

NO. 1

MEDICAL - SURGICAL

SUGGESTIONS

JANUARY



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Vol. VIII.

JANUARY 1939.

No. 1.

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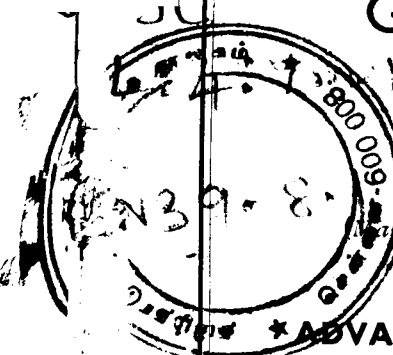
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Editor : Dr. P. R. Venkappaya.

VOL. VIII JANUARY 1939 No. 1

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## MEDICO-SURGICAL SUGGESTIONS

VOL. VIII

JANUARY 1939

NO. 1

### Original Article.

#### SURPRISING DENTAL ACTS.\*

BY DR. S. K. GUPTA, B.D.S.C., B.O. (Pb.)

Dental Surgeon.

Railway Road, PASRUR District, Sialkote (Pb.)

One of the most thrilling and spectacular acts to watch at a circus or music hall, is what is known as a dental act.

In a dental act a performer holds between his or her teeth a piece of apparatus from which hangs another performer, and various poses and evolutions are presented.

To the audience, the fact that ordinarily built persons who are not apparently exceptionally strong, can support other persons from the mouth or the teeth, so to say, in this manner seems amazing.

The writer has interviewed many performers who specialise in dental acts, and the surprising fact emerges that teeth are not necessary for the act at all. Indeed, performers with false teeth have been known to do dental acts, removing the teeth, of course, before entering the ring or appearing on the stage.

Satyamurti and Vishwarau, who are comedy bar acrobats, permitted me an inspection to be made of the mouthpiece they use. This consists of a pliable leather mouthpiece made something like a wax mould after it has been used to take an impression of the mouth. At first the leather mouthpiece is uncomfortable to wear, and Satyamurti says that for two or three days after using a new mouthpiece he cannot eat in comfort.

Gradually the mouthpiece becomes adapted to the shape of his mouth. In the middle of it is a hard ball, and this is the part which takes all the strain. Satyamurti closes his mouth over this ball, grips it with his jaws and the roof of his mouth, and a hook at the other end of the mouthpiece enables him to hang from a bar, and the swivel makes it easy for him to revolve while hanging.

A performer who has been doing dental acts for fifty years, but who wishes to remain anonymous, says that all dental acts can be

\* Specially contributed to the "Medico-Surgical Suggestions," Madras.

done without any damage to the teeth at all, provided care is taken in obtaining the right kind of mouthpiece. This performer's wife used to raise a barrel of forty gallons of water by her teeth, and support her husband swinging from rings in this manner. It is essential that the pad should be made to fit the whole of the mouth, and not merely pull on the front teeth; and the pad must, of course, be kept clean and sterilised. A performer who has the misfortune to have an aching tooth suffers tortures, for the act must go on. When one begins to practice, the strain on the muscles of the jaw and the back of the neck is tremendous.

Rama Iyengar, a gymnast who used to perform dental acts, confesses that for sometime he was able to lift only his own weight, but he met a performer with a special type of mouthpiece who was able to lift double his weight, and from him he was able to improve his apparatus.

The Paul Brothers at Lahore climb a twenty-foot vertical bar, and then one of them hangs at the end of a six-foot bar which is supported by his partner's teeth, and on the end of this he hangs with nothing to prevent him crashing if his partner's teeth should give way.

An amusing scene was witnessed by me in an American circus in 1927. The proprietor announced that in the next season he wished to present an air ballet composed of ladies, all whirling round from the roof of the big tent, and only "iron jaws" would be employed. Consequently the wives and daughters of male performers spent all their spare time in practicing, and at least a dozen passed the final tests.

The principle of dental acts has been known for many years; strong men and women of the past won great applause by performing dental feats. The great Zass to-day eclipses all the strong men of the past, for he is but seven stone in weight, yet he grips a massive bar of iron between his teeth while three men on each side of him pull down the bar until he is nearly double. He also can stand on a wagon to which he is anchored with chains connected to his belt, twenty people can mount the wagon, and then, when two horses are harnessed to Zass's teeth, the wagon is drawn along.

Unusual uses of teeth indeed, but the public demand spectacular thrills, and circus and music hall artists earn a living by satisfying that need.

## Modern Methods of Treatment.

### TREATMENT OF GONORRHEA IN THE MALE

D. W. BRANHAM, M.D.

Instructor in Urology, University School of Medicine  
Oklahoma City.

#### CHAPTER I

##### HISTORY

Gonorrhea has long been a disease without dignity. Its treatment is too often ineffective, even to the point of neglect. The medical profession in the past has accepted it, as far as therapy was concerned, with what might be described as a sense of condescension and futility. This apparent indifference, no doubt is partly due to its being so intimately related to venery, with all the accompanying taboos of sex, as well as a most disappointing response to treatment.

It would seem that a disease so prevalent and filled with the potentialities for harm would have thrown a direct challenge to the profession, for at least its amelioration, if not eradication. Because of this lack of interest we find the treatment rendered today differs little in its procedure or benefits from that prescribed fifty years ago. As a matter of fact, by some it has been stated the modern management of the disease, taken as a whole, actually instead of doing good promotes harm. A rather serious indictment when one compares the progress made with other ills of mankind.

There is no more important detail in the intelligent care of the patient afflicted with gonorrhea than an accurate history. Physicians, circumspect in their handling of many other conditions, prove strangely lax in this regard when encountering a case of gonorrhea for the initial time. Frequently the patient is started out on a routine treatment without even the simple preliminary of a few perfunctory questions, which information to a vital extent dictates not only the particular type of immediate treatment but proves invaluable for future care of the case.

Practically, it is essential to determine: How long the individual has had the disease; how severe it is; has he ever had it before; and what has he done for it. The questions asked to the average patient may be outlined somewhat as follows:

1. Of what are you complaining?
2. When did you have sexual contact?

3. What prophylaxis, if any, did you take?
4. When and in what manner did you start giving evidence of being diseased?
5. How has it progressed?
6. What treatment, if any, have you done?
7. What effect has it had on your disease?
8. Are you having much pain?
9. Do you have any marked frequency of urination?
10. Is there any pain at the end of urination?
11. Is there any pain in your testicles?
12. Have you had any bleeding?
13. Have you ever had a similar attack before? If so, what did you do for it and how long did it require to get well?
14. Have you had any signs and symptoms, even of a minor character, which suggest that you may not have been completely cured?

So far as the immediate type of treatment indicated, we must be guided almost exclusively by the severity of the infection, as manifested by the signs and symptoms. Questioning is necessary because we not only evaluate the intensity of the disease by the physical evidence obtained on examination but the symptoms complained of by the patient. The fact that an individual has only a moderate discharge does not mean he would be able to tolerate routine treatment. He may be having marked terminal pain with frequency that suggests an acute posterior urethritis, demanding systemic management for the time being, and not local therapy.

The type of prophylaxis taken by the patient for the prevention of venereal infection at the time of exposure, because of its irritating effects, may produce such a urethral reaction it may mimic a gonorrheal urethritis. The knowledge of what prophylaxis has been taken may explain fully a profuse discharge that seems to be unusually free from organisms.

The amount of treatment already administered must be known in detail, chiefly the character as well as the number and strength of solutions given intraurethrally, and also what effect they appeared to have had on the appearance of the disease. It is not unusual to see what has apparently began as a mild infection to have been aggravated to annoying acuteness by the form or mode of therapy given. The use of astringents early in the course of the infection also markedly modifies the appearance of the clinical picture.

The proper management of a complicating posterior infection is an important integral of treatment and influences in no small way not only as far as early cure is concerned but the ultimate outcome of the case. It is essential we have accurate knowledge at all times of this complication. Apparently insignificant signs and symptoms will warn the physician of a brewing posterior urethritis, which

information causes him to modify the treatment in order to allow the process to subside uneventfully. Carelessly chosen procedures may encourage the infection to flare into fulminating activity.

Gonorrhea has the unfortunate characteristic of lying for long periods of time dormant within glandular structures, to be flared at times into activity for short periods. During these acute attacks such exacerbations resemble freshly contracted infections; therefore, it is important to determine whether the individual has had the disease before and whether it appeared to have been thoroughly cured. One must remember also the frequency of a nonspecific prostatitis which, during an acute attack, may also simulate a gonorrheal urethritis.

Complete records of each case should be kept. Most of the information obtained is of a negative character and through the medium of abbreviation may be placed within a few lines. This, with the progress notes of the individual while under treatment, need not encompass more than the doctor's usual record card. The completed form not only proves helpful as a means of reviewing the patient's progress from time to time but the cumulative value of many cases, accurately recorded, strengthens our confidence and knowledge of the disease as the experience of the years pass.

## CHAPTER II

### EXAMINATION AND DIAGNOSIS

When seeing for the first time a patient who has a urethral infection, the physician, in order to obtain an intelligent basis for the proper treatment, should mentally answer a few questions regarding the disease. Is this truly gonorrhea? If it is gonorrhea, in what clinical stage does it appear to be? How acute is the infection?

Before the era of accurate bacteriological diagnosis almost all urethral discharges were considered gonorrheal in origin; non-specific infection from other bacteria being practically a non-entity. To the present day, notwithstanding the ease of obtaining accurate information, many doctors indict every individual who presents a purulent discharge as having gonorrhea. Fortunately not all urethritis is due to the gonococcus. Approximately ten per cent will be found to originate from other types of bacteria. Aside from the fact the treatment is practically the same, it is of tremendous importance to the patient's peace of mind whether he has gonorrhea or some more benign affliction. Rarely such an error could lead to a domestic catastrophe in the married.

Because of technical simplification in suspected instances of gonorrhea, there has developed a tendency to use methylene blue in place of the Gram stain as a method for the examination of urethral smears. This practice is to be discouraged as error is likely to be

encountered in the morphological differentiation of the various types of bacteria present. It is true in the acute gonorrheal urethritis, wherein we find many typical intracellular organisms, the methylene blue method may be sufficient; but in the chronic manifestations of the disease or in the non-specific infections an identification of the organism may be impossible. Not infrequently the staphylococcus, streptococcus, or micrococcus catarrhalis may in some stage of their life cycle so resemble the gonococcus that experts are deceived. Certainly it is essential to do a Gram stain where a legal question as to diagnosis is concerned.

When it has been finally decided that gonorrhea exists our next problem is to determine what clinical phase of the disease is present. Is it a simple anterior urethritis or is it one complicated by posterior infection? Has it been recently acquired or is it the active manifestation of a latent infection present in the urethra or adjacent structures?

The patient is requested to void two ounces in each of two glasses, voiding urine that has been retained in the bladder for at least two hours. As a rule the first glass will show varying degrees of cloudiness due to the washing out of accumulated purulent material from the anterior portion of the channel. If the second glass shows pus we conclude the infection has passed the external sphincter and a posterior urethritis is present. Clear urine found in the second glass signifies there is probably no posterior urethritis. It is obvious one must be sure that turbidity is not due to precipitated urates or phosphates. The addition of acid and the application of heat will settle this point. In the presence of a posterior urethritis rather early in the course of gonorrhea it is well to question the patient closely as to any acute inflammatory symptoms that may be present. If there are symptoms, no matter if they be very insignificant as far as the patient is concerned, care must be exercised with the first few treatments lest the process be flared to fulminating activity. A slight frequency, some terminal discomfort, etc., should be a "red flag of warning" to the physician who undertakes to treat the disease. As a matter of fact, accurate knowledge of the extent of the infection in the first few weeks of gonorrhea is impossible. Extreme conservatism and careful treatment must be exercised until the limits of toleration toward therapy are definitely known.

Acute gonorrhea in the beginning in different individuals is of varying degrees of severity as far as the inflammatory reaction is concerned. Some patients have an extremely mild infection, a few may have a rather acute reaction, while others may present all gradations of severity between the two extremes. Because of this difference in clinical intensity of the disease it is necessary for the

doctor to somewhat evaluate the type of infection as far as inflammatory severity is concerned, as is presented on the initial visit of the patient.

Hyperacute urethritis demands a very different type of management than that accorded relatively mild infections. As a matter of convenience it is well to mentally classify cases into three types from this standpoint; mild, moderate and severe. Mild cases are those that appear limited to the anterior urethra, show little discharge, and apparently give rise to few, if any, symptoms on the part of the patient. Moderate infections are of a more pronounced inflammatory character. The discharge is profuse. There is some tenderness and swelling of the glans and the patient complains of burning on urination. Severe cases have an extreme inflammatory reaction, profuse discharge, swelling and redness of the glans, acute pain on urination, and there may even be systemic evidence of toxic absorption, fever, and malaise.

It is good judgment even when one feels fairly certain the urethritis is not due to a fresh infection, but secondarily from the "flare up" of a chronic prostatitis, dispense with prostatic examination at the first visit of the patient. However, in a few instances where such a diagnosis is obvious and the inflammatory reaction is extremely mild, one may carefully examine the prostate by way of the rectum, massaging the gland and examining the expressed secretion for pus. Prostatic examination and especially massage is never indicated in the earlier stages of gonorrhea except possibly when it is necessary to examine digitally per rectum the prostate for the presence of an abscess.

