

Indian Medical

Journal

December 1945

JL
Lm2, N06
N45
123981

Vol. 39, No. 12
December 15, 1945

Editorial and Publishing Office
32, Sullivan's Garden St., Mylapore, Madras

Annual Subscription:
Members Rs. 4-0
Non-Members " 6-0
Foreign " 7-8

new ³¹⁰
'MYOCRISIN'
booklet . . .

A new edition of this much requested publication is now available. Following American investigations on the subject, the pharmacological sections have been re-written and reflect the recent trend of opinion concerning the mode of action of gold from stimulation of the reticulo-endothelial system to the original conception of a direct bacteriostatic or bactericidal action. The gold therapy of rheumatoid and other forms of arthritis is described, as is its use in various dermatoses and other conditions. The reactions which may occur during gold therapy are discussed in their aetiological, prophylactic and therapeutic aspects and there are notes on the erythrocyte sedimentation rate. A bibliography of the more important papers on the different aspects of gold therapy is appended.

A copy of the 'Myocrisin' booklet is free on request for members of the medical profession.

'MYOCRISIN'

TRADE MARK

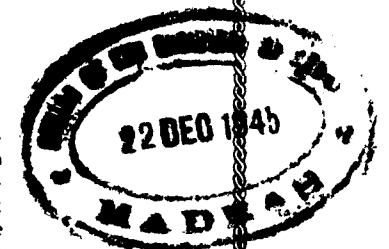
MARK

sodium aurothiomalate



MAY & BAKER LIMITED

Distributed by MAY & BAKER (INDIA) LTD.

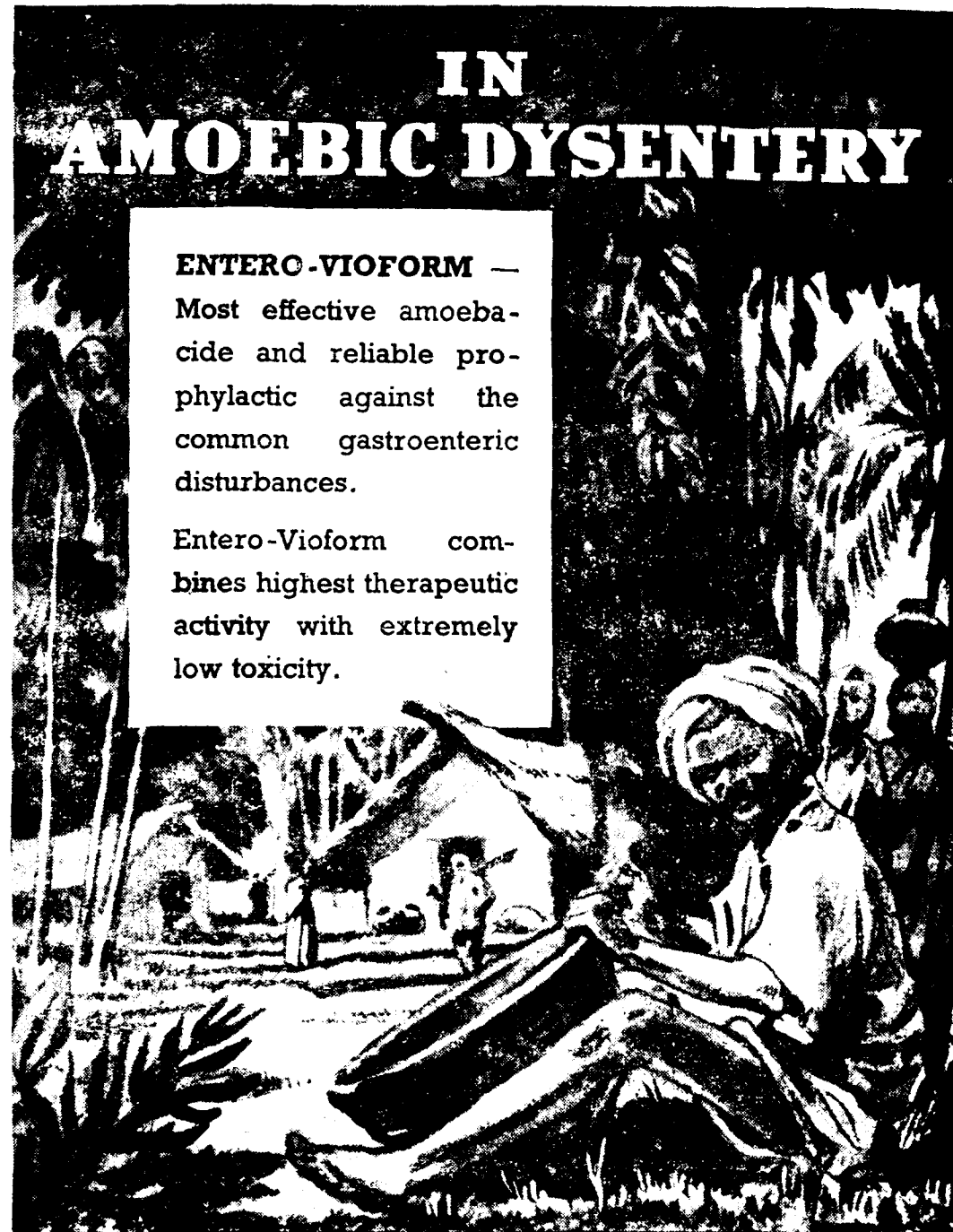


IN AMOEBIC DYSENTERY

ENTERO-VIOFORM —

Most effective amoebicide and reliable prophylactic against the common gastroenteric disturbances.

Entero-Vioform combines highest therapeutic activity with extremely low toxicity.



CIBA (INDIA) LIMITED

Pharmaceutical Department

P. O. BOX 479

BOMBAY

Poly-vit-Hepar

LIVER EXTRACT TONIC

Each fluid ounce contains:

Proteolysed whole liver extract.

Equivalent to fresh raw liver.....	30 gm. (1 oz.)
Vitamin B ₁ (Thiamin Chloride).....	8 M. gm. (2664) (I.U.)
Vitamin B ₂ (Riboflavin).....	200 S.B. units
Nicotinic Acid.....	100 M. gm.
Vitamin C (Ascorbic Acid).....	12.5 M. gm.

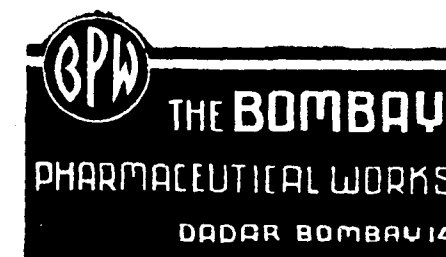
Fortified with B complex from yeast extract.

Iron as Ferrous Chloride	
Equivalent to Ferri et ammon citras.....	15 gr.
Cal. Glycero Phos.....	4 gr.
Sodium Glycero Phos.....	1 gr.
Potassium Glycero Phos.....	1 gr.
Manganese Citrate.....	1 gr.
Copper as organic salt.....	in traces—

LACTATONE: A powerful Galactagogue.

Phospho-Cal-D. For Rickets and Calcium deficiency.

Fero-Cal-B D. For Anaemia deficiency.



Madras Stockist:

KENATH BROTHERS,
2nd Armenian St., G. T., Madras.



is prepared from exsiccated Ferrous Sulphate with traces of Copper and Manganese. Iron medication in ferrous condition is better assimilable and this action is further enhanced by the presence of Copper and Manganese in very small quantities.

Therapeutically each Feroate tablet is equivalent to 7½ grains of Bland's Pill or 15 grains of Ferri Et Ammon Citras B. P. and affords a very convenient and effective means of administering iron.

Composition: Each tablet contains 1½ gr. of exsiccated ferrous sulphate, providing ½ gr. of iron in ferrous condition along with traces of copper and manganese.

Indications: Nutritional deficiency, impoverished condition of blood, expectant and nursing mothers.

ALCOBIC CHEMICAL WORKS
COMPANY, LIMITED, BARODA

TRADE MARK CASYLOTROPIN BRAND

(Salicyl, Hexamine, Caffeine preparation)

Ampoules of 5 c.cm. for Intravenous or Intramuscular Injection.

Composition & Chemical Formula:—

Each Ampoule of 5 c.c. contains:—

Hexamine	... 2.0 Gm.
Sodii Salicylate	... 0.8 "
Caffeine Sodii Salicylate	... 0.2 "
Aqua Bi. Distil (Sterile) to	... 5 c.c.

INDICATION:

1. Infectious Inflammation of Urinary Passages.
E.g., Cystitis, Pyelitis, Pyonephrosis etc.

CASYLOTROPIN is specially efficacious in Chronic Cystitis set up by Prostatic Hypertrophy and accompanied by alkalascence. It is also used with success as a Prophylactic to prevent Cystitis after Prostatectomy.

One Ampoule of 5 c.cm. is injected every other day until urine remains permanently clear with acid reaction.

2. Infectious Inflammation of Bile Passages.

E.g., Chole-Cystitis.

One Ampoule of 5 c.cm. is initially injected daily when symptoms decrease, 5 c.cm. is used every other day.

3. Rheumatic Affections.

CASYLOTROPIN lessens the Swelling, leads to a rapid cessation of Pain diminishes the liability to Pericarditis and other complications of rheumatic cases.

One Ampoule of 5 c.cm. is injected twice a week or once a week according to the severity of the case.

Mode of Action

When Casylotropin is injected, the Hexamine is possibly split up in the system into Formaldehyde and Sodium Salicylate into Salicylic Acid. These split-up products act as formidable enemies to the causative pathogenic germs or bacteria responsible for the indicated diseases. The Caffeine moiety of Casylotropin keeps up the Heart and act as a mild diuretic.

Clinical Results: Since the introduction of Casylotropin by the Medical Research Laboratory in the year 1934 extensive trial has been given by quite a large number of qualified Medical men in Bombay, Punjab, Delhi and in Bengal with uniformly successful results in Varieties of complications indicated above. In cases of Chole-Cystitis Casylotropin is said to have acted like a magical cure.

About 75% swelling of knee-joint and the acute agonising pain of the Rheumatic patients are said to have been removed by one or two doses administered intravenously by the Medical Officers of District Hospitals in Bengal. One course of 6 injections on an average, cured the patients permanently.

Packings: **CASYLOTROPIN** is supplied in boxes of 6 ampoules for Intravenous administration Intramuscular packing with 6 additional ampoules of Procaine solution are also supplied.

Price: Casylotropin (Intravenous) ... Rs. 6/- Nett.

Casylotropin (Intramuscular) ... Rs. 6/8. Nett.

For particulars please write for a free copy of Medical Guide containing many tried prescriptions to:—

THE ORIENT LABORATORY LTD.

With which is incorporated

MEDICAL RESEARCH LABORATORY

12-A, MUSALMAN PARA LANE, CALCUTTA.

Indian Medical Journal

(Journal of the All-India Medical Licentiate's Association)

Vol. 39. Madras: November, 15, 1945. No. 11.

CONTENTS**OUR MONTHLY SURVEY**

The Future of I.A.M.C.

Abolition of Subordinate Medical Service 271

Admission of Licentiate into the Medical Colleges 271

Recognition of the Licentiate Qualification by the Indian Medical Council. 272

Deputation to the Railway Board 272

ADDRESSES AND ARTICLES

Pure Food 272

By A. Sreenivasan, M.A., D.Sc., F.R.I.C.

Spring Catarrh in Andhradesa 275

By G. V. Hanumantha Rao, L.O., L.M.P. (Mad.), L.C.P.S. (Bom.)

CLINICAL NOTES

A Foreign Body impacted in the anal canal 275

By Dr. L. K. Barman

Sudden onset of Delirium 276

By R. N. Naik

PROCEEDINGS OF THE STANDING COMMITTEE, A.I.M.L.A. 276

A.I.M.L.A. PRESIDENTS' PRESS STATEMENT 280

ASSOCIATION NOTES 281

GENERAL INDEX

FILARIA

"ROSBAY" (Oral or Injection) the best tried remedy hitherto proved effective in Elephantiasis, Lymph Scrotum, Chyluria, Chylocele, Orchitis, Varicose Groin Glands, Lymphangitis, etc. after failure of other drugs. Contains Tr. Rosebay and a radio-active element but no arsenic, antimony or vaccine. No by-effect or after-effect.

Literatures etc. on request to—

ROSBAY & CO.

185, CHITTARANJAN AVENUE, CALCUTTA

Indian Medical Journal

(Journal of the All-India Medical Licentiate's Association)

Vol. 39. Madras, December 15, 1945 No. 12.

President

Rai Sahab Dr. Manohar Lal Kapur, 79, Darya Ganj, Delhi.

General Secretary

Dr. A. N. Roy, B.A., L.M.F., 1 B, Prabati Chakrabarty Lane, Kalighat, Calcutta.

Treasurer

Dr. Khan Chand Wohra, Chichawatni, Dt. Montgomery, Punjab.

Finance Secretary

Dr. J. N. Ray, Gauhati Post, Assam.

Editorial Committee

Managing Editor: Dr. A. Viswanathan; **Co-Editors:** Dr. R. N. Nag, and Dr. J. Mazumdar; **Associate Editors:** Dr. G. N. V. Krishnan, and Dr. V. Iravatham. Dr. T. V. Ranganatha Rao, and Dr. S. Balasundaram.

All subscription remittances **SHOULD BE SENT ONLY TO THE TREASURER**, and not to the Indian Medical Journal.

All letters and bills must be sent only to, or through, the General Secretary.

All advertisement correspondence and remittances, books for review, articles for publication and changes of address should be sent to the Managing Editor, Indian Medical Journal. Membership fee should not be remitted to the Journal Office.

Members are requested to Quote their roll Numbers when intimating their change of address to the Managing Editor or when remitting their Subscription to the Treasurer.

NOTICE.

As the Subscription is strictly payable in advance, those whose period of subscription expires by the end of December 1945 are earnestly requested to remit their subscription to Dr. Khan Chand Wohra, Treasurer, A. I. M. L. A., Chichawatni, Dt. Montgomery, Punjab. In case he does not receive it by the first week of Jan. '46 V. P. P. would be sent which may kindly be honoured.

OUR MONTHLY SURVEY

The Future of I. A. M. C.:—We are glad to read the Commander-in-chief's announcement that the I.A.M.C. would form a permanent branch of the Indian Army. In the course of his review on his plans for future development of India's Defence Forces (New Delhi, October, 12) he observed:

"The Indian Army Medical Corps has come into existence as a separate service during the War, having been originally an off-shoot of the Indian Medical Service. Its continued existence as a separate entity is, in my opinion, not only essential but unavoidable. It will remain as a purely army medical service with no connection with any civil medical service."

