bodies which are not within the control of man. The soil, water, light and air, all of which depend upon the activities of the Sun are responsible for the prevalence of many diseases and they can be controlled only when we succeed in conquering the ravages of these elements of Nature.

The second class of diseases which are preventable are due to *Midhya Ahara* and *Vihara*, that is, to unsuitable food and habits of individuals. Certain well-known laws of nature are disobeyed and this leads to prevalence of certain diseases and large scale destruction of human life in epidemics, and in wars.

Take for instance, the soil and consider how it is responsible for causing disease. It is well known that low lying and marshy areas are unsuitable for habitation. Yet if you go for yourself a mile or two from here in any direction and look for the actual state of things you will find on the Northern side, that all low lying areas on either side of the Railway line between Perambur Railway Station and Buckingham Canal, are built up, not haphazardly by ignorant people, but by educated and civilised citizens of Madras and with the permission of experts employed by the Madras Corporation. Regular rows of broad streets have been laid out intersecting each other at measured distances according to a well-planned Town planning scheme. But, after a rain of only two inches, these roads are seen to be converted into canals and the houses appear to be small islands surrounded on all sides with water. Attempts will be now made to introduce the drainage system at a great cost. All the superfluous water may be removed but it is impossible to eradicate the moisture in the soil. The unhealthy emanations from the moist soils are responsible for so many other diseases. I am not talking of the carriers of Malaria, Typhoid or Dysentery or Elephantiasis

because they are known to you, but I want you to think of the unknown carrier of many diseases classed as Fevers, Rheumatism and Beri-beri, whose causes are not yet well defined. A similar state of things is responsible for the invasion of the mosquito and the spread of Elephantiasis in Mambalam. This is now the beauty spot of Madras. It was the bed of a lake and the soil is mostly clay. Any student of Ayurveda would have condemned it outright. A rich lady, the wife of Doctor, spent twenty-eight thousand rupees and built a house in Mambalam and the reward was that she contracted Elephantiasis within one year of her life in that beautiful house. She should file a suit against the Corporation for damages. Again, the area occupied by Lloyds Road, was once a huge ditch. Somehow or other the land was raised by dumping some rubbish and drains were dug out, you now see that the whole place is studded with beautiful buildings. But with the onset of monsoon, you find that almost all the members of the house, men, women and children are bedridden, one with Dengu, another with rheumatism and a third with diarrhoea. Doctors attempt to find out the cause of each disease separately forgetting that Anupadesa or Marshy Soil is the common cause of all these diseases. I do not say that this is a revelation to you. You know that crores of rupees are spent all over India for providing the mains for supplying drinking water and the drains for removing extra water. The point is, that health can be secured cheaper, if the fact that dryness of soil contributes to health and wetness to disease, so well known to you all, is taken advantage of in actual practice. Buildings should be constructed only on suitable, dry and elevated places utilising all the marshy places for plant and garden cultivation doubly ensuring the growth of vegetation and also that of the population. Similarly, conditions suitable to health and long life in the choice of water, light and air should be selected if you wish to prevent disease. A new orientation should be given and respect should be paid to the immense store of knowledge gained by the study of local conditions obtaining in India. According to us, every individual man or woman should learn this science of Ayurveda, that is the art and science of healing, and not merely the Doctors for practising the same as the Physicians. Every one should know what is suitable and unsuitable to himself and to the Society and what counts for their happiness or unhappiness. When people are ignorant, Adharma would naturally prevail and this would lead to either epidemic diseases on one side and to individual jealousies and wars on the other side, both of which are equally destructive to human life.

Indian teachings depended more upon educating the individual, who formed the unit of the Society in order to make the whole Society happy.

* A lecture delivered at the Govt. School of Indian Medicine under the auspices of the Andhra Students' Association.

The rules of conduct expressed in one word as "Sadvrutham" when properly taught and practised make one happy for himself and suitable to others as a member of their Society. In chapter 24 Chikitsa, Susruta devotes one whole chapter to the methods of cultivating a healthy and long life. From the time, he gets up early in the morning till he goes to bed again, the life of each individual is disciplined in such a manner as to ban disease altogether. Study these rules, preach them and follow them yourself most carefully and you will realise their value in the work of Rural Uplift. Cleaning your teeth as soon as you get up from bed, lubrication of the skin with ghee, oil or fat, regulated physical exercises and baths, regulation of food, sleep and control of sex life all these as you know, help us to be free from the inroads of diseases, more than all the injections and vaccinations. We have in this School great opportunities for imparting knowledge of a new kind to modern scientists and so your responsibility is very great.