As a part of the physical examination, the physician should observe any anatomical defects, either congenital or acquired, that may be a factor in the subsequent care of the patient. Probably the most important is congenital narrowing of the urinary meatus. If an actual pinpoint meatus is present this will need correction as this usually plays a part in producing posterior urethral complications and is a detriment to early cure of the disease. One should use judgment in this particular as a moderate degree of meatal stenosis is of little importance. The term "pin point meatus" should be descriptive enough to portray the condition in question. Also the foreskin may be unusually tight or redundant, favoring the formation of phimosis or para-phimosis, which if not handled properly as far as cleanliness or retraction is concerned will become an annoying complication.

### CHAPTER III

#### THE TREATMENT OF ACUTE GONORRHEAL URETHRITIS

In order to acquire an intelligent concept of the rationale for treatment of acute gonorrhea it is necessary to review one's knowledge of the disease as regards its clinical course.

Similar to many infectious diseases of a specific origin, it not only pursues a fairly uniform clinical pattern but recovery likewise comes through natural immunological processes. The exact mechanism of cure is as yet an unsolved problem. Probably there is slowly produced a systemic and local tissue reaction that ultimately in most individuals results in complete eradication of the invading organisms.

The fact that gonorrhea is more or less a self-limited infection and is cured by a personally developed immunity is of utmost significance to the physician handling the disease. Too often this basic principle is lost sight of in an impatient endeavour to speed recovery. Further, it is essential he should realize that often months must elapse before the defensive forces of the body are sufficiently potent to produce a cure. To do anything that does not reinforce or fortify the defensive response of the invaded tissues is to undermine the very foundation for cure.

The use of sounds, catheters, irritating medication or instrumental manipulation too early in the course of the disease may, by the trauma induced, lower the resistance of diseased tissues toward the offending bacteria and further progression of the infection is favored. Chronicity and resistance toward subsequent treatment is often the end result of such so called therapeutic procedures.

What is the duration of the average case of gonorrhea? It must be realized that primarily we are dealing with a disease of extreme variability, as far as time is concerned. Nevertheless there is an approximate average maximum and minimum number of weeks the ordinary patient is afflicted with the disease, provided he has satisfactory treatment. Six weeks could be stated an unusually short length of time and four months not an unwarrantedly long period. The average patient achieves recovery anywhere within eight to twelve weeks.

There is a tendency for textbooks to minimize the length of time necessary for a patient to recover from gonorrhea. Because of this teaching, students consider the disease an intractable, chronic infection when it fails to clear within six or eight weeks. They then attempt to use more stringent measures for its cure in the form of stronger medication, topical application, dilators, etc. Usually complications will ensue following such treatment that changes a simple infection, amenable to treatment, to one difficult to handle.

It is always good judgment to give the patient ample time to see whether he can get well with ordinary treatment, as often the natural forces of the body will remedy the situation. That is, it is better to wait an extra month or so as no harm can ever result by giving plenty of time, but irremedial damage may be inflicted by too early instrumental or other traumatizing methods.

It is well to discuss at this time the status of so-called abortive cures for gonorrhea. By abortion is meant the radical destruction of all organisms early in the course of the disease to prevent progression of the infection. Ordinarily, strong medications are used for this purpose. These are injected into the urethra with or without local anesthesia. It is pertinent to know that by the time signs and symptoms have developed the organism has entrenched itself in the deeper layers of the urethra and the time for a radical cure is well past. Obviously the futility of such "cures" is only too clearly apparent. The harm rendered a sensitive tissue by strong medications far outweighs any theoretical possibility of eradicating the coccus through chemical means.

Notwithstanding the efficacy of our modern antiseptics, together with their much advertised penetrability, no scientific evidence exists in the tolerated concentration they are used in the urethra that their bactericidal effect is potent but a small distance below the surface of the tissue to which they are applied. Abortive cures to be effective must be used in the sense of prophylaxis, that is, within twenty-four hours of exposure. If more time than this has elapsed the modern treatment of gonorrhea considers abortive cures an obsolete procedure and capable of resulting in tremendous harm.

As for the actual treatment of acute urethritis its earlier phases, for years the drug most generally used has been the silver preparations. Evidently the silver salts have some peculiar therapeutic property [either of a stimulative or tonic effect that aids in a curative way. That they are destructive to gonococcus must be considered only of incidental importance. Because they have a respected heritage of many past years empirical therapeutic efficacy should make us slow in discarding these valuable agents for other drugs. Certainly in the light of our newer knowledge a higher germicidal index should never be a reason to do so.

The silver protein preparations are the ones most commonly used. They have the advantage of exercising the same beneficial effect without the irritation incident to the stronger salts; that is, silver nitrate. Argyrol and neo silvol are the more popular examples of common trade preparations obtainable. A ten per cent solution of either drug is the maximum concentration used for the majority of infections that are not too acute. A preparation that can be inexpensively manufactured by any druggist is silver iodide, which is similar in appearance to neo silvol and compares favorably from a therapeutic standpoint with any of the better known similar drugs put out by the pharmaceutical firms. It is used in the form of an emulsion of a ten per cent strength, which forms a viscous preparation that clings to the walls of the urethra for long periods of time. It is prepared simply by mixing in solution equal parts of silver nitrate and potassium-iodide, producing a precipitate of silver

iodide. This is washed thoroughly to free it from the irritating potassium salt and made up in an emulsion with the aid of gum acacia. A ten per cent strength will prove absolutely non-irritating and if made with sufficient gum acacia is of a jelly-like consistency that seems to offer a protective and soothing effect to the inflamed mucosa.

The actual technic of urethral medication is an important integral of treatment. Many times the traumatic effect of poorly administered injections, either by the patient or on the part of the doctor, acts as a potent factor for the development of complications of the disease. One must remember that he is dealing first with an infection for the most part in its earlier stages is limited to the front part of the urethra; moreover he is treating tissues that are extremely intolerant to any irritant even when they are in their normal state. One needs only to observe the high dilution of silver nitrate necessary when it is to be injected into the normal urethra. This sensitivity is doubly emphasized when any pathological process in the form of infection is present. Therefore, if one uses undue pressure injecting solutions intra-urethrally or solutions that are the least bit irritating, he defeats the primary aim of treatment of the disease, as the reaction produced outweighs any possible good that could obtain from the medication.

The patient is instructed that it is not necessary to fill completely the whole channel; providing the medication bathes the anterior two thirds of the urethra is sufficient. Urination immediately before each treatment for the purpose of washing out all excess pus and detritus from the channel is an important preliminary of treatment.

A bulbed one-fourth ounce syringe with a blunt nozzle is filled with solution—the patient stands before a commode, as the standing position limits somewhat the passage of fluid to the posterior urethra. The glans penis is held by the left hand, thumb and forefinger catching the dorsum of the glans. The medicine is slowly injected until there is a faint sensation of filling present. Approximately two drams will do so. No undue pressure is made and pain or any other discomfort is a sign that something is wrong; either the condition is too acute for local therapy, the medicine too strong, or the amount is too forcibly injected, or of too large quantity. The medicine is held in the urethra only a few minutes. If any discomfort is manifested it is immediately released. No particular advantage exists in retaining the drug an undue length of time.

If one is able to treat the patient regularly in the office one may use irrigations with very excellent results. Irrigations, unless they be under the guidance of a careful physician, may be exceedingly dangerous as the fluid pressure is traumatizing if excessive. It is

suggested a one to eight thousand  $\text{KMNO}^1$  solution be used by way of a reservoir placed not over two feet high above the point of injection, and directed in the urethra by means of a blunt nozzle instillator. During each irrigation care must be taken to see that the full force of the column of fluid is not allowed to distend the urethra, as injury is possible even at this height. For the most part irrigations could better be abandoned as in addition to a potential danger they hold towards the development of complications, they lend an air of complexity to the treatment of a disease that is deserving of the most simple therapeutic measures possible.

To detail dogmatically a routine system of therapy applicable to any certain phase of gonorrhea is to run the risk of deprecating the importance of individualization in each patient. The best results are obtained when the physician treats personally each individual, seeing him daily, not so much because the patient could not give the identical injection in his home but in order that the doctor may determine any slight intolerance to medication, or may observe early significant signs and symptoms of impending complications.

The successful management of gonorrhea depends not only on implicit obedience and co-operation on the part of the patient, but a sixth sense of intuition by the doctor that enables him to see trouble approaching before it actually develops. Many times by a skillful therapeutic maneuver; the cessation of treatment for a day or two, the restriction of activities or the use of antispasmodics, one may prevent annoying if not serious complications.

Patients are divided into three classes, as has been detailed in the discussion of diagnosis, mainly for the purpose of simplifying their therapeutic management: mild, moderate, and severe. Patients with mild infections are given twice daily anterior injections of ten per cent silver iodide. Each day they should return to the physician's office and before each treatment the doctor should ask them if they have had any particular symptoms referable to the posterior urethra, such as frequency, urgency, pain in the bladder on voiding, or pain along the cord radiating to the testicles. They should pass their urine before treatment into two glasses, approximately "two fingers" quantity in each glass. The physician should note and chart the character of the discharge, whether it is increased or diminished the appearance of both glasses of urine with particular attention to posterior involvement as shown by a cloudy second glass. The appearance of a cloudy second glass, while not an optimistic sign, is not discouraging and, providing there are no signs and symptoms pointing to an active reaction in the posterior urethra, demands no change in treatment. One should, however, be doubly cautious as regards treatment at the onset of posterior involvement as it may at the least provocation flare up to an annoying acuteness.

This simple schedule is adhered to for at least six weeks following the onset of the disease. As a rule such careful treatment of the anterior urethra will show a gradual diminution in the amount of discharge and a slowly clearing second glass of urine if there has been a posterior involvement. No attempt should be made to treat the posterior urethra before this time as harm may result.

If at the end of a month and a half of treatment there is a sluggish chronicity to the discharge and the second glass of urine remains shreddy and turbid, one may cautiously at first begin daily anterior-posterior instillations with the same drug. The prostate may also be massaged by a finger inserted in the rectum and it is wise to examine at this time the amount of pus present in the expressed secretion. If a considerable amount of pus is found in the prostatic fluid, massages should be performed regularly every three to five days. If little pus is discovered one may dispense with massage, using the posterior instillation as the sole mode of therapy. With this sort of schedule the majority of infections will clear within three months. Infections longer than this should be handled as described in the section on prostatitis.

Infections that are of slightly more acuteness at first may be treated much like the above, with the exception the initial treatment should be only half strength; that is, five per cent, and only once daily. When the acute manifestations have subsided they are placed on the above suggested regime. With these patients one should be extremely cautious, seeing them oftener and observing minutely the effect of treatment, lest they be flared into extreme activity.

Severe infections of gonorrhea when first seen are probably the most important group to handle. What the physician does at this time determines to a large extent the ultimate outcome of the case. These are the individuals who present a profuse discharge accompanied by a considerable amount of pain and swelling of the affected organ. Treatment of these individuals according to the above scheme aggravates and intensifies their troubles. It is of extreme importance that no local therapy whatever be used in these cases. By local therapy is meant urethral instillations. One should treat the patients as individuals whose tissues are being overwhelmed by their infection, and by rights are sick enough to merit bed rest. The use of hot water soaks to the penis, hot sitz baths, the bowels kept open, a liquid diet, alkalization through the use of various drugs given by mouth, Santal oil gm. five to ten, three times daily, in order to soothe the inflamed mucosa of the urethra, and even codeine and aspirin if the pain is severe, may be indicated.

With the above suggested line of treatment only a few days will find the diseased process subsiding and then one may very cautiously begin local measures, using a five per cent silver iodide. To carelessly prescribe injections when an individual has a hyperacute

inflammatory urethritis is a reprehensible practice. Many longstanding chronic infections date their beginning from improper treatment at this time. A personal opinion also exists that many gonorrheal strictures in later life antedate from fulminating infections of the sort which have been mishandled during their hyperacute stage.

As a general rule one will usually find it unnecessary to change the type of drug during the course of treatment. One drug may be effectively used during the whole duration of the disease. One hears of the value of so-called alternating methods of treatment, that is, administering one drug for a week or so and then changing to another. There is little clinical evidence this is of any particular value as a routine form of treatment. Occasionally in a few cases, if desired, a change to a one-fourth or one-half per cent protargol in the latter stages of the disease seems to give an impetus toward cure. Likewise, the same effect can often be obtained by giving a few days rest from local treatment and then resuming as before. The change of medication or the rest period seems to give the cells a "breathing period," so to speak in their struggle with the disease.

Minor variations in the technic of treatments such as described may be found helpful at times. One should constantly watch his efforts at all times and see they are directed toward helping the infected tissues rather than attempting to destroy the bacteria. Anything that produces a severe reaction of the cells is pernicious, at least until a maximum of immunity has been established towards the invading germ. As this very often requires months and is for the most part an unknown quantity, as far as time is concerned, the use of stronger drugs than are tolerated by the tissues, and traumatizing agents in the form of instruments may so undermine the defensive power of the cells that they allow the infection to become more strongly entrenched. Patience is the watchword for the successful treatment of gonorrhea.

(To be continued in February issue.)

### WOMAN'S EXPECTANCY OF MOTHERHOOD.

Ladies, by German Doctors, show that at the age of 15 a girl who has not borne a child has two chances in three of doing so later; and at the age 45 a childless woman has one chance in 500 of becoming a mother. Below is given the complete table of Woman's Expectancy of Motherhood: -

| AGE.           | 15  | 20  | 25  | 30  | 35  | 40 | 45   | 50   |
|----------------|-----|-----|-----|-----|-----|----|------|------|
| Expectancy ... | 68% | 66% | 54% | 30% | 11% | 3% | 0.3% | 0.1% |

However the rule is not conclusive in any individual case.

## Proceedings of Conferences.

### 29th ALL INDIA MEDICAL LICENTIATES' CONFERENCE.

#### GAUHATI—1938.

##### WELCOME ADDRESS.

DR. L. K. BAROOAH.

