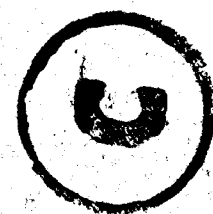


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Oct. 1940



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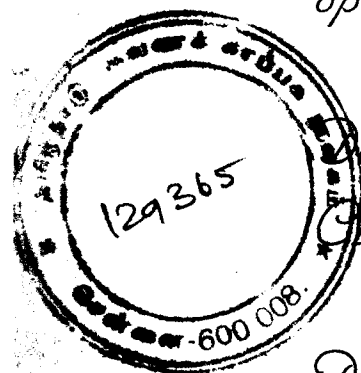


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Vol. XX
No. 1
OCTOBER 1940.

Editor :
Dr. P. S. VARADARAJAN,
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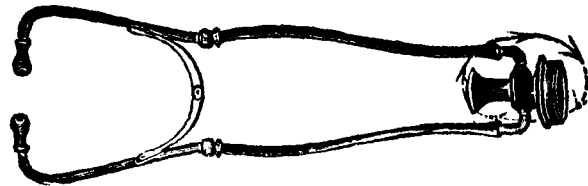
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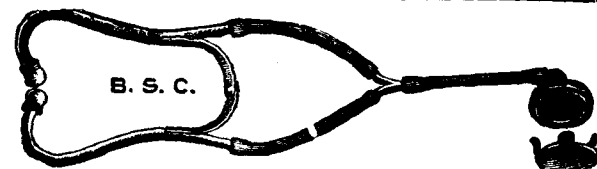
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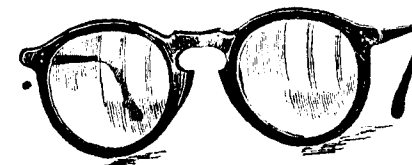
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OCTOBER 1940.

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October 1940

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W. J. MAYO

1862—1939.

"Any man who had better opportunity than others, greater strength of mind, body, or character owed something to those who had not been so provided; that is, that the important thing in life is not to accomplish for one's self alone, but for each to carry his collective share of responsibility. In 1894, having paid for our homes and started a modest life insurance programme, we decided upon a plan whereby we could eventually do something worth while for the sick. This plan was to put aside from our earnings any sum in excess of what might be called a reasonable return for the work we accomplished. It seemed to us then, as now, that moneys which should accumulate over and above the amount necessary for a living under circumstances which would give favourable conditions to work and to prepare reasonably for our families, would interfere seriously with the object that we had in view.

Contented industry is the mainspring of human happiness. How many families have we seen ruined by money who have taken away from the younger members, the desire to labour and achieve and have introduced elements into their lives whereby, instead of being useful citizens, they have become wasteful and become profligate.

The Mayo Clinic, the Mayo Foundation for Medical Education and Research are well known."

The Lancet, 5th August 1939.

The Madras Medical College Magazine

Vol. XX.

OCTOBER 1940.

No. 1.

Observations on Gastric Acidity in Anæmia *

BY G. R. McROBERT, M.D., F.R.C.P. (Lond.)

LIEUTENANT-COLONEL, I.M.S.

D. GOVINDA REDDY, M.D.

AND

R. SUBRAMANIAN, M.B., B.S.,

General Hospital, Madras.

This note is based on 100 cases of anæmia admitted to the male wards of one of the medical units of the Madras General Hospital during the past two years. With a large number of acute cases demanding admission, necessitating frequent turnover of patients, it was not possible to retain most patients for any length of time, nor in rush periods, as in the typhoid season, could full investigations be carried out.

The report includes only those cases of anæmia in which no other illness could be found.

Fractional test meals were carried out in all cases at least once, the oatmeal gruel being administered in the

usual manner after the removal of the resting juice in the early morning.

In 39 cases achlorhydria was found. In 34 of these one milligram of histamine hydrochloride was given subcutaneously and in 20 cases the fractional test meals were repeated on several occasions.

The classification, age distribution, test meal analysis, and the effect of treatment in these cases are shown in the following tables.

Twenty cases, with achlorhydria on admission, were reinvestigated at the time of discharge.

* Reprinted from The Indian Medical Gazette, Vol. LXXV, No. 6 June 1940, Page 324.

TABLE I

Classification of cases in whom test meals were done

	Number	Achlorhydria
(a) Ancylostome anæmia ...	77	27
(b) Macrocytic anæmia ...	7	6
(c) Microcytic, hypochromic... anæmia, other than (a)	16	6
	100	39

TABLE II

Age incidence in years

1-10	...	...	2
11-20	...	...	26
21-30	...	...	41
31-40	...	...	19
41-50	...	...	7
51-60	...	...	5
			100

TABLE III

Analysis of test meal reports

Normochlorhydria	...	40
Hypochlorhydria	...	17
Hyperchlorhydria	...	4
Achlorhydria	...	39
		100

Two cases (one ancylostome microcytic and one macrocytic) with histamine-fast achlorhydria on

admission were discharged secreting free hydrochloric acid in the gastric juice.

S., Hindu, male, aged 16, admitted on 24th March, 1938, and discharged on 24th June, 1938. Initial blood count on 1st April: red blood cells 1,180,000 and hæmoglobin 16 per cent, volume index 0.65. Ancylostome ova present in the fæces. Achlorhydria which was histamine-fast, treated with ferri et ammon. citras, 90 grains a day.

Date	Red blood cells	Hæmoglobin, per cent	Fractional test meal
26-3-38	...	...	Achlorhydria.
29-3-38	...	...	No histamine response.
1-4-38	1.18	16	
6-4-38	1.62	27	
14-4-38	2.34	41	
3-5-38	3.3	63	
8-5-38	...	...	Free acid after histamine.
13-5-38	4.05	80	Free acid in resting juice.

Six cases (all ancylostome anæmia) histamine-fast on admission produced hydrochloric acid with histamine before discharge.

In a number of cases of ancylostome anæmia with under 1,000,000 red blood cells per c.mm., the hydrochloric acid content of the gastric juice increased as the hæmoglobin of the blood rose, but in other similar cases the hydrochloric acid curve was normal from the beginning, despite profound anæmia.

The examples below show that cases which commenced and remained achlorhydric and histamine-fast responded to treatment with iron just as rapidly as those with free hydrochloric acid in abundance.

TABLE IV

Results of treatment of cases with achlorhydria

Type of anæmia	Number of cases	On admission result of histamine injections	AT TIME OF DISCHARGE		
			Free acid		No free acid
			Sine histamine	Cum histamine	
(a) Ancylostome	11	No free acid ... 7 Free acid ... 4	1 2	3 2	3 0
(b) Macrocytic	4	No free acid ... 2 Free acid ... 2	1 1	0 1	1 0
(c) Hypochromic other than (a)	5	No free acid ... 4 Free acid ... 1	0 1	0 0	4 0
TOTAL	20	No free acid... 13 Free acid ... 7	6	6	8

The series includes 4 cases of typical Witts' anæmia with severe koilonychia, no ancylostomiasis and histamine-fast achlorhydria. All responded well to iron.

The macrocytic anæmias all responded to marmite and 6 out of 7 were achlorhydric on admission in contradistinction to macrocytic anæmias which have been described in other parts of India with normal hydrochloric acid secretion.

A further series will be reported in more detail as opportunity presents but it is obvious that:—

- histamine-fast achlorhydria is a condition from which recovery may be made,
- the condition is not uncommonly found with microcytic ancylostome anæmia,
- high-dosage therapy with iron can be carried out efficiently in the absence of hydrochloric acid.

Our thanks are due to Professor Mannady Nayar and the staff of the Biochemistry Department of the Madras College for fractional-test-meal reports.

Date	Achlorhydria		Normochlorhydria	
	Thambiah	Kannan	Thambiah	Kannan
	Red blood cells in millions	Hæmoglobin, per cent	Red blood cells in millions	Hæmoglobin, per cent
3-5-39	0.87	12	...	...
11-5-39	1.5	20	1.24	19
14-5-39	2.13	32	1.38	20
17-5-39	3.0	55	2.16	42
21-5-39	3.0	55	2.6	42
24-5-39	3.0	55	2.7	49
27-5-39	3.0	57	2.76	51
31-5-39	3.2	61	2.81	62
3-6-39	3.58	75	2.86	68
7-6-39	4.16	81	3.35	73
10-6-39	4.32	87	3.4	75
14-6-39	4.35	95	3.6	72
17-6-39	5.0	97	3.7	85
21-6-39	5.0	97	4.16	90
24-6-39	5.0	105	4.2	90
28-6-39	5.5	105	4.32	100
1-7-39	5.22	105	4.72	100
5-7-39	5.5	109	5.0	100

Infantile Cirrhosis OR Inter-Cellular or Peri-Cellular or Mono- Lobular Cirrhosis.

BY DR. K. NARAYANA MURTHI, M.D.,

(Hony. Physician, Govt., General Hospital, Madras.)
(Continuation from the previous issue)

Histo-Pathology.—The abdomen is prominent and distended with fluid. The ascitic fluid is clear, sometimes bile stained with clotted lymph. Tissues of the abdomen, peritoneum and mesentery, etc., are bile stained, in those cases that died of cholæmia.

Liver weighs.—18.25 ozs. It is atrophic or hypertrophic, yellowish-brown or greenish yellow in colour and of normal shape. Surface is smooth, glistening, often shows a finely reticulate yellowish appearance.

Section is pale or deep yellowish brown in colour, glandular and tough in consistency. Microscopically, the architecture of the liver is found entirely altered. Strands of young fibrous tissue with round celled infiltration are seen radiating from the Glisson's capsule. The architecture of the lobule is no-where intact. The bile ducts show no inflammatory changes nor any proliferation of the bile ducts. There seems to be an effort at budding of epithelium of the liver capillaries. Around are pigment laden cells, probably bile. The sinous cords of the hepatic cells are broken up by fibrous tissue, delicate in staining reaction and the picture looks as if the cells are stuck on to the branching process of the fibrous tissue.

The radiating system of the lobule is lost. The parenchyma is atrophic due to ischæmia and is separated by large clear spaces. The nuclei of the cells are not distinctly visible. Deep yellowish granules fill the protoplasm of the cells. Here and there multinucleate cells are visible, possibly indicate an attempt at regeneration. The cells are of various shapes. The outline of the intra-lobular veins is distorted. There is evidence of inflammation about the intra-lobular vessels. The appearance is suggestive of a spreading inflammation from the inter-lobular vessels, converging into the intra-lobular vessels. Capsule is thin, but seem to have a thin layer of round celled infiltration under the capsule without much evidence of peri-hepatitis.

Glisson's system is contracted at places separated from the body of liver cells.

Van Gieson's stain and picro-erythrosin stain shows pericellular fibrous tissue, which is so characteristic of the disease. Thin delicate bands of fibrous tissue making a wide honey-comb structure inside a lobule is seen in most of the lobules. Inter-lobular vein is also fibrosed and reduced in calibre. Except for a

certain amount of thickening around the portal vein nothing abnormal is found.

With Livedatii staining no spirochates are found. Section-stained with hæmotoxin showed mono-lobular cirrhosis of the liver. Frozen section stained with Sudan III show the presence of fat in a few lobules, granules of fat being small and separate within the cell protoplasm pointing to a degeneration. With Picro-erythrosin-stain the nuclei of the liver cells appear prominent.

The histo-pathology described by Gibbon in 1891 points out a natural attempt at repair and regeneration of the liver parenchyma, with proliferation of the bile ducts and canaculi. Hence he considered this disease, as a type of biliary cirrhosis. But at the present day we hold that the primary change in the liver cells is due to ischæmia and the other changes in it are all only secondary to ischæmia. And hence it is really wrong to call the disease as biliary cirrhosis. Mukherji and others suggest the name "inter-cellular Hepatic cirrhosis" of infants or to cut the name short, it can be called Infantile cirrhosis or mono-lobular cirrhosis or pericellular cirrhosis in infants.

Spleen.—Weighs 2-6 ozs. Slightly enlarged, capsule smooth, wrinkled of dark reddish-brown colour. Lymph nodes are prominent. Microscopical examination shows no inflammatory zone around blood vessels; some fibrous tissue is seen.

Gall bladder.—May contain 1-2 ozs. of greenish mucoid bile. No inflammatory zone around blood vessels, but some fibrous tissue is seen. The cells of the mucous membrane are degenerated. The villi are normal-

looking. Sometimes small concretions may be found.

Kidney.—Slightly larger than normal. Cortex normal in extent shows congested blood vessels. Capsule is thin and strips easily. Surface is normal. Microscopic examination:—Capsule thin, glomeruli in general do not fill the Bowman's capsule, leaving a clear space behind. The glomerular tufts do not show clear lobulation. A few R. B. C., may be seen in Bowman's capsules. The capsular epithelium is flat. The tubules show albuminous deposits. Tubular epithelium is not much altered; but they are narrow. Large infiltration of leucocytes, longitudinal to the tubules are seen in the cortex. There is yellowish bile pigment in some of the cells.

Heart.—Right side is a little larger than normal. Tricuspid valves are normal. Musculature of the left side is little more marked than normal. Blood vessels may be tinged with bile. Endothelium of the aorta is bile stained, cusps normal.

The stomach, intestines, lungs, ovary and supra-renals are normal (for a detailed histo-pathology of all the internal organs a reference can be made to the author's paper "Infantile cirrhosis" published in the Indian Journal of Pediatrics—April 1939—Vol. VI No. 22).

Signs and Symptoms.—The signs and symptoms of the disease according to the course, it runs,—can be divided roughly into three stages:—

During the first stage, the child to all appearances is normal. It is active and takes its food, sometimes more than usual. It has occasional vomiting which is ascribed by the parents to excessive eating or to indigestion.

There may be occasional attacks of diarrhoea, alternating with constipation. The child is given castor-oil to correct constipation. Slight bloating of the abdomen may be noticed with slight eversion of the umbilicus. Puffiness of the face, with scanty micturition may be found. The colour of the skin is dark. The urine after evaporation shows a white deposit. These signs and symptoms even by intelligent parents are generally missed. It is at this early stage I wish we could diagnose the case.

The second stage begins with marked enlargement of the abdomen. The appetite is lessened or the child might take all sorts of food showing depravity in appetite. Nausea, vomiting and diarrhoea become more frequent stomatitis may be found. Constipation sometimes becomes so great that the parents resort to increasing dosage of castor oil to correct it leading to a vicious circle. The colour and consistency of the stool changes. The child gets occasional attacks of fever towards the evening, and if it is very high results in convulsions. It becomes more irritable, sleepless and peevish. It becomes thin and anæmic. The colour of the skin changes conjunctiva is smoky. It is at this stage diagnosis is made by accident in a majority of the cases, when the doctor is called for some other complaint, as convulsions, hyperpyrexia, severe diarrhoea or vomiting, broncho-pneumonia, etc. On examination of the child the liver is found to be enlarged and painless, with a smooth surface. The lower margin is round and prominent, and may reach the iliac fossæ. The spleen may be slightly palpable. In a fair child abdominal veins are seen prominently on the right-side. The temperature is irregular, intermittent, and sometimes continuous of a short

duration. The cause of the fever may be explained as either due to:—
1. Gastro-intestinal upset. 2. Secondary blood infection and 3. Auto-intoxication.

On further examination, *motion* shows fat globules, undigested food and any amount of bacteria; urine is scanty and high coloured acid in, reaction with specific gravity varying with the quantity of urine passed. Photophobia a slight trace of albumen may be found. Anæmia is not so marked. There is leucocytosis with lymphocytic preponderance. The Vanden-Bergh test shows indirect delayed reaction and laevulose tolerance test shows deficiency of the liver function. Broncho-pneumonia or severe enteritis may complicate the course of the disease ending in death or if the child does not get complications it will pass on to the third stage of the disease.

The Third or the Terminal Stage.—The liver which was hitherto hypertropic, begins to contract and as the contraction becomes more and more, evidences of portal obstruction are noted. Oedema of the feet and effusion into the serous cavities takes place. The urine becomes scanty and there will be generalised anasarca. Photophobia, ulceration of the cornea and xerosis may be found. The liver is tender and its margin is sharp and well marked. The spleen is very much enlarged. Severe jaundice in some cases sets in. Bowels are constipated; if there is enteritis, the motion are large, watery offensive and pale. Anæmia is marked and the child breathes hurriedly. It refuses to take food; becomes very thin with a protuberant abdomen. The child on carrying is felt to be heavier than a normal child. Fever sets in and instead of intermittent, becomes

continuous, ranging from 102°—103° degrees. Broncho-pneumonia sets in. Vomiting if occurs will be severe and exhausts the child. Hæmorrhages may take place either in the skin gastro-intestinal tract, genito-urinary tract or in the nose. The child becomes listless, hates being disturbed. The apathy gradually passes on to coma or the child may be very delirious. If the jaundice is severe, the child passes to a stage of cholæmia, and convulsions sometimes precede death. Hæmatemesis is a fatal complication and I have not a single case recovering after it sets in. The skin may be bronzed almost as deeply as in Addison's disease. Ascitis and jaundice are both of a bad prognosis.

Differential Diagnosis.—It is easy to make diagnosis and treat cases successfully if the child is brought to the practitioner very early. The insidious onset and painless enlargement of the liver make the parents not suspect the disease during its early stages. Persistent constipation or frequent attacks of diarrhoea, irregular fever, subicteric tinge of the conjunctivæ, bloated abdomen—which are really signs and symptoms seen in the second stage—all form a definite syndrome. In addition to the above symptoms if enlargement of liver and spleen deep jaundice, scanty urine with definite symptoms of portal obstruction as ascitis if found make the diagnosis very easy.

The disease has to be diagnosed from congenital syphilis by the absence of a positive Wasserman, and the uniform enlargement of the liver instead of the irregular enlargement. X-ray of bones rules out syphilis in not showing periostitis or epiphyseal changes. In cattarrhal jaundice, the liver is not much enlarged and there is tenderness. It precedes symptoms

of gastro-intestinal cattarrh; in influenza there may be jaundice but it disappears very early under proper treatment.

Kala-azar—is uncommon in infants in India. Marked leucopenia, and marked enlargement of the spleen, with Gel and Chopra tests negative which are characteristic of Kala-azar are absent in this disease.

Rickets is not a common disease in India and distinguishing changes that are found in bones are absent in this disease.

Malaria does not offer any difficulty. Sudden onset of high temperature with parasites in the blood clinches the diagnosis. Congenital heart with decompensation can be diagnosed by the existence of a murmur, breathlessness cyanosis, etc.