The whole profession would heartily endorse this proposal and hopes that the existing differences in status and emoluments between the personnel seconded to I.A.M.C., and other personnel directly recruited to it would be wiped out. We have got the fullest confidence in India's Commander-in-chief that he would, while making the I.A.M.C. a permanent feature of Indian Army, make it an unified service with no initial differences in its ranks. Permanent Commissions should be thrown open to all qualified

medical men in our country without any discrimination as graduates or licentiate. The All-India Medical Licentiate's Association actively co-operated during the now happily ended emergency in the recruitment to the I.A.M.C., on this basis only. It therefore naturally hopes that those emergency licentiate officers in the I.A.M.C. who wish to take permanent commissions would be retained and that peace-time recruitment to I.A.M.C. would be on the level of equal opportunities to graduates and licentiate alike.

Abolition of Subordinate Medical Service:—

It would be grossly ridiculous if the demobilised licentiate commissioned officers are given jobs in subordinate medical service, either as a result of a previous lien on or as a policy in filling up any possible future vacancies in it. We understand from a reliable source that most of the provincial administrative medical officers have strongly recommended that the demobilised licentiate commissioned officers should be absorbed in the gazetted ranks in the Provincial Civil Medical Service to the utmost limits of its cadre. This is good so far as it goes, and if it materialises, as we hope it would, it would be an act of justice. But the Government should by no means evade to follow its logical sequence, namely the abolition of the Subordinate Medical Service. The institution of the I.A.M.C. in 1943 on the broad principle of equal status to all medical men, and the imminent prospect of its being made a permanent peace-time branch of the Indian Army would make the continuance of the sub-ordinate medical service an anachronism. There has been a persistent cry from the profession for the last one generation that there should be only one kind of service open for all registered medical practitioners on the basis of a competitive examination. Time has now come for its fulfilment. No provincial governments can escape the logic of the situation. The efficiency of licentiate as medical men has never been questioned. The statutory equality between all registered medical practitioner has never been repudiated by any provincial Government. The existing line of demarcation in civil medical service is purely arbitrary, based on an unaccountable prejudice and fostered by vested interests in the profession.

Admission of Licentiate into the Medical Colleges:—The Indian Medical Council recommended to all the University Medical Colleges in 1943 that those licentiate who wish to qualify for M.B.B.S., should be freely admitted, on the basis of two years further study in general, and 18 months for the demobilised licentiate I.A.M.C. Officers. But very few universities have given effect to this recommendation, and we understand that many of them have rejected the I. M. C's recommendation altogether. Those universities (Madras, Bombay and Calcutta) who are admitting the licentiate reject 95% of the applicants on the score of absence of provision for academic study and clinical instruction. The recommendation of the Indian Medical Council has thus become practically a dead-letter. The Indian Medical Council has no authority to enforce its decision. The matter therefore must be taken up by the Provincial Government who are running the medical colleges and they should see that sufficient number of seats are allotted for the licentiate. Left to Universities, they

will do next to nothing, because they are unconcerned with the problems of the licentiates. It is high time for the Central and Provincial Governments to intervene in the matter, and if necessary the University Act must be so amended as to compel the Universities to admit the licentiates for university medical studies on the basis of Indian Medical Council recommendation which is, in fact, more stringent than generous in the terms and conditions of such admission.

Recognition of the Licentiate Qualification by the Indian Medical Council:—The Indian Medical Council was enacted in 1933 mainly for the purpose of establishing foreign reciprocity, and secondarily for the establishment of a uniform standard of minimum higher education and qualification in Medicine. In October 1940, the Indian Medical Council recommended the abolition of medical schools and the recognition of the Licentiates on that basis. Now almost all the provinces except Bengal and Bombay and Assam have abolished their medical schools. Even Bombay and Assam are committed to abolition after the end of the war, and we are sure that they would act up, now that the war is over. The ground is therefore clear for the recognition of the Licentiate qualification by the Indian Medical Council and we personally know that the great majority of its members are for recognition of the licentiates. The onus now lies on the Central Government to amend the Act at the next session of the new legislative Assembly which would come into being by March next year. The Central Government, more than anybody else, know fully the discontent of the profession at the exclusion of the licentiate qualification from the schedule I of the Indian Medical Council Act. If it re-examines its file on this subject, there will be no need for us to reiterate the arguments in favour of the proposed amendment. We would only remind it of Section 121 of the Government of India Act (1935) which runs as follows:—

"A person who holds a commission from His Majesty as a medical Officer in the Indian Medical Service or any other of His Majesty's forces and is on the active list shall by virtue of that commission be deemed to be qualified to practice medicine, surgery and midwifery in British India, and be entitled to be registered in British India or any part thereof as so qualified."

Now that the licentiates are eligible for commission in His Majesty's forces the Central Government would be but fulfilling its legal obligation by amending the Indian Medical Council Act to suit the needs of the situation, besides the intrinsic merits of the question on which all are agreed.

Deputation to the Railway Board:—The grievances of the Licentiate Medical Officers in the Indian Railway Service have been growing yearly without any redress whatsoever. The last Calcutta Conference of the A.I.M.L.A. thought that the best way of seeking redress was by waiting in deputation on the Railway Board. But we are informed that there has been no response from the Railway Board to the number of letters and telegrams from the General Secretary of the Association requesting the Board to fix a date for the proposed deputation. It is rather unfair to deny even a hearing. We however hope that the Railway Board would reconsider the matter and allow the Association to lead a deputation to it.

ADDRESSES AND ARTICLES

Pure Food

BY

A. SREENIVASAN, M.A., D.Sc., F.R.I.O.,
(Department of Chemical Technology, Bombay University).

The maintenance of human life at its very best throughout its entire span is a goal towards which scientific achievements of many kinds have contributed. The application of the new knowledge of nutrition, which has been made possible by scientific studies of food functions, is perhaps the most important step in the direction of this goal. It gives a rational basis for food selection that can be used to increase the length and improve the quality of human life.

Quality grades and purity:—We now produce a great variety of foods of high quality. Although the term quality as applied to foodstuffs is a rather vague entity, yet we meet with different quality grades in the market which are in fact a form of standardization and evaluation of purity. Devising a set of grades for a given foodstuff is an orderly and generally accepted method of accounting for significant differences in the sum total of the characteristics that make up quality and purity. The grade standards at present in use are only commercial grades; that is, they have been developed and promoted by traders and producers to standardise their daily (wholesale) business transactions. The consumer seldom knows what these commercial grades are but, since trade demand is derived from consumer demand, consumer-preferences play a most important part in the determination of effective commercial grades. Consumers express preferences for commodity qualities such as taste or palatability, freedom from foreign matter, maturity, size and shape, colour, uniformity of size and variety and a minimum of defects such as those due to disease or mechanical injury. Since only a limited part of a total food supply will conform to the better quality-characteristics, the top grades will command a relatively higher price than the lower grades.

Grade-labelling for consumers is a method for increasing consumer-purchasing efficiency. It is a practical and honest way of telling consumers the quality of foodstuffs in order that they may intelligently compare the different qualities with the different prices.

Consumer grade-labelling would not mean that all consumers would purchase the best grades. Only a relatively small percentage of a food supply will ordinarily make the top grade. There is a market for all the several qualities of wholesome foodstuffs.

It should be pointed out here that establishing descriptive standards for products produced by nature is more complicated than establishing standards of weights and measures, in as much as the former involves many relatively intangible factors that are not always easily determinable. Furthermore, unlike standards of weights and measures, which are definite in themselves, descriptive standards require inter-

pretation and the exercise of independent judgment. Consequently, such standardisation necessitates competent and unbiased inspection.

Standardization of quality:—If, therefore, a uniform yardstick is to be established for measuring important variations in quality of any particular food article, it must be developed and maintained by a recognized agency in position to consider the problem from a national point of view. Such an agency we have in the Central Agricultural Marketing Department which has worked out an Agricultural Produce (Grading and Marking) Act, 1937, the schedule of which now includes, among other things, ghee, butter, eggs, rice *ata* (wheat flour), tobacco, coffee, *gur* (jaggery), *bura* (brown sugar, fruits, fruit squashes and cordials, and mustard, groundnut and *til* (gingelly) oils. Specifications for standards of quality and rules grading and marking have been prepared for these articles and there are experimental grading stations all over the country where properly graded articles are given the AGMARK emblem—the hall mark for purity and standard quality. Actual working of this system during the last few years has shown that there is a great demand for the graded goods which often sell at a high premium.

Prevention of fraud in food trade:—Besides this more or less qualitative characterisation, there is another and perhaps more difficult aspect of the pure food problem which has an important bearing on public health. It relates to the prevention of the sale of impure or adulterated foodstuffs.

The proper preparation of food products has long ceased to be carried out by the haphazard rule-of-thumb methods that formerly prevailed. Now, in the manufacture of many prepared foods and condiments, especially on a large scale, it has become a necessity to use scientific processes, rendered possible only by the employment of skilled chemists. In fact, it is becoming more and more common for food manufacturers to establish chemical laboratories in connection with their works. But there are always fraudulent and unscrupulous manufacturers and traders in every community who often secure for their purpose the very sciences which normally serve to promote standards of purity. It therefore behoves every organised Government, State or Municipality to protect its citizens against such fraud and injury by ascertaining whether or not the food they get may properly be considered pure or free from adulteration.

In view of the importance of the consideration of food with reference to its purity, an ever increasing number of municipalities have realized the necessity of protecting their citizens from unscrupulous traders who, in various lines, are seeking to produce inferior articles of food in close imitation of pure foods. Many of the States have laws in accordance with which the sale of such impure or adulterated foods is made a criminal offence and some, if not all of these, are provided with public analysts and other officers to enforce these laws and to punish the offenders. It is indeed astonishing to note the apathy in some communities regarding such a vital problem with the result that it often becomes difficult to secure sufficient appropriations to obtain well-trained personnel and adequate facilities.

What is adulteration:—Except in special cases, a food, in general, is deemed to be impure or adulterated if anything has been mixed with it to reduce its quality or lower its strength; or if anything inferior or cheaper has been substituted wholly or in part thereof; or if any valuable constituent has been abstracted wholly or in part from it; or if it consists wholly or in part of a diseased, decomposed or putrid animal or vegetable substance; or if by colouring, coating or otherwise, it is made to appear of greater value than it really is; or if it contains any added poisonous ingredient.

Closely allied to adulteration is what one may term 'misbranding' by which is meant any untrue or deceptive statement or design on the label of a food package either regarding the nature of its contents or of the place of manufacture or name of manufacturer. One of the commonest forms of misbranding consists in the incorrect statement of weight or measure. Extravagant or untrue claims as to nutritive value also constitute a frequent form of misbranding.

Some common examples of adulteration:—A few well-known instances of what food adulteration can be may now be discussed. Every year, the Government Analyst for the province of Madras analyses some 8,000 samples of different foodstuffs of which, it is usually found, over 30 per cent. are adulterated. This figure is rather appalling, especially as the great majority of the samples are of staple articles such as ghee, milk, butter, gingelly oil, etc.

The range of substances used in the adulteration of foods is wide and interesting. Rendered animal carcass fat, hydrogenated oils, vegetable tallow and the various ghee substitutes are common adulterants of ghee. With samples from street hawkers, posing to come from interior villages, vegetable fats have often comprised the whole mixture! It is also observed that fraudulent traders shift their fields of operation to villages and small towns.

It should be noted that butter is quite as commonly adulterated as ghee and that those members of the public who believe that they are protecting themselves against fraud when they have their ghee made from butter in their presence, are living in a fool's paradise. Adulteration of butter with inert flours and by overloading with as much as 60 per cent. of water have been reported.

Even more than ghee and butter, milk, as may be expected, happens to be the most adulterated food-stuff in the country. In general, 30 to 80 per cent. of samples analysed in laboratories have given evidence of adulteration. Addition of water to whole milk and to separated milk, removal of cream by skimming, mixing cow's and buffalo's milk with each other and with separated milk are all frequently reported. It has even been reported that boiled and fermented milk (butter milk) was added to raw milk in one case. In another instance, a number of samples of milk from a hospital contained cane sugar. The Bombay milk vendors had shown a new use for skimmed milk powder by adulterating fresh, whole milk with reconstituted milk from it. The removal of duty on imported skimmed milk powder had thus come in very handy for these traders. In some instances, boric acid has been added as a preservative for

milk. The addition of agar in the preparation of certain commercial samples of curds with a view to getting a finer and richer looking product is another interesting instance⁽¹⁾.

Adulteration of gingelly oil with the cheaper groundnut oil and of coconut oil with various mineral oils are other common frauds.

The commonest adulterants of coffee powder are chicory and bengal gram, as much as 60 per cent. of the former being present in some mixtures.⁽²⁾ Sale of mixtures of genuine and spent tea leaf is a common fraud in the tea trade. The Indian Tea Market Expansion Board, during an enquiry in Bombay (1939), had discovered extensive trade in black gram husk used, it was believed, principally for tea adulteration. They also mention the use of *agathi* leaves for the same purpose⁽³⁾. At one time, tea of commerce was heavily adulterated. Now, however, the great majority of samples are genuine, thanks to the activity of the Tea Cess Committee.

Large quantities of turmeric powder, sold in the Punjab market, consisted only of powdered rice starch coloured with a harmful organic dye⁽⁴⁾. In a number of samples of curry powder sold in Madras, lead was found to be present in appreciable quantities.

The main purposes of meat inspection are to search out and destroy diseased and otherwise unfit meat; to see that meat and meat products are kept clean during the stages of preparation into articles of food; to guard against the use of harmful preservatives and other deleterious substances, to cause sound and wholesome meat to be marked "inspected and passed"; and to prevent the use of false or deceptive labels and statements on meat foods offered for sale.

Rice is an important article of food, not always likely to be adulterated though it is to be borne in mind that a rice which is unsaleable in the whole condition may pass muster as satisfactory ground rice. With polished rice, small quantities of blue pigments and of oil are sometimes used to improve the colour and translucency. Tale is used for 'facing' in conjunction with glycerine.