*Chairman Reception Committee.*

MR. PRESIDENT, HON'BLE PREMIER, BROTHER DELEGATES,  
LADIES AND GENTLEMEN.

On behalf of the Reception Committee of the 29th. Session of the All India Medical Licentiates' Conference, it is my proud privilege to accord you a hearty welcome to this historic town of Assam. However unfortunate its present condition might be, the Town we are assembled to-day, played at one time a very prominent and important part in India's struggle for justice and righteousness and also in her cultural progress. Assam in pre-historic days was known as Kamrupa, with its capital at Prag-Jyostishpore, the city of Eastern light which we now call Gauhati, and the province with her present boundaries greatly extended, was then ruled by such mighty kings as Narakashur, Bhagadatta of Kurukhetra fame, Bana and others. The people of this poor little Province still pride in the heroic stand she took in her fight for freedom during those halcyon days of Ahom Rule. Eighteen times she successfully resisted the invasions of the Mighty Moghuls and our great national hero Lachit Barphookun inflicted a crushing defeat on the Moghuls at Saraighat, only five miles away from here, where the Moghuls fought their greatest battle with us. The burning fire of patriotism is still alive in us and may the Almighty give us power to sustain it through whatever adverse circumstances we may have yet to pass. Crossing the mighty Brahmaputra from the North, many of you alighted at Pandughat, the place of residence of the five Pandavas during the period of their exile. To your west upon the highest peak of the Nilachala stands the Sakti-pitha of Kamakhsya, as you know one of the Sakti-Mahapitha-sthanas of the Jambudipa where thousands of pilgrims assemble every year from different parts of India. In the mid-stream of the Brahmaputra shrines in all splendences the beautiful temple of Umananda on the rocky foundation of the 'Peacock Island.' To your East is the Navagraha Hills where the nine Planets are enshrined in a Zodiac circle. Only 8 miles away from here beside a bubbling brook carrying its message

of eternity lies the seat of Vasishta Ashram amidst the abundance of Nature where the great Rishi carried out his profoundest meditations. In welcoming you to this historic place, I indulge myself in the hope that it may be possible for you in this Conference under the able guidance of our worthy President to arrive at decisions of lasting importance; to evolve a forceful scheme for the amelioration of our condition and improvement of our status; and that the day may not be far distant when we shall secure our due and legitimate place in the Medical profession.

Brother delegates, it is now more than a year we are under the new Reforms. The whole world is in the throes of a new birth. The spirit of self-determination has become more potent than ever. Wonder-struck, we have all watched the remapping of Europe within the last few months. It is having its due repercussions in the East as well. In seven out of the ten Provinces in India the Congress Party has captured the Cabinet. In our own Province we have a Cabinet with the Leader of the Congress in the Assembly as its Prime Minister. The iniquitous and invidious distinction created by the Indian Medical Council Act must have shocked all right-thinking men of the Country. All along since the inspection of the contentious bill, we have entered our emphatic and indignant protest against our being treated as "Pariahs" in the profession, but it is an unfortunate black spot in the history of the Medical profession in India that in these days of the "Majority Rule" the Medical Licentiates who command the majority and whose contributions to, and in the services of humanity cannot be lightly passed over, have been meted out the most contemptuous treatment in the history of the Medical profession in India under the Indian Medical Council Act, and vested interests are ever active in the perpetuation of the Act as it is. We must carry on our fight against this "Black Act" with still more reinforced energy till we can get the Act amended and our just rights and privileges duly acknowledged. It is also our hope that the popular Ministry in the different Provinces will not be slow in appreciating our view-points and making an early move for the betterment of our condition, a claim not only just and legitimate, but now overdue; and to put it in the mildest possible term, it would be the blackest chapter in the history of the new Reforms, if the different Provincial Governments do not exert themselves to bring about the much desired change in the Indian Medical Council Act through constant pressure on the Central Government.

The difficulty in the way of our recognition by the General Medical Council has some times been traced (and this is only a guess) to the present Four Years' Course now obtaining in the Medical Schools. We are not sure if the extension of the Course to five years will remove our present disability. Be that as it may,

apart from it in any way affecting the question of our status, we are strongly in favour of the extension of the course to five years and our Association has expressed itself in the most unequivocal terms in favour of the extension of the course on every possible occasion, the minimum premedical qualification must be Intermediate in Science.

It is deplorable that even in these days of mass awakening our Medical Graduates in the profession should be a party to its perpetuation. It is no part of our intention to grudge the educational attainments of Medical Graduates; we love them all the better for it. But having regard to the unmerited insult that was hurled upon all the members of the Medical profession with Indian qualifications by the General Medical Council of Great Britain, is it not another unseemly that they should try to hand it down to us? It is our considered opinion that the Medical Schools as they stand now should be abolished forthwith and a uniform standard of medical education lasting five years should be introduced in all Medical Institutions irrespective of whatever denomination they are now known by Medical School or Medical College. Further more, as common in all other professions provisions should be made for higher studies in the subjects so that whoever in the profession feels inclined may specialise in the subject or subjects nearest to his heart. This arrangement, if made, will certainly create a class of specialists but their number will not be so great as to disturb the equilibrium in General Medical practice.

Brother delegates, it is rather unfortunate that the Provincial Medical Council whose main and, as matters stand now the only function seems to be registration of the names of the members of the Medical profession and maintenance of the Register of members, should have neglected to demand proper standards of medical education. It is also unfortunate, that they also make a separate classification of Licentiates in the Provincial Medical Register. We do not know how long these artificial divisions, producing in their turn the most baneful class distinctions in the most humanitarian of all professions, will be allowed to continue. The maintenance of classification may be sought to be justified on the ground of convenience for reference, but it cannot be certainly lost sight of, that even such small matters stand in the way of a healthy growth of that spirit de-crops, so essential among the members of the Medical Profession. Therefore the Provincial Medical Council needs overhauling in the light of the present happenings and we would take this opportunity to put forward our views that whatever other amendments may be made in the provisions of the Council, the principle of nomination should be abolished forthwith and the system of general electorate should immediately be introduced; and all representation on the Council should be entirely and purely on,

the basis of election, as is now done in Madras, after the advent of the Congress Ministry. It is a disgrace and disadvantage to medical profession that the system of nomination should still to prevail in the matter of representation in the Council. The sooner these black spots are removed the better for all. It is our sincere hope that we shall have no more cause of complaint in this matter when our Conference would meet next year.

*All India Medical Licentiates' Family Fund:* In order that the spirit of mutual help may be well cultivated amongst the members of the Association in addition to bringing them some succour in times of need, the All India Medical Licentiates' Family Fund was started, but we do not seem to have fully appreciated its purpose and benefit. The present condition of the Fund is anything but satisfactory. While I would suggest that a scheme for this Fund should be evolved on the basis of Insurance scheme, I would appeal to all of my brethren to subscribe to the Fund and contribute to its strength.

Speaking of Insurances reminds me of another fact; the apparent iniquitous treatment meted out to us by the Insurance Companies. I do not understand why, when the Medical Licentiates are considered efficient and competent to examine the assured persons, in the Insurance matters, they (the Medical Licentiates) should not be allowed an examination fee equal to what the Medical Graduates are offered. I would take this opportunity to impress upon the various Insurance Companies to do away with this unhealthy distinction as early as possible, and upon our brethren not to accept a lower fee than that allowed to the Medical Graduates. It is a demand just and proper, and we have no manner of doubt that the Insurance Companies will not find it difficult to respect our claim.

There is another point to which I would like to draw your attention—I mean the subsidized Doctor. In their Rural Uplift Scheme many of the Provincial Governments have planned to establish medical men in the villages. This is indeed a very laudable attempt. India has not enough medical men in the villages to look after the poor. But a subsidy of Rs. 25 per month is very meagre; it is not enough to give even a village Doctor bread and butter let alone mental food. A subsidy has been necessary because the village is so poor that it cannot support a Doctor. If the Governments are in earnest, and have no doubt that they are—the subsidy could be raised to substantial subsistence so that medical men may be drawn to this side of their humanitarian work and the villagers may really be benefited by them. I hope the authorities will think over this matter again. To my brothers of the profession I would add a word of caution that they think very seriously before any step is taken in the matter—Speaking of the Berry White

Medical School, the only Medical Institution in our Province, I can say that it is now high time that the system of teaching in the School should be overhauled. The teacher of the School as also the Demonstrators mostly persons who have not specialised in the subjects they teach and more often than not each of whom has to teach two subjects, which practice certainly takes away much from the efficiency in teaching. Being the only institution of its kind in Assam it is not too much to expect that it should be placed on a level with any other upto date institution of its kind in India. The number of beds in the School Hospital is far below its minimum requirements. The number should be raised at least to 350. Our hopes are centred round the popular Ministry and before the next financial year runs out we hope to be able to find many of our suggestions being given effect to. I hope my brother delegates from outside his province will excuse me this local touch.

I hope to be excused for mentioning another local problem. In Assam, the Junior Medical Department—both in Civil and Public Health and also of the medical services concerned, with the Local Board, Railway, Tea and other Industries require early reformation. It is a pity that though the mass medical relief and control of all epidemics are being carried out by the Licentiate Medical Practitioners against odds and adversities, the dole of justice is nothing but insignificant. They are neglected in their scales of pay and prospects or promotions. Their merits are seldom appreciated. The mufussil dispensaries are ill-equipped without any clinical materials for scientific diagnosis and efficient treatment. There are only 2 posts of Assistant Surgeons reserved for the Sub-Assistant Surgeons, while 6 posts of Civil Surgeons are reserved for the Assistant Surgeons in addition to the 2 posts of Military Assistant Surgeons now released for them. Is this the kind of justice meted to the Sub-Assistant Surgeons? It is needles to mention as one of the many instances of the meritorious services of the Medical Licentiates serving under the Government and Local Boards of Assam that Kala-Azar havoc was most successfully combatted and eradicated by them alone. Thousands of lives were saved—but what was the reward given to those doctors? What is the condition in the other departments of the Government—are not the Juniors being given the prospects of promotion to senior grades of posts in larger proportion? Then why not in the Medical department? I venture to suggest and I do so with justice and reason on my side that no less than 4 posts or more of Assistant Surgeons should be reserved for the Sub-Assistant Surgeons both in Public Health and Civil Medical departments. The administration of the Province has now passed into the hands of our popular representatives and I fervently appeal to them to bring reforms to the Junior medical department inclusive of Local Board, Tea, Railway and Industrial

Medical Services, so as to do full justice to the Licentiates employed in Assam. The Licentiates of the Tea Gardens' Services are smarting under heavy load of grievances as regards pay and prospects. Many Tea Estate Companies employ unqualified doctor sacrificing efficiency for economy.

Gentlemen, I shall be failing in my duty if I make no mention here of Dr. Ram Chandrier of revered memory—who was the soul of our Association. More than three decades, back, he dreamt and thought of the necessity for such an organisation. His selfless devotion to the neglected cause of his brethren, his untiring zeal and energy and above all his charming personality have formed the bed-rocks of our Association and we can now boast of as many as 168 branches all over India. His memory will be an inspiration to us and we have every confidence that the Medical Licentiates will with no single exception rally round the banner of the Association and make it such a powerful organisation that it would no more be possible to ignore its just, lawful and legitimate claims. I have not the least doubt that with a united front, Victory shall be ours.

Brother delegates. I cannot but thank you for the immense favour that you have shown by coming to this easternmost Cinderella Province of ours, at great personal sacrifice. Inheritors of a rich past, with a glorious future before us, we have not been able in our present circumstances to accord you a reception in the manner we had wished and many have been our shortcomings in attending to your comforts; but if our hands have been wanting, our hearts have been full and alive as we are to our numerous failings, it would be some consolation to us, if you would in your goodness, excuse us for all the discomfort and inconveniences we have put you to.

Once again I, on behalf of the Reception Committee thank you all for having accepted our invitation.

May God help us in our struggle and may our labour be crowned with the laurels of success.

*Bande Mataram.*

## 29th CONFERENCE OF THE ALL INDIA MEDICAL LICENTIATES' ASSOCIATION, GAUHATI, (ASSAM). PRESIDENTIAL ADDRESS.

*In the course of his address the President Dr. D. V. Venkappa said:*

**The Past and Present:** The licentiates have never made wild claims or demands. They have never asked for special treatment and consideration. But they have asked, and ask again with added

emphasis, that they who continue to be the unquestioned pioneers in medical relief for the last 200 years, who form the bulk of the profession, and who themselves demand a better standard of medical education should not be treated in a manner inimical of the dignity and solidarity of the profession and in a way which would mar their progressive usefulness to the nation. In the past, they have weathered many a storm, borne the brunt of work and the butt end of ridicule and are now resting in the hope that the policy of divide and rule in the profession, the policy of monopoly and exploitation and the policy of unfair preferences and unprofessional repression of talents and ambitions will pass into the oblivion of history, and that a new policy of co-operation, consolidation and unity will be ushered in the medical profession of our country which is in the travails of a new birth.

**Uniform minimum standard of medical education :** The advantages of one portal system of medical education are too overwhelming and too great to be rejected with impunity and without consequences to the future of medicine and medical men of this country. There need be no fear about the security and the safety of the existing licentiates merely because of the adoption of the one-portal instead of the dual system of medical education. Let us not behave like the prisoner of Chillon who fell in love with the chains that bound him.

**The Problems of the Existing Licentiates :** The non-recognition of the licentiates by the Indian Medical Council is sheer out-lawry of the worst type and it must be lifted by the united efforts of the profession. Then, we must garner the statutory rights and privileges conferred by law on the licentiates and left to be administered by the Provincial Medical Councils, by seeking for suitable amendments to the Provincial Medical Registration Acts as was done at Madras recently. Thirdly, easy facilities for higher medical education must be secured for them. These constitute the essential problems of the existing licentiates.