The real difficulty in diagnosis arises in familiar Acholuric jaundice and in Von-Jaksch's anæmia. The family history of several members being affected by the disease with increased fragility of the red cells, absence of bile in urine and running a chronic course marked by remissions and exacerbations distinguish Acholuric jaundice from Infantile cirrhosis. In Von-Jaksch's anæmia, the spleen is enormously enlarged, there is no jaundice and the blood shows a severe grade of anæmia with myelocytes. It is a disease occurring among the poor people while Infantile cirrhosis occurs in well-to-do or middle class of people. Other conditions like Hanot's, Gaucher's splenomegaly and amyloid disease of the liver are rare in India and really they do not give rise to any difficulty in diagnosis.

Prognosis.—Is really bad in advanced cases; but this is an extreme view. If diagnosed early and treatment is

carried on, the percentage of recovery is great. Mukherji gives a death-rate of 63 per cent and according to my figures the death-rate in treated cases is 12 per cent. In untreated cases the disease progresses to a fatal end. Jaundice, ascitis and hæmorrhages are very unfavourable symptoms. If the case is seen early and properly treated recovery takes place within 6—10 weeks. Anyway when once the child shows enlargement of liver and spleen, it should be under the constant observation of a doctor till the child grows up to 2½ years.

Prophylaxis.—Anti-natal care to the mother is essential. The child should not be fed on patent foods or sweets. Vitamin containing food as fruit juice, etc., should be given in plenty. Fresh air and sunshine are conducive to the growth of the child. When weaning occurs the child should be fed on good cow's milk.

Treatment.—If sufficient care is taken of the mother during her pregnancy and lactation, the infant born to her resists the disease. If there is history of an infant dying in the family of this disease, the last baby should be removed from the mother and artificially nursed. The child is properly weaned in good hygienic surroundings. Good cow's milk, humanised goat's milk, or ass's milk are given into the infant. Feeding must be regular. It is supplemented with orange juice, grape or lemon juice, well diluted with water to make up the vitamins. Thin butter milk, whey albumen water, skimmed milk may be given if there is diarrhoea. The child should be allowed to play in the sunshine. The constipation is corrected with milk of magnesia or simple epsom salt or Sodi sulphate. Barley water can be given in plenty with milk. Diarrhoea is controlled

with lime water, calci carbonate, Kadin, Tannin, Bismuth salts, oxygenolin, etc.

Ammonium Chloride, Hydragryrum-cum cretæ in ¼ to ½ gr. doses and Ext. Kalmegh liquidum, 5-20 drops act as hepatic stimulants. Cholagogues like taraxicum. Rhubarb, Rhei are some other useful drugs employed in the treatment. Obstinate constipation is treated with saline purgatives, cascara, sennæ, and glycerine enema. Fever is treated by correcting the diet and administration of Sodi. Salicylas Sodita Hexamina or a simple diaphoretic mixture. Oedema is best relieved with diuretics, like calcium diuretin, pot. Citras caffeine sodium benzite, Guy's pill, and with other saline purgatives. If there is no jaundice and albumin in the urine Novurit suppositories or salyrgan or Esidrone by injection may be used. If the pressure symptoms due to fluid are severe, paracentesis of the abdomen should be done. Liver extract by injection Fenosdate pills can be given to the mother if the child is breast fed and also to the infant if it is anæmic. Decholin tablets are sometimes helpful in cases of severe jaundice.

Glucose and insulin can be given to improve the condition of the liver. Thyroid, anterior pituitary, gonadotropic hormones, and the zinc salts, calcium, equinine, Zinc oxide (Mer's extra pure) are sometimes used with benefit. Other salts of Zinc are unsuitable. Adexolin, Haliseral, Ostelin, liquid can be given if there is no fat indigestion.

Symptomatic treatment is carried according to the indications. Surgical measures by Talmo, Movisson and its modifications are of no avail and therefore should not be attempted.

A Case of Lung Abscess with Pneumococcal Septicæmia.

(REPORTED BY MR. NINAN VERGHESE AND MR. L. N. ANANTARAMAN FROM FLORENCE WARD.)

Venugopal, Hindu, aged 25 years, was admitted into the General Hospital on 15-5-40 with fever and foetid expectoration for ten days. There was nothing in the family history which was relevant to the present complaint.

History of present illness.—The complaint started suddenly 15 days prior to admission with fever and rigor. Two days later he started a dry cough and the next day he had hæmoptysis. Since then he had several attacks of hæmoptysis and the expectoration was profuse and foul-smelling. The fever was continuous.

General condition on admission.—On admission the patient was running a temperature of 102 degrees, pulse 120, respirations 30. He had profuse foul-smelling expectoration with a reddish-brown colour. He was a fairly well-nourished individual, not anæmic. There was pus coming out from the margins of the gums when they were pressed. The tongue was dry and thickly coated with a white fur. There was no cyanosis or clubbing of the fingers.

PHYSICAL EXAMINATION.

Respiratory System.—Examination showed signs of consolidation of the lower lobe of the right lung with coarse crepitations, mostly over the back. Left lung was normal.

Cardio-vascular system.—Nil abnormal.

Alimentary system.—Abdomen was not distended. Liver and spleen were

not palpable. Slight tenderness was present around the umbilicus on palpation.

INVESTIGATIONS.

Urine—

Alkaline, sp. gr. 1015, no albumin, no sugar, Deposit—Phosphates.

Sputum—

Macroscopic—Reddish-brown, foul-smelling, separating into three layers on standing in a conical glass.

Microscopic—No Tubercle bacilli on repeated examination. Plenty of pus cells and elastic tissue.

Sputum was not sent for culture.

Fæces—

Ankylostome ova present. No amœbæ or cysts.

Blood—

No malarial parasite. Polymorphonuclear leucocytosis.

Total W. B. C. 15,600/cmm.

Diff. count—Poly. 92%
Lymph.—6%
Mono.—2%

X-ray of lungs—

Diffuse opacity with small areas of rarefaction in the middle and lower part of the right lung.

A diagnosis of lung abscess was made on the following points:—

1. Fever.
2. Foul-smelling expectoration.
3. Polymorphonuclear leucocytosis.
4. Physical signs in the lungs.

TREATMENT

During the first week the patient was put on sulphanilamide by mouth and a few injections of Streptocide were also given. Patient was supported by brandy and glucose. The W. B. C. count at this stage was 15,600 per cmm.

He was again given Streptocide injections after noting the white cell count which was then 7,500 per cmm.

During the period of apyrexia of 7 days he was given deep X-ray exposures.

At this period two injections of Emetine were given on consecutive days on the suspicion that the abscess might be an amoebic one.

On 12th June 1940 (43rd day of disease) an artificial pneumothorax was done and 300 c.c. of air was introduced into the right pleural cavity. There Neutral Iodine and Calcium chloride injections were given.

On 18th June the patient suddenly complained of severe pain in the left hypochondrium and on examination of the abdomen, the spleen was found to be enlarged 3 fingers' breadth below costal margin, was hard and acutely tender. There were no signs of embolism in the liver, brain or kidney. Urine did not show any R. B. C. No special treatment was given for this condition and the pain and tenderness subsided in 4 days. At this stage the W. B. C. count was varying from 3,000—6,000. Sodium Pentose Nucleotide was given to increase the W. B. C. count and there was only a temporary rise of W. B. C. Liver extract also was given.

Blood was cultured twice for organism and Pneumococci Group IV was

isolated on both occasions. An auto-vaccine was made from this and one dose of 5 millions was given.

Post-mortem examination was not done as the body was not available.

PROGRESS

Temperature touched normal on 5th day after admission and remained so for 3 days. But again temperature began to rise gradually and oscillate between 102 and 104 for nearly a week.

Temperature dropped to normal and the general condition of the patient improved to a great extent. The lung was clearing up. The temperature was normal for a period of 7 days.

After 7 days of normal temperature the fever started again and the temperature was going up. It gradually assumed a hectic character, patient having rigors every morning with rise of temperature. Blood did not show any malarial parasite.

No improvement was noticed. General condition of patient was low and he was going downhill. His W. B. C. count was 5,800 per cmm. and the other lung also showed signs of congestion.

X-ray was taken after the A. P. and it showed upper lobe of the right lung partially collapsed and dense adhesions in the lower part. The temperature was maintaining the hectic character and the patient was getting the rigors and his general condition was low.

The general condition of the patient did not improve and he was rapidly going downhill. He was anæmic. Pulse was of a poor volume and tension.

By this time the patient was very much emaciated and toxic and developed intractable diarrhoea and retention of urine. On 11th July he expired.

DISCUSSION

The history and the physical signs were in favour of an unresolved pneumonia of the right base. The concept of an unresolved pneumonia, as an entity, is gradually giving place to the more frequent recognition of an active suppurative process in the lung. The fact that the patient had periods of apyrexia, most likely coinciding with the period of free drainage of the abscess cavity (3 days on the first and one week on the second occasion) is suggestive of a diagnosis of abscess of the lung. The subsequent rise of temperature was probably due the blocking of the bronchus connecting the abscess cavity by inspissated pus, aided perhaps by fibrotic changes in the surrounding tissues.

Collapse therapy was thought of, in the beginning and was given up in favour of the more conservative postural drainage aided by sulphanilamide and it was successful upto a time. When these and other measures failed, it was considered worthwhile to do an artificial pneumothorax, trying it as a desperate measure, in spite of the present day trend of opinion being against this line of treatment, the danger being mainly in the tendency to produce an empyema due to bursting of the abscess into the pleural cavity. The A. P. was only partial, due to adhesions at the base and was not pursued any further.

The interesting points worth noting in this case are:

1. The later development of septicæmia.

2. What looked like a splenic infarction did not go to abscess formation and the absence of other embolic phenomena.

3. The early response to sulphanilamide with drainage, but lack of response to it when drainage was ineffective. (We recall a similar case reported by Dr. P. Arunachalam from the King George Hospital, Vizagapatam. The patient responded only to recurrent spontaneous drainage and was not affected in the least by other treatment including the sulpha-pyridine group of drugs).

4. The rather low white cell count in the later stages which responded to injections of Sodium Pentose Nucleotide, the response however lasting only a few hours. The question arises as to whether one could administer sulphonamide group of drugs in the usually large doses required by such cases in spite of the low W.B.C. counts, with such poor reaction to nuclein derivatives. Though one is tempted to push on with the drug as the only remedy, we would like to recall a similar case of Broncho-pneumonia with varying blood counts, in whom sulphanilamide group of drugs were used freely and the patient ultimately developed symptoms of agranulocytosis and died.

We are grateful to Dr. V. C. G. Menon, M.R.C.P., D.T.M., and Dr. N. Vaidyanathan, M.D., for the kind advice and help they had given us in preparing this case report. We also wish to express our thanks to the Superintendent of General Hospital, Madras for permitting us to report this case.

A Case of Landry's Paralysis?

(FROM DR. A. SRINIVASAN,

Hony. Physician, Govt., General Hospital, Madras.)

REPORTED BY A. S. RAMAKRISHNAN, *Final Year.*

Govindaswamy aged 32 years was admitted on 1st July 1940 in Symons Ward under Dr. A. Srinivasan for the following complaints.

(1) Inability to use the upper and lower extremities.

(2) Difficulty in closing the right eye and asymmetry of the face.

History of Present Illness. The patient noticed loss of taste 20 days back, followed by numbness of the lower and upper extremities. Now he is completely unable to use them. He also noted some change in the speech and an asymmetry of his face.

Previous History. The patient gives a history of bubo 16 years back which was operated upon and cured. 14 years ago the patient had a sore on the penis. 7 years ago the patient had urethral discharge.

Family History. The patient is married, his wife had an abortion at the 7th month of pregnancy. During the 2nd pregnancy at the 10th month of it, his wife had fits and delivered a dead foetus.

Habits. The patient is addicted to alcohol.

Clinical Condition. The patient is a well built individual of about 30 years. The lower limbs are flaccid and lie in any position. There is epiphora in the right eye. The tongue

is heavily coated. The angle of the mouth is drawn towards the left side.

Nervous System. All the cranial nerves except 2nd and 7th nerves are normal.

2nd Nerve. Slight congestion of the disc and there is optic neuritis, inclining to subside. No ophthalmoplegia.

7th Cranial Nerve. Angle of the mouth is drawn towards the left side. Right eye does not close completely. The nasolabial fold on the right side is less marked than the left. Wrinkling of the forehead on the right side is slightly diminished. Taste in the anterior two thirds of the tongue is normal.

Muscular Power. Patient is unable to walk or sit up.

Upper Limbs. Power is lost and there is hypotonous but no wasting of muscles. No tremors or fibrillations of muscles are noted.

Lower Limbs. Power of the muscle is completely lost with hypotonicity. There is no wasting of muscles but there is complete loss of movements.

Spinal Sensory Nerves. Pain, temperature and light touch are normal. Vibration sense is present in all the limbs except right lower limb.

A Case of Landry's Paralysis?

13

Reflexes. (Superficial) Abdominal and cremasteric our present. Plantar cannot be elicited.

(Deep.) Biceps, Triceps, supinator, knee and ankle jerks are absent.

Visual Reflex. Normal.

VERTEBRAL COLUMN.

Alimentary System. Descending colon and pelvic colon palpable.

Heart and Lungs. Normal.

Investigations Done.

Urine. Normal.

Blood. Showed a slight degree of leucocytosis with polymorphs predominant.

Differential Count. Polymorphs 70 per cent, Lymphocytes 26 per cent, Monocytes 4 per cent.

Blood. Wassermann and Khan repeatedly negative.

Cerebrospinal Fluid. Yellow in colour, clear, not under pressure.

Protein. 200 mgs. Sugar 83.3 mgs.

Bacteriological Exam No organisms were seen.

Gold Sol Test. Paretic curve.

Anticomplimentary. Khan negative.

Reaction of Degeneration. Muscles of both upper and lower limbs react to Faradic current.

Differential Diagnosis. (1) **Polynerites.** Consists of affection of mixed nerves with wasting, hypotonicity, foot-drop, tingling of the extremity, muscles tender on being grasped.

The C.S.F. may show a rise of proteins.

(2) **Group of Reflex Palsies.**—Associated with slight trauma consisting of weakness, muscular atrophy without R.D.

(3) **Acute spreading paralysis** is produced by gross lesions in the Spinal Cord like spreading Myelitis or hæmyelitis tinea. There are associated with sensory changes and sphincter paralysis.

(4) **Acute poliomyelitis.** The lesions here are gross paralysis. Some permanent paralysis is seen. This associated with pyrexia.

(5) **Landry's Palsy.** Starting in the legs, the absence of sensory changes are characteristic the paralysis is of flaccid type. The patient dies in a week or so, due to respiratory paralysis. Recovery is complete in Landry's Paralysis if the patient survives. So in this case the signs and symptoms noted point to a diagnosis of Landry's paralysis. A few authors do not differentiate between Landry's Paralysis and infective polyneuritis. Cases of recovery in Landry's Paralysis are possible and probably this is the striking example.

Treatment. To start with the patient was on iodides and bromides for about a week followed by hexamine.

Mercury inunction was tried for a week. Finally Faradic massage for the muscles the extremities was given.

Observation. The facial symmetry was restored.

Motor System. Patient is able to sit up with ease but not able to walk.

Limbs. The patient is able to use the upper limbs.

Lower Limbs. The patient is able to flex and extend the limbs both at the hip and knee joints. He is able to flex and extend the lower limb at the knee joint against slight resistance. He is able to slightly dorsiflex the foot against resistance.

Muscle of the Trunk. Patient is able to get up to 20° without the help of the upper extremities.

Joint Sense Normal. On the date of discharge the patient was able to walk with support.

My thanks are due to Dr. Srinivasan for permitting me to report the case and to Dr. S. V. Thiruvengadachari in helping me in preparing the report.

THINKER'S THOUGHTS

To talk in public, to think in solitude,
to read and to hear, to inquire and to
answer inquiries is the business of a
scholar.

Marriage has many pains, but celibacy
has no pleasure.

Age looks with anger on the temerity
of youth and youth looks with contempt
on the scrupulosity of age.

(Johnson's 'Rasselas').

The origin of all wars is the pursuit of
wealth and we are forced to pursue
wealth because we live in slavery to the
cares of the body.

(Socrates).

Woman was the cause for the woes of
this World,
Since that day when Pandora's Box
was opened,
Yet, Man had to furrow this fruitless
Field,
With his Plough of horrid pains for
that happen'd;
On that hapless day.

"Teeng".

Give everyman thine ear, but few thy
voice
Take each man's censure, but reserve
thy judgment.
Costly thy habits as thy purse can
buy.

(Shakespeare's 'Hamlet').

Vitamin Rhymes.

[Parade, The British Digest of Good Reading, December 1939.]

I'M VITAMIN A, the first one of all,
I furnish vitality and make you grow tall,
I fight disease germs of the nose, throat and lung,
I am good for all ages, essential for the young.
If I am used very freely nine months before birth,
Healthier mothers and babies would inherit the earth.
For when I'm left out of your diet you know,
You may grow too tall, or else be too low.
The eyes may get sick or the thyroid cavort
With other glands of the body, if of Me they are short.
I'm not so elusive, but rarely ever seen.
For I hide in the colours of yellow and green.
In Dairy Products you will find me the thickest,
In vegetables and fruits, I fool you the quickest.
For if they are not green, or if they are not yellow,
You are not eating me, but some other fellow.
I am chubby and plump, I am VITAMIN B.
Good health you'll not have, unless you eat Me.
I give you the appetite of the little white pig,
Then aid the digestion and make you grow big.
You can boil me and broil me, even seal me in cans,
And I'll travel in safety to far distant lands.
If you don't eat me, your plight will be sad,
Beri-beri you'll have and your nerves will be bad.
If you are not in good condition, with vitality much too low,
If you have had a bad infection that is healing awfully slow,
If your gums are soft and bleeding, teeth forever need repair,
And pains just like rheumatism fill you with dark despair;
Don't waste your time in worrying—that only brings more grief,
Drink me a dozen times a day and I'll give you quick relief.
You say you don't know who I am—then astonished you will be,
I am the repairman of the body—I am VITAMIN C.
Of course, you've already heard about ME,
I'am the baby's sunshine VITAMIN D, sound teeth,
strong bone and good muscle tone,

If you have me, quite freely until you are grown,
 You can eat me in food or absorb me in play,
 Or take me in pills if there's no other way,
 But please, I do beg you, to be sure and see.
 That all babies always have plenty of Me.

G. Peters, in F. B. Lippincott Magazine.

Oh! Young ladies. Come unto me, the mighty E
 For I can attack abortion or stamp sterility,
 I am found in peas and corns and in wheat germ oil,
 Take me and sure I give a bonnie boy or a girl.

T. N. G.

HOWLESS

Examiner: What do you know about homicide and suicide.

Examinee: Murdering a man in home is called homicide and murdering a man in the street is suicide.

* * *

Professor: How will you treat a case of Peritonitis.