A new orientation to the prevention of disease must be given to the country by this School. Hitherto specific infectious diseases caused by microbes such as Typhoid and Cholera are considered to be preventable diseases but you know that constitutional diseases like diabetes and rheumatism are also preventable by taking precautionary steps in the regulation of diet and habits. Diabetes is common in this country in well-to-do people occupying an important place in the Society such as Munsiffs, Judges & Vakils, who live a comfortable life and who do not have any regulated physical work. It is very lamentable that my own colleagues, classmates and friends, the Doctors in the city of Madras are dying away at the middle age falling a prey to this disease. According to us diabetes is preventable. The prescription is not to eat civilised foods and to walk 1,000 miles a year. Preach this in the villages and you will save them not only from diabetes but also from any other preventable diseases. The European Scientists were unable to study the Indian conditions first hand because from the beginning of their associations with India they could not have any social life in common with the higher and literary diseases of our country. Owing to their close association with the lowest class of our society a stigma of inferiority was attached to them in their social life and they also looked upon every thing Indian with an undesired contempt, on account of their material and political superiority. This has also led to the widening of the cleavage between the educated classes and the villagers. The village community of India which has still preserved certain valuable and scientific lore has to be preserved to the advantage of modern sciences. While on the question of our habits, effecting health of individuals, I would like to tell you here that the present hours of work are most unsuitable to our health in this climate.

I insist on saying that children and school boys like you, must be educated to sleep at mid-day at home instead of sleeping on your class benches. The regulation of sleep has much to do with long life. Sleep is responsible to your happiness or misery, your plumpiness or leanness, to your strength or weakness, to virile power or impotency, to your intelligence or stupidity and even your very life or your death. Does the western science speak so emphatically of the importance of sleep in your daily conduct? You have in this School a special responsibility of giving a new orientation to propaganda on prevention of disease in this country and every one of you should go back to the villages and preserve this science for the sake of India and for the whole world.

NOTES ON PUBLIC HEALTH.

Issued by the Principal Information Officer, Government of India.

THRILLS IN DISEASE PREVENTION EPIDEMIOLOGICAL SLEUTHS.

COLONEL RUSSELL ON HIS HEALTH REPORT.

"Few of you had probably ever dreamt of comparing health reports in official blue-book covers with a 'crime novel,' but this is what I am going to do."

This is what Colonel Russell, Public Health Commissioner with the Government of India, said in course of a broadcast talk last night on his own Report for 1936, which has recently been published.

"The average detective story, as a matter of fact, is not nearly so exciting," said Col. Russell, "as those to be found in the health reports of this country."

We epidemiologists are constantly engaged in following up clues leading to detection of the agents causing sickness and death and of the methods these agents adopt, in some cases they may be virulent germs like those of cholera or plague, in others, murderous female insects like the *Stegomyia* or the anopheles able to spread yellow fever and malaria. Each has its own special plan of attack.

Every health officer can have all the thrills he wants in work of this kind. The *prevention* of murder is seldom dealt with in fiction, in the field of epidemiology, whilst the expert, unfortunately, has many murders to investigate, his main purpose is the *prevention* of these crimes against humanity. There comes the thrill and the epidemiological sections of the Public Health Commissioner's report contain the exciting stories.

MONEY SPENT ON RESEARCH IS MONEY WELL SPENT.

"Another chapter describes the numerous enquiries being conducted by research workers. The more important subjects under investigation include malaria, mal-nutrition, cholera, plague, leprosy, tuberculosis, maternal and child mortality, rabies and kala-azar; but there are many others. In each of these directions, highly skilled detective work is constantly going on, the Government of India, through the Indian Research Fund Association,

providing annual grants in order that by these means sickness, suffering and death may be reduced and prevented. Both Central and Provincial Government laboratories are engaged in similar work, for instance, millions of doses of different preventive vaccines are manufactured every year, whilst during 1936 no less than 25 million persons were vaccinated or revaccinated against smallpox alone. I can assure you that every anna of the money allotted is well spent and handsome annual dividends are earned both in the saving of thousands of lives and in the form of new knowledge, the practical application of which make for the betterment of public health. You will appreciate the satisfaction to be derived from having a share in such work.

IMMENSITY OF THE PROBLEM.