**Re-model the methods of work :** We must definitely give up the beggar's bowl. These are times when effective organisation and united action alone would bear fruit. Medico-political study groups should be formed by every Branch of our Association. Private licentiate medical practitioners who have time, ability, and inclination for parliamentary work should seek election to all representative institutions—from the legislatures down to the panchayats and thus personally safeguard the interests of the licentiates. This is the hope and the method of to-morrow if we, the majority members of the profession, have to attain our legitimate ends and to be saved from our social, intellectual and professional atavism of yesterday.

**Medical Relief :** The present antiquated arrangement of medical services should go, if medical relief is to be undertaken by the Government, on a vast scale. The costliness of the existing medical

services would be evident from the fact that the Provincial Governments are now trying to replace the costly state paid medical officers by honorary medical officers. But that is tinkering with and not solving the problem of medical relief. No better or more effective method of medical relief to our people can be visualised than by the introduction of the Russian Model of Socialised Medicine. To rely on private benevolence, voluntary hospitals and honorary medical service is like relying on broken reeds. Unless such a policy is adopted and a programme made to complete it during the course of next 10 or 20 years medical relief in the proper sense of the term is bound to remain an unfulfilled shibboleth of the Government and a mere dream of the vast population which it governs.

**Indigenous System of Medicine :** The Provincial Governments are plunging the profession into a new struggle by organising the Indian systems of medicine on independent basis instead of absorbing them into the modern scientific system of medicine. It is palpably wrong to divide medical science into watertight compartments of past and present. The provincial governments should find a way of escape from the confusion of purposes that seem to distract them at the present time, and the best way of escape would be to introduce a compulsory study of ancient Indian systems of medicine into the curriculum of University medical studies. This would enable the Government to offer its people the best type of medical relief to which they are entitled. It is not right to impose on them different systems of medicine of doubtful value and utility merely because they are ancient. This mistaken policy must be set right before the profession is once again plunged into warring castes and creeds which are dangerous alike to its integrity and growth as it is to effective medical relief which is the ultimate aim of the Government and the profession.

**The Future of our Association :** The spirit and the needs of the time are such that we cannot afford, and certainly it is improper, to live in proud seclusion and work only on behalf of a particular section of the profession. Let us, therefore, throw open our Association to all the general practitioners of India, let the medical graduates and the licentiates join hands to safeguard the interests, the rights and the privileges of general medical practice and make this organisation.

“An Assembly such as Earth saw never  
Such as Heaven stoops down to see,”

engrossed fully in the service of the profession and actively engaged in the service of the suffering humanity.

## THE 15th ALL INDIA MEDICAL CONFERENCE, MEERUT—1938.

### WELCOME ADDRESS

BY DR. BHUPAL SINGH, B.A., M.B.

*Chairman Reception Committee.*

HON'BLE MRS. PANDIT, MR. PRESIDENT, LADIES AND GENTLEMEN.

I consider it a privilege to welcome you, on behalf of the Reception Committee of the 15th All-India Medical Conference, to our small town of Meerut. The place is small, no doubt, when we compare it with the large towns like Calcutta, Bombay, Karachi, Madras etc., which have had the honour of holding the Conference in past years, but I can assure you that it is second to none in the warmth of welcome which it extends.

We are highly thankful to you all for having taken so much trouble, at such great sacrifice of your valuable time, to come to attend the Conference—particularly so to the Hon'ble Mrs. Pandit, our Minister of Health, who has very kindly accepted our invitation to come and inaugurate our Conference in spite of the great strain it will mean to her in her present state of health. This is a measure of the great interest she takes in matters medical and in the Indian Medical Association under whose auspices this Conference is being held. You will all be delighted to know that she has recently given recognition to the U. P. Provincial Branch of the I. M. A. as an advisory body to be consulted by the Government in all matters connected with Medical Aid and Public Health. We cannot be too thankful to the Hon'ble Mrs. Pandit for this honour. I do hope the Governments in the other Provinces will follow the example and the Indian Medical Association, which is the only body representative of all classes of Medical men in India, will soon be the one authorised advisory body to the Government in the whole of India and I have no doubt the Indian Medical Association will prove itself worthy of the trust placed in it.

Ladies and gentlemen, we are passing through very important times in the history of the medical profession in India when, on account of the establishment of popular Governments in the Provinces and consequent change of the angle of their vision, changes of a very far reaching nature are imminent regarding various medical problems such as:—

(a) *Medical Education*:—We all know that the Hon'ble Dr. Rajan, the Minister of Health, Madras, has been the first to initiate reform in the system of medical education. He has, with a bold stroke of the pen, abolished school education in the Madras

Presidency and has introduced one uniform minimum standard of medical education—the M.B., B.S. degree of the Madras University—converting a few of the medical schools into colleges preparing for it. This has removed the pernicious class system in the medical profession and has laid the foundation of perfect harmony which is bound to result in more efficient service. Let us hope this necessary reform will soon be introduced in the other Provinces. There is a universal demand for it by the profession, particularly by our Licentiate brethren. In the United Provinces, the Hon'ble Mrs. Pandit has already appointed a Committee to consider the question which will be meeting soon. I have no doubt that this Committee will come to the only conclusion that this reform is long overdue. Let us hope we will soon have in the U. P. another fully equipped college at Agra preparing for the M.B., B.S. degree.

Facilities for Post-Graduate teaching and medical research are very meagre indeed and it is high time that adequate provision was made in connection with the teaching institutions.

(b) Another problem compelling consideration is that of *provision for suitable medical aid and health conditions for the rural areas*. It is admitted on all hands that the rural areas have been badly neglected uptill now as far as medical aid goes and the rural population is at the sweet mercy of diseases which are certainly curable if attended to in early stages. It is quite natural and the popular Governments in the Provinces are seriously turning their attention to this problem. The Indian Medical Association would be quite prepared to put its services as regards expert advice and men at the disposal of the Provincial Governments in tackling this very important problem. In this connection, I may inform you that the U. P. Provincial Branch of the I. M. A. has already submitted a memorandum to the Hon'ble Minister of Health, which is being considered by the U. P. Government.

(c) Yet another problem which we cannot ignore is that of the so-called *indigenous systems of medicine—the Ayurvedic and the Unani*. These systems are working side by side with the modern scientific system for the relief of human suffering. It will be absurd to belittle the services rendered by these ancient systems specially in the rural areas, where, perhaps, the only medical aid available has been through these systems. But it has to be admitted that these systems, for want of state patronage, have not only not progressed beyond a certain stage but have actually deteriorated and have not been able to keep abreast of the scientific discoveries made in the world around us. I am quite convinced that if they had the necessary support and encouragement these systems would have progressed on the same lines as the modern scientific system and then there would have been no difference of kind between the so-called indigenous systems and the modern system. There is a

universal desire to modernise these systems and naturally much is being taken from the modern scientific system for the purpose—for instance the basic sciences like Anatomy, Physiology etc. I would strongly urge the necessity of maintaining proper standards as there is a tendency to give a mere smattering of knowledge of these subjects. A Bill has recently been published by the U. P. Government—called the U. P. Indian Medicine Bill which provides for a development of the Indian system of medicine and to regulate the practice thereof. This is a move in the right direction and will, I hope, help to set up proper standards by controlling educational institutions of these systems of medicine.

(d) Another point, which I would like to invite your attention to, is the report in the Press that the U. P. Government are thinking of entertaining German Medical Experts. This has, quite naturally, caused uneasiness in the minds of medical men in India. The only fair principle which should be followed in making such appointments should be to give preference to Indians, if sufficiently qualified Indians are available. That there is no dearth of highly qualified Indians I can boldly affirm. Our sympathies do go to the German doctors of the Jewish race in their cruel persecution but at the same time we must be fair to those Indians who are highly qualified—many of whom have had higher qualifications in foreign countries at huge expense, in various branches of medical science. I do hope the report in the Press is misleading and that the U. P. Government have no such intention.

Ladies and gentlemen, there are so many other problems confronting the medical profession, such as unemployment among medical men, control of drug manufacture and the I. M. S. and the autonomous Provinces etc., which have to be considered by the Conference, but I think I should not take more of your time as I am sure you must be anxious to hear our President. But before I conclude I would like to draw your attention to one more point. In Conferences of this sort, much stress is, as a rule, laid on the rights and privileges of the profession. Let us make a new departure in Meerut this year and devote, in our deliberations, an equally serious attention to the duties and responsibilities of the profession as an important unit of the body politic. Let us take our clue from the British Medical Association and organise ourselves into a really living Indian Medical Association wholly devoted to the service of humanity at large and our unfortunate country in particular.

I would now request Dr. Da Silva, our President, to kindly address the Conference.

## THE 15th ALL INDIA MEDICAL CONFERENCE. MEERUT—1938.

### PRESIDENTIAL ADDRESS.

BY DR. GEORGE DA'SILVA.

MR. CHAIRMAN OF THE RECEPTION COMMITTEE, FELLOW  
DELEGATES, LADIES AND GENTLEMEN,

I cannot adequately thank you for the honour which you have done me in electing me to the Presidential chair this year. I take it not only an honour done to me personally but through me to the whole province which I represent as it is for the first time in the history of this Conference that your choice has fallen upon a delegate from C. P. and Berar. I take it in this light as otherwise it would be difficult for me to understand the propriety of your choice when you could easily and amongst yourselves distinguished physicians and surgeons who could have far more fittingly adorned the chair which I am now asked to occupy. However, as the choice is all yours and as I have no choice left to me. I depend upon your good will and hearty co-operation for the successful conducting of these deliberations and I have full confidence that my hopes in this will be more than justified.

Since we met in our last Conference at Madras we have lost many valuable co-workers who in their own way and in their particular sphere were helping the cause of our Association with the means available to them. The Calcutta Branch of the I. M. A. has suffered in the deaths of Dr. U. N. Dass, first Surgeon of Campbell Medical School, Calcutta; Dr. Surrendra Chandra Dass, Dr. D. N. Saha and Dr. C. C. Dutt. Patna Branch has lost Khan Bahadur, Dr. Syed Hasan and the Amritsar Branch, Dr. F. D. Nanawati. So also the Khurja Branch has suffered in the deaths of Dr. Ram Swaroop. Col. Sir Behramji Nanawati and Rai Sahib Dr. Shanker Lal Vyas as well as Rai Bahadur Dr. Laxman Capt O. B. I., I. M. D. Retd., died during the year. The first two gentlemen were the members of the Ahmedabad Medical Society, which is an affiliated body to the Indian Medical Association while the last named gentleman was an active worker of the Sialkot Branch for 1935 and 1936. To the relations and friends of these departed souls; and there may be a few others whose names perhaps may have not been available to me—to all the bereaved we extend our heart felt condolence and the sympathies of this Conference and we feel the loss of these comrades of ours from our midst as our personal misfortune.

Indian Medical Association has attained its 10th year and is now approaching its period of adolescence. No doubt we have made great progress due to the efforts of our general secretaries, presidents and

members of the Association. They all have nourished the baby and the infant as tenderly as they could; but however, the growth is not as vigorous as it ought to have been. During this period of 10 years we had our vicissitudes of fortune and we did not have uninterrupted success, nor could we be expected to have a smooth sailing. In fact, we had several handicaps in our way and sometimes had to face very rough and stormy weather, but I feel glad to say that we have managed to weather the storm and though the heaven may still be far off the way is certain and the ship can safely be steered free from any wreck. What I mean to convey is that our Association has now an assured existence, but we shall be making a great mistake if we are inclined to take this fact with a sense of facile complacency and to lie on our oars. We very much need the strengthening of our numbers and increase in the membership of this Association and its various branches should be our daily concern because that will be a clear index of our rising strength. At present we have on our rolls 2732 members distributed among 98 branches, in different provinces out of which Bengal claims 28 branches. United Province 32 and Punjab 14. The number of branches in all other provinces is far from satisfactory. The two big Presidencies of Bombay and Madras have respectively only 8 and 5 branches in all while my own province has only 2 branches at Amraoti and at Jubbulpore and one affiliated Association at Nagpur. It is therefore clear that we have still uphill work before us and have not done our best. I admit that recently we have increased the number of our members, the number of our branches and affiliated Associations but the meagre illustrative figures I have quoted above tell their own tale. One of our greatest drawbacks has no doubt been that Government did not view our movement favourably and it was dubbed as a political agitation. Our Association has been stamped as Political Body of Agitators because we have been fighting for the rights, privileges, status and dignity of our profession which are our inherent rights as members of an honourable calling and as free citizens. We are only following the foot-step of our brethren in Western countries who control medical policy of their respective countries without being called agitators. Gentlemen, if to fight for one's own profession and safeguard its position in these days of struggle for existence can only be termed as politics in this country then we should plead guilty to the charge and should accept the honorific nomenclature of agitators given to us by our opponents without demur. But no amount of jeering, jibing, and ridicule from other should deter us from doing what we feel our clear duty to do. And here it is somewhat regrettable to note that our own Medical Profession has not given sufficient and unstinted support to our Association and to the cause which our Association represents. In spite of the Congress Ministers taking over charge of Administration

in most of the provinces our brethren in the Government service are either not permitted or they are not bold enough to become member of this Association. And whatever fears imaginary or real may be lurking in the minds of our brethren in the employ of Government to join our Association in sufficient number, there can be no imaginable excuse for those of us who are independent medical practitioners to come and join this Association in a body and add to the strength of the Association everywhere, in big cities, in towns and in rural areas. This active sympathy with our Association on their part will cheer up and encourage men in the Govt. service and those who may be at the helm of affairs in the Association from time to time. Their increasing enrolment and participation in the activities of the Association will be a source of strength and inspiration to all concerned and will chill the hearts of those who may have been and are mischievously inclined towards our Association. As it has been previously remarked on other occasions our Association should be a representative body of all medical men in our country and it must assume the status and position of the British Medical Association in England. I would therefore earnestly appeal to my professional brethren of all ranks and status to join this Medical Association and form branches in their localities. By properly organizing and properly conducting our Association we can indeed prove a source of great strength to our Popular Ministries in the different provinces of our Country as indeed we expect them to extend their helping hand to us so as to make us strong and bring us to our own and to enable us to be in a position to formulate and guide and medical help and sanitation policy of our Country on national lines. In our last year's Conference we urged upon the Provincial Government for taking immediate steps for the physical regeneration of our people by opening physical culture centres and by providing trained Inspectors and by making physical culture compulsory part of the Educational System of our Country as well as by opening scientific cooking demonstration and for extending Women Welfare Centres. We also urged for the formation of Volunteer corps in each local area for educating the masses and doing propaganda in matters of sanitation, preventive medicine and proper curative treatment, in co-operation with rural medical officers. Except in exceptional cases hardly any appreciable work has been done in these directions. We, however, hope that things will not remain where they are at present and we shall have all round progress in future.