Student: Give the patient a stomach wash.

Examiner: What kind of murmur do you hear in Aortic stenosis.

Examinee: Ass Sir, I mean Aortic stenosis systolic.

* * *

Professor: How will you terminate pregnancy before full term.

1st Student: Aborti facients Pituitrin, Ergot, etc.

2nd Student: No Sir, Scrape the uterus with suitable instruments.



Dr. G. R. DINKAR RAO, M.D.



Capt K. S. VISWANATHAN,
 B.A., M.B.B.S., B.S.Sc. (Mad.), M.P.H. (Harvard.)

The Madras Medical College Magazine.

OURSELVES.



Dr. P. S. VARADARAJAN, M.D. (Mad.), M.R.C.P. (Lond.).



ONE more election to the Editorial seat of our Magazine has come and gone with that narcoleptic fervour that we, the followers of Aesculapine manifest usually on such occasions. However, this somnolistic agitation has always yielded an Aesopian "King Log" in preference to the "King Stork" of the same fable. Nevertheless, one very important change in this year's election is that a person totally unconnected with either the college or its connected hospitals has been chosen by the young electors. This constitutional revolution in the body politic of the young medicos is, we presume, the result of a generous gesture of the electors with a desire to get the so-called old Boys nearer to the Alma Mater—a term we regret to say having little or no application to a large number of institutions of the type. This new orientation makes it possible for many others to get closer to the Alma Mater and possible in other causes of greater import.

Be that as it may, the Editor reiterates his sincere thanks to all those who have made it possible for him to occupy this seat. In

a College Magazine it is not easy to lay down any policy—it is easier said than nothing old that helped the magazine to rise up to its present dignity shall be omitted; nor nothing new that shall deter its value be introduced. It is up to the contributors to keep these two points in view before they blame the Editors for failing to print any of their contributions. The Editor is new—but willing to learn even from the junior most "Pre-Reg"—if there is something to learn. The guidance from and support of such members of the staff who have taken on themselves the onerous task of maintaining the prestige and dignity of our magazine are solicited with thanks. It is hardly necessary to mention here that our chief will continue to assist us in spite of his Protean activities—if only because the old order of the teacher and the taught continues with the election of the new Editor. The Editor cannot help confessing the fact that he was one of the founders of the magazine—which happy event originated about a quarter of a century ago under the peaceful shades of the Asoka tree next to the Physiology Block.

General Editor.

College Comments.

Editors' call.—We take this opportunity of thanking one and all for having elected us as student editors for this current year and, we do hope we would endeavour with all our might to make this magazine as interesting as possible, and thus cater to the diverse tastes of our dear readers. But let us point out clearly, that our student readers should evince more interest hereinafter. There is no use of giving suggestions with an air of assurance, or passing criticisms with vehemence. There is no use of playing the role of wiseacres or the critics. When one approaches them for the remedy, there is no use of shifting from one leg to another, adjust their tie, mop their face and burst out "well, it is the blessed duty of the editors to see that the magazine is made interesting". True, it is the duty of the editors to make the magazine interesting by publishing articles of interest. But it must be remembered that the articles should come from the students, if not how could it be possible for the editors to make the magazine interesting. The editors are not conjurors to manufacture everything from the nothingness of the thin air. The students must realise that everything lies in their heads and hands to make the magazine a success. If they are reluctant or feel shy to come forward and write nobody would come to their rescue. It looks rather funny to say, that in a college of 800 and odd students not even a dozen articles are received for an issue. It is not that they lack in intelligence, not that they lack in thinking, not that they lack in writing but the only thing they seem to lack in perhaps, is the interest in

the get up of the magazine. Now it is high time that they buck up, and do something towards the success of the magazine. Let them realise that this is purely a student's affair, and purely intended for them. They must therefore evince more interest. To whip up their enthusiasm and give every encouragement, we are pleased to say that the Magazine Committee has resolved to offer prizes to four best articles of the year, namely:

(a) **One for the best general article**
(Value Rs. 15.)

(b) **One for the best cartoon.**
(Value Rs. 15.)

(c) **One for the best medical case report.** (Value Rs. 10.)

(d) **One for the best surgical case report.** (Value Rs. 10.)

Here lies the opportunity to show their capacity and score over others. Let not this opportunity be missed. Let us once again make an appeal to the students to take more interest in the upbringing of the magazine. Let them understand that this is the magazine of the students, run by the students, for the sake of the students.

Reception.—The much talked of reception had come and gone and it left behind an indelible impression of the fine efforts made by the students. It was a grand success on the whole. The evening started with tea and afterwards the guests adjourned to the main-hall tastefully decorated. There was the usual pell-mell of the students for front seats. The function proper commenced with a welcome

speech by our popular principal in his usual oratorical powers. Next Father Murphy spoke and though he lacked the fluency in language of our Principal, he took us to the grim realities of life and death. But he could have been more hopeful of the future, for in hope lies the solace of the present depression. After this Dr. Kalyanam spoke on behalf of the Graduates and finally the much expected variety entertainment started. Thanks are due to those who were responsible for the function. Once again we were in a position to prove to the public that we are not the same impeccable industrious, individuals found in the wards doing our duty in the same old routine way with an air of seriousness or a look of cynicism. We were in a position to prove that we are not same hard-hearted, hacking, relentless surgeons, that they take us to be in the theatres or the morose, masterly—in active midwives found in the labour wards. We could prove that we too have times and occasions, when we could relax our body and mind to the lighter side of the life. We could prove that we have within us, the supple and graceful movements of dancers, the histrionic talents of the actors, the pranks of the comedians, the vivid imaginations of the playwrights and poets, and finally the artistic ideas of the painters. It is impossible to point out who acted best. Every one did his or her part best. It was like a happy family of boys and girls thinking hard, toiling hard, with one only idea. That was to make the show a grand success and really did they succeed. For that, they deserve congratulations from every one. But special mention must be made of Indian orchestra. Dancing was good, but would have been better if spaced properly between the other times. "Kshama" was a

fine item, but would have been finer still if the songs were not too many and if a few words were introduced to relieve the monotony of the songs. Those who took part in the "Curd seller", "Tavern scene", "Casabianca", etc., deserve congratulations for their apt acting. On the whole the show was a great success befitting such a grand occasion as the Graduates' Reception and our well-merited congratulations go to those, who were responsible for the success of the function.

But alas! What a deep dent was made in it (success) by a section of the audience. One could not understand, why there was always an uproar from the other end of the hall. True, some of the items could not be heard by all, in the hall. But let it be known, the actors tried their best to make themselves audible. It was not their fault after all. There were two causes for a certain failure in certain items. One was the booming sound from the mike, and the other the boisterous noise from the other end of the hall. The latter has become an all important item in every one of our college functions and what more this seems to be gaining momentum year after year. Matters would have been bettered, if only, they had kept silent and heard patiently. Instead, they gave vent to their feelings with the result that neither they, nor those lucky few who were in front could enjoy the entertainment. They do not seem to realise that they were doing a great disservice to their brothers and sisters who were straining every one of their nerves to make their show a success. Nor do they realise, that they are creating loopholes for others to talk lightly of us. In spite of repeated requests from our volunteers or the steady, stern starings from our professors, they did continue their boisterous behaviour, throughout.

Would it be too much if we say that things would have looked much grandeur, if only they had conducted themselves in a manner that was expected of them. We are sure every one would agree with us when we say, what a disastrous effect it produces on the people, who were worrying or straining all their nerves for a full fortnight. Instead of every encouragement that they deserved from every corner of the hall, what did they receive but ridicule from one corner. It is much easier to sit comfortably and criticise or condemn, than to take courage and act on the stage. It is earnestly hoped, that people would realise even at this late hour and discontinue their boisterous tendencies in future.

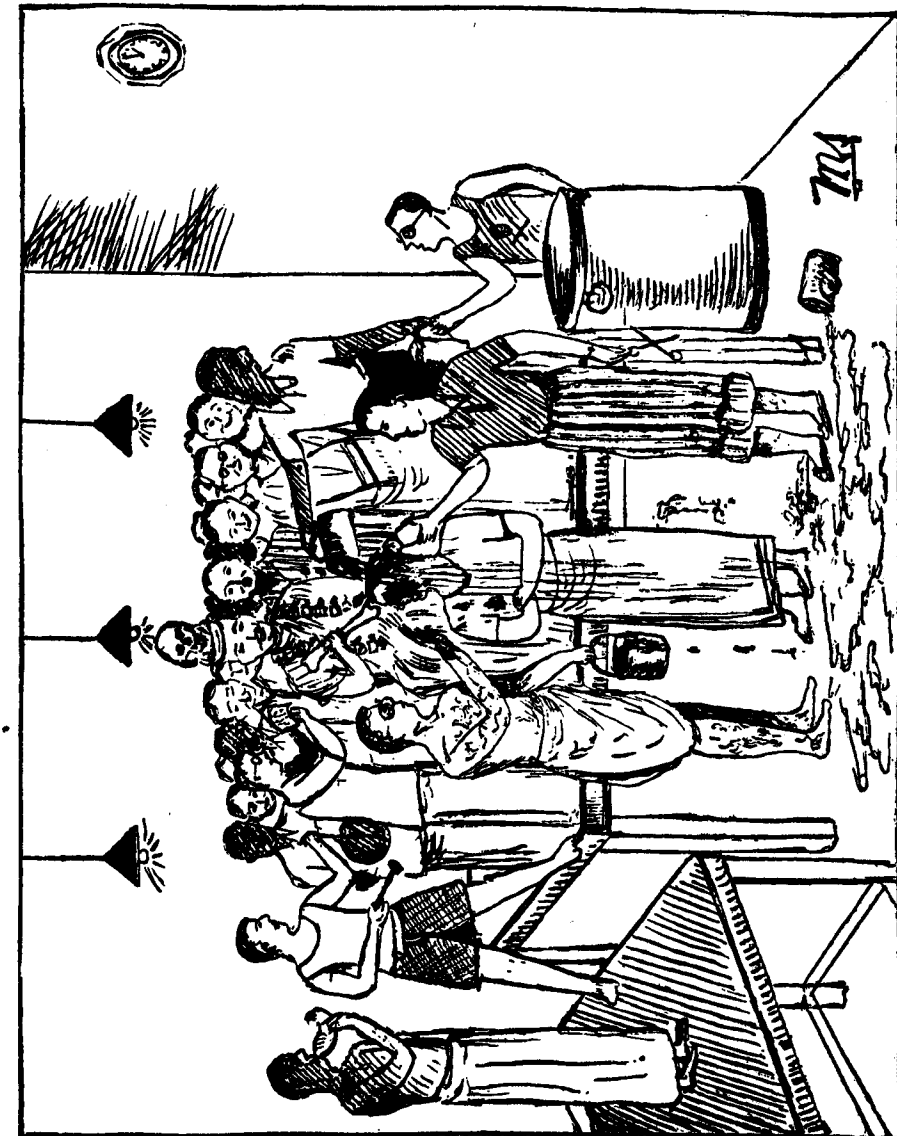
Need for the Dramatic Club.—Time and again we have been urging for a Dramatic Club to be started and affiliated with the College Association. It is not an impossibility. It only needs a right lead from the right quarters. Talents we have in plenty, but they only require to be gathered together and harnessed under a proper yoke. Unless and until, we possess a common ground, on which we could meet and discuss, we are afraid the talents would undergo a disuse atrophy. When other colleges could boast of one, it is a wonder, why our college should not move even in that direction, let alone not having one at present. Difficulties are not many, even if there are, they could be easily surmounted. Money is not a great problem; it could be found somehow. Materials could be had as a matter of fact. The only thing that is needed is the will of the people, for where there is the will, there is the way and where there is the way, there is the goal. Will this be a cry in the wilderness yet?

Mike.—One often wonders, that too rightly why we should now and then hire this for our functions. We have three major functions namely Graduates' Reception, Prize Distribution and Sports and on all these occasions, we use it. Would it be too much if we say that it is high time, we possess one of our own. We could then use it not only for our functions, but also on such occasions when we have academical lectures given by our professors. The cost is not much, it is somewhere near Rs. 750. With the proceeds of a grand variety entertainment, and donations from our generous professors, the object is within the reach of realization.

Common Hall.—It is the only retreat of the troubled minds, tired legs and sleepy eyes. Things are not there, as one wishes them to be. The majority wish that certain lounges could grace the common hall so that the students could just relax their mind and body for a few minutes. Secondly, the attention of the students is drawn to the periodicals and dailies that are undergoing funny changes every moment, till they are finally reduced to mere bits of paper. They are requested to be more generous in bestowing their care on these poor periodicals and dailies, so that the late-comers might have the equal privilege of reading them.

Co-operative Club.—Our heartfelt thanks to those who are running it efficiently. But the people concerned with it, seem to have forgotten that the Club is intended to supply the students with cheaper but better things. The general complaint one hears daily is, that things are more costly than outside and that they are being sold at a higher rate, so that better dividends could be shown. But let it be known, that the majority

INITIATION



Taking him into the Brotherhood of the GRAND SOCIETY OF MEDICOES.
How about taking into the Sisterhood of G. S. M.?

• care nought for the dividends at all. They care more for the stuff and the relative cheapness. There is a lot that could be done to improve the conditions of the club as well as the canteen. That latter one badly needs extension. It is awfully crowded during the rush hours of the college and we think this particular trouble could be easily remedied if the adjoining Sports' Room is also absorbed. We do hope, the new, energetic student-directors would move in the right direction and thus solve the problems that are facing us.

Dining Hall.—One often wonders why this has changed not a whit less all these years. Nobody knows why? or is it because the authorities want to keep it as a relic in a world of ours that is changing fast. Placed in a most unhygienic locality and surrounded by a cowshed, a gas tank and a row of latrines, it offers a very funny sight to one's eyes. It is most unwelcome during the rush hours of the college and worst still during rainy seasons. People wonder, when this small, dark, dirty, dingy block, would be converted into a big, well-lighted, clean and airy one. At least it is the wish of the many dumb-diners and they hope that the powers that be, would soon respond to their wishes and give them a sympathetic consideration.

College Ground.—One cannot understand why the cricket ball always sticks to the ground even though hit heftily by our college Amarsings. Is it due to the faulty levelling of the ground or to the careless cutting of grass? Let the Sports' Secretary buck up and mend matters at once, so that the balls reach the boundaries straight.

Activities.—It is gratifying to note that nowadays increasing number of students are taking active part in all our College functions. But there is nothing to beat the keen enthusiasm and earnestness shown by the students of the Pre-Reg., First and Second year classes. It is hoped that students of other classes would emulate their enthusiasm, and take keen interest in all our coming functions and assist in the endeavours of those, who are taking part with a hand of help, a word of advice, a nod of approval and finally a smile of encouragement.

Student Editors.

(The Student Editors have ventured to write this article as it is supposed to interpret the general opinion of the students; and hope they would not be misunderstood for bringing to light some of the home truths).

Reflexions of the Graduates' Reception.

BY R. GANESAN (II Year).

To one who returns from home much depressed in mind because he has missed one of the April buses and to one who has been lucky to be admitted into the portals of the College in spite of rigorous selection, this function is much yearned after, since it is a solace of comfort and enjoyment for the former, and one of bewilderment and wonder to the raw-recruit. Atmosphere does a lot to change the pessimistic view of the wounded soldier and the wound becomes but a scar and the pain but a vague memory.

The month of August saw every one of us feverishly expecting the date to be fixed up. How the imagination runs riot when the date is announced. Everyone likes to look important since it is to our students an event brimming with opportunities for assuming airs. The novice to the College is seen preserving the tweed suit and the tie to match. What a thrill it is to the mere boy when he remembers the saying "Smell of tweed and cigarette attract many a dainty damsel."

The function begins with a group photo. To the graduate it would be the last College Social he would be attending. He tries to review the number of years he has spent in the College and he thinks to himself 'apart from the Examinations I had a jolly good time.' He feels a sense of remorse and uneasiness when he sees that he has to once for all throw away the grab of 'happy-go-lucky' life and assume one of seriousness. He remembers Disraeli's words 'We live in an age when to be young

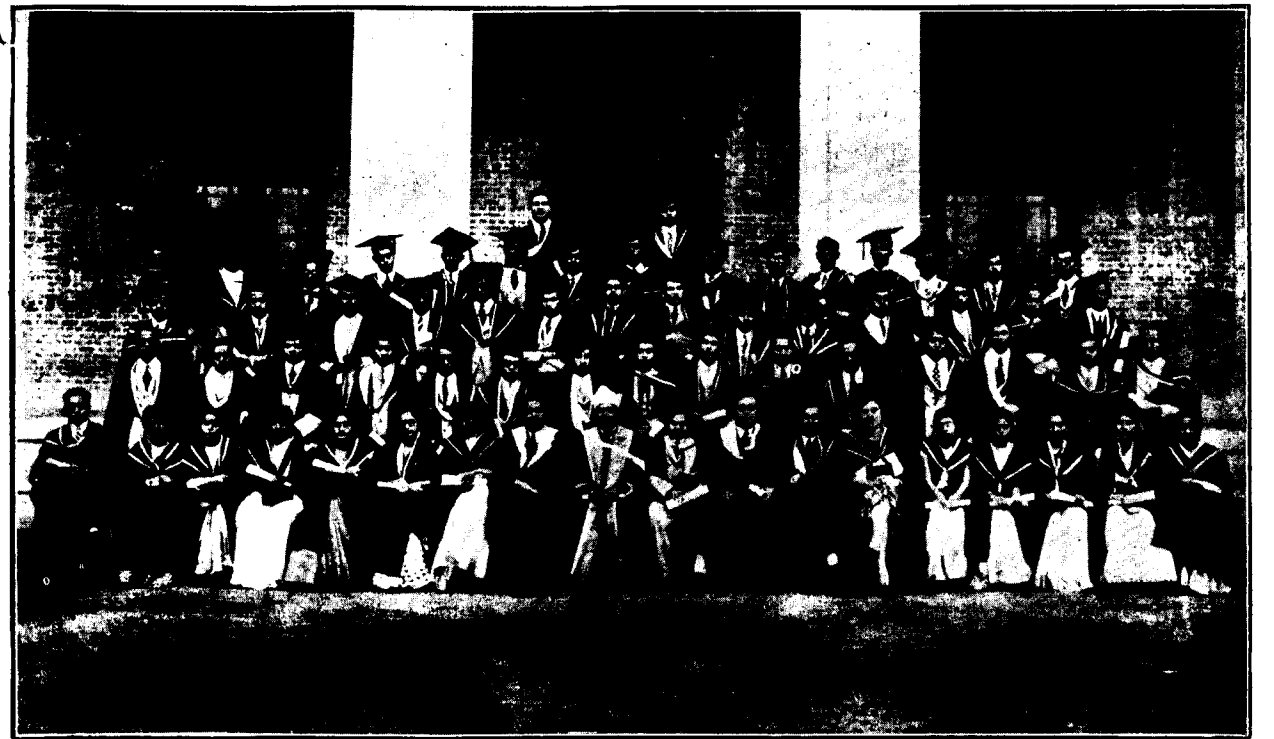
and indifferent can be no longer synonymous. We must prepare for the coming hour.'