"Before passing to other subjects, I would remind you that the Public Health Commissioner's report attempts to review the health conditions and health problems of a population, comprising nearly one-fifth of the whole human race and living in a sub-continent which includes almost every variety of climate and custom. You will realise therefore that it is no easy task to summarise events or to give any complete picture of widely varying conditions in a brief broadcast talk."

"Let me give you, in the first place, just one or two of the almost astronomical figures with which we are concerned. During 1936, nearly 10 million babies were born, there is still no evidence of a fall in the birth rate, which is such a notable feature now-a-days in most western countries. In the same period, about 6½ million deaths were recorded. Of this total, over 1½ millions were among infants under one year of age, these mainly from preventable disease."

The love of children is such a marked feature of Indian life that it has always been to me a matter of surprise that so few women of education and leisure have seen fit to join the voluntary organisations which for years past have done great pioneer work in the field of maternity and child welfare. Moreover, it is still almost impossible to find young women willing to take up the nursing and health visitors' professions. All this is humanitarian work which can only be done by women. Why there should be so much reluctance is for my women listeners to say!

ECONOMICS OF PREVENTIVE MEDICINE.

"Apart from humanitarianism, let us look at this high mortality from the purely economic point of view. The loss involved in the birth and rearing

of great numbers of children who die before they can make any return to the community is incalculable. Even a small step in its prevention would have an appreciable effect in increasing the wealth of the country and "a courageous attack on the problem might produce a revolution in the standards of life and prosperity."

"The report further shows that another 1½ million persons died of malaria and this disease without doubt constitutes India's major health problem. It is no doubt possible to minimise malarial infection in restricted areas, but the problem of India's 800,000 rural villages is quite a different matter. Two years ago the Government of India made a free gift to the provinces of 45,000 lbs of quinine and distribution of this drug would seem to be the most practicable method of attack under existing circumstances. As with other health problems, however, the main difficulty is one of cost, although even when quinine is distributed free, it is sometimes difficult to persuade the people to use it. Those of you who have had malaria will realise that this objection is not without foundation.

EPIDEMIC DISEASES

NOT NECESSARILY A FEATURE OF TROPICS.

"Diseases like cholera, plague, smallpox, dysentery and malaria, which regularly cause large numbers of deaths, were formerly believed to be a normal feature of tropical countries, a feature which could not be effectively modified. Modern hygiene has proved this to be an entirely erroneous belief.

Experience in India and in other tropical countries has shown that these diseases can be reduced and even stamped out by the application of preventive methods. The health officer in estimating progress must, however, take the long view and a glance back over the past 31 years makes it clear to me that great improvements have been effected and that large numbers of lives are now being saved which would have been lost if conditions had remained as they were at the end of last century.

"New problems, however, arise and the report indicates that tuberculosis has more recently become a serious menace. Careful surveys made of urban and rural populations have shown that this disease is now causing a high morbidity and mortality. It is essential to organise a wide preventive campaign if this new danger is to be met and this will shortly be planned if a sufficiently generous response is made to Her Excellency Lady Linlithgow's appeal for the King Emperor's fund. In combating tuberculosis, large

numbers of special clinics will be required, but education in hygiene, in sound methods of living and in improved diet will form an important feature of the campaign.

POPULATION AND FOOD SUPPLY.

"By subtracting the figure for deaths from that for births, you get a rough figure of the annual increase in population. In 1936, India's population increased by 3,600,000 and during 1937 it is probable that a further 4 millions have been added to the total. The primary necessity of the human race is adequate food and the first step towards betterment of a low standard of living is to increase and improve available food supplies. Both the Central and Provincial Governments have made, and are making, great efforts to develop more scientific agricultural practices and to provide the additional food supplies required, but the whole question of population and food supply demands the most careful study not only by politicians, economists and agricultural and health experts but by every member of the educated community. An improved standard of living is one of India's most fundamental problems.

BETTER NUTRITION CAMPAIGN.

"Closely allied with this question is that of nutrition. It may interest you to know that the Government of India, through the Indian Research Fund Association, has been carrying out nutritional researches for over 20 years past, long before the subject was discussed by the League of Nations or by other international and national committees. These researches have proved that a vast amount of malnutrition exists in this country, but considerable progress has already been made in the practice of preventive methods.

I can mention only one example of our activities.