Amongst the many problems which are facing us the position of the medical services and the overwhelming predominant influence and places of power occupied by the European Section of I. M. S. is one of the most difficult and ticklish. The I. M. S. officers have carried their work with their superiority complex in a complacent manner while we have done our work with an inferiority complex

and complaisantly. Providence has placed our European colleagues in India in a very advantageous position and we cannot object if they take full advantage of the situation, but what we feel is the want of the 'Spirit de corps' in men of science. It is the want of this feeling which creates distempers and disagreements. The I. M. S. officers do not fall in line with the thought of Indian Medical Profession and have not appreciated our grievances which as men of science, they ought to. 'Men without vision perish' it is said and the Indian Medical Service is perishing slowly but surely and this will be a lesson also to all Imperial Services. What I do not believe is, that science has any limits of caste, creed or colour nor can I admit that we are in any way inferior to our European colleagues. We have shown by our abilities that we can compete with our I. M. S. Colleagues in any branch of Medical Science. It is the lack of opportunities and our spirit of dependence on Government that most of us are, still the hewers of wood and drawers of waters in our own land. If our public-spirited capitalists had come forward to build hospitals in sufficient numbers as they have begun doing it recently in Bombay and Calcutta there is no doubt that our work in Medical, Surgical and other departments would have been of a much higher quality and standard and we would not have to depend for the research work on Western Countries. The I. M. S. may consider the higher posts as their preserve, even then it was their duty to train us in work of quality and high standard. The superiority complex of the European I. M. S. are generally considered to be fit only to be in charge of Jail duties which work was done efficiently for so many years by I. M. D. S's. As the facts are it is demonstrably proved that the interest of the European I. M. S. in India is nothing but transitory and mercenary and this is further proved from the fact that even for tropical diseases we have even now to depend upon our Western brethren for increasing our knowledge in pathology and treatment. The Congress Ministries have so far acted with undue caution in giving us practically no more opportunity beyond the meagre facilities we already had before their advent in office. A resolution passed at the Madras Medical Conference that the Civil Surgeons of a District should be debarred of the charge of Hospital and which was sent to the different Congress Committees for necessary action has not been acted upon so far. The various District Hospitals in all the Provinces are more or less equipped with all the accessories such as X-ray, microscope etc., but the output of these hospitals mostly under the I. M. D. and only some under Provincial servicemen has made no addition to the medical knowledge of the profession in India. This drawback could be remedied by affording facilities to private practitioners to co-operate with servicemen in these hospitals. The administrative charge of servicemen is many a time rather heavy

and multifarious and they can at best only pay divided attention to genuine medical work. Private practitioners are however free from red tapism and official routine work and they can apply their knowledge in the service of suffering humanity and also add to it with the aid of scientific and medical instruments and facilities which cannot generally be had in private dispensaries. But the excessive caution displayed by our Ministers in this direction as well as in similar others, almost borders on timidity. They should have taken courage in both hands and should have followed the advice given by the Medical Association as this is the only body that can give them the correct advice in this matter. I am sorry to designate some of my colleagues as Sub-Assistant Surgeons or as A.M.O's as they are now designated. This designation does neither enhance their status nor does it give them free scope in the practice of their profession. I do not quite understand how artificial limits can put to the acquirement of knowledge or to medical practice as it is sought to be done in the case of our licentiate colleagues. Medical Science does not permit such artificial demarcation nor can examination be a test for putting this limit. For whatever handicaps they may have to face, I would urge upon these licentiate colleagues of ours not to go begging either to the Medical Association or to Government. They must depend upon themselves as they know the maxim that God helps those who help themselves. They must understand their position and analyse the same vis-a-vis the Government Policy in different Provinces. They must realize the *raison-d'être* that this class of Medical men was created to have cheap medical assistance by the Government. The people too, specially in a poor country like India, want cheap medical help. Our Public men do not insist on necessarily having better qualified physicians as they, perhaps consider that medical help would not then be so cheap and so also appears to be the attitude of the Government. In my opinion these two factors contribute mainly to the licentiates being kept in their present position. The analysis given above should help them in finding out proper remedies to raise their status and to raise their fees. My remarks however, on this subject would be incomplete unless I put a word of acknowledgment to the Provincial Government of Madras and the Hon'ble Dr. T.S.S. Rajan, Minister for Medical and Public Health Department for abolishing the Medical Schools and the L. P. M. Course and in having one uniform degree of M.B.B.S. I understand L.P.Ms. and Licentiates of other Provinces are taking increasing advantage of this measure and wish that other Provincial Governments will follow the wholesome example so wisely and boldly set by the Hon'ble Minister of the Southern Presidency. This will help in having a uniform standard of Medical Education throughout the length and breadth of India. If I.M.D. men could be put in charge of Districts as Civil

Surgeons on account of their relations with some English Tommies I do not see why Licentiates cannot be appointed Assistant Surgeons now, due to their experience. If our big brothers can get the fees they demand I do not see why the Licentiates should not get reasonable fees. To my mind it is a question of action and not of passing of a resolution in the conference.

The question of growing unemployment among medical men and our younger generation is causing no little anxiety to all concerned. So far the Medical Departments in the different Provinces, except in Madras and to some extent in the United Provinces, have not been able to render any appreciable medical help in the rural area. Whatever the Government in various Provinces may do or not do, it would be to the credit of Licentiates as well as of better qualified men, especially for young men to spread themselves in the villages and to have a respectable though meagre living instead of suffering under employment or serving in towns under humiliating conditions on a small pittance. I know that it is difficult for our Medical men to leave towns and to forego the social amenities obtainable therein, but they will find work in the villages as noble and honourable and surely worth their while. This step, though it may look as a Counsel of perfection I believe would serve two purposes as it will to a great extent decrease unemployment in their ranks and will enhance their prestige and give them a decent living instead of their wild goose chase of hunting after impracticable and unattainable schemes and jobs; because we have neither been able to give effect to nor have we been able to prevail upon any Government our point of view. The presence of Medical men in a village centre will serve as a pivot not only for medical service but for general well-being of the village communities in relation to education, sanitation and the uplift of their general social life. They have thus great opportunities of leadership in rural area with decent living to themselves and they can also help the villagers in being more self-reliant and self-respecting and at the same time to be healthier and happier.

The advent of Provincial autonomy has brought it its track intense Provincialism which leads us to conclude that before long we shall find ourselves in water-tight compartments. This is bound to prove detrimental for the cause of Education in general and specially to Medical Education where specialisation in different branches in different provinces can go a great way in giving higher medical education to our youths with due regard for economy and our limited financial resources. Otherwise, what happens at present and is likely to happen in an intensified form, is duplication and waste, over-emphasizing of certain branches and neglecting of equally important branches of Medical Science. As it is, we are working in narrow and parochial groves and greatly stand in need of wide vision

but our spirit of Provincialism threatens to render our outlook as narrow as it could be. From a national point of view as well as in the interest of varied experience this attitude is deplorable. Students from one Province will have no chance to come in contact with students of other province and the effects of such aloofness and separatist feeling will be nothing but disastrous. Travelling is supposed to give wide experience and broad outlook which will be denied to our students and their angularities cannot be rubbed off unless they come face to face with their equals in other Provinces and rub shoulders with them and teach them something and also learn in their turn. I am afraid that students of Government Medical Colleges will be the greatest sufferers in this direction, as it cannot be said that Medical Colleges in all the Provinces have the same standard or have equal opportunities of studying different departments of medical science in every Province.

Research work is in initial stage in our Country and there is no incentive in any College for such work. Though the Hospitals in different Provinces of India are more or less fully equipped there is a lack of spirit in those in power to carry on this work. It would not be a fact to say that we are lacking in material and that under proper environment Indian students would be disinclined for such work nor can we say that all the qualified men are fit for practice and cannot devote time for research work. To me there appear to be two reasons for this rather dismal state of affairs, one is that the authorities in charge of Hospitals do not encourage research work and even most of practitioners who are in affluent circumstances do not like to take up this work and sacrifice some of their practice. Another defect is that the I. M. S. and others who are so situated as to take up the research work are neglectful either for want of knowledge or for want of time. The Public Health Commissioner of the Government of India deplores the regrettable fact that from epidemiological point of view there still remains a vast field for exploration and so few workers have been attached to research work. Unless we are prepared to shake off apathy and lethargy in this direction and contribute our quota to the existing medical knowledge of the world, we cannot claim an honourable place in the comity of nations and our reputation in the international field of medical world cannot be expected to be high.

In Malaria we are resting on the laurels of the work of others and we have given up all research so far as this disease is connected. It must have struck you all as it has struck me that certain families do not suffer from Malaria though surrounded by infecting mosquitoes. Whether such families have inherent immunity from the disease or whether there is something in their exterior or in their blood destructive to Malaria parasite is a problem which is worth our serious attention. If research finds preventive element in such

families it may revolutionize the use of quinine and other drugs on which so much money is spent and so many persons suffer from the misuse of the drugs.

In Europe and other Western countries there is a system in every teaching institution to have post-graduate courses for Practitioners with a view to bring their knowledge up to date. No body can assert that after passing his degree examination a man can acquire knowledge unless he either has the habit of doing so or there is an opportunity provided for him to acquire knowledge by attending lectures designed for the purpose and by undergoing such higher courses. It is a sad commentary that after so many years of medical education our trustees have not considered it worth their while to pay any attention to this aspect of the question.

Of late there has been marked a tendency to have indigenous system of medical science introduced by Legislation in most of the Provinces. Whatever may have been the origin of the indigenous systems prevailing in our country, of Ayurvedic and Unani systems it should be admitted readily that in their own way they have rendered medical help to millions of people in this country. But very few people would deny that as at present situated there is not much of scientific training in those who practise these systems and many of their methods appear to be arbitrary. In fact there cannot be in medical science such water-tight divisions as Allopathic, Homœopathic, Ayurvedic and Unani. These different nomenclatures are creating much necessary confusion and divisions, at the same time the lead to waste of money and flitting of energies. Our Provincial Governments would be well advised to have an amalgamated system on national lines and if their energies are directed towards the evolving of a common system it will be an achievement of which they can well be proud of. I think all interested in Medical Science will welcome the idea if all the Provincial Governments collaborate their effort in getting prepared a materia medica for the whole of India which takes full advantage of indigenous plants and herbs and which may provide effective and at the same time cheap remedies to the people of our country. As far as our scientific knowledge goes we say that disease are due to microbes. Now it is not possible that the same disease should develop in a different way under different systems of medicine. As I have said above what we need is a thorough enquiry into these different systems and develop one common system of medicine which will be most helpful, conducive to the welfare of the people and at the same time bring effective medical help and medicines within the reach of the largest number of our countrymen. Mere tinkering with the subject here and there is a dangerous method of approach and will not help us at all.

Total deaths in India are about 70 millions yearly. These are chiefly due to infantile mortality and to epidemic diseases. We

have not been able so far to arrest the appalling infantile mortality or the many epidemic diseases which take a heavy toll annually. We may not be able to eradicate them, but we can certainly lessen the incidence of mortality to a great extent. If we put in requisite efforts and a determined will. This question has been often neglected and dismissed with the remark that India is a vast country and this is too great a problem to be solved, without at any time making effective efforts to solve the problem. The remark, therefore, implies or contains two premises that if India was divided into smaller parts the problem would be solved and the smaller parts will have sufficient money to do so. This on its face is an absurd proposition. What is required is an organizing capacity and a will to do it. The authorities generally appear to consider that Indians have no souls and whether they live or die, as flies, is not very much a matter for those in power to be concerned with.

Qualified Medical men find it difficult with all the accessories to diagnose diseases and there are so many deaths due to the limitation of the knowledge of our Medical men. Imagine also as to how many deaths must have occurred due to the ignorance of those who are allowed to practice with impunity and those who are not qualified and whom we designate as quacks. Provincial Governments may help indigenous systems and may bring them on scientific basis, as I have already remarked, but they should take courage in both hands and should put a stop to this evil of quackery with strong hand as soon as possible. The quack should no longer be left abroad to play with the lives of so many of our people. The practice of quackery also leads in lowering the prestige and value of qualified doctors and these quacks generally have a brisk trade as they unscrupulously promise quick recovery though the majority of their cases end fatally.

The question of dietary is now universally recognized as an important problem for the well being of any nation and any country. Our Governments, neither the Government of India nor the National Provincial Governments had so far seriously done anything to solve this question.