The next item in the programme was tea. Nature was very kind to us that day. The weather was one of the type enjoyed by our brothers overseas (Home climate). Serving was not of the efficient type but who cared for the tea when there was a regular feast waiting for our eyes?

Compared to the pandemonium that prevailed when students tried to rush to the examination hall, the scene at any crowded theatre at Madras becomes tame, quiet and serene. Thanks to the volunteers, order was maintained. Amid cheers, our Principal rose to speak and after a display of his vast oratorical prowess, and after going through the hum-drum formalities, he sat down requesting Rev. Fr. Murphy, S. J., M.A. (Oxon) to address us.

The speaker took us far into the realm of philosophy and it was like throwing pearls before the swine; for we were not able to follow him in all his thought-provoking statements. In the midst of such gloom and darkness, as exists now in this world, which is in the throes of a bloody war, we expected our learned speaker to give us some light, to guide us in the paths of life we may choose.

Dr. Kalyanam's reply, on behalf of the graduates, was wrought in simple language; like all graduates, he was also a pessimist. Optimism is a sign of future success, and medicos should learn to be optimistic so that they



NEW GRADUATES, 1940.



might comfort themselves in time of stress by imagining that there is a tremendous success awaiting them, for youth is always on the saddle and "the youth of the nation are the trustees of posterity."

The next item on the programme was the concert. A feature which attracted one's attention was that there were too many dances. Dancers, there were good and bad, and their combined effort was marvellously good. Thanks to the lady students, who came in large numbers, to make the function a success. Cutting down the number of dances would have been better.

The opera, "Kshama" would have been better appreciated if it had been enacted in a language understood by the majority of the audience. It reminds me of a Tamil farce being staged in the Vizagapatam Medical College. What a comedy of errors! The tavern scene served but one purpose that of exhibiting all the tumultuous fat individuals. Such items are better fitted to be side attractions in long-drawn dramas rather than be included in concerts. The music interlude by Bob the Musafir is worth commending, and it kept the audience well gripped for five minutes.

Cupid and Psyche, served to remind us of romance and love at a time when the world has become too mechanical. Nowadays Cupid seems to have lost his arrow and love has become but a matter-of-fact affair. It has lost its charm since seriousness no longer forms its companion.

The traditional scandlemonger (the Curd-seller) disappointed the audience for his scandals were not at all audible and his actions only were too prominent but miserably failed to convey any meaning.

On the whole, the function was a success. Much credit goes to the non-assuming General Secretary and the Assistant Secretary for the care with which the day's programme was organized and gone through and they deserve our congratulations.

We should thank all those who took part in the concerts for their unstinted help and co-operation.

In closing, let me bring to your notice the increasing necessity for a Dramatic Club in the College. After seeing the great display of the talents by our students in the field of acting, I am anxious there should be greater openings for these people in that sphere. It is high time that a Dramatic Club is started. Man as Aristotle has observed, is a social animal. It is only as a member of a Society that he can develop and exercise his faculties. The reputation which has been won cannot last for ever unless persistent endeavours are made to maintain and enhance the standard that has been attained. And this needs the birth of a Dramatic Club, which would bring all those talented artistes together. The necessity for, and the significance of starting a Dramatic Club is best felt when we hear of the troubles undergone by our Secretaries and others in collecting together people who could take part in the concert and make it a worthwhile entertainment. The Dramatic Club might help to raise some new artistes. The Club can meet once fortnightly (in the evenings) and it can, besides encouraging acting, stimulate the play-writers into action.

I ardently hope that before long we would find a Dramatic Club started, of course, with its own Secretary. Sports Day, then, would become a gala day what with a dinner and a Variety Entertainment in the night.

Annual College Prize Distribution

The Annual Prize Distribution Day was held in the tastefully decorated hall under the presidentship of Major General N. M. Wilson, Surgeon-General with the Government of Madras on 29th August 1940.

Long before the President and Professors arrived, the hall was fully packed with the over enthusiastic students. Their enthusiasm was waxing more and more as they saw their professors-donned in their academical robes-walking through the long line of the cheering students. One could hear the metallic sounds in the midst of the general clappings. On scrutiny it was found to be from the girls who tried to outbeat their brothers in clapping and from the broken bangles, a result of their enthusiastic efforts. It was a sight for the gods to see the professors seated on the dais three rows deep, some expecting the chief guest, some looking benevolently at the happy, care free students and some musing themselves in a world of their own.

At the appointed time, the President was conducted to the dais by Rao Bahadur Dr. A. Lakshmanaswamy Mudaliar the Principal of our College. The annual report for the year 1939-40 was presented by him. In his report, he stated that the present strength of the College was 985 including 285 students admitted newly. Of these 141 were women students. He then referred to the good working of the various departments and the achievements of the College in the sphere of sports and the activities of the U. T. C. Contingent of the College. He added that

in the last year's report he had stated that the college was becoming a post-graduate centre of medical education as much as an undergraduate collegiate institution. The College trained the students for M. B. B. S. and other courses like B. S. Sc. L. P. H., B. Sc. (Pharmacy) Chemists and Druggists, Sanitary Inspectors' Class, Diploma in Gynaecology, and Obstetrics, Post-Graduate Course in Anatomy, Pathology, Bacteriology, etc. Shortly it would be having a post-graduate General Practitioner's Course. He was glad to state the year under review had been a year of steady progress and uniform success in all directions and with hearty co-operation from his colleagues, he trusted that in future years to come the College would grow from strength to strength and enlarge its field of usefulness in an ever-increasing measure. Finally he expressed satisfaction at the ready response made by the graduates of the College for War Service.

Surgeon-General's Address After distributing prizes, the Surgeon-General expressed his pleasure at being present, and congratulated all those who had gained prizes, particularly Dr. Kalyanam, who had won the Johnstone Gold Medal (the Blue Ribbon of the College), the Chipperfield Gold Medal, the Savalai Sethuram Gold Medal and the Price Memorial Prize and Mr. Ralston on winning the Blacklock Gold Medal. He also congratulated the Principal, Staff and students upon a very satisfactory year and continued:

"I have been particularly struck by the great response that has been made

Annual College Prize Distribution

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by graduates from this College coming eagerly forward to join up in the Emergency Commissions in the Indian Medical Service and I again congratulate the College in turning out such a good stamp of man, who willingly comes forward to help the Empire in this time of war. The splendid example they have set will add further to the fine traditions of this College."

Importance of Games. "It is a source of pride, and well it may be, that the students of this College have excelled in sport. I never tire of telling medical men that it is more important for a doctor to keep himself fit than for other fellows in other professions. Playing games and competition in sport gives, as we all know, a *camaraderie*, which is invaluable to a doctor in his dealings with other men. If a doctor keeps fit, his fitness radiates and inspires confidence in his patients even before he has started to question or examine them, so keep yourselves fit, and you will be more successful in your chosen branch of the profession.

"I have recently been reading the biographies of an American doctor and a Danish doctor and was struck by the point of view that obtains in some parts of the world in withholding medical knowledge—gained in practice or in research work—from other medical bodies, and I find this deplorable, and it makes me all the prouder of the British School of Medical Ethics, that we are ready, without any question, to share our knowledge and discoveries with other medical bodies.

"It goes against the grain to hear a doctor jealous of his country's or hospital's own discovery and what amounts almost to a 'system' of keeping their cures secret of selling

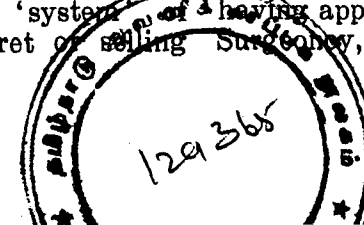
them; so, I would beg of you, with all the urgency I can, to be always ready to share your experience for the benefit of humanity as a whole.

Politics and Medicine. "Now, this brings me to another point. I have often repeated in my talks with medical men, that Medicine and Politics are incompatibles.

"By 'Politics' I mean 'Party Politics,' because it is true that as citizens you should, of course, hold opinions on world affairs, and matters that concern the well-being of the people, but this is taking Politics in the wide sense of the word. The Politics for a doctor to eschew, as he would the Devil, are 'Party Politics.'

A Comparison. "There are many schemes, which, when conceived as ideals, are found to be impracticable, when launched suddenly, and in this connexion I want to tell you of a talk I had with a doctor the other day. He was an elderly graduate of this College, who told me that the graduate who passed out from this College to-day was very different from the graduate who passed out 20 years ago, and he then painted this picture.

"The successful graduate of to-day looks despondent and lost when he leaves the gates of this College, while in his day the successful graduates were all cheery and full of good heart. I was not at all surprised to hear my friends' observations, and placing myself in the present graduate's shoes, I would undoubtedly feel the same. I admit the outlook is not too cheerful with a future of uncertainty. Recruitment for the Provincial Service stopped, so few paid posts of House Surgeons. How to make ends meet if, having applied for an unpaid House Surgeon, a graduate is, appointed to



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one, and how to make ends meet, if unsuccessful, the alternative (which well may cause the graduate to hesitate) of taking up private practice in a country well supplied with Government and other hospitals.

"It is an undoubted truth in every walk in life that the labourer is worthy of his hire and, therefore, a doctor who has had a long and highly scientific education should always be entitled to charge a fee for his advice. This principle should be workable, and we all know how difficult it is for a newly qualified doctor to make ends meet, up against competition in private practice, when the majority of the possible private patients are getting all the advice and attention necessary at a hospital and, therefore, we should do all we can to provide a larger proportion of paid appointments for doctors.

"I think a campaign should be undertaken by those in authority to educate the public as to the original principle and work of hospitals, which exist primarily for the poor. When this principle has been more generally absorbed there will be a larger proportion of private patients to consult private practitioners.

"The prospect that I have depicted is one to create a feeling of despondency in any freshly qualified graduate. Now for the other side of the picture. There is every hope in the near future that the graduate who says good-bye to his College will say that good-bye in a cheery way, and his heart will be full of hope as was the graduates of 20 years ago.

Honorary Service. "Many of you will probably have heard that lately Government called upon the Committees of all the Medical Associations in this Presidency asking for their

views on the Honorary System as it exists at present and in what manner it could be amended.

"As Chairman of the British Medical Association in this Presidency, I can tell you what were the recommendations made by my Committee, and I may tell you that the other medical associations of this Presidency put forward similar proposals. Our proposals were these:

"That all House Surgeon posts should be paid posts, in teaching as well as in non-teaching hospitals.

"That in teaching hospitals the post of clinical assistantships should be reopened, to enable men who have completed their house surgeoncies and who desire to take higher degrees in Medicine, Surgery or specialised subjects to get employment as Clinical Assistants. We recommended that these appointments should carry a stipend of Rs. 50 a month, that the tenure of these appointments should be for two years, which would give ample time and opportunities for men to take higher qualifications, and at the same time help them to become professionally mature.

"It would be from the ranks of those who have held Clinical Assistantship that the Honorary Assistant Medical Officers in the future would be drawn. We have also recommended that the posts of Honorary Assistant Medical Officers and Honorary Surgeons and Honorary Physicians be paid posts. I have every reason to believe that the Government of Madras will act on these recommendations.

Provincial Service Posts. "Government have realised that it will be necessary in the very near future to reopen the recruitment for the Provincial Service of the Medical

Department, so that non-clinical posts can be filled by Provincial Service officers and this applies also to other posts, which cannot be held by Honorary Medical Officers.

"So those of you, who have just qualified have bright prospects, no matter what line you take up, and I sincerely hope that many of you will wish to follow the fine example already set by graduates of this College and to apply for Emergency Commissions in the Indian Medical Service; those of you who do, will have that satisfaction in later years that you have given help to your Empire when your Empire needed

your professional skill. Many can be combatants, but it is only the chosen few who are privileged, as doctors, to give relief to the wounded, and this privilege is yours.

"The Medical profession in India has its ups and downs, but it still remains the finest, and most noble of all professions, and speaking for us all, I know that we are proud to be members of it."—(By Courtesy "The Mail", 29th August).

With a vote of thanks proposed by Lt.-Col. J. R. McRobert, I.M.S., the function came to a close.

Blow Your Blues

A new nervous nurse had torn off her apron. She wanted to report the matter to her Matron, but was feeling terribly funky. She entered the room when the Matron said "Well, girly, what the hell do you want here.

Nervous Nurse, "Pardon me Miss Apron, my Matron is torn.

Conceit

A girl was heard remarking to her friends, "Look what a change this pair

of trinklets has done to me." Those five guys are after me like Aide-de-Camps. Another girl replied: "Yes, to take you to the Mental Hospital and cure your conceited head."

Two girls came out of the Radiology Department and one said to the other "Look, I have been X'rayed".

Second one, "Oh! I have been ultra-violated."

ROLL CALL OF HONOUR.

The Johnstone Gold Medal	...	K. A. Kalyanam.
The Blacklock Gold Medal	...	A. J. Ralston.
The Chipperfield Gold Medal	...	K. A. Kalyanam.
The Viceroy's Medal	...	Miss B. Shambavi Bai.
The Rajah Sir Savalai Ramaswamy Mudaliar Gold Medal	...	E. P. O'Neill.
The Savalai Sethuram Gold Medal	...	K. A. Kalyanam.
The Lady Grant Duff Gold Medal	...	Miss B. Shambavi Bai.
The Bannerman Gold Medal	...	C. Balakrishnan.

PRIZES.

The Maitland Memorial Prize	...	G. Vasudeva Rao.
The Branfoot Memorial Prize	...	D. S. B. Stephens.
The Sibthorpe First Prize	...	G. Parankusam Naidu.
The Sibthorpe Second Prize	...	K. A. Kalyanam.
The Chandrasekhar's Comrande Prize	...	G. Parankusam Naidu.
The Price Memorial Prize	...	K. A. Kalyanam.
The Allan Ewan Grant Prize	...	V. S. Raghunathan.
The Bradfield Prize	...	C. T. Subrahmanyam.
The George Smith Prize	...	P. F. Mathias.
The McNally Memorial Prize	...	C. Gopalan.
The Dr. G. V. James First Prize	...	C. Balakrishnan.
The Dr. G. V. James Second Prize	...	Miss P. K. Devi.
The Muhiuddin Sheriff Memorial Prize	...	Syed Zahiruddin Ahmed.
The Dr. Samuel Jesudoss Prize	...	C. Balakrishnan.
The C. Raitt Dunhill Prize	...	Miss K. Devikutty.
The Thompson Memorial Prize	...	K. Narayana Pai.
The Van Geyzel Prize in Organic Chemistry	...	D. Ramamurthy.
The Van Geyzel Prize in Inorganic Chemistry	...	{ Miss A. Aminikutty. T. Ramaswami

CERTIFICATES OF HONOUR.

<i>Inorganic Chemistry :</i>	First —Miss Laxmi Bannu. Second—Miss P. V. Janaki.
<i>Biology :</i>	First —Miss Indrani Chandran. Second—Mr. M. Balasubramanian.
<i>Physics :</i>	First —Mr. K. Ramachandran.
<i>Organic Chemistry :</i>	First —Miss Mary Beemer. Second—Mr. P. K. Krishnakutty.
<i>Bio-Chemistry :</i>	First —Miss K. C. Thangamma. Second—Mr. K. Ramesh Pai.
<i>Physiology :</i>	First —Miss K. Devaki Kutty.
<i>Bacteriology :</i>	First —Miss P. K. Devi. Second—C. Balakrishnan.
<i>Hygiene :</i>	First —C. Gopalan.

Day Dreams.

SHAKUNTALA KARAMCHAND.

When one comes across a fellow with a dreamy eye and a vacant look you don't have to ask him where his thoughts go loafing,—you can quite understand. Apparently his mind has taken a flight of fancy into mere celestial realms.

There is a charm that clings to Dreamland,—a charm which becomes irresistible on a warm afternoon with a heavy stomach or even during the course of a 'too intellectual' lecture. All the Bharat fans in the world could not keep day dreams away from a man who has had two or three rounds of brinjal *sambhar* and rice. Of course no body fed on a bismuth meal would behave like that but in these days of Arya Bhavans, Karachi Cafe and such other haunts of the Metropolis the palate is apt to be fastidious. The unwary luncheon who in his effort to whet his appetite may end up by eating well but not wisely. The effect of such an accident on persons is obvious. The uneven distribution of blood in the body—the tummy claiming most of it leaves little to the higher centres in the brain which is responsible for the wakeful state of body and mind. Soon the person develops that "Behind the beyond look" that betrays the "nilness of nothingness" in his brain. To put it briefly the mind becomes internally compensated as is the case with some organic compounds which exhibit optical inactivity just as the day-dreamer exhibits intellectual inactivity. The worse part of it is when the victim actually gets entangled in the meshes of sleep forehead upon the table before him in utter weariness.

While there is hardly a case of the sort recorded in Cinema Hall it is a matter of sincere regret that this is not an unfamiliar occurrence in a warm lecture-class. Not the most exquisite Professor could cajole knowledge into the brains of such person. It is surprising that instead of laughing away the phenomenon as an insignificant human frailty most of the seniors take a serious view of the situation and feel hurt at its manifestation.