During the past year a number of health officers from different provinces and States have been trained at the cost of the Central Government in modern methods of investigation and prevention of nutritional and malnutritional conditions and these officers have returned to their respective spheres qualified to put into practice the new knowledge they have acquired.

But, of course, nothing is more difficult than to persuade people to change their dietary habits and much time and effort will be required before marked progress will be achieved. Here again, education is of primary importance and provincial and State Public Health Departments must accept

responsibility for carrying out the necessary propaganda and for extending the general nutritional campaign.

DEPLORABLE HOUSING CONDITION.

"One new section of the present report deals with housing. The importance of housing in relation to the health of the people was pointed out years ago both by the Royal Commission on Agriculture and, perhaps even more strongly, by the Royal Commission on Labour. In a few restricted areas, commendable efforts have been made and these have been reflected in the increased health and happiness of the workers concerned, but generally speaking housing conditions both in towns and villages can only be described as deplorable.

The individual Indian home is usually kept scrupulously clean, but the villager, like his prototype in other countries, sees nothing objectionable in the accumulation of refuse near his house nor is he aware of the danger arising from pollution of soil and water.

The fundamental improvements required cannot be carried out by legislation alone. These depend mainly on the demand of a higher standard of communal hygiene from the people themselves and on the development of an educated public opinion. Fortunately, both are now gradually being realised, but side by side with the educational activities now in force, Provincial Governments and Local and Municipal bodies will have to take administrative action and encourage interest and activity.

"It is commonly stated that 'health is better than wealth,' but I am afraid few give this old truism more than lip service. Is it too much to hope that what has been said will stimulate some, at least, of my listeners to take a greater interest in the health and welfare of their own country and their own people?"

FIFTH ANTI INDIAN MEDICAL COUNCIL ACT DAY.

At a protest meeting of the Bombay Medical Profession held on Tuesday, the 20th September, 1938, under the joint auspices of the Indian Medical Association, Bombay Branch, Medical Association, Bombay North and the All-India Medical Licentiates' Association, Bombay Branch, the following resolution was passed unanimously :—

"Resolved that this meeting of the Bombay Medical Profession held under the joint auspices of the Indian Medical Association, Bombay Branch, Medical Association, Bombay North and the All-India Medical Licentiates' Association, Bombay Branch condemns the Indian Medical Council Act of 1933 and strongly urges on the members of the Indian Legislative Assembly to take immediate steps to so amend the said Act as to provide therein amongst other things a more suitable arrangement for reciprocity and inclusion of the Medical Licentiates within its purview and further resolved that this meeting urges the Bombay Government to move the Central Government to effect necessary changes in the All-India Medical Act as early as possible."

DR. R. P. KOPPIKAR, M.B., M.S. (BOM.)

President of the Meeting.

* * * * *

At a largely attended public meeting of the Medical profession of Madras held under the joint auspices of both the branches of the Indian Medical Association and the All-India Medical Licentiates Association, Madras at "Gana Mandir" No. 10, Thambu Chetty Street, Madras, at 6 p.m. with Dr. D. V. Venkappa, Vice President, Indian Medical Association in the Chair, a heated discussion ensued protesting against the Indian Medical Council Act of 1933 as the one launched in India by a "Tyrannical and outside body."

Drs. A Viswanathan, K. Rama Rao and M. Sanjeeva Rao who spoke on the subject expressed the opinion that the Indian Medical Council is only a tool in the hands of the General Medical Council of Great Britain and its present constitution and composition are fundamentally autocratic. There is an official majority and who does not represent the independent medical profession at large, especially when the bulk of the profession, the Medical

Licentiates, who cater to the daily needs of the masses in India go unrepresented in the Council.

The house observed at length the various defects of the present Indian Medical Council and feeling the urgent need of pressure on the Central Government by the Provincial Governments to make the necessary amendments so as to make the council popular the following two resolutions were passed unanimously :—

Resolution No. 1.

Moved by Dr. M. Sanjeeva Rao.

Seconded by Dr. M. R. Bail.

This meeting of Medical men of the City of Madras assembled under the joint auspices of both the branches of the Indian Medical Association and the All-India Medical Licentiates' Association emphatically condemns the exclusion of Medical Licentiates from the purview of the Indian Medical Council Act 1933, and also certain provisions in the said Act which restricts the representation of the Independent medical profession in the Medical Council for India and which perpetuated the undesirable and unwanted dominance of the General Medical Council of Great Britain in our affairs and requests the Government of India to amend the said Act suitably in consonance with the demands made by the two premier medical organisations in this Country, namely the Indian Medical Association and the All India Medical Licentiates' Association.