The role of the public analyst:—Instances like the above can be multiplied to show how complex the problem of detection of adulteration can be. The sole object of the public analyst in examining these foodstuffs will be to ascertain whether or not articles of food conform to certain standards of purity fixed in some cases by special law and in others by common usage or acceptance. The nature of the processes by which he does this analysis varies of course with the different foods. Experience enables him to judge much even by the characteristics of taste, appearance and odour, though he always uses such superficial indications only with discretion. While in most cases, usage or experience suggests the forms of adulteration peculiar to various foods, the analyst is always on the alert to meet new conditions constantly arising. The responsibility resting on him is not light when it is realised that his judgment and findings constitute the basis on which court complaints are made and the payment of a fine or even the imprisonment of the defendant may be the result of his report.

Need for uniform criteria of purity:—Actual experience with the acts dealing with the prevention of food adulteration has shown that the different provinces in India are not only not unanimous in their criteria of purity of different food articles, but may differ widely in the limits they have laid down. With ghee, for instance, the various constants set by the different provinces possess a rather wide range⁽⁵⁾ sometimes necessitated by inherent differences between different breeds of dairy animals and those brought about by climates, season and even the type of food given to them. Taking honey for another example, it is often usual to regard with suspicion any honey which contains more than small amount of sucrose⁽⁶⁾. But it may be stated safely that a proportion of this sugar upto about 12 per cent. is not incompatible with the genuineness of a sample⁽⁷⁾. The presence of more than about 5 per cent. of cane sugar in genuine honey may result from the bees being fed on cane sugar or the honey not being mature or ripe enough. There are certain enzymes which are active in fresh honey so that, on keeping, the proportions of the different sugars in the honey are liable to change—cane sugar disappearing altogether in this way.

The Central Advisory Board of Health have recently (1940) realised the need for co-ordination between the provinces in regard to the methods and standards of food analysis⁽⁸⁾. With this object in view, the Board has recommended the appointment of a Standing Committee to be called "The Central Committee for Food Standards" which would be in a position to advise the Central, Provincial and State Governments on all aspects of food adulteration. It is important that the standards suggested by the Committee should be applicable to all the Governments concerned, thereby facilitating inter-provincial trade and a uniform enforcement of food adulteration laws.

Processed foods and purity:—Although ours is pre-eminently an agricultural country, yet we have made little progress in processed food production, in spite of the fact that climatic conditions, in most parts of the country and for the major part of the year, are ideally suited to spoilage by insects, micro-organisms and other normal biochemical processes⁽⁹⁾. There are, however, signs of an improvement in this direction⁽¹⁰⁾ and some beginnings have been made in the preservation of foodstuffs. Soon, we may expect food industries to develop to a much greater extent than hitherto. But alongside of this development, there should be established certain safeguards to protect the consumer. As a protection for health, food acts should be enacted prohibiting the use of certain substances in food and requiring that the presence of others be indicated on the label; as an economic safeguard, they should require that foods conform to certain definitions and standards.

References.

1. The examples given here are, for the most part, taken from the Annual Reports, 1939 et seq. of Government Public Analysts, Chemical Examiners, Executive Health Officers, etc., of Bombay, Madras, Bangalore and the Punjab.
2. Pasricha, C. L., Lal, S and Goyal, R. K., *Ind. Med. Gaz.*, Feb. 1938.
3. Marketing of Coffee in India (1940), *Curr. Sci.* 1940, 9, 512.

4. Report of the United Planters Association, South India, Conf. Coonoor 1939.
5. Report of Chemical Examiner, Punjab, 1940, *Ind. Med. Gaz.*, 75, 123.
6. Godbole, N. N., *Curr. Sci.*, 1936, 4, 578; Hawley, H., *Curr. Sci.* 1936, 4, 815.
7. Gupta, R. D. and Krall, H., *Curr. Sci.*, 1940, 9, 380.
8. Cox, H. E., *Chemical Analysis of Foods* (1938), p. 35 (J. and A. Churchill Ltd.).
9. *Current Science*, 1940, 9, 439.
10. Iyengar, A. V. V., *Curr. Sci.*, 1945, 14, 222.
11. *Current Science*, 1945, 14, 139.

Spring Catarrh in Andhradesa

BY

DR. G. V. HANUMANTHA RAO, L.O., L.M.P.

(Mad.) L.C.P.S. (Bom). GUNTUR

During the course my eye practice for the past 22 years, I have very often come across cases of spring catarrh which have been mistakenly treated as trachoma. Treatment with silver and copper is no good for S.P.C. and the condition is more aggravated than relieved. Sometimes it may be difficult even for experts and specialists to diagnose a case of S.P.C. straightaway from trachoma due to their similarity in appearance. Signs and symptoms which are common for both the diseases are: their chronic course, recurrence of attacks, involvement of both the eyes, photophobia, watering, conjunctivitis and sometimes presence of papillae in the tarsus of the lids. S.P.C. is more common in our tropical country than is usually supposed. In my opinion it is as prevalent as trachoma in Andhradesa. S.P.C. as its name indicates begins in the spring season and continues its acute course in the summer months also, though it may often subside considerably or almost completely in the course of the winter season, so as to develop into acute stage again in the following spring and so on. The affection may go on repeating for some years, finally becoming extinct leaving a little or no trace behind. It occurs more in children than adults.

There are 3 kinds of S. P. C. (1) Lid Variety (Palpebral) (2) Limbus Variety. (3) mixed variety. General symptom peculiar to S. P. C. are feeling of heat and itching in the eyes worse at night. Fornix is free from papillae in all cases. In bulbar variety, all round the limbus of the cornea, a hard thickened gelatinous infiltration is formed. Later in advanced stages the infiltration may extend into cornea proper for some distance. A brownish tinge of the conjunctiva over the affected area is seen. An accurate history of the case as to its seasonal relapses, worse in the spring and the summer and also its subsidence in the winter helps a great deal in arriving at a correct diagnosis of S. P. C. The other most important point is that in S.P.C. the corneal space is always found free from complications, like pannus which is commonly seen in trachoma.

There may be some confusion and difficulty in diagnosis when papillae over the tarsal area of the lids is found and at the same time limbus of the cornea is also affected but if carefully looked into the details of the case, the matter of diagnosis becomes easy. There will be some discharge from the eyes in trachoma, but in S. P. C. it is only a watery secretion. Though

there are many valuable descriptions given in books that the papillae look polygonal and appear milky-blue and so on, I find that it is rather very difficult to appreciate such subtle points clinically between the S. P. C. and the trachoma, particularly in the acute stages of the diseases. The periodical relapses, conspicuous heat and itching with only watery secretion, and also failure of silver and copper in giving relief, besides presence of eosinophile leucocytes in greater numbers in the papillae will help a great deal to diagnose a case to be S.P.C. No definite cause of the disease is known yet. Some connect it with the harvest season and others put it to many other things.

The treatment which I have been adopting with very good results is as follows. To overcome photophobia, smoked or blue glasses are to be worn, or green cloth shades given to both eyes. 4 drops 5% cocaine solution may be instilled daily twice or thrice, besides the application of an ointment prepared with zinc oxide gr. 10 Cuticura ointment gr. 30 and chlorotone (P. D. Co.) gr. 20 sterilised vaseline one ounce. The patient surely gets relief in two or three days. Internally a tonic treatment is given with some cal. gluconate. I rarely give sulphanilamide injections or use its preparations locally for the eyes, as the latter increases suffering without relief. When the patients press for injections to shorten the course of treatment, I give cal gluconate 5% or milk and iodine, which I have found useful. A tonic preferably calcium glycerophosphates or some palatable cod liver oil is prescribed.

* Paper read at the Madras Provincial Medical Licentiate's Conference held at Madura on 6-10-45.

CLINICAL NOTES

A Foreign body impacted in the anal canal

BY Dr. K. BARMAN,

P. O. Nalbari, District Kamrup, Assam.

A Hindu adult, male, aged about 30 years had been to a feast one night where he got intoxicated with country liquor and took fowl-meat in excess without proper mastication. He remained constipated for about 48 hours after the feast was taken and suddenly complained of intense pain at the anus, difficulty in defaecation, and bleeding, etc.

Having thoroughly cleansed the affected parts, I examined and found the anus swollen, a hard lump of stool with a piece of bone about 1½" long and ½ inch diameter, completely obstructing passage of stools, both the ends of the bone were firmly impacted in the walls lying transversely across the gut.

He was given a dose of purgative prior to my arrival but without any effect. On my arrival glycerine enema was tried but the result was disappointing.

The patient was placed in knee-elbow position. One end of the bone was brought out from the tissue with great difficulty and the entire bone was extracted with a pair of dissecting forceps. The wound was

treated antiseptically and completely healed up within a week and defaecation is without any trouble now.

Though escape of foreign body through the digestive canal is not uncommon, the easy passage of a piece of bone with such sharp ends without being impacted in other constricted parts of the tract is of special interest.

Sudden onset of Delirium

BY DR. R. N. NAIK,

District Hospital, Garoth (H.S.)

A patient named Rama, S/O Lakkha, Hindu, aged 33 was admitted in this hospital just after his release from District Jail, Garoth on the 2nd April, 1945.

He had sudden rise of temperature preceded by vomiting with delirium and violent movements and unconsciousness. Thinking the case to be of cerebral malaria at first, because he had an enlarged spleen, quinine bihydrochloride gr. X was given intramuscularly. By the evening the pulse became feeble. The patient was lying in the bed only making movements of his limbs. Temperature was 103.4. Glucose and coramine with quinine bihydrochloride gr. V was given intravenously. At night there was no improvement. His breathing developed into Cheyne-Stoke's respirations. Delirium was converted into coma. Pupils were normal and reacted to light. Jerks were normal and plantar response was flexor. And as he vomitted his stomach was washed and mucus tinged with blood came out in washings.

3rd April:—In the morning only his pulse and respiration showed improvement. But he was comatose. His neck was retracted and his face showed furrowing of the forehead. It made us think about meningitis; lumbar puncture was done and nearly 50 c.c. turbid fluid under pressure came out. The C. S. fluid contained high number of pus cells and morphologically organisms resembling meningococci were found.

4th April:—The temperature came to normal. He responded to questions and he regained his memory on the 7th April. Patient was discharged relieved.

1. *Differential Diagnosis*:—Cerebral malaria was the first probable diagnosis as he had enlarged spleen indicating chronic malaria. The onset was acute, resembling malaria.

2. *Food poisoning*:—The vomiting, delirium, Cheyne-Stoke's respiration and temperature go in its favour while normal pupils, sudden onset of delirium and other circumstances do not go in favour of it.

3. *C. S. Fever*:—The headache, the frowning of his forehead, the retraction of neck, the onset—all go in favour of meningitis except that the enlarged spleen misguided us.

My thanks are due to Dr. C. S. Apte for his kind help and for his permission to allow me to send this report for publication.

Proceedings of

The Standing Committee, A. I. M. L. A.

Resolutions unanimously passed at the meeting of the Standing Committee of the All-India Medical Licentiates' Association held at 79, Darayaganj, Delhi, on the 25th and 26th Nov. 1945.

CONDOLENCE: The Association records with deep regret the death of its following members and sends its heartfelt condolences and sympathy to the members of the bereaved families:—(1) Rai Bahadur Dr. K. P. Sen Gupta, (2) Dr. B. P. Delve, (3) Dr. Veel Venkal, (4) Dr. Gharge, (5) Dr. A. C. Dikshit, (6) Dr. K. Srinivasan

(1) Read the Memorandum to be presented to the D.G., I.M.S., in respect of some of our pressing problems: This meeting of the Standing Committee approves of the same, and authorises the following to form into a deputation and present it to the D.G., I.M.S. on the 26th instant at 12 noon:

- (1) R. S. Dr. M. L. Kapur—President.
- (2) Dr. A. N. Roy—General Secretary.
- (3) Dr. V. D. Sathaye—Poona.
- (4) Dr. A. Viswanathan—Editor, I.M.J., Madras.
- (5) Dr. G. K. Kulkarni—C.P.

(2) Resolved that, in view of the utter absence of facilities for higher medical education in the United Kingdom for the medical licentiates of our country, this meeting of the Standing Committee resolves to form a sub-committee with the following personnel to go into this question in full detail and to arrange for a deputation to proceed to the U.K. for the purpose of securing facilities for higher medical education for the medical licentiates. This sub-committee shall select the members for this deputation and advise them as to the course of action they have to take to bring this matter to a successful issue.

In pursuance of the above, this meeting of the Standing Committee requests the Govt. of India to give passage facilities and necessary guidance and to make forward arrangements for interviews with the medical educational authorities in the U.K.

The sub-committee will consist of the following members:

- (1) Dr. M. L. Kapur
- (2) Dr. K. C. Wohra
- (3) Dr. A. N. Roy
- (4) Dr. J. N. Roy
- (5) Dr. A. Viswanathan
- (6) Dr. V. D. Sathaye
- (7) Dr. A. D. Mukharji
- (8) Dr. U. B. Narayanrao, and
- (9) Dr. D. V. Venkappa.

Dr. M. L. Kapur will be the Convenor and will possess the requisite powers to co-opt.

(3) Read the memorandum submitted by the General Secretary to the Provincial Govts. and the D.G., I.M.S. This meeting of the Standing Committee approves of the same and requests the General Secretary to forward it also to all the District Branch

Secretaries and the Medical Heads of the Provincial Govts. and the Indian States for favour of their information and necessary action.

The Provincial Secretaries are requested to arrange to lead a deputation to the Provincial and the State Administrative Medical Officers for the purpose of presenting the above Memorandum; for this purpose this meeting of the Standing Committee sanctions Rs. 100 to each of the Provincial Secretary to meet the expenses in connection with this deputation.

(4) This meeting of the Standing Committee gratefully acknowledges the great services which Lt. General J. B. Hance, Director-General, Indian Medical Service, has rendered to the cause of the medical licentiates of this country. This meeting of the Standing Committee therefore resolves to present a farewell address and to arrange for a social function in honour of General J. B. Hance on the eve of his departure from this country to take up the appointment of Medical Adviser to the Secretary of State for India, in March 1946. In pursuance of the above, this meeting requests General J. B. Hance to fix a date convenient to him for this purpose.

(5) Read the correspondence between the General Secretary, the President and the Secretary of the Railway Board.

This Standing Committee meeting resolves to request the Railway Board to reconsider their decision and to receive the deputation of the Association so that some of the more urgent grievance of the medical licentiates in the service of the Indian Railways may be brought to the notice of the Rly. Board with a view to redress them.