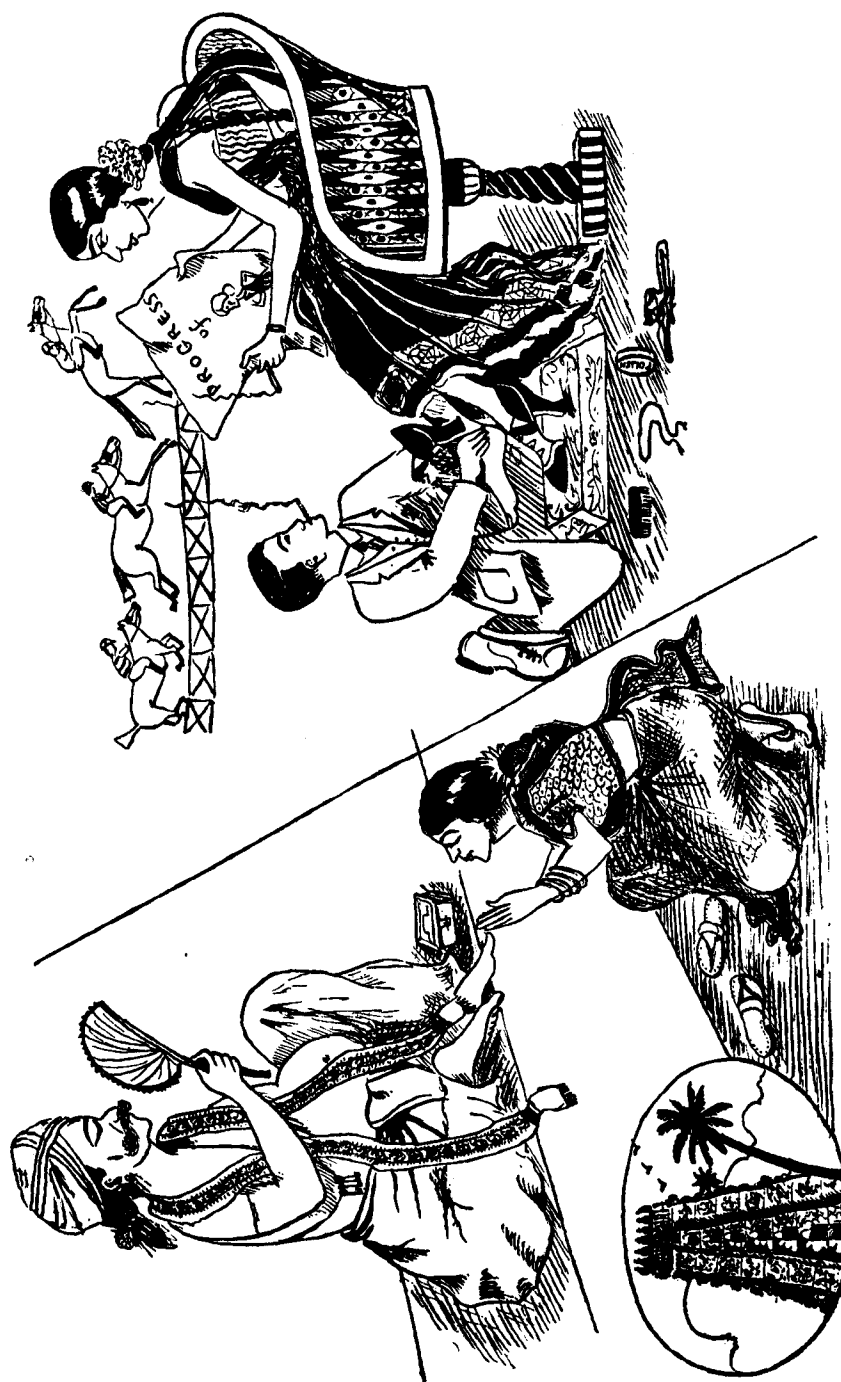
* Are ladies immune?

A day-dream is a golden experience. You just glide into Brindavan in the twinkling of an eye without luggage or passport to bother about. Sometimes, when in a generous mood, you might allow a friend (of either sex) to accompany you there. If it is a lady, you are chivalrous enough to take her for a plane ride in the air or in a motor-launch if on a crystal lake. Indeed life becomes sunshine in such favourable circumstances.

The air of heaven is sweet in dreamland where your 'mind to you a kingdom is'. There is no place for suicidal tendencies here though you might have thought of a bit of arsenic when your last exam's results brought you a single digit mark. But these roseate visions are innocent day-dreams... Can there be anything more cruel than a crude awakening? Picture a knock on the cranium just when you are about to present a bouquet to your girl-friend with your 'best compliments' or a rough interrupter saying 'that will do

* (The author must know it better.—(ED.)

THE PATH OF PROGRESS



But now art thou content with thy lord serving like a watchful dog, and thy day starting with a fight for fifty-fifty demands.

(St. Editor.)

Thou wert content to serve thy lord in mute submission and prayer devout.

Murthy, 'while you are extricating a delicate georgette saree from the thorns of a bush of roses. It is like dropping a bomb on Paristan Park while you are watching Kamala Kumari at the picturesque Peacock Dance.

It requires greater momentum that of a paper ball to rouse such a mental recluse from his stupor. Neighbours who believe in digging into costal cartilages under such circumstances should be sent to the S. P. C. A. for the readjustment of their mentality. Indeed, a quarter-anna tumbler of iced water would suffice to bring back this variety of celestial adventurer to his feet of clay. Then he rubs his eyes to rid them of that film of dream-dust only to find himself staring at an unromantic blackboard with all sorts of undecipherable cyphers scrawled across it. Slowly, memory returns to puzzle out the mystery for him.

The best way to escape from the temptation is to keep a watch on one's eyelids and widen them more, the

more they tend to adhere together. Try to disperse the daytime langour with a look of intelligence even though that qualification may not be yours; steady your specks on your slippery perspiring nose. Keep all thoughts of Menaka's last night's dance as far away from the mind as is humanly possible and exert all your self-control to temporarily (at least) forget a certain pretty face on the Marina. It would be wise to restrict the field of vision of the 'the inner eye' to cruel realities instead of rainbow hued fabrications of fancy. Think only of the Gold Medal that is waiting you on the prize distribution day when you might be able to stalk up to that glittering table in the centre of the hall in purple blazer and heliotrope tie to take charge of that precious booty. Three months of holidays is substantial for day-dreaming and 'fly-catching.' Those fascinating flights of fancy cost a good deal of valuable time which might be better spent in work which will later help to make those transient day-dreams come true.

The Cavalcade of Cosmetics.

BY "CURD-SELLER".

"When we give ourselves the airs of angels, we generally end by wearing the tails of the asses."

—Arthur Bryant.

Our great grand-mothers were either pretty or plain and were definitely resolved to remain so. In their days it was not deemed proper or lady-like to indulge in cosmetic and hair-dye. Rather silly, isn't it. I wonder how they managed to look quite lovely despite this handicap. Or is it possible for us to presume that they could not have looked beautiful. Of course not. All ancient authors would not have bluffed like that through pages and pages together. However those who were not blessed with good looks must have been badly placed. For she could not have got a pair of goggles to beautify her squint eye, nor a 'Strike-brow-black' for a hairless brow, nor could they have thought of stuffing to improve their 'curves'. No perm for their lank hair; no day creams for their complexions, no lipstick to brighten them up, rather shapen them up; not even powder to look at least like the white-washed kitchen-room; not at any rate until after they had left the parental roof and were elevated to the rank of married women. A grim affair altogether. A modern girl ought to pity her.

But now thank heavens, the present day conditions are not so discouraging. Even the 'quite nice' girls of all complexions of one extreme to the other, once they are out, might 'dust' their noses with the dead-white or bright-pink varieties supplied by their hair-dressers. Who knows, if only the older generations had known these

beauty secrets, they too would have serpented and willowed out of their houses perhaps powdered or dyed, painted or even varnished.

Nevertheless their contemporaries in the Occident about the Elizebethian age, not satisfied with their natural God given waists, used to show off with their bigger madeup ones perhaps with the idea of improving their sex-appeal. Any way that is what I think. It must have been grand to look at them while moving as though on wheels,—and more amusing because the present day 'Carnival-dolls' during our temple festivals are nowhere when compared to those delights, if I can call it so. Really a great advancement in make-ups. Yes, why not. Not like our people who can't boast of any improvement from then till now except for the broad silver-bordered sarees. Not even with the blouses, but for the mimicrised backless and sleeveles blouses which gave place in the market for such cosmetics as "New-Veet", "Odorno", etc., and last but not the least our reputed "Raja-Rani Soap". The mauufacturers ought to be much indebted to the original dress designer;

As the time marches on we see now the great achievements of those make-up artists. The craving for improving upon the looks of the fair-sex led to the innovation of many a cosmetic that now fills the modern girl's dressing table,—those for the skin, the nails,

The Cavalcade of Cosmetics

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the lips, brows, lashes, and what not. To speak for the hair-do's the latest upward trend sponsored by Hollywood offers any one a new personality. Many such other factors led to the presentation of the genius of "Max-Factor" to this world. When he goes for a new style, the rest of the world dashes pell-mell to be in on it, too. And when he authorises to turn a black dog into a white, all blacks are mailed there. How fine!

Oh! what powders, what creams, what sticks, what rouges, what pads and what many such gifts there are now. The latest series of lip-sticks themselves can speak for them all.

Do you know there are certain lip-sticks now in the market, some scented with champagne, some with whisky and some perhaps with toddy too, just to please the individual according to his (the lover's) taste. But I am eagerly looking for the day when our girls choose a "Sambar" scented lip-stick or a "Gongura Chatni" scented one for our Tamilians and Andhras respectively.

Having gone through all these miracles of modern age no girl would wish to have lived in those granny's days. But I sincerely wish to do so, just to get a chance to introduce these lines to them, the granny-girls.—

"My lovely girls, I write for you,
And pray believe the Toilette true;
T'll form your mind in every grace,
T'll add "New Beauties" to your face.
And when old age impairs your prime
You'll triumph o'er the spoils of Time."

And when the old granny had her face wrinkled, I would have given her my own recipe to make the face smoother, —Yes why not she contract "Cellulitis" of the face just to look like the "puff-face" of Japan,—or best white paint contained in a China bowl (Perhaps the container makes it whiter still) to glorify the face. The enchanting mirror which when looked into, reveals the one word "Humility". And now a godsend to girls who are

out of doors a lot, apply gum resin to your lips such that the fellow will be forced to kiss longer. Yes, dears try it,—try it without any obligation.

Is it the author's idea that the ladies should go back to those olden days when paints and powders were looked at with abhorrence. Evidently, he is two centuries behind our times.

—(ST. ED.).

The Broken String.

(BY VASU).

The tune of life was partly played
With strings spun from a burning heart
That melody of mind to spirit relayed
Pierced the soul like the cupid's dart.

In that ocean of music I used to swim
With 'nother soul so close to mine,
Foam of flourish and Heavenly hymn
Washed off worries and made us fine.

But alas ! one string has broken down,
I know not whose fault is this ;
To muddy depths I gradually drown,
Oh ! restore me to thy Divine Bliss.

So I tell you my dear friends
That life's music is sour than sweet ;
Concords and discords of diverse blends
Makes it change with Time's every beat.

Ever since my life is a hell,
With devils dancing in fiery heat ;
And for regaining that rhythmic spell
I am prostrating at those Celestial Feet.

IN MEMORIUM.

How sad and painful a task it is to talk of a friend and a classmate who was snatched away from our midst in the Prime of Youth by the cruel hands of death. Late Mr. Mukunda Raja was one of our best friends and one of the bright students of our set who made himself congenial to our Society. Those who had the opportunity of moving with him could not have failed to notice his unassuming and unostentatious nature. He was ever cheerful and genial. As soon as he passed his Pre-Registration Examination, he was laid up with the T. B.



A. MUKUNDA RAJA

of intestines and today he is lost, lost to his aged parents, lost to us, and lost to this world. Society has lost in him an enthusiastic servant, and we the valued friends. We liked him much, but God loved him most. He was a glow worm that glittered for a moment and then passed into the Unknown. May God bring solace to the bereaved family, May his soul rest in Peace.

KAPPINI.

IN MEMORIUM.



Late Miss C. Ranganayaki, B.A., joined this College in July 1939. She was a student of Queen Mary's College from 1935—1939, where she took her Degree with credit. She got the University Medal in Sanskrit for that year. Even in her short career in the Medical College she gave a great promise of bright future.

She was a girl with a sweet temperament, and a cheerfulness that influenced everyone. Her winning smiles will ever be green in our memory. Her untimely death is a loss not only to her parents and friends but also to the College at large. Ever bright and ever cheerful, she passed away from amidst us to the great Unknown on the 16th of September 1940. One more sweet bud has been plucked away by the Unseen hands, before the world could enjoy its beauty and fragrance. God give eternal repose to her soul.

30th September 1940.

(A FRIEND).

My First Examination.

BY ZAC.

My first examination was not a very startling experience, but its result was startling enough. It was the first time I had to face an oral examination. Being a novice at the game, I expected the examiners—may their tribe decrease!—to be fair and to play above-board. But they did not.

The examiners I had to face were a queer lot. One was grave and gloomy, another jolly and making merry all the time, and yet another was so good to me that I thought he had mistaken me for his godson.

But there is fun in all this too, if one should seek it. These people overact. One was downright funny! He put me a few questions, one of which kept me guessing. He was smiles all over and was encouraging me in every way, and, curiously enough, he was getting excited. He was so screwed up that, when, at last, I gave him an answer. He nearly jumped off his chair, exclaiming "Ha!". When I came out, I understood that the answer I gave him was wrong!

That god-father type of examiner is not to be believed either. It was for Physics that I met such a one. He tried to be too good to me, answering himself all the questions to which I only nodded assent. Sometimes, to prove that I was not altogether dumb, I used to add a vocal "Yes Sir."

I wondered why he was so interested in me. I racked my brains to find out if I had ever done him a good turn. No, I had never met him before that. It was only when he asked me to describe an electrical apparatus that I understood the joke.

"How does the current pass through this?" he asked, and, before I had time to breathe, he came out with the answer himself. He touched the negative pole of the apparatus and said,

"The current enters here and passes this way, Isn't that so?" (I did not answer him, but looked him straight in the face. I had half a mind to tell him that his game was up.

Lady Luck plays a great role in many of our affairs-examinations one among the number. It came to be so when I went in for my Biology ordeal. One of the examiners took a liking for me—so I fancied—and started talking to me with a friendly *bonhomie*. He was so charming all over that I knew that if I had been within arm's length he would have patted me on the head.

He questioned me about cats and dogs, and then switched on to snakes. He asked me how long a snake would grow to which I wanted to answer 'as long as he liked', and ultimately landed on sea-snakes. I told him that they possess flat tails and that they live in the sea. It was then that he put me a very puzzling question.

"Where do sea-snakes lay their eggs?"

I did not know for nuts, and told him so. But he would not leave me at that.

"Well", he said, "You know where the sea-snakes live, and don't you know where they lay their eggs?"

That was a hint for me and I started thinking. It could be either deep in the sea or higher up by the shore. The chances were fifty-fifty. I may be right or I may be wrong.

Now, I am an honest chap, and speculations do not attract me. But, the chances were fifty-fifty!

"Come on, you are right!"

I decided to have a try, and said,

"Deep down in the sea."

I availed myself of the earliest opportunity to verify my answer, and consulted an eminent fellow of the Zoological Society. He told me that sea-snakes don't lay eggs at all!

"Damn!" I could not help swearing.

The Smart Medico.

By T. N. G.

You are the medico neat,
You are the medico smart;
When the month is early,
You look so very happy,
For your purse is so heavy,
And it is full of money;
Your wants are in plenty,
And they look so funny;
But how gloomy you appear
As the month is closing near.

Oh! How smart you look,
And how sweet you look;
As you walk gaily!
With the nurses daily;
'long the roads busy,
'long the beach breezy,
With a bottle of whisky,
To make you feel frisky.

You go to wards daily,
And that too so readily;
Not to see the patients,
Not to hear their complaints,
But to smile at the missus
Or wink at the nurses;
And you feel so happy,
If you do it daily.

Your boss gives a banging
And you take it so smiling;
For it is the best way,
To please him, (I say),
If you want quickly,
To get your M. B. degree;
You must look so humble,
And you should not grumble.

The nations are fighting,
 The leaders are striving;
 To uphold the causes,
 Of the Democracy;
 Wretched Autocracy,
 Is your masters' policy;
 And it is the usage
 In this your college.

Books are in so plenty,
 And they look so bulky;
 It looks so awful;
 To read them in full;
 So you take some portions,
 And read them at random;
 But they appear seldom,
 At the 'Varsity Exam.

If you lack in wisdom,
 You need have no alarm,
 Tho' your failures are common,
 And yet you care a damn;
 Still you have the courage,
 To stay in this college;
 For this is the Profession
 Of a noblest mission. •

In Defence of the Unfortunate Ugly.

BY B. C. APPAYYA, B.A.

"Of all the griefs that harass the distressed,
 Be sure the most bitter is a scornful jest,
 Fate never wounds more deep the generous heart
 Than when a blockhead's insult points the dart."

DR. JOHNSON.

Glancing through the pages of the newspaper the other day, I came across the following piece of exhortation which, I am sure, will interest and animate the readers.

Amidst great joy, an association called "The Fraternity of the Ugly" has been started in the city. Mr. Chinbald (whose bald head and double chin have made him familiar to our readers) opened the Fraternity Club amidst great enthusiasm. After unveiling the portrait of Aesop (who has been taken by all the members as their patron), Mr. Chinbald delivered a very rousing inaugural address. After exhorting the audience to listen at his words patiently he said that though he was not blessed with that degree of ugliness as had distinguished Aesop from the common run of men (cries of "NO" "NO" you are") yet he knew he was fairly ugly and hence it was that he had accepted their invitation to open the club and unveil the portrait. He felt that it was high time that the ugly ones in the universe march forward organised themselves and made their power felt. (Loud applause especially from Ladies.)

It may be noted that the aims of the Fraternity Club are (1) to foster among mankind a love for ugliness (2)

to engender a proper appreciation of its utility, and (3) to promote the cause of ugliness by opening ugly clinics. As an addenda to the agenda there is the holding of occasional ugliness contest.—"

I confess I was not little interested, and hotly pursued the pros and cons of the entire proceedings of the meeting, and in so much so, I have long before applied for my membership and eagerly awaited my enrolment. To be plain, I have long felt the imperativeness of such a club which is a vital necessity at present—a crying need, as they say, I have even looked with grief upon the family of ugly as a class grievously sinned against. I too have strongly felt with Mr. Chinbald that now is come the time of action for the ugly, that they should throw off the jetsam and floatsam of suspicion and malice against their brethren and rally round, march forward and dispel the ridicule and contempt with which they are unjustly treated at present.

And curiously enough, in the same issue of the paper and on the same page I saw the reports of two suicides, of a young woman and a robust young man. The former, it appears, had been endowed by God with more adipose tissue than she could properly

and fashionably manage. After having a recourse to all the *specifics* in the market, and finding that all her attempts were frustrated she committed suicide. The young man, it seems, had a lumpish turned-up nose with the intermittent appearance of big round pimple at its tip which had made him the butt of ridicule among his friends. Being of a sensitive nature he found life under such circumstances unbearable and so, he too committed suicide. When I read the stories of these two tragedies my blood boiled with indignation. There, thought I, are two worthy persons who have deliberately made away with themselves and jeopardised their immortal souls, because a crazy world could not tolerate their ugliness. My heart went out in fond sympathy to the ugly. Hence it is that with a sincere determination to alleviate their sorry lot, and to expose this scandle that I take my pen on their behalf and write for the miscellany.