Resolution No. 11.

Moved by Dr. A. Viswanathan.

Seconded by Dr. R. Ramanjulu Naidu.

“ This meeting held under the joint auspices of All-India Medical Licentiates' Association and Indian Medical Association (Madras Branches) on 20th September 1938 requests the Government of Madras to urge on the Central Government to initiate the necessary amendments to the Indian Medical Council Act of 1933 so as to include within its purview :

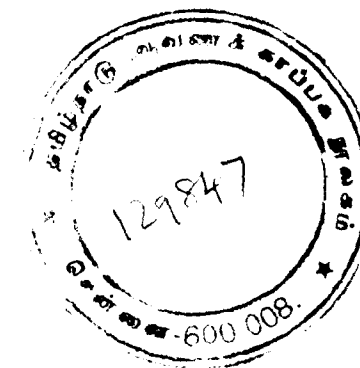
- (1) Inclusion of the Medical Licentiates.
- (2) Maintenance of a common register.

- (3) Replacement of the present large official element by a complete non official elected representatives.
- (4) Fair terms of reciprocity.

The letter from Dr. U. Krishna Rao, Member, Medical Council, Madras, expressing his inability to attend the meeting on account of his pressing engagement and pointing out his sincerest co-operation in all that the two bodies propose to do against non-inclusion of the All India Medical Licentiates in the Indian Medical Council Act was read before the house.

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

U. D. G. RAO.
G. J. N. NAIDU,
Secretaries.



NOTICES.

FROM THE REGISTRAR, PUNJAB MEDICAL COUNCIL, LAHORE.

Unqualified Practitioner convicted.

Mirza Mohd. Nisar Ahmad an unqualified practitioner was convicted by S. Kapur Singh, I.C.S., and sentenced to pay a fine of Rs. 100 for falsely styling himself as M.D. Calcutta.

* * * *

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".

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

CORRESPONDENCE.

PALAMCOTTAH,
Dated, 1st October, 1938.

To

THE EDITOR,

'JOURNAL OF SOUTH INDIAN MEDICINE',

MADRAS.

Sir,

Please publish the following query for the use of the public, in your monthly.

'Will you or any of your numerous readers who are conversant with the subject enlighten me whether an Honorary Medical Officer attached to a Government Hospital is a Government servant and if so, is he not entitled for Travelling allowances when posted for special epidemic duties! as for other Government servants?'

Yours sincerely,
V. N. CHARL, L.M.P.
3-10-38.

JOURNAL OF SOUTH INDIAN MEDICINE.

OCTOBER, 1938.

LEGISLATION ABOUT DRUGS.

The popular mind is always fascinated by the unknown and the mysterious. The pharmaceutical chemists and the patent drug manufacturers have not been slow to exploit this human trait. Innumerable nostrums and universal panaceas have long been flooding the drug stores of western countries. The havoc had grown to such proportions that countries like the United States of America have begun to take measures to combat this evil. But India has a vast population and great amount of sickness. Here medical men are not always available and the people are generally too poor to consult them when available. As such this country offers an admirable field for these drug makers. We were therefore glad when our public men interested themselves in this question in the Legislative Assembly. The Drugs Enquiry Committee was appointed as a result. We are glad that the Government of this country is at last making efforts to legislate as a result of that enquiry.

The prevention of the exploitation of its citizens by worthless and inferior drugs is eminently a duty of the State. But when the State delays to make up its mind, some means should be found for the performance of this function. In countries where the profession is efficiently organized, medical associations carry on intensive work to educate the profession and the public about the merits and defects of vaunted remedies. And in this task, they are ably supported by their Governments. In this country we suffer from many disadvantages. Well-equipped non-official laboratories are almost non-existent. The chemical industry is just being born. The pharmaceutical manufacturers are in their early infancy. The profession itself

is unorganized, and the idea of organizing itself for useful work has hardly suggested itself to it. In these circumstances, the scope for the drug manufacturers is unlimited and all sorts of expensive trash are dumped into this land without any hindrance.