(6) This meeting of the Standing Committee condemns Dr. D. Srinivasan of Trichy, who attended the last Conference as a visitor, for his gross and wanton misrepresentation of facts and occurrences in connection with Resolution No. 9 of the last Calcutta Conference in the columns of the *Miscellany* of which he is the Editor, and for his vulgar criticism of the President and some other office bearers of the A.I.M.L.A.

(7) This meeting of the Standing Committee regrets to note that Dr. P. B. Annangarachari in his presidential address at the last Madras Provincial Conference at Madura should have stated what was not a fact, namely, that the Calcutta Conference had unanimously accepted the principle of amalgamation, and that he should have also published a letter in the *Miscellany* and the *Antiseptic* which was misleading and incorrect in many respects and which attributed motives to the President.

(8) In the interest of orderly working of the Association, this Standing Committee meeting directs all the office bearers of the Association, whether Central or Provincial or Regional, not to give publicity to statements in their official capacities which are against the policies laid down by the Association, and that the President be empowered to take suitable disciplinary action in future should any office bearer works publicly against the policy of the Association.

(9) Read the letters addressed to the Secretary of State and the President of the British Medical Council by the General Secretary and forwarded

through Dr. A. M. Mullick who is going to Copenhagen to attend the Sea-men's Conference.

This meeting of the standing committee, while appreciating the courtesy of Dr. A. M. Mullick in accepting to interview the Secretary of State and others on behalf of the Association, is of the view that in all such matters the General Secretary would be well advised to strictly follow rule No. 88 which requires the approval and the signature of the President on the representations forwarded to the Heads of the Medical Department, etc., of the Govt. of India and foreign countries, and it must be followed in future.

10. This meeting of the Standing Committee records with satisfaction that the case filed by the Ex-office peon (I.M.J.) against the Association for alleged wrongful dismissal and consequent damages, was dismissed with cost in the Court of Small Causes, Madras on the 16th October 1945.

(11) This meeting of the Standing Committee accepts with thanks the invitation of Poona Branch to hold the next Annual Conference in October 1946.

(12) This meeting of the Standing Committee resolves to request the D.G., I.M.S., that, in view of the close and successful collaboration which the Association gave to the Government in the matter of recruitment to the I.A.M.C., he may take such measures as he may deem necessary to safeguard the interests of the medical licentiates in the Scheme of re-settlement of Ex-I.A.M.C. (Licentiate) officers in the Permanent Military and Civil Services of the country.

(13) This meeting of the Standing Committee sanctions a sum of Rs. 350 towards expenditure in connection with this meeting, 'At Home', and conveyance etc., for the deputationists to wait on the D. G., I.M.S., and hereby requests the Treasurer to make payment.

(14) This meeting of the standing committee resolves that the office of the Indian Medical Journal be shifted to Delhi and that Dr. A. Viswanathan, the present Managing Editor, be asked to go over to Delhi on the following conditions:—

- (1) An honorarium of Rs. 300 per month;
- (2) House rent and office rent not exceeding Rs. 100 a month;
- (3) In addition to his editorial duties, he shall be in-charge of the Association records and the Information Bureau;
- (4) He should be given a suitable staff.

Resolved further that all the office-bearers be requested to forward their records upto 1942 to the Delhi office as soon it is formed, and is in a working condition. The Standing Committee trusts the proposal will be given effect to from the date the arrangements for shifting the Journal from Madras to Delhi are satisfactorily completed.

(15) This Association solemnly assures the Public and the Profession that by the recognition of the medical licentiate's qualification by the Medical Council of India there will be no lowering of the standard of medical education nor is there a possibility of the licentiates entering the Medical Council in

larger numbers as is apprehended in some quarters because ;

(a) The Association has always stood for the abolition of the medical schools and as a result of its work in this direction it has been able to influence abolition of medical schools in many provinces ;

(b) As things stand at present, the medical licentiates could enter the Medical Council only through the electorate of the Provincial Medical Registers in which there are not more than seven seats at present as compared to about 30 seats for the medical graduates and others through University Medical Faculties, nomination, etc.

(c) The medical licentiates have always stood for the progress of medical education and would assure that they will not be instrumental in lowering the accepted standard of medical education."

Note :—Resolution relating to the Budget and other subjects would be published in our next issue, as we have not received the same at the time of going to the press.—Ed.

Memorandum submitted to The Director-General, Indian Medical Services, NEW DELHI, by a deputation arranged by the Standing Committee, A.I.M.L.A. on 26th November 1945.

On behalf of the All-India Medical Licentiates' Association, we thank you for permitting us to meet you in deputation and to present this memorandum of our grievances personally. We hope to convince you of their legitimacy and request you to do full justice to our class of medical men who by service and attainments have been helping the Government in all possible ways open to them.

The War is now happily over. During the war, our Association gave its unstinted support to the Government, specially in the licentiates' recruitment to the I. M. D. and later on to the I.A.M.C. It is literally true that throughout this long period of war, the Association voluntarily suspended its normal activities and whole-heartedly engaged itself in the recruitment work.

Now it is our turn to request you and the Government of India, and through it the Provincial Governments and the Heads of the Provincial Medical Departments, to help the Association in the matter of redressing the just grievances of the medical licentiates. They are grievances in the sense that what is due to them is denied on some ground or other, more fancied than real and more borne by prejudice than reason.

Before we detail the claims of the Association, let us offer the Association's heartiest thanks to you for allowing us, in the past, all facilities to play our part in persuading the medical licentiates of this country to join the I.A.M.C., and we confidently appeal to you and through you to His Excellency the Commander-in-Chief of India that in the peace-time recruitment to the I.A.M.C., the medical licentiates are given equal opportunities with the other members in the profession and that in the selection of medical officers to permanent commission from among the demobilised, the claims of the licentiates officers would be given a due and just consideration.

The Association sincerely believes that its demands are all reasonable and capable of being acceded to by the Government without disturbing greatly the present arrangements, and these demands are not many. They may be stated briefly thus :—

(1) Representation of our Association both in the Centre and the Provinces in all non-official Committees and Conferences convened by the Government in respect of their schemes of medical and public health relief and other cognate matters.

(2) The appointment of a medical licentiate on a responsible post in the office of each Provincial Administrative Medical Officer.

(3) Abolition of the rank of Sub-Assistant Surgeon, Sub-Assistant Health Officer and of the subordinate medical and P. H. services in all the Provinces, and the institution in its place of a unified Provincial Civil Medical Service open to all duly registered medical practitioners on the basis of a competitive examination.

(4) Recognition of the licentiate qualification, say till 1950, by the Indian Medical Council under Schedule I of the Indian Medical Council Act.

(5) Abolition of medical schools.

Not one of the above demands could be termed unreasonable or extreme. On the other hand, they are all overdue to the medical licentiates. Nearly 85% of medical, surgical and public health work in India is done by the medical licentiates, either through channels of service or practice. In every emergency, brought about by epidemics or by war, the licentiates as a body rose to the occasion despite their awareness of unjust and inequitable treatment in the medical profession of this country. Others less exposed carry away the plums, while they, more exposed, are given the thorns and thrown out of ken. There is no parallel to this inequity in the medical profession of any civilised country of the world or even in other Services in India.

It behoves on you, Sir, to make the Central and the Provincial Govts. realize the injustice done to the licentiates and to advise them to take proper and suitable action at the earliest possible time. Let us remind you, Sir, that those licentiates who joined the I.A.M.C. did so with the full hope that the Association will endeavour its best to win their due rights and privileges in medical services of the country and the medical profession in general. It is, therefore, essential that a right move should be made in the matters referred to in this memorandum before the medical demobilisation is completed.

Permit us to touch briefly the vital points in this Memorandum :—

(1) Representation of our Association :—

We have won the right for representation in all the non-official committees and conferences that may be convened by the Central or the Provincial Govts. by virtue of our contribution towards war efforts ; it is but right that the Govt. should consult our Provincial Branches and the Central Executives of the Association in all matters affecting medical and public health.

(2) Abolition of the Sub-Assistant Surgeon and the Sub-Assistant health officer's rank :—

In 97% cases, a sub-assistant surgeon is in-charge of an independent hospital or dispensary—the designation therefore can be rightly termed as a misnomer. The following communique of the Govt. of India will clarify our view-point :

"The old name of sub-assistant surgeon was originally given to hospital assistants who at the time required far less in the way of educational and other qualifications than the medical licentiates who serve as sub-assistant surgeon in the I.M.D. to-day. The present-day sub-assistant surgeon is a well-educated and qualified man and it is felt that there is no reason to retain the title which suggests that he holds the same subordinate status as his original predecessor."

(3) The Re-Organisation of Provincial Civil Medical Service :—

Whatever might have been the justification for the watertight divisions in civil medical services in the past, there is to-day no valid and justifiable reason to perpetuate the *status-quo ante*. The Association has absolutely no objection in proof of the *bona fides* of its claims on behalf of the licentiates, if the Provincial Govts. institute a competitive examination for entry into the Provincial Medical Service. The Association feels that it is the duty of the Provincial Govts. to stand by and improve the status and salary of their medical officers who have shown themselves to be fit in every way and who deserve to be integrated as a class to the gazetted ranks of the Provincial Medical Service, in the same way as the Indian army unified its medical services by the formation of the I.A.M.C., with little or no difference between a graduate and a licentiate medical officer seeking service in that Corps.

suggested that the pay for such a service should be between Rs. 150/- to Rs. 450/- p.m. The Association is prepared to put up detailed proposals as to meet the extra expenditure contemplated in suggestion, if called for.

(4) Recognition of the licentiate qualification by the Medical Council of India :—

In 1940 the Indian Medical Council passed a resolution in favour of recognition till 1947 subject to the A.I.M.C. of medical schools. During the last five years the Governments of Madras, the U. P., the Punjab and Orissa have abolished their medical schools, and the Governments of Bombay, Sind, Bihar and Bengal have announced their intention to do so in the near future. Viewed as a whole the condition laid down for the recognition of the existing licentiates by the Indian Medical Council may be said to have been fulfilled. It is, therefore, up to the Government of India to amend the Indian Medical Council Act in such a way as to permit recognition of medical licentiates' qualification under Schedule I of the Act and their representation therein on the basis of the electorate of provincially registered medical practitioners. If it is the intention of the Indian Medical Council to treat the present higher minimum standard as the minimum uniform standard of education and qualification in our country, the Association has stated since 1933 that it has no objection of any kind to the setting up of this as minimum standard, provided the existing medical licentiates are recognised by and represented in the Indian Medical Council on the basis of the statutory convention that when one type of education is integrated into a higher type the

alumni of the former are recognised as equal to the latter at the initial stages. The Association, therefore, appeals to the Government and the Medical Council of India to render the licentiates this minimum justice without any avoidable delay.

(5) Abolition of Medical Schools :—

That the licentiates have no desire to perpetuate their position as such and yet demand consolidation of civil medical services and recognition of their qualification by the Indian Medical Council is obvious from the fact that the Association has consistently stood and worked for the abolition of the medical schools irrespective of consequences to the existing licentiates. All the Provincial Governments have accepted the principle of abolition of medical schools ; and the provinces of Madras, the U. P., the Punjab and Orissa have already abolished and converted them into colleges. It is not necessary now to bring afresh the arguments in favour of abolition. In fact, the Sub-Committee on medical education of the Public Health Planning Committee have paid a handsome compliment to the Licentiates' Association in respect of the latter's unqualified stand on this subject, and have themselves recommended the abolition of medical schools. Let us trust the remaining Governments would abolish their medical schools, converting such of them as are upto the prescribed standard into medical colleges.

Sir, we are anxious to send our deputation to the United Kingdom as this will give us an opportunity to meet the local authorities of the important universities, teaching and examining bodies, and representatives of various medical associations personally, and trust we may, God willing, by our frank and free discussions, create a favourable impression in their minds which may go a long way to get some appreciable concessions for the medical licentiates of India—ex I.A.M.C. and others who may be willing to go abroad for the prosecution of their further studies.

The Association will be very grateful to you if you kindly offer us your personal advice in the matter and help us in moving the Government of India to grant us all facilities to proceed to the United Kingdom in the shape of guidance, passage and arrangements for interview to meet various authorities and medical associations there.

Sir, we rely on your help and co-operation in the achievement of our Association's objectives which are based on practical politics. The Association wants to serve the country and the profession on self-respecting terms. This is the crux of its very few demands. It does not clamour for spoils of office but it does clamour for equality of opportunities for all the members of the medical profession without any bar sinister.

We heartily thank you for your courteous reception, patient attitude and commendable forbearance with which you have listened to our memorandum. We appeal to you, Sir, to examine our case carefully and if you find it just and right, it is up to you to apply the proper remedies early and effectively.

(Sd.) M. L. Kapur, President.

A. N. Ray, General Secretary.

A. Viswanthan, Editor, I.M.J.

V. D. Sathaye, Member, S. C.

G. K. Kulkarni

Members of the deputation of the A.I.M. L.A.

A.I.M.I.A. President's Press Statement

Dr. Manohar Lal Kapur, President of the All-India Medical Licentiates' Association has issued the following Press statement in connection with the delay in recognition of the medical licentiates' qualification by the Indian Medical Council.

In India nearly 66% of the personnel of the medical profession is constituted by the medical licentiates. Their medical educational standards have been so progressively improved that with an added five years' experience in the profession it can be rightly said that they possess the minimum standard of medical education. It is, therefore, proper that the Medical Council of India should give due and careful consideration to this problem of recognition of the medical licentiates.

In 1940 the Indian Medical Council passed a resolution in favour of recognition of the Medical Licentiate qualification till 1947 subject to the abolition of medical schools. During the last five years the Govts. of Madras, the U.P., the Punjab and Orissa have abolished their medical schools, and the Govts. of Bombay, Sind, Bihar and Bengal have announced their intention to do so in the near future. Viewed as a whole the condition laid down for the recognition of the existing licentiates by the Indian Medical Council may be said to have been fulfilled. It is therefore up to the Govt. of India to amend the Indian Medical Council Act in such a way as to permit recognition of medical licentiates' qualification under schedule I of the Act and their representation therein on the basis of the electorate of provincially registered medical practitioners. If it is the intention of the Indian Medical Council to treat the present higher minimum standard as the minimum uniform standard of education and qualification in our country, the Association has stated since 1933 that it has no objection of any kind to the setting up of this as minimum standard, provided the existing medical licentiates are recognised by and represented in the Indian Medical Council on the basis of the statutory convention that when one type of education is integrated into a higher type the alumni of the former are recognised as equals to the latter at the initial stages. My Association, therefore, appeals to the Govt. and the Medical Council of India to render the licentiates this minimum justice without any avoidable delay.