I have read that Dr. W. R. Aykroyd, Director of the Nutrition Research Laboratories at Coonoor has established a liaison between Geneva and Far East and Dr. Aykroyd has been made the Officer-in-charge of that Department. It is also said that data had been collected from investigations in the Coonoor Laboratory on deficiency diseases, Vitamin standards and analysis of foodstuffs. It will be admitted on all hands that the problem of nutrition is of vital importance to our country and on its proper solution to a great degree the welfare of the whole country depends and any genuine efforts in this direction should earn the gratitude of all concerned. But it is a sad commentary that in spite of whatever the official reports on the subject may say, steps

taken in this direction have borne no practical results. We have to recognize the fact that the greater number of patients in our Hospital register come for treatment of Dyspepsia in some form or shape. In towns this trouble is caused by overeating and in villages by under-eating and malnutrition. If we analyse these figures we should have come to the conclusion long before that there was something wrong with our system of diet. Scientifically we know that salts, Protein, Carbohydrates and fat are all necessary for the proper development of human body and that excess or inadequate quantity of any of these ingredients causes disease. The discovery of vitamins has proved that dietary forms an important item in human life. Here is a field where our profession can do a great deal in developing the physique of our countrymen and in diminishing the incidence of disease. We should take upon ourselves the important task for studying the dietary of the different classes of our people and by experiments and investigations into the data available as well as by research we should be able to formulate a diet on scientific basis with proper ingredients which should be acceptable to all, of course with certain amount of variety to suit different localities and different communities and we should also give due regard to the fact that most of our people have only limited budgets.

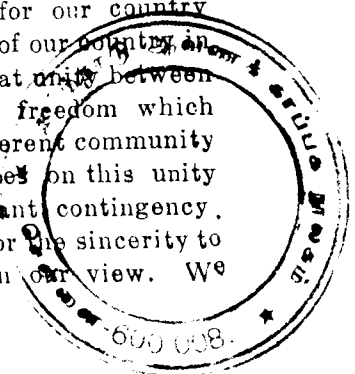
But it will not be enough to formulate the dietary alone and leave it there, we shall necessarily be required to educate the people on this subject by intensive campaign and wide propoganda if we wish to decrease the mortality and increase the vitality of the vast masses of India. Whilst we are on this subject, I think, I cannot neglect another important subject of the necessity of light, ventilation, of adequate water supply and sanitary houses and surroundings, as nutrition alone will not improve matters very much unless these defects are tackled.

I have given my views in this address on various subjects as they have occurred to me in the midst of my rather busy public life, which does not afford much time for reflection, but demands only unceasing action. I can only say that within the limits of this address it was obviously impossible to give a comprehensive review of various problems facing us. But one thing is clear that the administrative system which may be in vogue in a country does to a very great extent effect the lives of people of that country in all its various aspects and therefore, I cannot resist the temptation of making certain general remarks which all combine to read on whatever work we may be called upon to do.

That the Government of India Act is unsatisfactory is admitted by all. That it has been thrust down our throats no body can deny. But now that offices have been accepted as Mahatma Gandhi says to work it contrary to the intentions of the framers, we should utilise the act to our benefit by circumventing it. The

ingenuity of the British Parliament certainly cannot be unlimited so as to provide in the Act for all contingencies. Surely this is a case of hoisting them with their own petard. My estimated friend Dr. Jivraj Mehta was absolutely right when he said while speaking on one of the resolutions moved in the last year's Conference that the more one studied it (the Government of India Act) the more one realised what a fraud it had perpetrated on the country and how absurd its fulfilment of Provincial Autonomy was so far as the Medical Department was concerned. In spite of often repeated demand of the complete abolition of the Civil side of the I. M. S. and the Inspector General, no remedy is coming forward from the authorities, on the other hand the disease has become even more virulent. The Government of India's Scheme of Re organization is certainly extremely retrograde and has worsened the situation which in effect maintains gross racial discrimination and has only reduced the number of posts held by Indians while the personnel of the British Officers has proportionately increased. I however maintain that it is an extremely costly service for our country and is altogether unnecessary and so also the post of the Inspector General. The Congress Ministries so far have done nothing to improve the lot of Medical Profession, whatever may be their pretensions in other Departments. We see no strengthening of the Congress organization nor wrecking of the constitution but of merely bossing over things. One peculiarity which has been recently marked is that our Congress Ministers are so much engrossed in their social functions that they have no time to show the courtesy of even replying to the communications which are sent to them by responsible individuals, Associations and even to Congress Committee. There is a natural fear among the Medical men of the influx of foreign Doctors in India and the statement of responsible Congress Ministers that they may be engaged on contract system as experts has perturbed the whole medical world of India. The Ministers are expected to know that experts are not born but are the products of special and intensive studies and that there are many men amongst us who can easily be experts if they are given opportunities to study and work.

When we criticise the British Authorities for whatever grievances we have against them we may passingly reflect as to how far we are sincere in attempts. To achieve freedom for our country upon which, in my opinion, depends the welfare of our country in whatever aspect it may be considered. It is said that unity between Hindus and Mohammadans is essential to get our freedom which is also interpreted to include the unity between different community of this vast country of ours. If we base our hopes on this unity being achieved completely it is bound to be a distant contingency. We have neither the will, nor the determination nor the sincerity to achieve the object which we allege we have in our view. We



boastfully say that no sacrifice is too great to obtain our freedom but in practice we are not prepared to give up our religious and communal prejudices. Even in this age of advance civilization in these matters most of us follow only medaeval ways. It is not possible to avoid the medaeval demonstration of our religious ceremonies and have a spirit of toleration. If these ceremonies are necessary their unseemly and unhealthy exhibition on the roads leading to communal riots should be avoided. This must be feeling of all sincere and patriotic workers in our profession who have to treat annually the victims of communal frenzy in one or other part of the country leaving an aftermath of bitterness and communal poison which is sapping up the very vitality of our people. I regard these recurring fatalities as a mere symptom of a disease which lies deep and goes to the very heart of our body-politic thus exposing the whole organisation to a sudden collapse. I can say this because it has been my misfortune to feel as it must have been of all those who have been as carefully watching public affairs as I have been that even our biggest personalities are consciously or unconsciously suffering from this cankar of communalism in some form or another. There are thousands who never go to temples, mosques, churches or synagogues but at the time of these public ceremonial performances try to pose as the very embodiment of religious devotees. I do not believe in any religion which does not bear fruit in practical life and does not teach a man to serve humanity. And in this our professional motto of going about and doing good gives to these theoretical reflections a concrete and practical shape well worthy of emulation by all.

By our character, integrity and honesty our profession can really do yeoman's service to our motherland, because our noble profession does not recognize any distinction of caste, creed or colour in alleviating human suffering and human misery and as rich and poor to whatever denomination they may belong are exposed to the limitations of the flesh. We can certainly use our influence in creating a right sort of atmosphere for communal peace by ourselves setting an example and by utilizing the opportunities which our professional work affords us. The question of prohibition is also one which our profession has taken due notice. Prohibition is a desirable aim and it will certainly produce good results. Measured in relations to other evils prevailing in the country roughly it is calculated that about 10,000 persons are heavily addicted to drinking bouts, whereas about 4 millions of persons die annually from preventible disease. We have to answer the very pertinent question as to whether we should not direct our energies in combatting against this heavy toll.

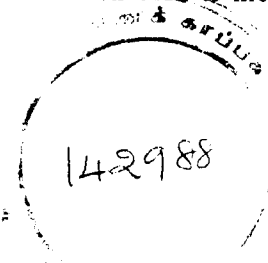
Our system of penology is as old as Malthusalem. Reforms have been either introduced or are being introduced all over the Western countries to ameliorate the condition of the delinquents

These reforms are based on the idea that our present economic and social system are to a great extent responsible in responding to the acts committed by these criminals. But in India we are just tinkering with the Jail Reforms and without criminals. We must give due place to psychology and psychological treatment of criminals if we wish really to do good to criminals in our Jails. I wish that our profession should take more interest in Jail and criminal on psychological line.

The air is thick with various educational schemes and it should not be regarded inappropriate if such a distinguished body as ours has to say something about these educational schemes which are coming up before us because whatever profession one may follow in latter life the system of primary and secondary education are bound to affect all sphere of life. Some of the schemes are designed to be self supporting and self sufficient. How far is this practicable and desirable and how is it going to effect on the future careers of our boys is a question well worthy of thought. It is right that vocational bias is being given to Education but due amount of general literacy and scientific education must form the basis of the higher professions and the tendencies of our children should not be cramped by overemphasizing a particular aspect of the question at the sacrifice of equally important aspects. The chief aim of education is to draw out the best in man as Swami Vivekanand rightly remarked as to train the minds of the youth to be worthy citizens. Education does not consist of simply passing examinations but with passing of examination there should be created a taste for acquiring knowledge throughout life and to so train a youth that he may be able to apply his mind to any problem which he may have to face in life. Then there is to be formation of character and creation of certain desirable habits as also the development of right attitude towards the matters of life. We have to create right type of citizens with sense of justice and fair play and tolerance and also instil into them the qualities of leadership that they may be able to take place in a progressive society and be a source of pride and pleasure to their people. In fact the real test is whether our educational schemes will turn our students who will adequately respond to the profession or a vocation which they may have to adopt in life and also whether they will re-act properly to their environment, and to the current social, economic and political problems of the day. I am glad to notice that child psychology is attracting increasing attention of Educationists and this is in the right direction. To train the mind and to prescribe requisite syllabus for teaching, one should also know the functions of the brain and it would be desirable for our profession to have a greater hand and more increasing association in the formulation of Educational schemes than we have done so far.

Ladies and Gentlemen,

As I have taken more of your time than I originally intended to do I wish no longer to detain you excepting that I once more thank you for your indulgence and the reception which you have been pleased to accord to me.



### Extract.

#### SULFANILAMIDE—A CRITICAL REVIEW.

The following is abstracted from a review of sulfanilamide treatment by Schnitker.

It is now approximately three years since the new chemotherapeutic agent prontosil for the treatment of infection due to streptococci was presented to the medical profession. Whenever a new measure is introduced in therapeutics it is appropriate, after the accumulation of sufficient data, to review the evidence for and against its use, and to ascertain its limitation. In the case of sulfanilamide, the active principal derived from prontosil, this is particularly true because of the immediate enthusiasm with which it has been accepted.

To be sure, it is still too early to evaluate all the possibilities and potentialities of this drug and to draw any far-reaching conclusions. Yet enough has been learned about its value in the treatment of certain conditions, the diseases in which its use has been unsuccessful and its definite toxic effects to warrant a brief resume.

At present the clinical use of sulfanilamide is necessarily almost wholly empirical because the site and exact mode of action are not known. In the human subject, by any route of administration, the drug is rapidly absorbed and quickly diffused through the tissues.

The drug was originally intended for use in hemolytic streptococcal infections but its wide distribution in the tissues and organs following its administration, has encouraged the use of the drug in practically all types of inflammation and due to causes even far removed from the original intention. For clinical use, the Council of Pharmacy and Chemistry has accepted sulfanilamide only for the treatment of infections due to beta-hemolytic streptococcus of Lancefield's serological group A, although it has been found to be effective against a few other organisms.

Certain observations have been of the greatest importance in establishing a rational basis of the treatment of infected human

subjects. Unless the illness is critical and treatment must therefore be done promptly, it is advisable to isolate and identify the infecting organism first, and with it test the effect of the drug *in vitro*.

#### ADMINISTRATION.

The method of choice in the administration of sulfanilamide is by mouth. The daily dose for the average human adult has been expressed in terms of weight, 0.1 gm per kilogram or 1 gm. for each 20 pounds, but regardless of weight the total dose per day should not exceed 5 gm as toxic effects may result. Smaller doses in mild infections.

Without a critical classification of the invading organisms, sulfanilamide has been used in the treatment of erysipelas, puerperal sepsis, tonsillitis, peritonitis, scarlet fever, meningitis, otitis media, Ludwig's angina, and osteomyelitis. In throat infections, peritonitis and osteomyelitis (except isolated instances of mastoiditis) the effects of treatment have not been remarkable.

#### ERYSIPELAS.

In erysipelas and streptococcal cellulitis good therapeutic results have been obtained. Sulfanilamide seemed effective in decreasing the complications that follow erysipelas but it did not necessarily prevent recurrences. When it is given orally, other therapeutic measures such as ointments are unnecessary. The local application of the drug to the skin is useless.

#### PUERPERAL INFECTIONS.

Reports of the results of sulfanilamide in the treatment of puerperal sepsis have been favourable. Cervical smears show organisms as long as after other treatment, so are not a criterion of results.

#### SCARLET FEVER.

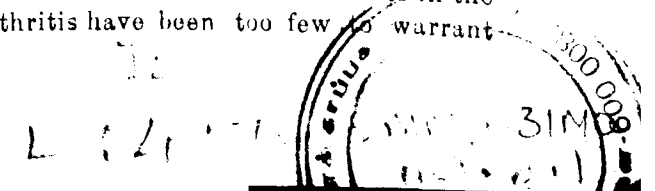
Results in the treatment of scarlet fever have not been so striking. The institution of sulfanilamide therapy during the acute stage of the illness did not appreciably accelerate the rate of recovery. The complications that follow scarlet fever may respond favourably,

#### STREPTOCOCCAL MENINGITIS.

Sulfanilamide has proved its value clinically in this condition. Reports of cases recovered are appearing rapidly. Oral use of smaller amounts than usually used are advocated to be continued until the patient is entirely well.

#### GONOCOCCAL INFECTIONS.

The first reports were extremely favourable but as data accumulate, more and more failures occur. In first infections, patients responded poorly if at all. Sulfanilamide may cause the organisms to disappear from the strained smears in from two to six days. However, this may give a false sense of security to both patient and physician as to adequate treatment and cure. The results in the treatment of gonococcal arthritis have been too few to warrant definite conclusions.