We do not propose here to enter into details about the methods of this drug sale. Our readers are well familiar with them. But the individual members of the profession may not know the immensity of this danger. Ever since the profession began to lay emphasis on the dangers of oral sepsis the manufacturers have been placing on the market an increasing number of tooth pastes and "antiseptic" mouth washes. These are usually elegantly coloured and pleasantly scented. They are generally put up in attractive bottles with appealing labels. It is often claimed for them that they kill bacteria, and to give an air of scientific accuracy, the number of organisms killed by the product in a particular time limit is published. They claim to prevent pyorrhoea alveolaris. The public is generally impressed by these statements. And some medical men prescribe them to their patients, and this, in spite of the fact that well documented findings have been published by a reputed medical journal denying antiseptic properties when used as diluted mouth washes and gargles. It has been calculated that a commonly sold antiseptic product costs four hundred and ninety five dollars to do the service of a cent worth of corrosive sublimate, or fifteen dollars worth of it equals the cent worth of phenol in antiseptic effect.

This propaganda for sale of drugs has become more aggressive in recent years. The manufacturers are not content with advertising in the newspapers and some medical journals. They have been flooding medical men even in remote villages with packets and bundles of advertisement literature. Various agents travel about with big boxes, distributing literature and almost forcing their samples on medical men. And almost every mail brings basketfuls of free samples and coupons for more. The current fads are carefully studied and a large number of drugs and their variants which may have the

remotest association with such diseases are lauded under a bewildering variety of names. At the present moment specifics for anaemias, cures for vitamin deficiency and calcium defective states, gland products and tonics are the vogue. The pharmacologist and the physician might say from the house-tops that liver therapy is only useful in particular types of anaemias, but the multitude of manufacturers will advertise everywhere that liver products are indicated in all anaemias. The question of calcium metabolism might still puzzle the researchers all over the world, but the manufacturer already sings the praises of his particular calcium product for use in all sorts and conditions of ill health and even in health. It is well known that most gland products are not useful when taken by mouth. They are already putting up "tonics" which are said to contain active gland products. We should not be surprised if most of them are merely sweetened spirits with subminimal quantities of some inoffensive drugs or other products.

A consideration of these various drugs would make a diverting study in "bottled psychotherapy". But our object is merely to draw the attention of our readers to the real danger of allowing these firms and their agents to the tables of medical men with free samples given with such apparent generosity. The success of their advertisements has so increased the audacity of these people that from hoodwinking the public they are now bent on taking in medical men. The medical man generally starts with scepticism, but often succumbs to the repeated suggestions of the agents, and indirectly helps the sale of these drugs till after a few months he realizes their worthlessness. But in the meanwhile, the mischief has been done and it gathers momentum from mouth to mouth of the patent drug habitues and we are ashamed to say, of the prescribers.

We trust that the steps that the Government propose to take now will succeed in preventing the terrible misuse of drugs and drug vending.

LEPROSY

CHAULMOOGRADINE

While Chaulmoogradine tablets may not adequately replace injection treatment of Leprosy, they are nevertheless very useful for reinforcing injection of chaulmoogra preparations, as a maintenance treatment between courses of injections and as a precautionary treatment against relapse following the cessation of injections.

Relapse often occurs through treatment being stopped too soon. Sometimes a complicating disease may suppress the cellular reaction to the B. Leprae, as a result of which the disease may appear to be arrested, but actually is only quiescent.

The administration of Chaulmoogradine tablets at the cessation of injection treatment will serve to maintain resistance to the B. Leprae, and reduce the danger of relapse.

The tablets are composed of salts of the total unsaturated fatty acids present in chaulmoogra oil; they are convenient to take and remarkably free from any deleterious action on the stomach.

COMPOSITION: Gluten coated tablets each containing $\frac{1}{2}$ gram of the sodium salts of Chaulmoogric and Hydnocarpic acids.

ADVANTAGE: The gluten coating prevents gastric disturbances.

DOSE: One tablet three times a day, which may be increased to six tablets per day in some cases.

PACKING: Bottles of 100 tablets.

PHARMASOL CHAULMOOGRA

COMPOSITION: A colloidal preparation of Chaulmoogra oil.

Strengths	Ampoules	Vials.
0.1 per cent.	2 cc and 5 cc	25 cc
0.2 " "	2 cc	25 cc
0.5 " "	2 cc	25 cc
1.0 " "		25 cc
2.5 " "		25 cc

DOSAGE: Begin with $\frac{1}{2}$ to 2 cc of 0.1 per cent every 2nd day. Gradually increase the dose and interval till 5 cc or more of 1.0 per cent or 2.5 per cent is given once a week.