Judged by the standard of achievements, the total contribution towards medical relief and public health, and the service rendered by thousands of medical licentiates in the I.A.M.C. as King's Commissioned Officers (it is reported by the military authorities that the standard of work and discipline displayed by the licentiates is comparable to the best of its kind) none could gainsay that they have been in any way behind the medical graduates of this country. Both the medical graduates and the Govt. of this country are aware that the All-India Medical Licentiates' Association has for the last 15 years and more stood consistently for the establishment of one unified standard of medical education and in pur-

suance of the same it has influenced the provincial governments to abolish the medical schools. Thus it is obvious that, both on the merits of the case and on the progressive stand which the medical licentiates have taken in the matter of medical education and in the standards of medical relief, neither the public nor the Medical Council of India need have any apprehension that the recognition of medical licentiates' qualification and their representation in the Indian Medical Council would result in the lowering of the existing standards laid down by the Council nor need there be any apprehension that because the medical licentiates form the larger group in the profession they would dislocate the existing composition of the Indian Medical Council. As the electoral roll now stands the licentiates could only seek election through the electorate of the Provincial Medical Registers of which there are not more than seven in this country. Seven seats, granting they are won by the licentiates, which is neither our policy nor a possibility, out of 30 seats, could by no means be considered as a threat to the interests of the other medical section. Taking all these factors into consideration, the Standing Committee meeting of my Association held on the 25th and 26th November 1945 in Delhi passed the following resolution:—

"This Association solemnly assures the Public and the Profession that by the recognition of the medical licentiate's qualification by the Medical Council of India there will be no lowering of the standard of medical education nor is there a possibility of the licentiates entering the Medical Council in larger numbers as is apprehended in some quarters because—

(a) The Association has always stood for the abolition of the medical schools and as a result of its work in this direction it has been able to influence abolition of medical schools in many Provinces;

(b) As things stand at present, the medical licentiates could enter the Medical Council only through the electorate of the Provincial Medical Registers in which there are not more than seven seats at present as compared to about 30 seats for the medical graduates and others through University Medical Faculties, nomination etc.

(c) The medical licentiates have always stood for the progress of medical education and would assure that they will not be instrumental in lowering the accepted standard of medical education."

May I take this opportunity to appeal to the medical graduates of our country whose representatives are in the Indian Medical Council and to the members of the Indian Medical Council themselves to give careful consideration to what I have said in this statement and do justice to their own professional brothers. It is their duty to do so, otherwise, to that extent there will not be that spirit of comradeship so necessary for maintaining the dignity and usefulness of our profession. I am afraid this matter has been delayed too long. The Indian Medical Council was formed in 1933 and today we are in the year of Grace 1945. I hope, however that, before we complete 1946, the Medical Council of India would reconsider the subject again in the light of my statement, which, to put in short, gives on behalf of the All-India Medical Licentiates' Association a solemn assurance that it will always stand for integration of medical education and would never allow itself to be influenced otherwise.

(Sd.) Manohar Lal Kapur,

President,
All-India Medical Licentiates' Association.

26-11-45.

ASSOCIATION NOTES

Proceedings of the Fifth Madras Provincial Conference, A.I.M.L.A., held at Madura on 6th and 7th October, 1945.

Extracts from the Welcome Address by Dr. R. Devadoss, L.M.P., Chairman of the Reception Committee.
Brother Delegates, Ladies & Gentlemen,

On behalf of the Reception Committee of the Fifth Provincial Conference of the All-India Medical Licentiates' Association, I extend to you a hearty welcome to this historic City of Madura.

We are very proud that Madura should have been chosen as the venue of the fifth Provincial Conference of the Association to be held after so many years and we are grateful to the office-bearers for the honour they have done us in accepting our invitation and to you for coming from far and near to attend the conference.

We are meeting in the midst of stirring times. Far-reaching changes are taking place and will continue to take place for some years more in almost every direction—changes that will affect humanity all over the world. India, about which we are more intimately concerned, is passing through a period of great economic and political stress.

The war has affected licentiates profoundly. Through the intensive propaganda carried on by the All-India Medical Licentiates' Association, large number of licentiates had joined the Indian Army Medical Corps and are now due to be sent back to civil life. Those that could not join the forces were carrying on their shoulders added burdens during periods of great scarcity, high prices and general insecure conditions of civil practice. The interests of both classes of licentiates must be safeguarded.

We, the licentiates, are determined not to submit hereafter to any kind of discriminatory treatment at the hands of anybody. We have demanded, all through the years the Association has been in existence, equality of status and opportunities. The sacrifices we have made in the war, the abundant proof we have given in this war, if proof were needed, that we are in no way inferior in professional skill and organising ability to any class of medical men, entitle us to expect at the hands of Government complete equality in the Service.

While we have been blaming the Government for maintaining compartmentalism in its services, we have, I am afraid, lost sight of the same discrimination practised by certain non-official organisations and concerns. I particularly refer to life assurance companies. It is not a little to be condemned that these Insurance Companies which are largely run with Indian money and profess to be Indian in outlook, should, taking the cue from foreign companies who have their own racial and national bias, practise a system of discrimination by refusing to take licentiates as their examining Medical Officers at all and some hedge in the inclusion of licentiates by so many conditions as to make the discrimination more insulting.

I am extremely grateful to Dr. T. S. S. Rajan for having agreed at such short notice, and at great personal inconvenience, to open the conference. How much he hated serving as a licentiate (then called hospital assistant) he has expressed in his autobiography appearing in serial form in *Kalaimagal*. I can assure you, Sir, that we of the present generation of licentiates equally vehemently denounce the status allotted to us to-day and wish we had the energy, initiative and indomitable courage which enabled you to so successfully to revolt against that tyranny and escape from its clutches. The moment you were called by the Congress Ministry to take up the portfolio of Public Health, you, at one stroke of the pen, raised the Royapuram Medical School into a College and thus established "a uniform, minimum standard of medical education in India", which is one of the foremost objects of this Association. We have no doubt that if the ministry had continued in office, you would have enabled us to achieve the next most important objective, viz., that of the complete abolition of compartmentalism and caste-distinction in the medical Service. Even now it may not be too late, nor too far-fetched, to expect that Congress may form the newly elected ministry and you may be called upon to take up the reins of the Medical Portfolio and effect the reforms which we so ardently pray for.

We are very grateful indeed to Sri T. S. Krishna for having consented to open the Exhibition. Mr. Krishna is a premier Industrialist of South India. He has travelled widely and studied the automobile industry at first hand in America. The many great improvements he made in Road Transport have been copied by other transport organisations in the country and made the Government of India entrust him with important work of their War Transport Department. The philanthropy of Messrs. T. V. Sundaram Iyengar and Sons, has become almost proverbial in these parts. Their purse is open always for all just causes, their hearts are throbbing with patriotic fervour and their organising ability leaves nothing to be desired. It is therefore just and proper that he who has created order out of chaotic road conditions in India should by his advice suggest ways and means whereby the drug industry may be properly organised along proper lines so as to ensure an unfailing supply of cheap and efficient drugs for the people.

We thank you all, ladies and gentlemen, for having responded to our invitation and attended this function in such large numbers. To our graduate friends we extend our warmest welcome. Though we have stressed some of the inequalities and urged their removal by Government, it is not a levelling-down but a raising up of ourselves that we want. In this connection, I may publicly say with gratitude that we have always had the warmest support and co-operation from the graduate-brethren of the profession. There are many objects which are common to all of us. It is in the fulfilment of those objects and in the responsibilities that lie ahead that we crave for equal opportunities.

In arranging this conference, we have had to contend against several adverse factors. We are deeply conscious of our many imperfections. I earnestly request you to forgive us our shortcomings and take the will for the deed.

I have now great pleasure in requesting Dr. T. S. S. Rajan to declare the Conference open.

Dr. T. S. S. Rajan, Ex-Minister of Health, then opened the Conference. In the course of his speech he pointed out the contributions of the licentiates and was glad that they were given Commissioned rank in the Indian Army. He also hoped that the I.A.M.C. would become a permanent institution. He advocated the desirability of the amalgamation of the A. I. M. L. A. with the I. M. A. in view of the abolition of medical Schools in almost all the provinces.

Extracts from the Presidential address by Dr. P. B. Annagarachari

LADIES AND GENTLEMEN.

It is not my intention in this address of mine to touch elaborately about the tell-tale problems that beset our profession in our country but I would confine myself to what I think would be the concrete proposals which I would discuss and place before you for your consideration and approval.

Post War problems.

Much is talked about these post-war problems but yet no one knows about their definite trend. It is not an easy matter to solve them unless co-ordinated action is taken both by the Government and the leaders of public opinion. Serious attention is necessary in all matters and every walk of life so that we may chalk out some tangible methods, practical and beneficial. Let me first refer to the inauguration of the I. A. M. C. which at its birth was dubbed as the "war baby" but which has now grown to be the legitimate child of this war which if we should nurture and nourish would pave the way for greater progress and substantial improvements. I would, therefore, suggest that this Corps should be a permanent feature in the Indian Army. As a consequence, the I. M. S. and with it the civilian side of the same should cease to exist for, I believe, they have no longer any right to exist.

The role of the Licentiates in the I.A.M.C.

Considering the part they have played in this emergency it is necessary and reasonable that a fair percentage of these officers must be absorbed in permanent commissions and in the Reserve of officers and that their status should be that of the King's Commissioned Officers. It is high time that the Government made a public pronouncement regarding this subject without any further loss of time and this news is awaited by the profession with eager expectancy.

Demobilisation and resettlement of medical officers in Civilian life.

These officers should all be treated on the basis of equality after the varied experience they have gained in several theatres of war and licentiates must be given a fair deal in as much as they would never tolerate being dubbed any thing less than their rank and status would warrant and hence on reversion to the civilian department all of them should enjoy equal status. In this connection I lay my emphasis

on the fact that they are voicing the verdict of the organised profession in our country that no longer should there be any subordinate medical service and this stigma and discontent should be wiped out once and for all by getting rid of the much despised designations, the "Sub-Assistant Surgeons" and "Assistant Surgeon." All our branches have strongly agitated in this matter and in reply to the suggestions asked for by the Government of Madras, our branches have unequivocally given the verdict that all medical men in service should be styled as "Medical Officers" without any gradation. It would be pertinent in this connection to draw pointed attention about the grave injustice and treatment meted out to licentiates of merit and experience and who have rendered meritorious services in special hospitals but have not risen to the higher rung in the official ladder when younger men with academic distinction and with no experience or merit whatsoever are put over them for which there is neither reason nor rhyme. This segregation of merit and experience should be a thing of the past and the age-long denominations should disappear for the efficient discharge of their duties thus affording them opportunities to play their part creditably and with distinction as in other walks of Government service.

Medical Education.

You are aware that our Province has successfully tackled this problem and the dual system of medical education is done away with on account of the incessant pressure exerted and agitation carried on by our Association and leading members of the profession with the result that there is only one standard of medical education. We find in the rest of India, barring a few places, this dual system still continuing much to the detriment of the profession. There are a number of medical schools still in existence. I would urge a country-wide agitation to be set up for the immediate closure of these schools and that no new admissions are made with effect from the 1st of January 1946. I appeal to the Government of those Provinces as well those bodies which are responsible for running of such institutions to do away with them in the interests of the profession. Side by side with the abolition of Medical Schools, Medical Colleges should be established with a view to maintaining a uniform standard of medical education all throughout India.

Facilities for Licentiates to study for the Degree Course.

The existing facilities for such study are inadequate and the period fixed for this course is too long. The insistence on undergoing a course of study in anatomy and physiology once again is a sheer waste of time and the time gained by deleting these subjects can be advantageously utilised for a thorough grasp of the more important subjects with strikingly good results. The Andhra University, I am informed, has made an exemption in this direction. It would be my suggestion that with existing staff of the colleges and laboratories an evening session can be conveniently arranged at least in some of the colleges which would afford facilities for many to take hold of such opportunities and thus they would have enough time at their disposal to "earn while they learn". Apart from the Universities other bodies like the College of

Physicians and Surgeons of Bombay should be induced to offer liberal concessions for Licentiates to appear for their membership examinations which are considered equivalent to the M. B. B. S. Degree. In this way Licentiates who are hankering after academic distinction may be given full scope.

Post-graduate courses.

The provisions made at present for research and refresher courses are wholly inadequate. It would be a good idea if each University and College should be made the centre wherein all registered practitioners should be allowed to undergo the requisite courses. I may draw your attention in this connection to the attitude of the University of Bombay in keeping the recently instituted post-graduate courses in various special subjects as the exclusive preserve of medical graduates and if what I am informed is true it is still more deplorable that the A. I. M. L. A., and the I. M. A., either the Central or the Bombay Provincial, should have kept mum on this issue without taking the necessary steps. It is significant on the other hand, that some of the Madras branches of the A. I. M. L. A., (Madras and Vellore) should have been the first to protest against such an injustice. I cannot but strongly condemn the attitude of the Bombay University and I hope and trust the University will soon revise its decision in the interests of the profession. Nearer home the Madras Medical College does not permit Licentiates to take their post-graduate course whilst the Stanley Medical College allows them. I am at a loss to understand this discrimination.*

Systems of Medicine.

There are divers systems of Medicine in our country instead of there being one uniform system of Medicine viz., Modern Medical Science. Hitherto, no attempt has been made to evolve one system of Medicine which would absorb the good in every system. It is, therefore, necessary that all our endeavours and energies are directed in these channels to bring about uniformity without making invidious references, for, after all, Medical Science is common to all and there are no geographical discriminations according to the regions in which they have evolved or are practised. It is a well-known fact that the ideal should be to study every system from Biology to Forensic Medicine and then specialise in any system of medicine like the Ayurvedic, Unani, Homeopathic, etc., and then practise that particular speciality. Such a system of Medicine is prevalent in many countries.