The unanimous dictum that our College affords ample amenities to start an association akin to the one aforesaid still remains undisputed. Go to the Anatomy theatre, and you will soon find yourself in the position of the ancient mariner who one fine morning found water, water—everywhere, except here you find a repository of unpleasant ugly objects. We move amidst ugliness and breathe in an atmosphere of obnoxious smells and we have comfortably turned ourselves to the conditions of our new environment. But one sinks, with grief when he reflects for a moment that even in spite of the bold stride taken up by the Central Institute of Anatomy to foster among students a love for ugliness, to imbibe in them the quality of tolerance, and even in spite of the plurality of ugly students of both sexes in this College who are burning on their

heals to become the active members of the Club, yet, there is neither incentive nor initiative taken up to start an ugly association. It is fervently hoped that our college will soon witness the advent of an ugly association aiming at and striving for obliterating the woeful plight that has befallen the intellectual but unfortunate ugly class of mankind.

I am aware that the strain of my arguments is apt to reflect upon the reader that probably I belong to that category of the human species which are out to defend. Well, in this respect he will find himself sorely mistaken. For, unfortunately I am not myself an ugly man. I am, they say, fairly good looking, if not altogether handsome. So you see dear reader, it is only out of more love and commiseration for the ugly and the determination to see that the sad plight that has befallen them is retrieved and justice is done to them, that has made me take up my pen on their behalf and write for the miscellany.

Firstly it passes my understanding why a double chin, a bullous nose with a big round pimple at its tip, or the bit out-projecting the *macleaned* teeth should excite our ridicule. We admire a coral lip or a rosy cheek, but we ignore the fact that the same Creator fashioned the objects that disgust us. This of course is the proper light to be looked upon at ugliness. Personally, it is in ugliness that I look for beauty. This sounds like a paradox, but Coleridge's paraphrase of the well known lines "Let observation" with extensive observation, observe mankind from China to Peru" would at least prevent us from saying that the ugly ones are derived of those noble virtues—truth humility and sincerity. Ugliness is truth, truth is ugliness. After all what does beauty

consist in? Very often it is skin-deep; and frequently it is so much powder and paint. What is more, such beauty creates and is created by vanity. The desire for admiration is the offspring of vanity. But humility is the watchword of ugliness and philosophy its stuff. My friend G is an instance in point. G is definitely ugly. Whenever I meet him at the dark recess of the curtain or whenever we wait for our turn at the hot water bathroom then he moralizes on the

vanities of the world and the emptiness of human efforts. Men are being perpetually bound by the bondage of vanity and they find it impossible to shake themselves free from this shackles of bondage. On the heels of vanity, pain surely treads. Pain is the drain of human life. What is more, they are ever haunted by the tragedies and tyrannies, the hideousness and the haste which disfigure the beautiful world of their dreams. They try their best to assert themselves and yet in the end,

Death like a overflowing stream
Sweeps us away. Our life is a dream.

And,

Huddled in dirt the blustering engine lies
That was so great and thought himself so wise.

I really admire his propriety so much that sometimes I regret that I am not myself ugly. Having observed him and M, and a host like them, I am firmly convinced that ugliness is the abode of ability and genius. Aesop was famous for his ugliness, but he is also famous for his immortal fame. That delightful writer Goldsmith was hideous, but he left nothing untouched and touched nothing that he did not adore. Johnson was definitely ugly and exacted the sense of disgust among the members of the literary club, but in conversation which teaches more than meditation, he was the king, nay, the Emperor in the company.

Gibbon and a vast array of other literary celebrities were all noted for their unprepossessing appearance. In this elisian field where the souls of dead authors are forgotten these ugly personalities are seen in immediate proximity to each other. Yet through the ashes of misfortune the embers of their learning and didactic contributions bequeathed to humanity is still glowing and will ever glow irrespective of the surest fleet of time. But on the other hand, beauty is ephemeral and beautiful personality derived of intellectual capacity fades away like the rose.

To the wild dust from whence he sprung
Unwept, unhonoured and unsung.

In brief, one finds it impossible to elude the inference that the more ugly you are, the more marked and distinguished you shall be. Mathematically we can say ability varies directly as ugliness.

The moral truth of all this should be plain. It is left to each and every

one of us to cultivate in ourselves a reverence for ugliness, it is left to each and every one of us to become the active members of the "Fraternity of the Ugly" and it is left to each and every one of us to remember the biblical saying, "Never observe a note in your brother's eye disregarding the beam in your own."

The April-Wallahs.

When they talk of evolution, people tell you of the ape,
Ere he vaulted into greatness from a humble simian state.
How he missed a link, and mark you, 'twas a wonderful escape
His success was all dependent on that moment of his feat.
I have met just such a creature—that did miss just such a link,
And evolved to easy greatness—greater—easier than you think.

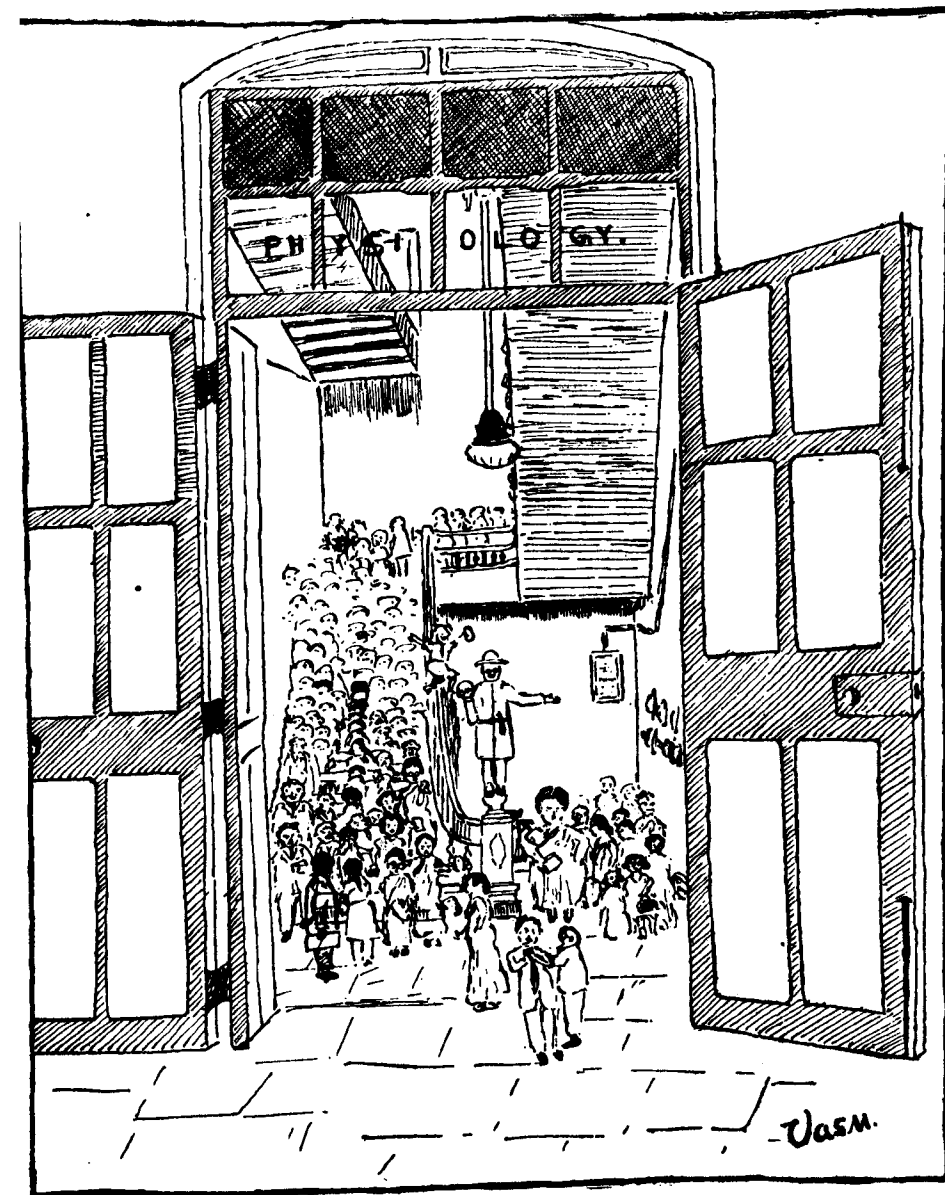
If you care some sunny morning—walk about our dirty town,
Till you find a place—quite central—that they're always pulling down.
Always building and repairing—always old, yet ever new,
Something shifting, some evolving, even though it be in hue,
It is there you'll find this creature—and be sure he's not alone,
For a host evolved just like him—and like him they sleep till noon.

His survival was through failure—for he missed the link to fame
When a cool December morning saw him lose the 'pre-Reg.' game.
Did he quit? No! this was to him but a step missed to success,
And the step he'd reached (one higher) eased him of the strain and stress.
For his life from that day onward changes, and he's free from care,
'April-Wallah' fears no rival—superman or beauty rare.
For they say the first game always, swallows gifts and beauty too
Leaving these a cool existence—and their aim is 'just get through'.

Would you see them in the classroom? Look again, look up, they're there
Those their heads, that show straight partings—midst the neatly plastered
hair.

Right amongst the topmost benches—heads bent down in blissful sleep,
Heads that nod, but not in wisdom; shoes that should not, yet do scrape.
At the moment when the lecture needs but ten minutes to the end,
You will hear with great precision such a scraping that you'll tend
Just to lift your eyes to question 'Is it time, and must it end'?
Faultless is the great precision, to their eagerness you bend,
Eagerness? Yes, they are eager, for they always long to hear
Just the roll call and they really answer quick and answer clear
Does it matter if they answer to a name that's not their own?
It's their privilege and their conscience twinges not, for they atone
For a year's misdeeds and mischief by this friendliness most rare,
Answering in tones that alter—boldly, turning not a hair.

STAIRCASE PHENOMENON.



A Traffic Cop is essential to control the human traffic on the staircase from Physiology to Anatomy Department as it consists of a fair amount of contraband material also.

There's a moment when this gamester turns for once to serious work,
There's a day—as March is ending—sees him disinclined to shirk.
Then he is a good example for all those inclined to feel
That they've nine long months to study—time enough to work with zeal,
And the heat that sore afflicts them leaves our hero striving still,
For he studies all they hint at—and these hints he takes with skill,
Makes his work elimination—All his study is an art
And if the Examiner fails him “How unjust, I did my part.”
So he lives—July to April sees him still his easy self
Working to achieve his object—which is comfort great—not pelf.

Should you in your wanderings weary feel depressed with heat and gloom
There's a cheer awaiting always—visit the great Common Room.
Its a place where they do gather—all our heroes small and great,
From the wards whence they have vanished—just to spend a brief retreat.
You'll be entertained by stories—incidents related well
And—perchance—you'll see the damsels walking past. You'd never tell
That they know that they're being gazed at—Yet their march past is a feat.

Eager eyes search for their beauty, scrutinising e'en their feet ;
While they pass, mistaking scrutiny for admiring glances keen.
You can see the 'April-Wallahs' wide awake as ne'er they've been,
So they live their life of freedom—and their sky is ever clear,
Their philosophy is simple 'April comes but once a year.'

BY A APRIL-WALLAH,
Fourth Year.

Nerve Versus Artery

Nerve Versus Artery.

BY C. THOMAS.

Difference of opinion between people of divergent tastes is the cause of all troubles in the world. Some look upon this sad state of affairs as a necessary evil, a blessing in disguise which ultimately brings about all progress in society. It is difficult to understand their logic and deduction. But however disputes have become a matter of common occurrence. Thus we hear of nose picking a quarrel with the eyes, squirrel arguing with the mountain, Muslims discussing with the Hindus, and Hitler bullying Dr. Benes. In all these cases we can see a third person with noble sentiments and high ideals appealing to both parties and bringing about permanent peace, the only exception being Chamberlain's flight to Munich which only served as a prologue to the present drama of woe and misery.

But for the Medical Students there is nothing more interesting than the dispute that once arose between the Radial Artery and the superficial division of the Radial Nerve. The cause of this cleavage was the pride of the former and the result is the peculiar relationship that we notice between these two as we trace them from the proximal to the distal end of the forearm.

Both the Artery and the Nerve came into existence in that sequestered region called the Cubital Fossa, the Nerve being the older of the two. At first they were separated by some distance. But the Nerve as he grew up seemed to have a special liking for the Artery, whose rosy hue and

round contour attracted him. So by slow degrees he approached Artery. But the Artery was not to be carried away by his attention. With a stiff neck and a straight course she went her way never deviating to the left or right.

One day she turned round and told the Nerve that it was nothing but impertinence on his part to think of such an unholy alliance. She really wondered how little the Nerve knew of her high pedigree and noble parentage. She could boast of a great-great-grandfather, who is the source and fountain of all feelings and sentiments. He is the law, the guardian and the impulse to all that has life.

But the Nerve meekly asked her why then her sister the Ulnar Artery chose for her friend and companion the Ulnar Nerve.

The Radial Artery smiled and answered that it was high time for the Nerve to understand that of all daughters of her extensive and esteemed family she occupied an enviable position and enjoyed rare privileges. If anybody wanted to get any information regarding her house he or she had to approach her. She alone of all members could inform the public of any change in the attitude and temperament of the Lord of the house.

The poor Nerve began to wonder what a big personality the Radial Artery was:

But the Cephalic Vein who was surreptitiously over-hearing this

conversation decided to prick the bubble of the Artery.

She came up to the scene and told the Artery that she was demeaning herself by boasting of her noble lineage.

"Show Me" she said, "If you have any personal merit. Because you are born of the great you think you are also great. But the fact is far from it. On the other hand I have neither your beauty nor your nobility. I deduce my birth from the loins and the limbs. I begin my course unnoticed by the Anatomist and unheard of by the Physiologist. The cockroaching-students hack me with impunity. But I bear all this insult with patience. I know my intrinsic worth. When I have made my way a little further, the Anatomy Professor turns to his students and says, "Look hear, this is the Cephalic Vein. Mark its course and relations and preserve it carefully. See how it lies in the Delto-pectoral groove, pierces the Costocorocoid membrane and joining the Axillary Vein goes to form the Subclavian Vein." Thus though born of the mean, I am noticed by the great. It is entirely due to my self reliance and therefore I am entitled to feel proud of myself.

The Artery who had developed her righting reflexes to the maximum replied in her sweet voice. "I fully agree with your statements. But may I take up this opportunity to inform you that you could elevate your position so much only because you too have what they call the blue blood running in you. At the same time I really wonder why you conveniently forget that fact that I enjoy the unique honour of being consulted by every Physician."

"Your unique honour is due to nothing but an accidental coincidence" retorted the Vein with a sneer. "It is because the dull-witted Radius is blindly supporting you. Instead of thanking him you take all credit to yourself. You are an ungrateful pelican."

"Hold your tongue" shouted the Artery who could not bear the affront any more. "If there is nobody to support you it is your own fault. You are driven to the most superficial part only because as your name indicates you are vain."

"Vanity of vanities and all is vanity except to do good to humanity" quoted the Vein a verse from the Bible. "If to occupy the humblest of positions is vanity, I am vain. If to do the meanest of works is vanity, I am vain. But wherever I am and whatever be my work I do my duty to the last letter and so the world respects me."

"You will be the first and last person to say the Radial Artery ever forgets her duty", came the rejoinder.

"But you are a waster" said the Vein, "It is I who carry to the proper place the remnants of what you have lavishly used up and thus keep the circle going round."

The Nerve who was keenly following the heated discussion had much to speak on his behalf, but like a great man he thought that silence is sometimes more telling than speech.

The Vein again continued. "I think it is incumbent on my part to speak something about the Nerve on this occasion. The Artery will do well to remember that the Nerve takes origin from a family which I can

easily call the noblest. His grandfather is the seat of all intelligence and governs and controls everything. Personally the Nerve deserves all our praise. He does his duty more promptly than anybody else. He is the quickest of all messengers, the keenest of all harbingers. He never does a thing without sufficient knowledge and strength and so his actions are always perfect."

"You seem to have been enamoured of his fine complexion and slim figure" remarked the Artery with a nod of her head. "I think you will do well

to take him to your home and worship him there".

"That is what I am going to do" replied the Vein calmly and politely invited the Nerve to her residence.

Thus we find that the superficial division of the Radial Nerve which was lying by the side of the Radial Artery leaves the front of the forearm, and winding round the lateral border of the Radius reaches the dorsal aspect and proceeding distally divides into five branches and enervates the area from which the Cephalic Vein commences.

Transmutation.

BY A. R. NATARAJAN, IV YEAR.

The scientific speculations are sometimes realized and materialized though at first sight they may be more incredible and highly suggestive of a brain wave passing through the visionary of a scientist unforgotten gross fallacies like Phlogistone theory, theory of affinity, etc., present themselves before any ordinary mind while one hears or reads about any scientist or his brilliant articles in the various scientific organs of the day. One should realize in these days of rapid advancement in science and civilization, anything is possible, and hence one is expected to be unbiased either in his criticism or in eulogies of anything.

For over half a century the subject of embryochemistry has been intensely studied and researched upon. Everybody is aware of the bisexualism that is present in every human being and the relative preponderance of one over the other decides the sexual characteristics of the individual. In the adult human life, it is said that the gonads are controlled by the endocrine dictator "Hypophysis cerebri" assisted by an equally powerful entity the "Suprarenal cortex". Needless for me to go into detail into the various Syndromes that are found in any textbook of physiology or pathology. But for purposes of elucidation and clarification of the suggestion that will be found in the course of this article, let me repeat some of these.

A hyperpituitirism with a relative increase of basophile cells in the anterior pituitary, results in a premature union

of the epiphysis and premature sexual maturity. This is due to excessive secretion of the "gonadotropic hormone" of the anterior pituitary. Hyperfeminism also results from hypopituitirism and examples are "Lovain-Levi" type, etc. In a chromophobe adenoma of the pituitary, a conglomeration of many symptoms results and the explanation that is offered is a compression Syndrome pressing on the glandular elements of the pituitary and hypothalamus, in short a dysfunction of the "Hypophyseal-Hypothalamic complex."

A suprarenal cortex tumour in women produces symptoms typical of hypermasculinism as hypertrichosis, squareness of the shoulders, psychology of a male constitution, hypertrophic clitoris, atrophy of uterus and other female genitalia. This Hirsutism in females be explained biochemically to a certain degree and every one is expected to keep an open mind, since there may be a change in the view of these theories, that at present appear to be almost suggesting of a clear etiology for these changes.

It is found that some pituitary hormones are complex protein molecules and some phosphatides. It is believed that these molecules have got a "sterol" base in them. The importance of this base will be dealt with clearly vide infra. The "Cortin" is also of the nature of a "sterol-ascorbic" complex. Since all physiologists know that the various oestrous and menstrual cycles that are found in animals and human beings are

partly responsible to the various hormones that are elaborated by the pituitary, ovarian graffian follicle, corpus luteum, etc. On a biochemical analysis of these secretions it is definitely proved that the oestrin and progesterone the two hormones elaborated by the follicle and the corpus luteum are of the nature of sterols.