## TOXIC EFFECTS.

Untoward reactions, even to death, may result from the administration of sulfanilamide. The toxic effects are more commonly the result of indiscriminate use, but may occur from an idiosyncrasy to it. They may be classed as moderate and severe. The moderate symptoms consist of headache, anorexia, vertigo and general malaise, with possible slight cyanosis and dyspnea. The severe reactions may result in persistent sulfhemoglobinemia, skin manifestations, hyperpyrexia or hypopyrexia, abdominal and chest pains, tachycardia, persistent dyspnea, diarrhea and numbness and tingling of the hands and feet.

The blood, during the administration of sulfanilamide, should be frequently examined for signs of anemia, as this drug contains a benzene ring and may cause agranulocytosis. Lowering of the red cell count and hemoglobin regularly follow the use of the drug. Blood transfusion is the only effective treatment for this anemia as liver and iron preparations are apparently not effective.--J. A. M. A.

### CORONARY SCLEROSIS AND ANGINA PECTORIS TREATED BY GRAFTING A NEW BLOOD SUPPLY UPON THE MYOCARDIUM.

(C. S. PECK: *Surgery, Gynecology and Obstetrics*, 64: 270, 1937)

The death rate from sclerosis of the coronary arteries is appalling. According to the author's information of the physicians who died during the first half of last year, as recording in the *Journal of the A.M.A.*, 14.6 per cent were given a diagnosis of coronary thrombosis, coronary sclerosis or angina pectoris. "Man's anatomical pattern gives the heart contact, but little or no continuity with the body. He had anchored the heart in the body, suspended it by the great vessels, and has thereby effectively deprived the heart of an ability to build collateral anastomoses." In coronary occlusion, some compensatory blood supply may come through the thebesian channels or through the anastomoses with the aorta that exist in the fat at the base of the heart but these are often dreadfully inadequate.

By experimenting upon animals, the author succeeded in establishing a compatible collateral blood supply to the heart by grafting mediastinal fat, pericardium, skeletal muscle (brought in from the chest wall), and omentum (brought up through the diaphragm) upon the myocardium, while coronary occlusion was produced by means of silver bands placed around the arteries.

The work was then applied to human patients with coronary disease. The best result was obtained in a 55-year old white male, a mechanist, who had angina on effort for 2½ years and also generalised arteriosclerosis and intermittent claudication, being totally incapacitated for 5 months. The operation performed was the placing of a pedicle graft from the pectoral muscle on each side upon the left and right ventricles, the epicardium covering which had been roughened by mechanical means. After the operation the patient became entirely free from anginal pain, and 5 months later he returned to his former job, being able to do hard work.

Up to December 20, 1936, the total number of patients who had been operated upon was 20. In the first 16 the operative mortality was 50 per cent, but in the last 5 consecutive cases there was not a single death, although all of them were bad risks. The reduction in the mortality has been accomplished by selecting proper cases and by reducing the magnitude of the operation. The present technique consists of a unilateral approach by removing only one costal cartilage on one side, opening of the pericardium, application of powdered beef bone on the epicardium, and placing the graft from the pectoralis major of the same side.

### PNEUMOPERITONEUM IN THE TREATMENT OF PULMONARY TUBERCULOSIS.

(H. G. TRIMBLE AND B. H. WARDROP: *American Review of Tuberculosis*, 36: 111, 1937.)

The beneficial effects in pulmonary tuberculosis noted during the latter months of pregnancy have been ascribed to the elevation and splinting of the diaphragm. A similar effect can be produced by introducing air into the peritoneal cavity. Pregnancy may raise the diaphragm by 2 to 3 cm., whereas pneumoperitoneum may raise it 2 or 3 times and is therefore more effective.

It has a particularly valuable application in patients who have a fairly extensive bilateral pulmonary tuberculosis and who cannot be given pneumothorax because of extensive adhesions and who cannot tolerate more drastic procedures of collapse therapy.

The patient is placed in a reverse Trendelenburg position. This position is very effective in localising the abdominal air beneath the puncture site, and as a result, a fluctuating manometer reading is usually obtained almost as soon as air is first introduced. The site chosen for puncture has been just lateral to the left rectus abdominis

and immediately below the costal margin. This area has the advantage of not overlying any particularly vulnerable viscera and the proximity to the ribs permits the skin to offer some resistance to the needle rather than being pushed in front of it. This latter fact is especially welcome when the abdominal wall is flaccid, such as one is apt to find in a thin multiparous woman.

The site is well anaesthetised by an injection of 3 cc. to 5 cc. of 1 per cent procaine down to the peritoneum. An ordinary Pneumothorax needle (2 inch, No. 19 gauge, short level) is used for the introduction of air and the procedure is identical with that used for pneumothorax. With the initial fill an oscillation of the manometer may not be obtained, but one can determine when the needle has entered the peritoneal cavity by the lack of tissue resistance in front of it and the ease with which the air flows through the needle. Following the initial injection of air there may be some discomfort and shoulder pain for a few days, but if the pain is severe, it can be relieved by elevating the foot of the bed which removes the air from the lower surface of the diaphragm. After pneumoperitoneum is established, the manometer readings are almost always positive and may go as high as plus 7 cm., plus 5 cm (water manometer) or more. The oscillations of the manometer are narrow as compared to those encountered with pneumothorax, and are paradoxical. The amount of air given should be comparatively small with the first few refills to avoid undue discomfort. Thereafter the amounts of the refills vary from 200 to 500 cc. twice a week or 500 to 1,000 cc. once a week, varying with the rate at which the air is absorbed. Because of a relatively large area of peritoneal surface, the air from the peritoneal cavity is absorbed more rapidly than from the pleural space.

The authors have used this method in about 80 cases. Cough and sputum were frequently diminished and the patient made more comfortable. Cavities, particularly basal cavities, which failed to close by other methods, were closed by pneumoperitoneum. A subclavicular cavity which was present for two years was also effectively closed.

## Medical News and Notes.

ENGLISH DOCTOR DEFIES LAW: Dr Aleck Bourne, a leading obstetric surgeon and gynaecologist attached to St. Mary's Hospital London, defied law a few months ago by causing abortion in a girl less than fifteen years of age who was assaulted by some soldiers and raped under most revolting circumstances. She became pregnant. The parents who belonged to a respectable society took the girl to their family doctor who consulted Dr. Bourne and requested him to keep the matter secret. Dr. Bourne had very strong notions of his own regarding artificial abortion in cases when a woman became pregnant under the circumstances like the one under reference and desired to commit abortion with the knowledge of the Government Department dealing in crimes. But in this case he was barred by a promise of secrecy to guard the respectability of the girl and her parents. He did not care to obtain a 'second opinion' as was required by law to justify abortion in the interests of the mother which he could have easily done and satisfied the technicality of the law on abortion. He felt that in cases like this the best had to be done for the patient. He must have also felt that the true interpretation of law must allow abortion even without a 'second opinion' and he took the first suitable opportunity of making the legal interpretation clear. So he risked his own reputation and his liberty by submitting himself to a criminal prosecution in which he was charged under Sec. 58 of the Act of 1861 (England) with unlawfully using an instrument with intent to cause abortion. The trial took place on July 18 and 19 at the Old Bailey before Mr. Justice Macnaghten. The whole case turned on the interpretation of the word 'unlawfully.' The accused was treated throughout by the prosecution and the Judge with admiration and respect he deserved as his motives were regarded to be pure and in the interests of the public and the profession. The law permitted abortion in cases where pregnancy if allowed to reach the full term, the life of the mother would be in danger. As the accused in this case was a respectable member of the medical profession and not a professional abortionist he was tried by the Judge with the consideration he deserved and even the Attorney-General who conducted the prosecution for the Crown co-ordinated with the Judge and the whole atmosphere in the court was one of co-operation with the accused in establishing the interpretation of the word 'unlawfully.' It has to be said as could be seen from the proceedings of the case that the Judge went even a bit out of way to define the word 'unlawfully' and based his interpretation from the (English) Infant Life Preservation Act 1929 relating to the prevention of killing of a child in the short interval when it was capable of being born alive before it acquired an existence independent of that of its mother and therefore could not in law be murdered.

Hence this law did not apply actually in a case of abortion. Sec. 1 of that Act contains a proviso that no person shall be found guilty of the offence of murdering a child unless it is proved that the death of the child was not done in good faith for the purpose of preserving the life of the mother. The learned Judge while addressing the Jury wished them to stretch their imagination and interpret the word 'unlawfully' found in Sec. 58 of Act of 1861 (relating to abortion) taking into their consideration the motive in the case and to find out for themselves whether the prosecution proved to their satisfaction beyond reasonable doubt that the act which Dr. Bourne admittedly did was not done in good faith for the purpose of only preserving the life of the mother. The most important step to determine was the meaning of the phrase 'preserving the life of the mother'. The Attorney-General admitted that the mental effects on the patient in this case were grave but he only doubted whether they justified the termination of pregnancy. In answering that question the learned judge observed that no line could be drawn from danger to life and danger to health and that no doctor could know whether life was in danger until the patient was dead and that if on reasonable grounds based on adequate knowledge, after consulting with colleagues, a doctor came to the opinion that the probable consequences of the continuance of pregnancy, would make a woman wreck mentally or physically it was the duty of the doctor to perform an abortion. Preservation of life being not merely to save from death but also to save from illness which would eventually destroy life or make it hardly worth living, the Jury agreed with the view expressed by the Judge and gave a verdict that Dr. Aleck Bourne was not guilty. This trial *Rex. v. Bourne* though it has clarified legally the views held by conscientious members of the medical profession on the subject of therapeutic abortion, is not likely to suppress the legal conscience or the honest public feeling on this subject on religious grounds as was evidenced from the questions asked on the floor of the House of Commons by some of the members of the Parliament of the Minister of Health. It is said that the Ministry of Health, has appointed in May 1937 an inter-Departmental Committee on abortion to consider the subject on abortion and the report of this committee is expected soon. It is also said that the committee consists of men and women with wide knowledge of the technical, scientific, and psychological aspects of the question and it is hoped that the medico-legal implications of abortion will be clarified more elaborately by this committee. Basing on the report of this committee and on the judgment in the case of *Rex. v. Bourne* there is bound to be changes in the Law of Abortion. Whatever changes are likely to be effected in the British Isles will have healthy repercussions in the whole of British Empire.

## THE 15th ALL INDIA MEDICAL CONFERENCE. MEERUT—1938.

### RESOLUTIONS.

1. This conference protests against the decision of the General Medical Council of the United Kingdom to refuse to accord retrospective recognition to the medical degrees of the Calcutta University as has been done in the case of the other Indian Universities, approves of the steps already taken in the matter by the Indian Medical Council and requests the Government of India to amend the Indian Medical Council Act as early as possible so as to enable the Council to refuse recognition to those medical qualifications granted by the Licensing Bodies in the United Kingdom which, in the opinion of the Council, might be considered insufficient.

*Proposed by*—Dr. K. S. Ray.

*Seconded by*—D. P. B. Mukherji.

*Supported by*—Dr. B. N. Vyas.

2. This Conference requests the Provincial Governments to formulate National Health Insurance schemes in their respective provinces and urges them to appoint special committees to formulate schemes suitable to their needs.

*Proposed by*—Dr. R. C. Goulatia.

*Seconded by*—Dr. K. R. Chaudhri.

3. In view of the fact that in future, wars are not going to be confined to the fighting forces alone but would affect the civil population as well, this Conference requests the Provincial Governments to institute a survey of all the available medical resources in their respective provinces which can be requisitioned at short notice to give relief to the civil population in cases of emergency arising out of air raids and other eventualities and to give facilities to medical practitioners to obtain necessary training in this regard.

*Proposed by*—Dr. K. S. Ray.

*Seconded by*—Dr. Jivraj Mehta.

4. This Conference is of opinion that in every province of India either the Minister in charge of the Medical Portfolio or the Parliamentary Secretary should be a member of the medical profession.

*Proposed by*—Dr. Jivraj Mehta.

*Seconded by*—Major-General D. P. Goil.

5. In view of the fact that facilities for medical relief and measures for the prevention of diseases existing in this country at present, particularly in rural areas, are wholly inadequate, this Conference is of opinion that the same should be improved:—

(a) by subsidising medical practitioners possessing registrable qualifications to settle down in rural areas;

(b) by establishing dispensaries in such places; and

(c) by better equipping the existing hospitals.

*Proposed by*—Major-General D. P. Goil.

*Seconded by*—Dr. J. L. Caroli

6. That in the opinion of this Conference the presence of a member of the medical profession being absolutely necessary on all Local Bodies, the Provincial Governments be requested so to amend the Local Self-Government Acts as to empower the local branches of the Indian Medical Association to elect a representative on such bodies.

*Proposed by*—Dr. R. N. Bose.

*Seconded by*—Dr. H. N. Shivapuri.

7. In view of the fact that proper facilities for

(i) dental education, and

(ii) the training of male and female nurses, and compounders, do not exist in some provinces, this Conference is of opinion that the same should be provided for in those provinces where such facilities do not exist.

*Proposed by*—Major-General D. P. Goil.

*Seconded by*—Capt. H. N. Shivapuri.

8. That in the opinion of this Conference all teaching medical institutions should provide facilities for research, and while requesting Government to institute research fellowships for the purpose, is further of opinion that facilities for research should also be provided in these institutions to such members of the independent medical profession as may desire to avail of the same.

*Proposed by*—Dr. Vishwa Nath.

*Seconded by*—Dr. C. L. Bhola.