A good many practitioners of the Indian system of Medicine, quacks, compounders, homeopaths are openly practising Allopathy without possessing the requisite qualifications and registration to practise this system of Medicine. I wonder what right any one has to practise Allopathy and what the Central, Provincial and State Governments are doing to stop these unauthorised persons from practising Allopathy. Are they not monkeying with Allopathy? Are they not the people's "Public Enemy No. 1"? A nation-wide agitation should be launched demanding the

*The Principal, Medical College, Madras writes to say that licentiates are allowed to undergo post-graduate courses in institutions unconnected with the university.

immediate suppression of quackery, ruthlessly and mercilessly. The practice of Allopathy by any one but a qualified practitioner must be made a severe penal offence. Similarly, no Allopath should be allowed to practise the other systems of Medicine unless he is duly qualified to do so. This stands to reason. In every town and city and many villages one comes across many of these quacks and self-styled "Doctors" keeping dispensaries and having a roaring practice by duping the public. This shameful state of affairs should no further be tolerated.

Dental Education.

There is paucity of Dental Colleges in our country and consequently the number of qualified dental practitioners are far and few with the result that a number of quacks have invaded the field and they are alarmingly on the increase. Severe penal measures as pointed above should be adopted to put down quackery in this direction.

Drugs and drug manufacture.

Here, I am briefly touching the main items for your information and clarification.

1. The tendency of manufacturers to introduce trade names to ordinary well-known chemicals and each firm introducing its own pharmacopea should be reduced to the absolute minimum.

2. A central authority should be created to look after the standardisation, testing of drugs and biological products so that no spurious drugs will be found in the market.

3. A huge trade is carried on by many firms of questionable reputation by openly advertising and selling abortifacients and all sorts of panaceas, some of them are supposed to heal from head-ache to Herpes Zoster and from impetigo to impotency etc. Perhaps, the ideal would be to permit the advertisement of the only ordinary household remedies in the lay papers and magazines.

4. Every drug that requires to be used under the care of a qualified practitioner should not be freely sold to any and every one.

5. Protection to the Indigenous manufacture should be given from unhealthy competition by foreign import.

6. I would emphasise the early introduction of an Indian Pharmacopea.

Medical Council.

1. Except the Madras Medical Council the rest have still compartmental registers thus perpetuating differences uncalled for, which should be forthwith abolished in the interests and well-being of the profession. Our Province has set the example of democratising the Medical Registration Act.

2. There should be a non-official President in every Council which should enjoy a non-official elected majority.

3. The Indian Medical Council continues to be without a register and does not recognise the licentiates. When the Licentiates will be recognised by this body such a register could come into being when it should be on a democratic basis arranged in an alphabetical order without the stigma of compartments.

Army Hospitals in India.

Pandit Jawaharlal Nehru has made a special appeal to the Army authorities and especially to the

Americans to hand over the hospitals built by them during the period of the war for civilian use and says that a large number of them with costly equipment have been built all over India. Now that the war had ended there is no use for them. It would be a tremendous pity if they were dismantled or sold out. "Let them be given over for Civilian use for there is an urgent need for hospitals" so says Pandit Nehru. Dr. B.C. Roy in a statement endorses Pandit Nehru's appeal as a timely one in view of the great need for hospital accommodation in this country. He further says that "in view of the paucity of beds, as far back as October 1943, the Health Survey and Development Committee requested the Government of India to take steps immediately on the cessation of the war to utilise the so called temporary hospitals erected for the military personnel in order that the civilian population of the country might be benefitted and the committee at its sitting had since reiterated this request." It is understood that Dr. Roy proposes to meet the authorities concerned in this connection. This appeal is published under the auspices of the United Press of India in the *Hindu* of the 1st September '45. I hope and trust that this timely request by two accredited leaders of our country will be appreciated and forthwith granted, if it has not been already done, to serve the most deserving and humanitarian cause.

The Adarkar Report

It is a scheme Health Insurance of Industrial workers and is full of instructive data and interesting suggestions. While welcoming the general principles underlying the scheme it is confined only to a very small section of the population and the extension of the same to other workers such as agricultural and the rest of the labouring class it is bound to be more and more popular. It is worthy of fair trial and has to be given every encouragement.

Amalgamation of the A.I.M.L.A. with the I.M.A.

I have come to the last but not the least important portion of my address pertaining to the much talked of and discussed question of the union of both these organisations. This has been in the air for the past 12 years and more and the position looks to be vacillating and waning. It is a matter for pride and gratification that Dr. G. V. Hanumantha Rao, of Guntur sponsored a resolution on amalgamation which received the whole hearted support at the last Conference held at Calcutta. After a thorough and frank discussion the principle of amalgamation was conceded unanimously leaving the details to be worked out by a Sub-Committee to be nominated by the President.* I hope and trust, you will all agree with me when I say, that this Conference entirely supports the move and urges the Sub-Committee to give its findings at an early date.

Now, let us take stock of the achievements of our organisation. Medical Schools have been abolished in our Province and a few other Provinces followed suit such as the Punjab, U. P., Bihar and Orissa and recently in Sind. Thus, you will see the rest of India is following our lead. Hence, it is all the more essential in arriving at a decision on this

*This is incorrect to our knowledge. What was accepted was the formation of a sub-committee to go into the question of amalgamation or otherwise.—Ed.

subject of amalgamation so that we may give a further lead in this direction. I would put you the question "Has the A.I.M.L.A., any right to exist now at least in Madras?" It must be the end and aim of all of us to have one organised medical association in India and that cannot but be the Indian Medical Association which is quite eager to have communion with us any time we decide that way. I am fully aware of the initial and ephemeral difficulties in the way of amalgamation. I would lay stress here on the necessity of the I.M.A. safeguarding the interests of the licentiates till the last licentiate departs from this land, for, that would allay the suspicions of many in our ranks. Let the I.M.A. put its shoulder to the wheel in wresting recognition for licentiates in the Indian Medical Council which could not bring out the All-India Register owing to the concerted agitations of ours. If we continue to have two associations it would only show that we the licentiates have not got the grit to mix with the rest of the profession, move shoulder to shoulder with them which would mean a true confession on our part that we are suffering from the much talked of "Inferiority Complex." Therefore, I leave it to you and the Conference to look ahead and seriously view the matter from the standpoint of the organised profession as a whole and the future of this great land.

Extracts from the Report of the Provincial Secretary, A.I.M.L.A. Madras.

Achievements and activities :—

They can be summarised in a brief manner as follows :—

1. The incessant cry of the Licentiates to increase the course of study in the Medical schools for five years. This was a long drawn agitation.
2. Improvement of the status and service conditions of the Licentiates, their designations undergoing a change from the Hospital Assistants to short lived Civil Medical Assistants and the Assistant Surgeons.
3. The ushering in of the Indian Medical Council Act of 1933 in the teeth of opposition by our Association and the entire profession. Intensive propaganda was done in the direction rousing the branches about this unwanted Council when the very conception of an All India Medical Council originated from two of our leaders, Dr. K. G. Lohakare & Dr. U. Rama Rao. To this day our protest is going on and the 20th of September of every year is marked as the protest day to bring home to the authorities the necessity and importance of recognising the Licentiates who form the majority and the back-bone of the medical profession in India.

4. The introduction of the Honorary Scheme during the Panagal regime and its repercussions.
5. The abolition of the Medical School in the Province after protracted discussion about an improved syllabus for medical school and placing them on a par with the medical institutions in the United Kingdom. The final exit of the medical schools settled the thorny problem by getting rid of the dual

system of medical education and replacing the schools by colleges thus maintaining a uniform standard of medical education. The author of this reform is a licentiate member of our Association Dr. T.S.S. Rajan, the Ex-Public Health Minister of Madras who has just inaugurated this conference.

6. Amendment of the Madras Medical Registration Act—a much desired and great reform in which the Madras branch took a leading part in conjunction with the members of the legislature. The Provincial Secretary made an extensive tour and addressed the branches and various other associations in the capacity of a Parliamentary Secretary of our association and a number of resolutions were passed by them attracting the attention of the Government, the Profession and the Public. This reform is due to Licentiate members and the Congress Ministry.

7. The introduction of the Honorary Scheme giving rise to keen repercussions and modifications.

8. The discontent and dissatisfaction of the existing Licentiates for better treatment and prospects which yet remain unsolved. Our agitation is still going on and will go on.

9. The creation of the D.M.S. out of the L.M.P. and thus dividing the profession further. Deputation and strong agitation were of no avail. This is the most unkindest cut of all.

10. The outbreak of the World-War and recruitment of Licentiates. The much despised and the unwanted I.M.D. did not attract the licentiates on account of the very poor and deplorable emoluments. The Association spared no pains to effect recruitment but in vain. The creation of the I.A.M.C. four years after the war levelled the status and rank between one medical man and another with the result almost every available licentiate joined the I.A.M.C.

11. The Delhi Conference gave a mandate that the Association would collaborate with the Government in the matter of recruitment and prominent members took part in the campaign.

All these activities left no time for the holding of regular Conferences. In this Province all our problems have been so thoroughly tackled that it is ahead of other Provinces which is an additional reason for the non-holding of such conferences. The two glaring problems still unredressed and unremedied are the status and condition of the existing Licentiates and their non-inclusion in the Indian Medical Council. If these two are solved the work of the Association in this Province is complete and the rest of the licentiates may live in peace and contentment.

Branches and their activities :—

Out of the 17 branches about ten are alive and kicking. The Madras branch took the lead in all activities and was the best in All-India. Madras has shown exceptional activity in recent years and bids fair to be the best branch of the Province. A new branch was opened in the West Godavari Dt. on the 4th of November 1944 and Dr. Y. Suryanarayana of Tanuku is responsible for the success of this function. Special mention has to be made of the good and excellent work done by the energetic Secretaries of the different branches, Dr. K. Rama Rao of Madras is a good organiser whilst Drs. Y. Suryanarayana Rao, G.

Subbarayudu and U. D. Gopala Rao rendered valuable services as Madras branch Secretaries. Dr. C. Nathamuni of Vellore, I. Pichai Robert of Coimbatore, Dr. K. Krishnamurthy of Vizagapatam, Drs. V. Venkateswara Rao and G. V. Hanumantha Rao of Guntur, Dr. N. Suryanarayanan of Madura, Dr. V. E. Jayaraman of Bangalore and Dr. V. Iravatham of Trichinopoly have all shown keen interest in the working of their respective branches. Special mention has to be made of the great help and co-operation given by the Presidents of two branches—in a particular, Dr. M.V. Natesan of Madura and Dr. P. A. S. Raghavan of Trichinopoly.

Dr. G. Subbarayudu & Dr. K. B. Bhujanga Rao rendered valuable services during their regime as Provincial Secretaries in the years 1934 & 1935 and 1939 & 1940 respectively.

Our strength of membership :—

It is not very encouraging. The following are the figures I have been able to cull from the records :—
226—1931, 143—1933, 158—1935, 107—1936, 213—1937, 250—1938, 211—1941, 205—1942, 261—1945.

This state affairs of does not mean any the less the greatness and importance of this Association which represents all Licentiates irrespective of whether they are actual members or not as their interests are interwoven and indissolubly identified with the aspirations and ideals of our Association. The dissolution of the Medical Schools and the consequent lessening of the Licentiate production and the number volunteering for the war have all contributed to the total number being always stagnant.

D. V. VENKAPPA,

Provincial Secretary, A.I.M.L.A. Madras.

Resolutions.

Condolence Resolution :—

This Conference places on record its deep sense of sorrow at the passing away of all those medical men of India, known and unknown, who have lost their lives during active military service in the war that has ended and offers its respectful condolences to the members of the bereaved families.

This conference further places on record its deep sense of sorrow at the passing away of Drs. P. Narasappa of Tirukkalukundram and P. N. Rama Rao of West Godavari and offers its respectful condolences to the members of the bereaved families.

Moved from the chair and passed unanimously, all members standing.

2. Handing over of Military Hospitals to civil authorities :—

In view of the very great lack of efficient hospital facilities in India, this conference requests that the Hospitals that have been built at great cost in several places in India for treating the personnel of American and British Armies be retained and the building and equipment be completely handed over to the Civil Medical Department of the province and thereby reduce the ultimate strain upon the Indian

tax-payer and at the same time begin the affording of medical relief long before the time that will be required for the building and equipping of pucca institutions under any plan of post-war medical relief.

3. Enhanced pension and gratuity for bereaved families :—

Seeing that licentiates have been given commissions in the I.A.M.C., this conference requests the government that in the case of those licentiates who joined the Army in the I. M. D. and lost their lives before the I.A.M.C. came into effect, the pension and gratuity paid to the dependents of such licentiates be increased to the same rates as would have been paid to them had the Licentiates died after the reform.

4. Medical Relief.

This conference being alive to the great lack of medical aid especially in rural areas, appoints the following sub-committee, with powers to co-opt, for the purpose of studying the several schemes suggested by government spokesmen and public bodies and report upon the best scheme of medical relief that this association may recommend for acceptance by the public.

Members of the sub-committee :

1. Dr. S. Kanthimathinathan, Madura
2. „ N. Suryanarayanan „
3. „ N. Krishnamurthy „
4. „ H. Shama Rao „
5. „ M. V. Natesan—Convenor „

5. Adarkar's Report.

This conference fully realises the necessity for instituting a scheme of health insurance for industrial workers and appoints a sub-committee consisting of the following members to go into the question and suggest any alteration or amendments to the recommendations made by Dr. Adarkar in this behalf.

Members of the sub-committee :

1. Dr. P. B. Annanjarochariar, Madras.
2. „ R. Sankaran „
3. „ G. V. Hanumantha Rao „
4. D. V. Venkappa—Convenor, „

The committee is requested to submit its report at an early date.

6. Abolition of the I.M.S. and Retention of the I.A.M.C.

This conference requests the government to abolish the I.M.S. altogether and to retain the I.A.M.C. as permanent measure and to remove the distinction between the direct recruitment of licentiates to the I. A. M. C. and the seconding to the I. A. M. C. of graduates recruited separately to the I.M.S. Resolved further that all differences such as gratuity, overseas pay, etc., between the I.M.S. and the I.A.M.C. be removed.

7. Retention of Licentiates in the I.A.M.C.

In view of the possible retention of a larger peace-time army, more than was done after the last great world war, this conference requests the government to retain in the I.A.M.C. a good proportion of the licentiates for staffing the military hospitals and for providing for ample reserves and release from the forces only those who are eager to return to civil practise and those for whom government have been

able to secure appointments as Assistant Surgeons under their civil administrations or in posts of equivalent status in quasi Government or private organisations. Resolved further that such releases from the I.A.M.C. be made gradually so as to allow time for those in civil practise already to adjust themselves to the large influx of more medical men from military to civil practise.