Now considering the metabolism of the tumours which is mainly glycolytic, it is very difficult to compromise with the various histological and physiological changes that occur in a body. But if one should probe into the field of tumours and its etiology, he will at once realize that after all biochemistry has not let him down. It is found that oestrogenic substances are also carcinogenic in nature. For example substances like 1:2, 5:6 dibenz-anthracene and some other derivatives as dihydrotachysterol, etc., are capable of producing tumour as is found in the experimental carcinogenesis done on rats and other rodents by eminent pathologists.

To add to these, is this strange vitamin E deficiency which produces sterility, premature delivery, repeated periodic abortions. The nature of vitamin E is a "Stigmasterol" like sterol. So in all these findings one cannot be found fault with, if he thinks that sterol metabolism is really having an important being in the development of human sexes.

The reader is requested to excuse the author of this little article, since the subject proper is only to commence from now.

The recent discovery of "Cyclotron" by Prof. U. O. Lawrence has opened a new vista for the enthusiasts. It has thrown

innumerable opportunities for the scientists to probe into the mysteries of the universe. The real principle in this discovery, is only a mechanical contrivance by virtue of which, addition and removal of protons and electrons can be done on a molecular structure of a pre-existing element, this means transmutation of elements. The realization of an alchemists' dream is not far off. This kind of atomic superintegration and disintegration which was not even conceivable by eminent scientists before Madame Curie and other workers in the field has become a layman's expression now. Science can unfold innumerable mysteries and, make facts appear fantastic and unimaginable.

It may be a wonder if the reader is a little bit impatient to think that there is an unwarranted digression here. It is only relevant if one should follow the arguments that are advanced by the author in the transmutation of a male individual to a female and vice-versa.

Prof. Mathews of Cincinnati University has written in one of his essays on Embryology the following facts after a rational logic supplemented by experimental work. It is found out that the long axis of a developing embryo is determined by the existence of certain substances called "Primary Evocators" in the chromosomes of the nucleus. It is these evocators which not only determine the "Cephalo-caudal" axis but adjust also the equilibrium of the developing embryo regarding sexuality. May be that the placenta secretes various hormones as Emmenin a.p.l. hormone, etc., which have a definite bearing on the sexuality of the developing embryo. Further those are "Secondary Evocators" which are of the nature of "Heteroauxins". These

Transmutation

auxins are also found in growing young plants and depending upon from specific auxins present, the type specificity of the plant results. The writer does not want to enter into details of the structural chemistry and thus throw the confusion into the minds of the reader. It is said that while researching on rabbits embryo and amphioxus embryo, the sex can be influenced by chemical and physical changes. The chemical changes enzymes and trophones and the physical being change in PH, change in the electrodynamic field, by exposure to ultraviolet rays, gamma rays, actinic rays, etc.

When it is possible for a change in the sexuality in the case of lower organisms, will there be a difficulty in trying the same experiment in the human being? The author believes that the time is not far off when there will be a new discovery of an apparatus by which this transmutation can be achieved. Biochemically it is now possible to produce certain pathological changes, viz., by injecting oestin constantly in a castrated individual, the prostate enlarges, the breast tissue becomes more gynecic, sometimes resulting in "gynaecomastia", the "uterus masculinus" becomes dilated and hypertrophic—sometimes typical follicular change, as is found in the uterus. Therapeutically it is feasible now to

"arrhenise" or "feminise" an individual by giving "androsterone" or oestrone respectively. Considering a practical instance, say there is a boy who is effeminate, feeble minded, sexually infantile, it is possible to make him masculine, strongminded and sexually normal by administering pituitary extracts and testosterone and androsterone injections. When "x" rays, gamma rays of radium, etc., can produce degenerate and atrophic changes in a tumour tissue, or again vitamin E on the sterility of a woman, or again ultraviolet light on Ergosterol of skin, is it not possible to produce a change in the developing embryos sexually by any one of the above means? That day when such a process is discovered there will be reawakening in the world of sheepish existence. Man's ideal is to toil, endeavour, pursue new methods, persevere and succeed finally irrespective of the series of reverses which he has to come across in his progress. The author is very optimistic about it and even goes a step further in suggesting a cyclotron expt. in human embryos or in lower organisms and awaits keenly the result thereof. In such an event, a physiologist will believe, a biochemist will welcome, a pathologist will doubt a surgeon will be skeptic and an endocrinologist will expect, the marvellous achievement in science comprehended in the realm of possibilities.

Our Personalities—No. 7

"RAGHUPATHY"

BY A FINAL YEAR STUDENT.

I doubt very much whether there is any hospital attending student of our college who has not heard of the above name. To enlighten the freshers I would like to introduce Raghupathy as the class representative of the final year, an honest worker, an absolute simpleton and a lovable comrade.

It was the month of January 1936. We, as freshers to the "Red Building" were seated in the Physiology lecture hall listening enthusiastically to the professor. Amidst pin drop silence the learned professor was guiding us through the intricacies of the human cardiovascular system, when suddenly the class was disturbed by a tremendous roar from the back benches "Raghupathi ki-jai!" Did I say disturbed? I am sorry; the class was never disturbed, it was only suspended for exactly five seconds, the professor resuming the lecture as if nothing unusual had happened. I closely scrutinised the person who just then entered the class and whose greatness was recognised even by the professor. I should say that I was disappointed, as most of the freshers are apt to, if they were shown Raghupathy even to-day. He is such an ordinary looking person, attired completely in Khaddar, with flat feet and large head decorated by a crop reminding us of the inmates of "Sing-Sing" Prison. But in a few days I came to understand Raghupathy and joined the crowd of his admirers in shouting "Jai" when he entered the class.

When we started the next phase of our medical life—I mean the III year, Raghupathy was seen in a new role. He was all over the Hospital in his enthusiasm to help suffering humanity. At anytime of the day or night, at any unknown nook or corner of this big pile of buildings, you might find Raghupathy. He knew, every boss, his assistants, all the house surgeons, nurses, ward boys, so well that no one interfered with his work. During those days Raghupathy used to be our "Information Bureau",—"whose admission day is this? Who is the D. A. S.? Who is the nurse on duty in a particular ward." All the questions could be answered only by Raghupathy. In those days with repairs going on in the hospital, Florence ward would be shifted for a day or two where Harris ward was, and Harris would replace Dalhousie which might have been shifted somewhere else, and so on. Raghupathy was the only man who could tell us where a particular ward would be on a particular day. I am sure that Raghupathy must have been a great help to the people of his locality, for we always found him with a bottle of medicine in his pocket to some neighbour's wife or grandmother.

In the IV year we elected Raghupathy as our class representative. For, as soon as his name was proposed all the rest of the candidates withdrew. Raghupathy was pleased beyond words. There were tears of gratitude in his eyes when, to thank

us, he stood up in Midwifery class and began with the words "Brothers and Sisters". I think it is the first time in the history of our college that the same student is the class representative for two successive years. That was the time when we had hygiene excursions arranged by Raghupathy. If anything went wrong we all blamed Raghupathy; if all went well we never praised him. He used to run about here and there trying to collect money, arrange buses, tea, etc., and some of us as usual used to trouble him a lot, as regards payment. But Raghupathy is a philosopher. He believes that everyone on earth is simple and honest as himself. This belief got him into a number of scrapes and made him the butt of many practical jokes. The following is just one of them.

About a dozen of us were at Central Station at X'mas time to see one of our friends off to Bezwada, when Raghupathy strolled in. He greeted us and enquired where we were going to. Suddenly one of our blokes put in, "Three of us are going to Delhi, Raghupathy and the rest have come to see us off." Then he took him aside and said "Look here Raghupathy, we have concession tickets for four and the fourth guy has disappointed us in the last minute. Why don't you join us? We will be back in a week". Raghupathy's vigorous protests were drowned by the other man's counter arguments as to the question of telling his people at Perambur, of money, dress, etc. At last Raghupathy agreed to come to Delhi, and since there was plenty of time for the departure of the train he went out to post a card to his people and take his meal at the Central Lodge. In the mean time all the rest of the gang were acquainted with the plan. Just imagine Raghupathy's

simplicity in believing our fantastic idea of going to Delhi by the Calcutta Mail! When Raghupathy came back he said that met a friend at the hotel and borrowed Rs. 2 from him for expenses at Delhi and also sent word to his people through him. Then he entered the platform. Even rustics going to Delhi for the first time would not have been so much excited or created so much confusion as our bunch. The four of us sat down in a crowded compartment and everyone was talking at the same time. Poor Raghupathy was simply dumb with wonder and expectation. He said that he had some friends at Delhi whom he would like to visit. When the time was up one of our gang ran up and said "I say, why not you change over to a less crowded place, the train I believe is starting five minutes late. All of us got down except the one that was really going by that train and as we were slowly strolling to find a better place, the train started. "Aray-ray, the train is going" shouted Raghupathy and started running towards the door. Two of us had to pull him back and prevent him from jumping in. Poor Raghupathy never had a single hard word to say, when he knew how he was fooled. All he said was "Alright, alright fellows, I will never believe you again." That was Raghupathy's memorable trip to Delhi.

He is to-day exactly what he was about five years ago. He wears the same muddy coloured coat that he used to wear in his I Year. He goes to the same barber I suppose, for he has not changed his crop. He shuffles about everywhere with the same 2/15 Bata slippers that he must have bought in 1935. He has the same broad outlook that he might have had before joining this College namely that all are honest and straight

forward in this world. He has the incorrigible habit of coming a couple of minutes late to every class, which he has kept up till the end. We on our part never failed shouting "Jai!" at him at every entry of his into the class, during parties, or even outside college. He is a true representative in the sense that if no one was about to witness a particular operation he would be there thus saving the class from blame. If a professor came late to the class he might find it empty, had Raghupathy given us previous permission to go away. If there was a special class to be arranged or if we wanted an examination to be postponed, or any other grievance to be redressed we

always depended on Raghupathy to go on a deputation to the proper authorities.

In summing up we can only say that Raghupathy is misplaced relic of a bygone era when all men were honest, all women were chaste and the very idea of existence was service.

"Raghupathy Ki Jai."

[The heat and vehemence exhibited by Mr. Raghupathi when he was shown this article were such genuine efforts to avoid publicity that the decision to send the matter to the press was instantaneous and spontaneous.]

EDITOR.

Sports Corner.

HOCKEY.

In the S. I. A. A. Tournament, we came up to the Quarter-Finals after defeating M. & S. M. "C" and Mambalam Hockets in the earlier rounds. In the Quarter, we played the formidable Telegraphs and lost to them by 1—2 after having had the better of the exchanges right through. We had absolutely no luck and even the press hit the headlines to that effect.

So far we have won all our Inter-Collegiate league games except the one with Technology. Playing in torrential rain, on a ground which was a sheet of water, all the good intentions of the two teams to play hockey only resulted in unintentional mud-slinging and water splashing. The game was drawn.

Quite a feature of the hockey season was the staging of a Pentangular Tournament in aid of the War Fund. B. J. Pereira was selected to lead the Rest. P. V. Krishnamoorthy and D. Harirajan were chosen to play for the Hindus and E. F. Harben for the Anglo-Indians.

In the War Fund Tournament at St. Thomas Mount, we beat the Reserve Police in the first round. In the second round we met the M. U. C. and drew with them. On the rain-soaked ground our forwards repeatedly slipped down when in scoring positions. It was rotten luck. In the replay playing without Pereira, we lost to them by 1—2.

Results. S. I. A. A. Tournament :

vs. M. & S. M. "C"—Won 3—2 (Hogg 2, Linton 1).

vs. Mambalam Hockets—Won 2—1 (Hogg 1 and Linton 1).

vs. Telegraphs—Lost 1—2 (Hogg 1.)

The team to a man played brilliant Hockey. B. Ince at left back was superb. Pereira was his usual self. It was pleasing to see Hogg get back into something like his old form. Nugent was the spearhead of every one of our attacks. Linton's natural game was cramped in his new position at inside left. Harirajan sent across fine centres.

Inter-Collegiate League :

vs. Veterinary. Won 3—0. (Linton 2, Nugent 1.)

vs. Loyola. Won 4—1. (Nugent 2, Hogg 1, Linton 1.)

vs. Stanley Medical. Won 1—0. (Linton 1.)

vs. Presidency. Won 3—0. (Linton 1, Nugent 1, Alexander 1.)

vs. Technology. Draw 0—0.

vs. Pachayappas. Won 11—1. (Linton 1, Alexander 1, Nugent 1, Gomez 1, Crosse 1, Harirajan 1, and Pereira 5) Pereira moving up to the forward line from the half-back line showed fine opportunism to score 5 goals.

vs. Mahomedan. Won 4—0. (Nugent 2, Linton 1, Alexander 1.)

War Fund Tournament : St. Thomas Mount :

vs. Reserve Police. Won 3—1. Hat-trick for Nugent.

vs. M. U. C. Draw 2—2. (Alexander 2.)

vs. M. U. C. (Re-play). Lost 1—2. (Nugent 1.)

FOOTBALL.

With the exception of Viswanathan and Paulose, we have absolutely a new and an inexperienced side out this year. Poornam is the only new player of some merit among the freshers. Kappini is improving at right back. Paulie, the third goal-keeper tried this year, is coming off nicely and will be a great asset to the side ere long. Mustapha is very hard working but will do better if he keeps his temper intact. The defence on the whole has been doing well but the forwards are neither dangerous nor purposive.

Results : Inter-Collegiate League :

- vs. Veterinary. Won 6—1.
- vs. Loyola. Lost 3—5.
- vs. Stanley Medical. Lost 1—4.
- vs. Presidency. Lost 0—2.
- vs. Pachayappas. Lost 1—2.
- vs. Mahomedan. Won 3—2.
- vs. Y. M. C. A. Won 4—2. (Hat-trick for Poornam. The inclusion of Nugent made a good deal of difference in the front line. It was his splendid spade work that paved the way for Poornam's hat-trick and our side's victory over such a good combination as the Y. M. C. A.)
- vs. Technology. Lost 0—2.
- vs. Victoria College, Palghat. Lost 5—6.

The visitors started in great style leading by 5 goals to 1 at the end of the first half. Our forwards rallied splendidly in the later-half to score 5 goals. While the visitors scored from every opportunity they had, we missed at least as many as we scored.

CRICKET.

With most of the final year players staying out of the side, we could not do

as well as we hoped to do. A. V. Rajagopalan as captain, A. K. Haridas and Muthukumaraswamy were selected to play for combined colleges. Again A. K. Haridas and A. V. Rajagopalan were selected to play for the Madras Junior XI against the Mysore Junior XI, the former as the captain of the side.

While fielding, most of our men especially the youngsters indulge too much in the lavish luxury of absolute lethargy. We cannot afford to be like that especially at a critical time like this when most of our best men will be leaving us at the end of this term. Hereafter at least let the fieldsmen go about it with full of beans and buck.

Inter-Collegiate League :

- vs. Loyola: Lost.
- Loyola: 137 (V. Padmanabhan 4 for 33, Muthu 4 for 33).
- Medicals: 57 (P. F. Mathias 14).
- vs. Muhammadans: Won.
- Muhammadans: 49 (A. V. Rajagopal 3 for 15, Muthu 3 for 8).
- Medicals: 64 for 3 (A. K. Haridas, not out 29, Muthu, not out 16).
- vs. Engineering: Won.
- Medicals: 166 for 8 decld. (A. K. Haridas 27, A. V. Rajagopal 31 including a six, L. M. Hogg 43, Janakiraman 15 not out. Haridas, "A. V.", and Hogg in his first appearance batted in fine style).
- Engineers: 102 (Padmanabhan in an inspired spell of bowling ran through the side taking 7 wickets for 40 runs).
- vs. Law College: This was the most exciting match of the series. After

Sports Corner

getting Law out for 198, our batsmen went all out in a big way to make the score in barely a couple of hours. It was very bad luck that we failed to gather just six more runs required for the victory.

Law: 198 (A. V. Rajagopal 4 for 31).

Medicals: 193 for 9 (A. K. Haridas 37, Muthu 46, Mahadevan 20, Hogg 18, A. V. Rajagopal 18. A feature of match was the fine batting by Muthu).

vs. Presidency: Lost.

Medical: 113 (Janakiraman 22, A. K. Haridas 19, Pattu 20, Muthu 17).

Presidency: 119 for 6 (A. V. Rajagopal 3 for 38).

More than anything else it was our lousy fielding that cost us this match.

vs. Teachers: Won.

Teachers—76 (Herbert bowled extremely well to take 6 wickets for 16 runs).

Medical—84 for 1 (A. K. Haridas not out 59, Muthu not out 25).

Haridas and Muthu effortlessly made the score in rag time.

vs. Victoria College, Palghat.

Victoria College: 88 (Herbert 5 for 7, Pattu 3 for 9).

Medicals: 109 for 1 (A. V. Rajagopalan not out 53, Balamukunda Rao 22, Madhava Rao 27).

Herbert was unplayable. Madhava Rao made a stylish 27.

A. V. no doubt made a big score but his batting was not quite up to his mark.

Tennis: Inter-Collegiate Tournament:

Singles: R. A. Jansen (Medical) lost to R. J. W. Moses (Engineering) 6—3, 6—3 in the Quarter Final.

Doubles: R. A. Jansen and George Thomas beat Pachayappas 6—2, 6—4.

R. A. Jansen and George Thomas lost to Law 6—2, 5—7, 1—6.

Loyola Tournament: Singles: R. A. Jansen beat Presidency "B" 6—0, 6—2.

R. A. Jansen lost to Annamalai "A" 7—5, 1—6, 0—6.

Doubles: P. S. Babu Naidu and George Thomas lost to Annamalai "A" 2—6, 0—6.

OUR BANGALORE TOUR.

Apart from the salubrious climate and the delicious dishes of snakes and toads at the Hongkong Restaurant, the two things that were unique at Bangalore were the refereeing and the Traffic control. It was really difficult to say which was the worse of the two. While the latter fortunately did no damage to our persons in the shape of accidents, the former did do a lot of damage to our prestige as the final results go. Relapsing into unconscious humour as Paulie put it tersely, the weakness of the refereeing can be summed up in—"This country, no b—off-side". Let this not be mistaken for minimising the defeats we had over there. No disparagement either is meant to our sporting opponents. In fact no one felt more sorry for that than our opponents. The fault was neither theirs nor ours. All our hockey matches were arranged to be played in aid of the Bangalore War Plane Fund. And the authorities concerned took advantage of it to use our matches as practical tests for raw and

inexperienced men who had just taken their written examinations in refereeing. Therein came the difficulty. Even otherwise both here and outside with a few good exceptions the referees seem to take immunity in that one rule "umpire's decision is final". To use it as an Anderson shelter now then in the event of an air raid is understandable. But to take perpetual shelter under it is really a bit of a bother to all concerned.