9. (i) In view of the attempts now being made in some parts of India to appoint medical men who are non-nationals, mainly on humanitarian grounds, this Conference, while sympathising with their sufferings, is of opinion that in view of wide-spread unemployment in the medical profession in India, no appointments should be made on such grounds.

(ii) This Conference is further of opinion that in view of the prevailing laws of this country regarding medical practice, no medical man—expert or otherwise—should be appointed by the Central or Provincial Governments unless they come from countries with which Indian nationals have reciprocity in matters of medical practice.

(iii) This Conference disapproves of and protests against the action taken by certain Indian States in appointing non-nationals coming from countries which prohibit medical practice to Indians residing in their countries, to responsible posts in the medical departments of their States instead of and in place of capable and qualified Indian medical men who are competent to hold such posts.

(iv) This Conference condemns the action of those, medical practitioners or otherwise, who bring out from such countries doctors

for setting in India for private practice by providing guarantee for them under the recent Pass-port Rules.

(v) This Conference further protests against the great and unrestricted influx into this country of doctors from such countries and requests the Government of India to prohibit the immigration of such doctors into India.

*Proposed by*—Dr. S. C. Sen.

*Seconded by*—Dr. S. N. Kaul.

10. This Conference, while appreciating the efforts which are being made in various provinces to put the teaching and the practice of the indigenous systems of medicine on a sound footing, is of opinion that no person intending to practice these systems should be allowed State-recognition unless he passes after a preliminary general education, not below the standard of matriculation examination of Indian Universities, through a course of training and instruction given by competent teachers in recognised institution:—

(a) in the fundamental sciences (viz. Chemistry, Physics, Biology, Physiology, Anatomy and Pathology);

(b) in Ayurvedic or Unani medicine, elementary surgery, obstetrics and preventive medicine; and passes an examination in the subjects of the curriculum to be conducted by Statutory Boards to be created on the lines of the Bombay Medical Practitioners' Act, 1938.

*Proposed by*—Dr. Jivraj Mehta.

*Seconded by*—Dr. K. P. Bagchi.

11. In view of the rapid increase in the incidence of Pulmonary Tuberculosis in this country this Conference, while welcoming the initiative taken by Her Excellency the Marchioness of Linlithgow in giving impetus to raise antituberculosis funds, strongly urges upon the Central and Provincial Governments, Local Bodies and the public to take energetic measures for the prevention and treatment of this disease—

(i) by taking steps to improve the nourishment of the people and increase their resistance to the disease;

(ii) by propaganda and other methods to educate the people on the causes and prevention of the disease;

(iii) by providing funds for research on tuberculosis;

(iv) by instituting tuberculosis clinics at the teaching hospitals as well as in all districts and other towns;

(v) by increasing accommodation in the hospitals and sanatoria for tuberculosis patients and providing domiciliary treatment;

(vi) by establishing preventoria for children exposed to infection, and aftercare colonies for patients suffering from chronic tuberculosis and

(vii) by collaboration of the various local committees with the local branches of the Indian Medical Association in promoting anti-tuberculosis schemes.

*Proposed by—Dr. P. T. Patel.*

*Seconded by—Dr. P. B. Mukherji.*

12. This Conference requests the Provincial Governments to exempt registered medical practitioners from obligations of renewing annually their licences for the purpose of dispensing Cocaine, Opium Morphine and Heroine

*Proposed by—Dr. R. A. Amesur.*

*Seconded by—Dr. H. N. Shivapuri.*

13. This Conference is of opinion that in view of the unanimous decision of the Delhi Conference on Medical Education in India held on 7th November, 1938, this Conference requests the Provincial Governments—

(i) to take early steps to establish a uniform minimum standard of medical education in their respective provinces, the standard being that of University Degree, and

(ii) to abolish all examining bodies, other than the Universities, which may be granting medical diplomas and licences.

*Proposed by—Dr. S. C. Sen.*

*Seconded by—Bhupal Singh.*

14. This Conference requests the Central Government to move the Central Act Legislature to amend the Indian Medical Council Act of 1933 so as—

(a) to provide for a majority of elected members on it;

(b) to provide an All-India Medical Register; and

(c) to include in the Register names of all persons now borne on the Provincial Medical Registers.

*Proposed by—Dr. Mool Chand Bazaz.*

*Seconded by—Dr. Gurumukh Ram. Tandon.*

15. This Conference requests the Central and Provincial Governments to give official recognition to the Indian Medical Association as a consultative and advisory body on all matters concerning Medical and Public Health problems in this country.

*Proposed by—Dr. K. B. Bagchi.*

*Seconded by—Dr. Ved Prakash.*

16. This Conference recommends that the Central and Provincial Governments should undertake to enact legislation on medical and public health subjects on the lines of the consolidated and amended Public Health Acts of England and the United States of America.

*Proposed by—Dr. H. N. Shivapuri.*

*Seconded by—Dr. B. L. Kapur.*

17. This Conference is of opinion—

(a) that the Central and Provincial Governments should allocate a minimum of 15 per cent. of their total revenues for the purpose of medical relief and public health, per annum, and

(b) that the allocation of such expenditure in the rural and urban areas should be proportionate to the numerical strength of the population in those areas.

*Proposed by—Dr. Viswa Nath.*

*Seconded by—Dr. B. R. Khanna.*

18. This Conference requests the Central and Provincial Governments to pass Acts—

(a) prohibiting the publication of obscene literature and advertisements advocating the claims of the efficacy of various drugs and appliances;

(b) controlling and regulating the public advertisements of patent and proprietary medicines;

(c) requiring the printing on the labels of patent medicines, the names of their manufacturers, their composition, and the date and country of manufacture; and

(d) prohibiting the publication of the description of their properties and indications for use excepting in the medical press.

*Proposed by—Dr. L. K. Ray, Meerut.*

*Seconded by—Dr. S. C. Sen, Lucknow.*

19. This Conference congratulate the Madras Government on—

(a) abolishing medical schools and converting one of them into a medical college; and

(b) prohibiting by law the advertisements of wines and liquors including medicated wines in the lay press and requests the other Provincial and State Governments to adopt similar measures.

*Proposed by—Dr. G. R. Tandon, Agra.*

*Seconded by—Dr. S. N. Benerji, Meerut.*

20. This Conference welcomes the appointment of the National Planning Committee by the Working Committee of the Indian National Congress and recommends that it should include schemes for the manufacture of drugs and medical appliances in India for the requirements of the country amongst the items of its deliberations.

*Proposed by—Dr. Viswa Nath.*

*Seconded by—Dr. Goulathia.*

21. This Conference notes with concern the increasing evil of quackery in the country and the use by unqualified persons of various designations and letters simulating recognised medical degrees or diplomas and requests the Central and Provincial Governments to take necessary measures to protect the public and the profession from the consequences of this evil.

22. This Conference urges upon Government the necessity of making it a penal offence for anyone to use the prefix 'Doctor' or 'Dr.' before his name unless he possesses a degree of doctorate from any recognised University or possesses a medical qualification from one of the medical institutions recognised by the Indian Medical Council or a Provincial Medical Council.

*Proposed by—Dr. H. N. Shivapuri.*

*Seconded by—Dr. S. C. Sen, Delhi.*

23. Whereas in the interest of public health it is highly desirable to ensure uniformity of composition in the case of biological products such as Sera, Vaccines, of organo-metallic and other special and proprietary medicines, and whereas it is necessary to provide a check on the extravagant claims put forward on behalf of patent medicines, it is resolved that the Central and Provincial Governments be requested to start at a very early date, a Central Analytical Laboratory and a Provincial Laboratory in each province to test such preparations from time to time and to report to Government all cases where the medicines are found to be below the standard or the advertised specifications, for taking proper action

*Proposed by—Dr. L. K. Ray.*

*Seconded by—Dr. Chowdhry, Calcutta.*

24. This Conference expresses its sense of indignation at the undignified reference in the Punjab Legislative Assembly by the Minister of Education, Punjab, to the members of the independent medical profession in Lahore; and further resolves that a copy of this resolution be forwarded to the Premier of the Punjab requesting him to call upon the Minister of Education to make amends.

*Proposed by—Dr. P. B. Mukerji.*

*Seconded by—Dr. Amesur.*

25. This Conference, while reiterating its condemnation of the Government of India's scheme of reorganisation of the I. M. S. as announced in Resolution No. 205 dated 25th March 1937, which—

(a) Instead of abolishing the civil side of I.M.S. as recommended by the Service Sub-Committee of R. T. C. has thought fit to perpetuate the same.

(b) introduces gross racial discrimination between the Indian and the British members of the service.

(c) almost doubles the personnel of British officers in proportion to Indians, whose cadre has been reduced; and

(d) perpetuates unfair and distinctive system of recruitment to the I. M. S. by nomination and selection instead of by open competitive examination; requests the Working Committee of the Indian National Congress to ensure that in any arrangement that may be made for bringing about Federation in India, the medical and other services in the country are brought under the entire control of the Ministers at the Centre and in the provinces under whom the members of these services may be called upon to serve.

*Proposed by—Dr. Jivraj Mehta.*

*Seconded by—Dr. P. B. Meerji.*

26. This Conference reiterates its previous demand for the complete abolition of the civil side of I.M.S. and of the administrative

posts of the Surgeon-General and Inspector-General of civil hospitals.

*Proposed by—Dr. B. N. Vyas.*

*Seconded by—Dr. K. P. Bagchi.*

27. In view of the widespread abuse of the facilities provided in the Government and state aided hospitals by the well-to do and rich people, this Conference calls upon various Governments, States and Local Bodies to take necessary steps to stop this abuse and to ensure that only the poor and the indigent receive treatment in such institutions.

*Proposed by—Dr. Bhola.*

*Seconded by—Dr. Goulatia.*

28. This Conference is of opinion that the labours and activities of the Indian Research Fund Association during the last 27 years of its existence have not been commensurate with results achieved and money spent; and requests the Government of India to appoint a non-official committee of enquiry to go into the working of the Indian Research Fund Association and take such steps as will ensure proper management of the fund a better return for the money spent.

*Proposed by—Dr. Amesur.*

*Seconded by—Dr. Srivastava.*

29. This Conference condemns the action of the Indian Medical Council for having arranged schemes of reciprocity for recognition of Indian Medical Degree with those countries like South Australia, Nova Scotia, South Africa, Italy, Ceylon, Hongkong, Malaya and Straits Settlements which had at first refused direct reciprocity with India.

*Proposed by—Dr. Goulatia.*

*Seconded by—Dr. K. R. Choudhari.*

30. This Conference conveys its cordial thanks to the Reception Committee for the successful organisation and conduct of the XV All-India Medical Conference at Meerut.

From the Chair.

31. This Conference offers its sincere thanks to the Meerut Branch of the Indian Medical Association, to the authorities of the Meerut College and the volunteers who have by their ceaseless efforts, made the Conference a success.

32. This Conference places on record its grateful thanks to Dr. G. Da Silva for presiding over the deliberations of the XV All-India Medical Conference.

*Proposed by—Dr. P. B. Mukerji.*

*Seconded by—Dr. Bhopal Singh.*

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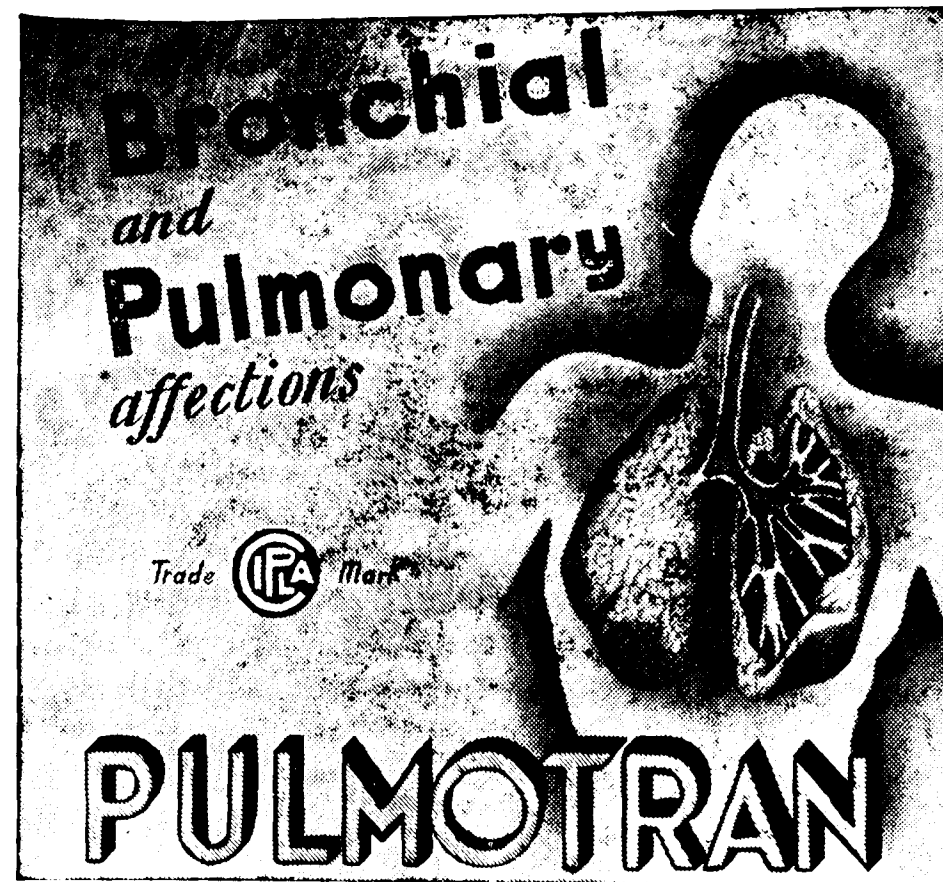
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