8. Facilities for higher studies.

This conference while thanking the Madras and the Andhra Universities for the concessions they have shown to licentiates by prescribing a shorter course of studies for licentiates desirous of obtaining the M.B.B.S. degree, requests the universities to further amend the rules so as to make it possible for licentiates completing two years' academic course in the medical college to sit for the final M.B.B.S. examination and to make this reform a permanent feature and not merely a war-time concession.

9. Reserving seats in Colleges for Higher Studies.

This conference requests the authorities concerned in admitting students to medical colleges in the province to reserve 25% of the total available seats to licentiates desirous of obtaining the M.B.B.S. degree and to all of this number in equal proportion to all the three colleges, giving the choice as far as possible to the applicant to choose the college he will study in.

10. Facilities for post-graduate studies.

In view of the great need for post-graduate study for medical men especially in rural areas, this conference requests the government to liberalise the scheme of study by (a) throwing open all branches of post-graduate studies fully to licentiates and (b) by making it free as has been done in the case of graduates.

11. Increased representation in the Madras Medical Council.

Whereas the Indian Medical Council (Act of 1933) has practically taken upon itself from the hands of the Madras Medical Council the control over medical education in the province and whereas the Madras Medical Council now has only control over the professional conduct of registered medical practitioners, this conference suggests to government to amend the Madras Medical Registration Act so as to take away the representation given to the three Medical Colleges and the two universities and to throw these five seats open for general election, thus increasing the representation of the Medical profession in the council from the existing seven to twelve.

12. Civil Medical Licentiates and appointments.

This conference requests the government that in appointing licentiates released from the I.A.M.C. to posts in the civil Medical department, their rank shall not be below that of 'Assistant surgeon'; that no distinction shall be made between a licentiate who, being already a Sub-Assistant Surgeon in civil employ volunteered to join the I.A.M.C. and those who, being in independent practise joined the I.A.M.C., as the latter class of medical men had no necessity to join the I.A.M.C. at all but did so partly to come

to the help of government at their time of need and partly in response to the appeal made by the leading members of the A.I.M.L. Association and as any distinction made between these two classes of men will, in addition to creating acute discontent, make the leaders look small in the eyes of the latter.

13. One cadre of Medical Service.

This conference requests the government that those licentiates who are in service at present in the medical and public health departments be automatically made 'Assistant Surgeons' or 'First Class Health Officers' or officers of a single cadre by whatever name such officers may be called. As a concession to the point of view of the authorities, this conference is prepared to agree that in the case of licentiates in civil practise or in service as a Sub-Assistant Surgeon or a second class Health officer, a minimum of ten years experience from the date of passing out of medical Schools may be fixed as a condition for such appointment or promotion.

14. Amalgamation.

This conference is strongly of the view that the All-India Medical Licentiates' Association and the Indian Medical Association should amalgamate into a single unified body of medical men for the whole of India and requests the sub-committees appointed for the purpose by the meetings held in Calcutta in the Easter of 1945 to expedite their work and requests the A.I.M.L.A. to convene a special session of the association and place before it the report of the sub-committee at a date not later the Easter of 1946.

15. Life Insurance Companies.

In view of the fact that in spite of repeated protests made by the All-India Medical Licentiates' Association and its branches all over India the Insurance Companies in India are still continuing to discriminate between I. M. S. men, medical graduates, licentiates, those in Government service and those not in it; this conference calls upon all medical men, and more especially upon all licentiates to refuse to work as medical officers for, or insure their lives with any insurance company which continues to make such distinctions and to influence their friends and friends to do likewise. The provincial secretary is requested to take necessary action in the matter.

16. Holding of the Provincial Conference Every Year.

This conference requests the provincial secretary for the time being to convene the provincial conference every year in a suitable place and in sufficient time before the annual conference of the parent body.

17. Venue of the Next Conference of the A.I.M.L.A.

The Madras branch having invited the next annual conference of the parent body to Madras, this conference requests the provincial secretary to take necessary steps to have the invitation accepted by the central body.

18. This conference requests that children and dependents of medical men be given preference in getting admissions to the medical colleges.

19. This conference congratulates Dr. V. Rama Kamath of Madras on his having been elected as the first non-official President of the Madras Medical Council.

20. This conference places on record its deep sense of gratitude to the members of the Madras Branch and of the reception committee for the very grand arrangements made and the extremely kind hospitality shown to the delegates attending the conference.

Vote of thanks by the Reception Committee to persons and institutions who helped in arranging the conference was passed.

An Exhibition also was held along with the fifth Madras Provincial Conference, A. I. M. L. A. Mr. T. S. Krishnan, the premier industrialist of South India, opened the exhibition. In the course of his address he stressed on the need for the manufacture of high standard quality of drugs. He appealed to medical men to co-operate with the Government in the matter of Health Insurance for labourers. He was also of the view that doctors in each town should form into a syndicate and the cases should be referred to doctors who have specialised in a particular subject instead of one doctor dealing with all different varieties of diseases.

Bilaspur (C. P.)—(1) Meeting held on 13th July 1945 at 5-30 p. m. 8 members were present. Dr. P. H. Sant was in the chair.

The following resolutions were adopted:

1. It is resolved that the provincial conference of the A.I.M.L.A. C.P. & Berar be called at Bilaspur in the first week of October 45 and the Provincial Secretary be informed of the same. Carried unanimously.
2. Further resolved that a reception committee be formed and Rs 10, be the minimum subscription for the membership of the committee and a D. O. be sent to all the members. Carried unanimously.
3. Resolved that a prize thesis committee be formed and a fund of Rs. 25 be raised by subscription at Re 1. per member. Papers on the subject of Saline Treatment of Cholera be called for, and the Secretary and the President are empowered by this meeting to do all in this connection. Carried unanimously.

(II) Meeting held on 27th July 1945 at 4 p.m. with Dr. P. H. Sant in the chair. 9 members were present.

Resolutions :—(1) This Bilaspur District Branch of A.I.M.L.A. is extremely grieved by the sudden demise of Dr. K. P. Sen Gupta, the Provincial President, by whose untiring and continuous efforts the work of the Licentiates' Association had flourished in C. P. & Berar. This irreparable loss is deeply felt and sadly deplored by the members this Branch both individually and collectively. The members through this resolution, convey their profound sympathy, their high appreciation of his merits and ability, to his bereaved family, join in their sorrow and finally pray the Merciful Almighty to bestow grace and peace to the soul of the beloved and departed head of their family. This resolution was passed by all members in sublime silence.

(2) Capt. Dr. S. K. Vaidya, I.A.M.C., a member of the branch who had returned from overseas gave a graphic description of the onerous work entrusted to the Licentiates as king's commissioned Officers.

(III) Meeting held on 28th August, 45 with Dr. P. H. Sant in the chair. 10 Doctors were present. The following resolutions were passed: 1. (a) Dr. P. H. Sant, Medical Practitioner, Bilaspur, was unanimously elected as president of the Reception Committee of the Provincial Conference of the licentiate doctors to be held at Bilaspur on the 19th and 20th October, 1945. Dr. M. N. Sen Gupta was elected as Secretary and Dr. Moorarka as Joint Secretary of the same.

(b) The following persons were elected as members of the Reception Committee.

1. Khan Sahab Dr. Rahaman Shah, Civil Surgeon, Bilaspur.
2. Dr. Yusuf Khan, Asst. Surgeon, Bilaspur.
3. Ramprasad Pande, Akaltara.

4. Dr. S. Gopal, Champa.
5. Dr. Miss Salom, Mission Hospital, Bilaspur.
(c) The Reception Committee was empowered to enlist more members from the Medical Profession as well as from the non-medical citizens at Bilaspur.

(d) A small sub-committee consisting of the following members was formed to be in charge of the scientific section of the Provincial Conference

1. Khan Saheb Dr. Rahaman Shah, (Chairman)
2. Dr. Yusuf Khan, and 3 Dr. Miss Salom.

(e) Dr. Yusuf Khan was elected to be in charge of the Medical Exhibition.

2. Dr. P. H. Sant, Medical Practitioner, Bilaspur, was unanimously elected as a president of Bilaspur Dist. Branch for the ensuing year and Dr. Moorarka was elected as the Branch Secretary.

3. Dr. B. P. Moorarka and Dr. R. P. Pande were unanimously elected as members from this branch on the Provincial Standing Committee.

4. Dr. P. H. Sant sincerely thanked the members for kindly attending the meeting and particularly Khan Saheb Dr. Rahaman Shah, Civil Surgeon, for taking such a keen interest on matters concerning the welfare of the Licentiates.

5. Dr. Miss Salom and Dr. Miss Sharma were elected to be in charge of the boarding and lodging arrangements of the lady delegates and visitors attending the Provincial Conference.

(IV) Meeting held on 20th September 45 at 4-30 p.m. with Dr. P. H. Sant in the chair. 8 Doctors were present.

This Bilaspur District Branch of the A.I.M.L.A. records its vehement protest against the non-inclusion of licentiate's qualification within the purview of the Indian Medical Council Act. This is a clear injustice in view of the fact that even the Government has made the licentiates eligible for King's Commission in the I.A.M.C.

The resolution was passed unanimously. The meeting ended with a vote of thanks to the chair.

Resolutions to be put up by this branch at the ensuing provincial conference at Bilaspur on 19th and 20th October, 45.

(1) Resolution No. 2 of 11th March 45 passed by this branch, Proposed by Dr. Choudhary and seconded by Dr. Bendra that an Information Bureau be established by the A.I.M.L.A. for giving all information to the members regarding Medical studies in India and abroad, their status and qualifications, eligibility of Licentiates to these courses, whether recognised in India and abroad. The Bureau should also arrange for admission etc., to such institutions for members willing to join.

(2) Resolution No. 3 of 11th March 45 with an amendment:—Proposed by Dr. Tembhekar and seconded by Dr. Fadnavis that a part of the fund of the A.I.M.L.A. be utilised for giving scholarships to the members for carrying on higher studies. The scholarships thus given shall be refundable with certain conditions imposed on the members taking advantage of such funds.

(Such a member who takes advantage of the scholarship must become a Life Member of the A.I.M.L.A.)

(3) That in view of the Coal and other Industries being classed as Essential Services the doctors in these services who were not able to join the I.A.M.C. should be given the same facilities and concessions as are given to those who have joined the I.A.M.C.

Annual Report of Bilaspur Branch:—The Secretary, Dr. B. P. Moorarka, in the course of the report on the working of the Branch for the year 1944-45 said: Our main activities during the year were directed towards recruitment to I. A. M. C. and the holding of the Provincial Conference which could not be held till now owing to war conditions. We had in all 10 meetings where we had full and frank discussion on matters affecting the profession. We had instituted a prize thesis committee which would call for essays, say once in three months, on subjects of practical and clinical importance. The first subject we have announced is on: Saline treatment of Cholera. All licentiates are eligible for the competition. Our Membership at the beginning of the year was 31. This thinned out owing to transfers and others joining the I. A. M. C. But by the end of the year we had up and we have to-day 34 in our roll. I repeat the appeal made by our all-India leaders for vigorous enlistment of licentiates as members. Our President Dr. P. H. Sant toured the province on I. A. M. C. recruitment work, and did the work with great success. We have lost our guiding star—Rai Bahadur Dr. K. P. Sen Gupta—during the year and this is an irreparable loss. It is very regrettable that in the Post-War

Schemes no mention is made about our specific problems such as the recognition of the licentiates by the I.A. M. C., abolition of the subordinate Medical Cadre, etc. It is hoped that the Government would read the signs of the time before it is too late and give the licentiates their legitimate place in service and in statutory bodies.

Chhindwara Mining Area Branch:—Copy of endorsement dated 21st March 45 from the Hon. Secretary, Chhindwara Mining Area Medical Association to the Labour Commissioner, C.P. & Berar Coalfields sub-committee.

Resolution No. 4 passed at a meeting held at Junnor-Deo on 11-3-45.

Proposed by Dr. Buit and seconded by Dr. Fadnavis that the Chairman, C.P. & Berar Coalfields Sub-committee, Nagpur, be requested to co-operate one member from amongst the members of the C.M.A.M.A., as the doctors are most intimately concerned with Labour Welfare.

Copy of the reply received from the Labour Commissioner, C.P. & Berar to the above letter.

No. 1450/LC dated Nagpur the 26th June, 45.

Your endorsement dated the 21st March was placed before the sub-committee at the meeting held on the 20th June 45 for consideration.

In view of rule No. 23 sub-clause 3 of Coal Mines Welfare Fund Rules, the number of non-official members cannot be more than four and as there are already four non-official members no more non-officials can be added to the committee.

Chhindwara:—Meeting held on 27th July 45 and the following resolution was passed:

That the members of the Chhindwara Branch of the A.I.M.L.A. express deep sorrow at the sad demise of Rai Bahadur Dr. Sen Gupta and pray Almighty to let his soul rest in peace.

Chhindwara Mining Area Branch:—An emergent meeting of the above Association was called on the 29th July 45 to condole the death of Rai Bahadur Dr. K. P. Sen Gupta, Provincial President of the A. I. M. L. Association.

Dr. R. R. Ingley was elected to the chair. Dr. N. B. Tembhekar in a short speech explained to the members the invaluable services rendered by the late Dr. Sen Gupta to the Association, after which the following resolution was unanimously adopted.

"This meeting places on record its deep sense of sorrow on the sad and untimely death of our beloved Provincial President of the Association Dr. K. P. Sen Gupta on the 24th July 45, at Nagpur, which has caused irreparable loss to the Association, his friends and past students and it is at one with the members of his family in their sad bereavement."

As a mark of respect to the departed soul, two minutes silence was observed by the house, all members standing.

The meeting also suggested that a copy of the above resolution be sent to the Provincial Secretary with the request that it might be passed on to the members of the bereaved family.

(II) Meeting held on 2nd September, 45 with Dr. T. E. R. Chetty in the chair.

Meetings were recommended after the rainy season and the reply to our endorsement dated 21st March, 45 from the Labour Commissioner C.P. & Berar, Coalfields Sub-committee, as per letter No. 145 O/LC dated Nagpur the 26th June 45 was placed before the House.

Proposed by Dr. Choudhary and seconded by Dr. Fadnavis, it was unanimously resolved that in view of the major importance of Medical and Health organisations in any Welfare Schemes, the appointments of a representative from this Association, which represents the bulk of Medicos in this area and therefore more intimately in touch with the Labour and their conditions is a very essential on the Committee. As such the Coal Mines Welfare Commissioner, Govt. of India, Dhanbad, be approached to so amend the rule No. 23 Sub-clause 3 of the Coal Mines Welfare Fund Rules, as to make provision for a representative from this Association to be included as a member of the Committee.