METHODS: Intramuscular or intravenous as convenient.

ADVANTAGES: No venous occlusions.

The Anglo-French Drug Co. (Estn.) Ltd.,
P. O. Box 460 — BOMBAY.

ASSOCIATION NOTES

The Tinnevely District Medical Association, Palamcottah.

The monthly meeting of the Tinnevely District Medical Association was held at the Subramanya Karayalar Public Library, Palamcottah, on Saturday the 24th of September 1938. Members numbering 58, including two women doctors were present on the occasion. Sri. K. P. Yegneswara Sarma, M. A., M. L. A., was present at the meeting on special invitation.

After Tea party and sweet music the meeting began under the Presidentship of Lt-Col., T. S. Shastry, I. M. S.

The Secretary and Treasurer read out the Minutes of "President's function" of the Association held on the 21st of August 1938, which were passed. He also read the minutes of the Special meeting held to meet Lt. Col., H. E. Shortt, M. B., I. M. S., the Acting Surgeon General with the Government of Madras, which were passed.

The Secretary read the letter received from the Honorary Secretary, Indian Medical Association, Calcutta, regarding the inclusion of the Licentiate within the purview of the Indian Medical Council Act, Maintenance of the register etc. Sri. K. P. Megneswara Sarma, M. A., M. L. A., promised to bring the subject before the next Legislative Assembly meeting.

The Secretary, read the letter received from the Honorary Secretary, The Indian Medical Association, Calcutta, regarding the fees for examining candidates for Life Insurance Companies. After discussion by the members the following resolution of Dr. L. Mahadevan, M.B.B.S., D.O.M.S. was passed unanimously, having been duly recorded:—

"It is hereby solemnly resolved that no member of the Tinnevely Branch of the Indian Medical Association shall examine any case for Life Insurance unless he is paid a fee of Rs. 10/- (as minimum, and of Rs. 16/- if the Blood Pressure is to be taken) (exclusive of any expenses of travel if it is outside his consulting room) for the medical examination, whatever the amount of Insurance may be."

It was also resolved to enlist the co-operation of neighbouring the District Medical Associations in this very important matter, and then to finally decide it at another meeting.

The following resolutions of the Managing Committee were discussed :—

1. Amending Rule No. 19 as follows :—

To have the power to alter the constitution at any one of its meetings after previous notice has been given where not less than one half of the number of members on the roll are present and three-fourths of the number present are in favour of the proposed change in the constitution.

New Rules :—

2. Members whose subscription is in arrears for *six months* shall cease to be members, but they continue to be liable to pay the arrears.

3. Members who have lost their membership under the above Bye-law shall not be re-admitted unless they pay all the arrears due from them.

4. A non-residential membership shall be instituted as follows :—

"It is resolved that the Association may institute a non-residential membership for the benefit of those members of our Association who get transferred or who have to move out of our District in the course of the Journal year (1st October to 30th September following) after having paid their subscription for the year.

(2) This non-residential membership applies only to such members as are residing and working in a District which has no branch of the Indian Medical Association.

(3) It is proposed that the Annual subscription for the non residential members should be Rupee one for the membership plus a Journal subscription of Rupees three per annum for the Journal. But since he has already paid Rupee one towards the Journal he should pay only Rupees Two for it for the current year.

(4) Before he leaves the District he should pay all the subscription and other dues due to the Association; and when he applies for non-residential membership he

should also pay in advance the subscription of Rupees three for the current year.

(5) For the next year onwards he should pay Rupees Four in advance. If it is not paid in advance his name shall be removed from the list.

(6) His application should be accepted by the Managing-Committee and he should be enrolled as a non-residential member, before he gets the benefit of it, and the Secretary of the Indian Medical Association, Calcutta, should then be informed to continue to send the Journal to such a member to his new address."

5. The "Association Year" shall be from the 1st of October to 30th of September following to come into line with the Indian Medical Association.

It was also suggested that the next Annual General Meeting be arranged in the month of November or December next.

Dr P. S. Srinivasan, read out the following cases which were operated and treated at the Government Headquarters Hospital, Palamcottah.

1. A case of Cretinism.
2. A case of fracture pelvis.
3. A case of suppurating Antrum of Highmore (right side).
4. A case of compound fracture, lower jaw—as a result of an accidental fall.
5. A case of abscess, inguinal canal.
6. A case of Tuberculosis of lungs attended with Inguinal Hernia.