The big highlight of the tour off the field was the race between Janakiraman and Suneetha. Both of them heroically went right through the tour without a bath. At the last post Suneetha was beaten due to the unkindness of his relatives ducking him in a hot bath. Janakiraman earned a couple of custard apples and he richly deserved it. For sheer self-tolerance, this one as P. G. would say, beats all for the mottled oyster.

HOCKEY.

1. *vs.* Mysore University XI. Won 2—1. (Linton 1 and Crosse 1.)

We made the trip without Pereira, our brilliant centre half and Hogg. Marshall and Alexander who deputised for them played quite well.

The first match with the Central College, the recent winners of the Red Triangle Tourney actually turned out to be a game against the Mysore University XI. The Central College team was strengthened by the inclusion of Medical and Engineering players and that clever centre-half, Gurulingam from the Harriers. We took time to settle down on a fast ground that would do credit to most of the Tennis courts at Madras. The big success of the match was Harben at right back. At last he has succeeded in getting rid of his constitutional

indolence. He is playing so well now, that we almost do not feel the absence of the mighty O'Neill save his cracking short corners. Carvalho made some brilliant saves. He is really as good a goalkeeper as he says he is, but he seems to have lost a bit of his old confidence. Linton our Captain was the first to settle down and led the team in fine style. The game was fast and clean. While our opponents indulge in that 'pretty' stuff, our forwards combined well and were purposive. Alexander seemed to feel happy on that ground. Linton scored the first goal off a long corner, taking it coolly. Nugent took a flying hit. The ball hit the corner of the post and rebounded into play. Crosse took it at half volley and banged in with a brilliant shot. Towards the very end Gurulingam scored for them with a fine scoop.

2. *vs.* Bangalore Indians—Lost 1—4.

This was the first of the four matches played at the Sullivan Sports grounds in aid of the Bangalore War Plane Fund. This famous team was further strengthened by the inclusion of the Veteran, Naidu from Poona. For the first twenty minutes they were all over us and scored four quick goals, while we got one. We took a long time to settle down and once we did, our forwards bombarded their goal incessantly. Almost the whole of the second half we had the territorial advantages but unfortunately, Linton and Nugent, usually dependable forwards, unaccountably missed half a dozen easy chances.

3. *vs.* Harriers. Won 2—1. (Linton, 2).

Easily the best match of our tour was that against the Harriers, who on reputation are about the best side

CRICKET.

1. *vs.* Central College:

It was a pity that three of our best men, Hogg, Padmanabhan and Mahadevan could not make the trip. On top of that Harben failed to turn up at the field.

Haridoss won the toss and elected to bat. Haridoss and Madhava Rao opened. Haridoss was playing beautiful Cricket with confidence while Madhava Rao played stylishly. The score was mounting rapidly and while everyone expected a century partnership. Madhava Rao suddenly jumped out, failed to connect and was stumped. Almost immediately Haridoss was unluckily out to a ball that kept rather low. Muthu was out for a meagre 7. "A. V." entered. After an uncertain start he brightened up and started hitting in grand style all over the field. Janakiraman and Gandhamadhavan gave him a good stand. As long as he was at the Crease he was master of the show treating every bowler with scant respect. He hit two magnificent sixes consecutively. He looked well set for his century. Haridoss with a view to an early declaration and getting time to force a victory, told him to go all out. The very next ball A. V. was brilliantly held on the boundary line. It was a splendid innings. Haridoss declared at 169 for 8.

The visitors pressed for an extension of the game by 15 minutes and Doss sportingly agreed. It was a fine gesture. Without Padmanabhan, our bowling had no sting in it, though it was steady. The match could have been saved if Ramdev's catch when he was 64 had been accepted. As it was the Central College won just on time.

of Bangalore and were runners-up in the Red Triangle Journey. It was an even game, fast and exciting to the end. Harben and Ince were in fine form. Crosse put in a lot of good work and was well supported by Marshall. Linton and Harirajan were the best among the forwards. Harriers scored first. Linton equalised. Thereafter our forwards missed some easy chances. Towards the end Linton scored a brilliant goal from a most awkward angle.

4. *vs.* A. F. I.: Lost 4—2.

The most exciting match of the series. Mubroney for the A. F. I. was in brilliant form scoring all the goals for them. We had an equal share of the match but again our forwards had an off-day inside the D. Nugent was ill and could not play and we missed him badly.

Listen to this fine joke after the game. Win or lose, the Medicals are famous for playing the one back game and our backs do it nicely too. Many instances of glaring offside were overlooked. After the game I went up to the referee and asked him if he doesn't believe in the off-side rule. With righteous indignation he replied "Yes I do. But how can I pull up the opposing forwards, when you are playing the one back game. If I do, their forwards will never get a chance of entering your ring". Well, that was that.

5. *vs.* St. Joseph's College: Lost 2—3.

Fifth day of consecutive Hockey. Our muscles were stiff and we were absolutely stale. After starting the game very promisingly, we slackened and lost to the weakest combination we had to play against, over there.

Medicals: 169 for 8 (decld.)—

A. K. Haridoss 44 including 3 fours.
T. Madhava Rao 25 including 2 fours.

A. V. Rajagopalan 78 including 2 sixes and 5 fours.

Central College; 176 for 4—

Ramdev 75 not out, A. V. Rajagopalan 2 for 63.

2. vs. St. Joseph's College.

We made a very bad start, Haridoss, Madhava Rao and Muthu back at the pavilion for a paltry 5 runs. "A. V." and Janakiraman stemmed the rot and playing very confidently took the score to 39, Janakiraman being out for a patient 12. Harben joined "A. V." "A. V." was playing extremely well and looked well set. He made a half-hearted stroke and was caught out for a well played 34. Harben opened out his shoulders and monopolising the bowling carried on courageously. When he has just reached 50, he as luck would have it, played the ball into his own stumps. It was a fine innings, all the more creditable considering that he had no practice. We were all out for 133 runs.

It was bad luck again when we went in to field. Herbert was bowling splendidly. The score was 100 for 7, with all their best batsman out. A sharp shower set in and play was stopped for half an hour. When play was resumed, our bowlers lost their grip due to the rain and St. Joseph's won with 3 wickets to spare. Medicals 133 (E. F. Harben 50 including 4 fours, A. V. Rajagopal 34 including 3 fours). St. Joseph's: 155 for 7 (Herbert 3 for 37, A. V. Rajagopal 2 for 41).

FOOTBALL.

1. vs. Engineering College. Won 1—0. (Gajendran, 1.)

Our defence played extremely well. The forward line was strengthened by the inclusion of Mr. Williams. In a close game our team did well to win by the only goal of the match scored by Gajendran. Kappini and Paulose, the backs were safe. Viswanathan was the best man on our side and was well supported by Mustapha. Poornam and Mr. Williams played well in the forward line. Somayajulu although possessing good ball-control hungo on the ball too much and spoiled good movements.

2. vs. Central College. Lost 0—5.

Our opponents were definitely superior in every department, but the score is rather flattering to them. Our defence went through an enormous amount of work untiringly but the forwards played badly. Paulie at goal saved twice as many goals as he let in. The field was convex and according to Paulose, the rival goal keepers could just see their heads popping up and down, now and then.

3. vs. St. Joseph's College. Lost 1—4 (Poornam, 1).

Our forwards again failed to make good use of the openings they got. The field was newly laid and full of thorns and was quite a handicap to the bare-footed players. Somayajulu missed a sitter and Mr. William's good shots were well saved by the opposing custodian at least twice.

4. vs. B. U. F. C. Lost 1—3.

It was not a bad show against one of the leading club sides of Bangalore.

(Sd.) P. V. KRISHNA MURTHY,
Sports Secretary.

Personal.

We congratulate the following persons for their appointments:—

Dr. G. R. Dinkar Rao, M.D., Physician, General Hospital has been appointed as Superintendent, Government Royapuram Hospital and Principal, Stanley Medical College in place of Dr. T. S. Tirumurthy retired.

Dr. K. S. Viswanathan, B.A., M.B. B.S., B.S.Sc. (Mad.), M.P.H. (Harvard), Assistant in Hygiene has been appointed as Professor of Hygiene, Stanley Medical College.

Dr. R. K. K. Thampan, B.A., M.B. B.S., D.G.O., (Mad.), M.R.C.O.G., F.R.C.S. (Edin.), Tutor in Midwifery has been appointed as Superintendent, Raja Sir Ramaswamy Mudaliar's Lying-in-Hospital in place of Dr. Venkatagiri retired.

Dr. P. Ratnaswamy, B.A., M.D., has been appointed as Tutor in Midwifery in place of Dr. R. K. K. Thampan promoted.

Dr. Shenai, M.B.B.S., B.S.Sc., has been appointed as Assistant in Hygiene in Madras Medical College in place of Dr. K. S. Viswanathan promoted.

Dr. T. Satagopan, M.D. (Madras) has been appointed as Honorary Physician, General Hospital in place of Dr. P. S. Varadarajan, M.D., M.R. C.P. (London) who has finished his term.

Dr. (Mrs.) Madhavi Amma, M.D. (Madras), M.R.C.P. (Lond.) and Dr. E. V. Kalyani, M.D. (Madras) have been appointed as Honorary Assistant Medical Officers in Women and Children's Hospital, Egmore.

Association Notes.

The first General Body Meeting of the College Association for the year 1940-1941 was held on 10-7-1940 in the Common Hall at 1-15 p.m. with Dr. A. S. Mannady Nayar in the chair.

The minutes of the previous General Body Meeting held on 5-3-1940 read by the General Secretary was approved. Election of Office-Bearers for the year 1940-41 :—

Vice-Presidents :

- (1) Dr. A. S. Mannady Nayar.
- (2) Dr. P. Ramachandra Rao.
Dr. K. N. Krishnan.
Mr. P. R. Balakrishnan.

Honorary Treasurer :

Assistant Secretary :

CLASS REPRESENTATIVES.

Pre-Registration :

First Year :

Second Year :

Third Year :

Fourth Year :

Final Year :

B.Sc. (Pharmacy) :

B.S.Sc., L. P. H. and

Chemists and Druggists :

Military Students :

Ladies' Representative :

Mr. P. F. A. Pereira.

Mr. N. Kappini.

Mr. V. K. Viswanathan.

F. A. Saldhana.

K. V. Krishna Rao.

Mr. M. Raghupathy.

Mr. C. Hanumantha Rao.

Mr. Mohammed Samshuddin.

Mr. T. L. V. McCullaugh.

Miss Ruby Verghese.

MAGAZINE COMMITTEE.

President :

General Editor :

Associate Editor :

Student Editors :

Dr. N. S. Narasimhan.

Dr. P. S. Varadarajan.

Dr. D. Govinda Reddy.

(1) Mr. D. Hari Rajan.

(2) Mr. T. Nandagopala.

It was resolved to offer our felicitations to Dr. G. R. Dinkar Rao, M.D., on his well-merited appointment as Superintendent of Government Royapuram Hospital and Principal, Stanley Medical College after having served in our institution as Additional Professor of Medicine and also as Physician in the General Hospital.

With a vote of thanks to the President the meeting concluded.

Association Notes

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The members of the Madras Medical College Association were 'At Home' to the New Graduates of this year on 15th August 1940. Rao Bahadur Dr. A. Lakshmanaswamy Mudaliar, our Principal, presided over the function, while the Graduates were addressed by Rev. L. D. Murphy, S. J., M.A., (Oxon.), Principal, Loyola College, Madras.

the two chief guests. The General Secretary spoke in appreciation of their valuable services as Professors of this institution, followed by two more speeches by Mr. D. Jayaram and Mr. K. V. Pillai respectively. Dr. Dinkar Rao and Dr. K. S. Viswanathan made suitable replies. Mr. P. R. Balakrishnan proposed a vote of thanks and the function terminated.

A Group Photo of the Graduates was taken exactly at 4-30 p.m., Tea was served at 4-45 p.m. and the meeting commenced at 5-30 p.m. After an elaborate and interesting programme of Variety Entertainment the function terminated at 8-30 p.m. I take this opportunity to tender my grateful thanks to all those who have contributed to the successful getting up of the function.

Two meetings were held on 17-9-1940 and 20-9-1940 to condole with the very sad and untimely deaths of Miss C. Ranganayaki and Mr. Mukandaraja, both students of 1st M. B. Class. The condolence resolutions were moved and sent to the respective families. On both the occasions the College was closed in honour of the deceased.

The members of our College Association assembled on 19th September 1940 at 5 p.m. in the College Premises to meet Dr. G. R. Dinkar Rao and Dr. K. S. Viswanathan at tea, on the eve of their transfer from our College to the Stanley Medical College, Madras. Dr. A. L. Mudaliar presided on the occasion. There was a select gathering of students and staff. The President in a speech paid glowing tributes to

Suggestions have been made in many an annual report in the past years to start a Dramatic Club of our own. Due to certain unavoidable difficulties the matter could not be taken up so far. Now I find that there is a stronger desire among our members that we should have it as early as possible. It will really be a great asset to the Association. But it must be remembered that unless students, and members of the Staff also, wilfully come forward with their utmost co-operation nothing would get into shape. Let me first tell you that our Association funds are but very lean. But for the donations from our generous staff even the Graduates' Reception would not have come off successfully. And we cannot take undue advantage of this generosity for every purpose. Not because of what one ought to feel about it but of what I was already made to feel when I approached them for a second time. With the proceeds of a Variety Entertainment our Association is sure to be in a sounder position, as far as funds are concerned. I do hope, in the near future, this call for starting a 'Dramatic Club' would appeal to the students and staff in general.

(Sd.) P. C. REDDY,

General Secretary,

The Madras Medical College Association.

THE MADRAS MEDICAL COLLEGE ASSOCIATION, MADRAS.

Receipts and Payments Account for the year ending 29th February 1940.

RECEIPTS.		RS.	A.	P.	PAYMENTS.		RS.	A.	P.
To Opening Balances as on 1-3-1939 :-					By Association :-				
Association Magazine	...	33	0	0	Graduate Day Reception	...	941	0	6
	...	1,770	1	10	Sundries	...	2	14	0
									943 14 6
" Association :-					" Magazine :-				
Subscriptions	...	835	0	0	Printing and Stationery	...	1,642	1	8
Guest Charges for Graduate Reception...	...	42	0	0	Conveyance	...	3	1	6
Advertisement	...	24	8	0	Bank Charges	...	0	8	0
Amount transferred from Magazine	...				Establishment	...	270	0	0
Account as per resolution dated	...				Postage	...	19	13	0
19-1-40	...	9	6	6	Commission on Advertisement	...	20	6	5
					Audit Fee	...	15	0	0
" Magazine :-					Sundries	...	2	3	0
Subscriptions	...	1,672	0	0	Newspapers and Periodicals	...	95	13	3
Advertisement	...	60	6	0	Purchase of Typewriter	...	208	12	0
Bank interest	...	18	14	8	Amount transferred to Association	...	9	6	6
									2,237 1 4
Total ...					Closing Balance as per Cash Book :-				
					Magazine	...			1,234 5 2
									4,465 5 0

NOTE.—The above statement of accounts is exclusive of the sum of Rs. 2,270 (Rs. 2,000 originally invested plus interest thereon Rs. 270) re-invested from the Magazine Account in Post Office Cash Certificates in November 1937 in the name of the President, Madras Medical College Association.

Examined and Found Correct.

MADRAS, }
Dated 8th August 1940.

K. JOHN & CO.,
Registered Accountants,
AUDITORS.

Review of Books Received.

"Surgery of the Hand" by R. M. HANDFIELD JONES, M.C., M.S., F.R.C.S., with 95 illustrations p.p. 140 ; E. & S., Livingstone, Edinburgh. 15 shillings net.

Surgery of the Hand is an all-important economic proposition to the doctor, employers and employees. Few practising doctors will have the leisure to study Kanavel's original treatise. Practical details of treatment are given in simple language in this book. The book is recommended to all practising doctors and to all employers and firms who may in their own financial interest provide this book for ready reference to their doctors.

A series of articles on cardiology contributed by Dr. Jai Gopal to the Indian Medical Journal are compiled in a handy volume by the publishers

of the periodical. The subject matter is meant to be useful to refresh the knowledge of the general practitioner. The undergraduate may not get sufficient accurate information to help him to go through the portals of University examinations.

Chapters on acute and sub-acute bacterial endocarditis, pericarditis and hypertensive failure of the heart are dealt with very meagerly. Even portions relating to treatment are sometimes either incomplete or controversial. Injection of adrenaline in cardiac asthma may be fatal to a patient. The use of morphia to give mental and physical rest in various cardiac lesions is completely ignored.

The usefulness of the volume may be easily enhanced by rewriting some of the chapters.

Exchanges.

We acknowledge with thanks the following exchanges:—

1. King George's Medical Clinical Society, Lucknow.
2. Grant Medical College Magazine, Bombay.
3. Vizagapatam Medical College Magazine, Vizagapatam.
4. Indian Journal of Venereal Diseases, Bombay.
5. The Kemcol Journal of King Edward Medical College, Lahore.
6. Burma Medical Times, Rangoon.
7. Journal of Andhra Medical Association, Bezwada.
8. Indian Medical Association, Calcutta.
9. Ceylon Medical College Magazine, Colombo.
10. The Prince of Wales Medical College Magazine, Patna.
11. St. Joseph's College Magazine, Trichinopoly.
12. Patna Medical College Magazine, Patna.
13. Osmania Medical College Magazine, Hyderabad.
14. St. Aloysias College Magazine, Mangalore.
15. Loyolla College Magazine, Madras.
16. Sind Medical Union, Karachi.
17. Medico Surgical Suggestions, Madras.
18. Rangoon Medical College Magazine, Rangoon.
19. National Medical College Magazine, Bombay.
20. Medical Digest, Bombay.
21. Journal of South Indian Medicine, Madras.
22. Indian Medical Journal, Madras.
23. Lahore Medical College Magazine.
24. Indian World, Bombay.
25. Stanley Medical College Magazine, Royapuram, Madras.
26. Journal of Indian Medical School, Kilpauk, Madras.

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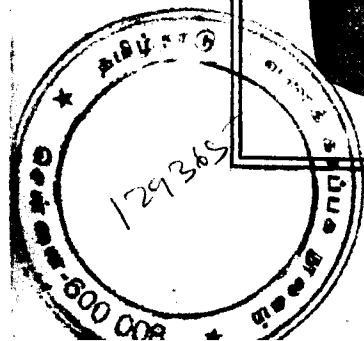
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