Dr. K. S. Subramanyam, L.M. & S., Assistant District Medical Officer, Tinnevely, read an interesting paper on "Advances in the Therapeutics of Antimony".

The cases were exhibited to the members by Dr. Srinivasan, while the skiagrams relating to them were demonstrated by Dr. Kantayya, B.A., M.B.B.S. Each case was fully discussed by the members.

Thereafter Colonel Shastry, I.M.S., summed up the salient and important features of all the cases and their differential diagnosis in detail. He

offered his cordial thanks to Sri. K. P. Yegneswara Sarma M.L.A. for his readiness in accepting the invitation and for his promise of moving the Legislative Assembly regarding the Indian Medical Council Act. He thanked Sri. C. V. Gopalan B.A., B.L., for placing the Library Hall at the disposal of the Association for holding the meeting.

Thereafter an excellent Dinner Party brought the happy gathering to a close at 11 P.M.

HEALTH EXHIBITION.

In the morning a Health Exhibition was arranged at the Government Training School, Tirunelveli Town, for the benefit of the Teachers and School children of the Tirunelveli Municipality. The Exhibits consisted of posters relating to Cholera, Tuberculosis, Malaria, Small-pox, fly-danger, etc.

The Independent Medical Practitioner's Association, Tinnevely.

At a meeting of the Association held on 10-9-'38 Dr. V. Narayana-chari delivered a lecture on "yaws." He gave a description of yaws and detailed descriptions of 81 cases he had seen in all stages of the disease, in a village in the Tinnevely District, during the course of a month.

At a later meeting of the association held on 10-9-'38 the following resolutions were passed:—

(1) "The Independent Medical Practitioners' Association, Tinnevely, heartily welcomes the proposal of the Government to restrict the private practice of paid Medical Officers of the Government Service to consulting practice only and request the Government to give effect to the proposal as speedily as possible in view of widespread unemployment prevailing among the members of the independent medical profession on account of the unequal and unhealthy competition of those in Government service from their position of vantage and further requests the Government to extend the same to paid medical officers of Local Bodies also."

(2) "The Independent Medical Practitioners' Association, Tinnevely is of opinion that the minimum medical fee for Insurance examination should be Rs. 10/- for every case exclusive of any expenses of travel if it is done outside the practitioner's consulting room whatever the amount of the insurance may be."



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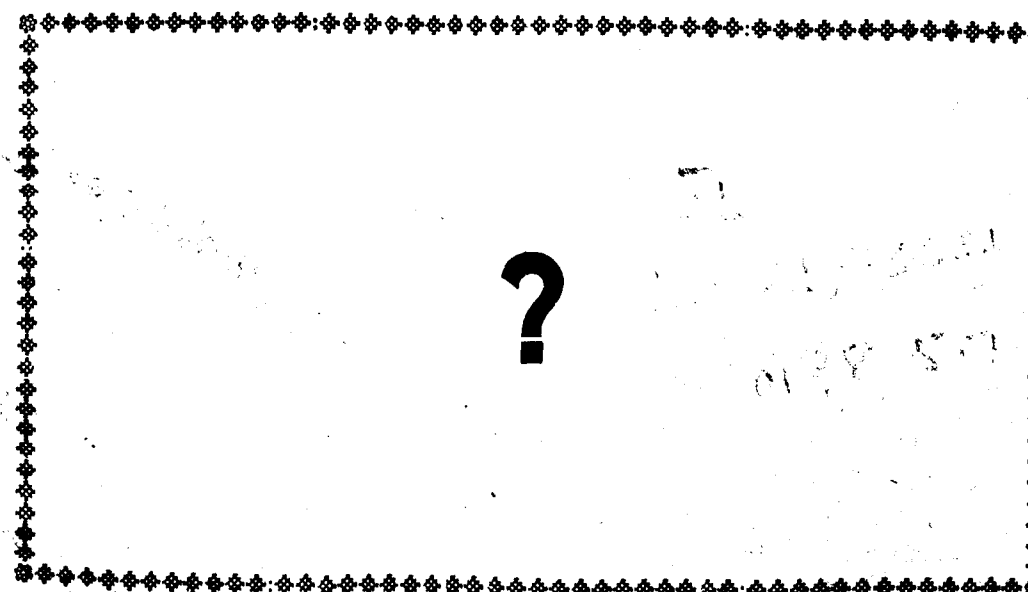
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