(III) Meeting held at Barkui on 16th September, 45 to conduct Annual Elections for the year 1945-46.

Results:—President, Dr. A. Bannerji.

Hon. Secretary and Treasurer, Dr. N. B. Tembhekar.

2. Members of the Provincial Standing Committee.

Dr. N. B. Tembhekar, and Dr. B. C. Choudhary.

2. Members of the Managing Committee:

Dr. T. E. R. Chetty, Dr. A. G. Gadhiyar.

Resolved that our recommendations Nos. 2 & 3 of 11th March 45 with an amendment to No. 3 be put up before the Provincial Conference to be held at Bilaspur on 19th and 20th October 45.

BAREILY C. P.—Meeting held on 17-2-45 at 5 p. m. at the premises of Dr. A. B. L. Mathur.

7 members were present. The following resolutions were passed. (1) Resolved that Dr. D. J. B. Desai of Ahmedabad be elected President of the 33rd Annual Conference of the A.I.M.L.A. to be held at Calcutta during Easter of 1945.

(2) Resolved that Dr. A. B. D. Mathur be elected Secretary of this Bareilly Branch in place of Dr. R. S. Garb transferred.

(3) Resolved that the C. P. Govt. be requested through proper channel to exempt the medical practitioners from the payment of the licence fee under drug control order as had been done by the Madras Government.

(II) Meeting held on 21-3-45 at 6-30 p.m. 4 members were present.

(1) Minutes of the last meeting were read and confirmed.

(2) Resolved that Dr. Baboo Ram and Dr. A. B. L. Mathur be elected members of the Standing Committee U.P. Branch of the A.I.M.L.A. U.P.

(3) Resolved that since a large number of deserving P.S.M.S. Officers will unfortunately be deprived of their well deserved promotion to P.M.S. according to the new Govt. rules, it is proposed that that the age limit for promotion to P.M.S. be raised to 50 years.

Bhandara C. P.—Meeting held on 25th July 45.

Resolutions.—That the Bhandara Branch of the A.I.M.L.A. deeply regrets to learn the death of Dr. R. B. K. P. Sen Gupta, the Provincial President of our Association and offers its sincere condolence to his son Dr. Bhuto and his family.

RAIPUR C. P.—Meeting held on 29-7-45, with Dr. M. A. Latif in the chair. 10 members were present.

This meeting of the members of Raipur Branch of A.I.M.L.A. placed on record its profound loss at the sad, untimely and sudden demise of R. B. Dr. K. P. Sen Gupta who was the provincial president of the A.I.M.L.A. The above meeting hereby offers its sincere condolence to the family of the deceased.

II Adjourned meeting of this branch held on day 26th August 45 at Dr. M. A. Latif's Disp. 6 members were present.

Resolutions:—(1) Elected the following members to the Prov. Standing Committee Dr. B. Dave, Dr. P. N. Chauhan.

(2) Considered the proposal of holding conference at Bilaspur C. P. in October 45. Resolved that Provincial conference, be called at Bilaspur in the 2nd week of October 45.

(3) Elected the following standing committee members: (1) Dr. Dave, Dr. P. N. Chauhan.

(4) Elected the following delegates: Dr. K. C. Baghet Dr. M. H. Wanjani, Dr. H. N. Lahury.

(5) Resolved to devise ways and means to increase the strength of the Asson.

(6) Resolved to prepare the correct list of the members of the Association.

(7) Resolved to fix the fee for the Reception Committee for the ensuing provincial conference at Rs. 5 for those whose income is above Rs. 100, Rs. 3 below income Rs. 100.

WARDHA (C. P.)—Meeting held on 26th August, 45. Five members were present. Dr. Waradpand presided.

(1) Minutes of the last meeting were read and confirmed.

(2) Provincial Secretary's Circular letter No. 18 dated 9th August, 1945 was read. Drs. Khot and Jodi were elected as members of the Provincial Standing Committee.

(3) As published in Nagpur Times of 16th August, 45 the suggestion of Dr. K. L. Sonak to hold the Provincial Conference at Nagpur was supported by all the members, the place being central and convenient all in every respect.

(4) The question of pay of Sub-Assistant-Surgeon in G.I.P. Rly. was discussed and taking into consideration, the enormous rise in prices of commodities, the present scale of pay from Rs. 75 to 150 fixed 20 years back, was considered very low and inadequate to the present needs and so it was resolved that the scale of pay be fixed at Rs. 160 to Rs. 300 p.m.

(5) The General Secretary be requested to kindly see that the above resolution is forwarded to the Railway Board in accordance with the resolution No. 16 passed at the last Calcutta Conference.

JALPAIGURI:—An emergent general meeting held on 20-9-45 at 8-30 p.m.

This meeting of Jalpaiguri Branch strongly protests against the ill conceived and unjustifiable Indian Medical Council Act of 1933 which has done great injustice by not recognising the licentiates as qualified to be included in the Schedule I of the Indian Medical Council and urges the authorities to amend the Act at an early date so as to rectify this injustice.

CHITTAGONG, (Bengal):—Meeting held on 24-6-45 at 7-30 p.m., 10 members were present. Dr. B. A. Khan occupied the chair.

Following resolutions were accepted.

(1) Resolutions of the previous meeting were read and confirmed.

(2) Dr. N. C. Bhattacharya was requested to act as an auditor for the current year.

(3) Members were requested to co-operate with and contribute to the District Medical Relief Committee according to their individual capacity.

(4) An "At Home" will be given to the A. R. P. and Emergency Medical Officers whose service would be terminated the next month.

II. Meeting held on 26-8-45 at 7-30 p.m. at the Association room. 8 members were present. Dr. M. Mozumdar, A. M. O. B. O. C., was in the chair.

The following resolutions were passed.

(1) Resolutions of the previous meeting were read and confirmed.

(2) This meeting congratulates the newly passed doctors of the Chittagong Medical School and asks them to join the Association.

III. Annual General meeting of the Branch held on 7-10-45 at 7-30 p.m. Dr. B. Bhattacharjee occupied the chair.

The Secretary Dr. K. K. Ghosh in submitting the report for the year 1944-45 mentioned the various activities of the branch; membership campaign was done, and members of the Chittagong Branch were 72 last year, and in this year it increased to 112. During last February the District Conference was held and it was unique in the history of Chittagong. By the effort of this Branch Quinine Sulphate and Aledrin were distributed to every medical practitioner of the district.

Ten general and two clinical meetings, in total 12, were arranged.

Dr. N. C. Bhattacharjee audited the account and submitted a report, which was accepted.

Income Rs. 525-0-0. (including contingency bills.)

Expenditure Rs. 409-2-0. (including Rs. 20 donation for A.I. Con.)

Balance in hand. Rs. 113-14-0.

Following were elected as the office bearers for the year 45-46.

Dr. B. A. Khan—President.
Dr. N. C. Bhattacharjee—Vice-President.
Dr. K. P. Ghosh—Secretary.

Dr. P. Mitra—Joint Secretary.

Dr. M. Mozumdar—Auditor.

Executive Committee:—Dr. A. Ahmed, Dr. Samoiddin, Dr. H. F. Chowdhury, Dr. M. Alam.

MYMENSINGH (Bengal):—The 19th annual general district conference of this branch was held on 30-9-45 with Dr. M. H. Ray in the chair. 17 members were present. The Branch Secretary's report on the working of the branch and the audit report was passed by the house unanimously. Interesting papers were read by Dr. A. Hanay and Dr. A. Talukdar, regarding Vit. A and Ocular Complication of Meningitis respectively.

Election of office-bearers:

Dr. B. N. Chowdhury—President.

Dr. S. K. Sirkar—Vice-President.

Dr. H. Chowdhury—Secretary.

Provincial Standing Committee:

Dr. H. Chowdhury—Secretary.

Dr. A. Bagchi.

TREASURER: Dr. N. Chowdhury (Secretary.)

Auditor Dr. H. N. Chakravarty.

Members of the Executive Committee:

1. President, 2. Vice-President, 3. Secretary, 4. Dr. H. Bagchi,

5. Dr. R. K. Sengupta, 6. Dr. R. Sen, 7. Dr. J. Ahmed,

8. Dr. D. C. Ray, 9. Dr. M. N. Ray, 10. Dr. S. C. Chakravarty,

11. Dr. S. Parashar, 12. Dr. B. Baskh, 13. Dr. A. Nandy,

14. Dr. A. Talukdar, 15. Dr. M. C. Aich.

MUZAFFARPUR:—The general monthly meeting was held on the 18th August with Dr. B. C. Sirkar in the chair.

1. Proceedings of the last meeting were read and confirmed.

2. The circular No. 2 from the General Secretary, A.I.M.L.A. was read and filed for necessary guidance and action in future.

3. Resolved that the Secretary should try to request all the members to meet regularly every month.

4. Resolved that the secretary should try his utmost to enrol non-member licentiates to the A.I.M.L.A.

Jorhat (Assam).—Meeting held on 29th July, 1945. Dr. A. Khare was in the chair. 6 members were present.

(1) Read and confirmed the minutes of the last meeting.
(2) This meeting condole the death of Dr. A. Hakim, the President of the Jorhat Branch and conveys its heartfelt grief to the bereaved family.

(3) It has been recorded that 12 members of this Branch paid their contributions towards the last Provincial Conference held at Gauhati at Rs. 2 each, totalling Rs. 24.

(4) The accounts of the branch for Rs. 10-13-0 were passed.

Nadia (Bengal).—The monthly meeting of the executive committee was held on 30-4-45, at 7 p.m. in the house of Dr. K. R. Roy, Goari, Krishnagar. 7 members were present.

1. The proceedings of the last meeting were read and confirmed.

2. The letter of Rai Shaheb Dr. M. L. Kapur dated 20th April, was placed on the table and discussed.

3. Dr. K. R. Ray who represented this branch as a delegate to the A.I.M.L. Conference, Calcutta, narrated the description of the conference which was much appreciated by the members present.

4. Resolved that the president of this branch be empowered to move the Quinine Rationing Authority as to how to get Quinine and Mepacrine for the use of Registered Medical Practitioners.

5. Some members of this branch have donated for Satkori Ganguly Memorial Fund and some others promised for the same which will be sent to the Provincial Secretary in time.

6. The T.A. Bill of Dr. K. R. Ray, who attended the Calcutta Conference as delegate from this Branch and the contingency bill of this branch from January to April 1945 was examined and passed.

7. The meeting dissolved after vote of thanks to the chair at about 9 p.m.

(II) A meeting of the Executive Committee was held on 24-5-45 at 7 p.m. in the house of Dr. K. R. Roy, Goari Krishnagar 6 members were present.

1. The proceedings of the last meeting were read and confirmed.

2. Considered the letter No. (366-408) dated 1-5-45 from the Provincial Secretary, Bengal, and it is resolved that Prof. Viswanath's resolution regarding the Medical Licentiate's course, reducing it from 4½ years to 3½ years, is dangerous and most objectionable in the interest of the public and the profession. This branch emphatically condemns it and protest against this reactionary move.

3. The T.A. Bill of Dr. B. C. Ghosh who attended the 33rd Calcutta Conference as a delegate from Nadia Branch was examined and passed.

4. The meeting dissolved after vote of thanks to the chair at about 9 P. M.

(III) A monthly meeting of the Executive Committee of Nadia Branch was held on 29-6-45 at 7-30 p.m. in the house of Dr. K. R. Ray, Goari, Krishnagar 6 Member were present.

(1) Dr. B. C. Bhadrar in the Chair (2). Dr. H. N. Sen, (3). Dr. J. Ray (4) Dr. K. R. Ray, (5) Dr. K. K. Banerjee, (6) Dr. P. C. Chatterjee. The proceedings of the last meeting were read and confirmed.

2. Discussions were made on the valuable deliberations of Dr. Nasiruddin, Asst. Director of Public Health who recently came here to enlighten us with the use of Mepacrine & Quinine for Malaria.

3. It was resolved that all the branches of all the Provinces of India be requested to send their donations for "Satkori Ganguly Memorial Fund" immediately to their respective Provincial Secretary. The members of this branch are glad to announce that they have been able to send Rs. 100 for this purpose to the Provincial Secretary, Bengal.

4. Some valuable scientific discussions were made on Typhoid fever with Cibazol & M.B. 693.

5. The meeting dissolved after vote of thanks to the chair at about 9 p.m.

(IV) A monthly meeting of the above Branch was held on 25-8-45, in the house of Dr. K. R. Ray, at 7-30 p.m. 8 members were present.

1. The proceedings of the last meeting were read and confirmed.

2. The accounts for the months of May, June and July were examined and passed.

3. Considering the Quinine and Mepacrine distribution amongst the Regd. Medical Practitioners it is resolved that the authorities be moved to abolish the present system of keeping so many ledgers and accounts by the Regd. Medical Practitioners

and allowing them to keep simple stock ledger accounts, and issues as are being done in Government and Local Fund Dispensaries so that they can devote more time and energy in looking after the well-being of their patients.

It is further resolved that all the practitioners of this Branch be liberally supplied with anti-malarial drugs so that the patients may be treated adequately, as it is doubtful whether such cases if sent to the druggist shop get the proper quantity of these drugs.

Considering the supply of anti-malarial drugs to the patients coming for treatment from the rural areas it is resolved that the Government be moved to allow all medical practitioners of the town to treat such cases by anti-malarial drugs available from their stock.

Copy forwarded to the Civil Surgeon, Nadia, and Director of Public Health, Writers Building, Calcutta.

4. It is unanimously resolved that Dr. K. R. Ray and Dr. J. N. Ray be elected members of the Provincial Standing Committee.

5. It was unanimously resolved that either Dr. A. D. Mukerjee, or Dr. K. R. Ray, be elected Provincial President for the next year.

6. It was unanimously resolved that Dr. K. R. Ray be elected Provincial Secretary for the next session.

7. The circular Nos. 2 & 3 from the General Secretary were placed on the table and discussed.

The meeting dissolved after vote of thanks to the chair at about 9-30 p.m.

(V) Meeting held on 20th Sept. 1945.

A special meeting of the All-India Medical Licentiate's Association Nadia Branch was held this day at 5 p.m. in the house of Dr. K. R. Ray, Goari, Krishnagar. A large number of Medical Practitioners and other inhabitants of this town assembled under the Presidency of Dr. K. R. Ray.

It was resolved that a vehement protest be made against the Indian Medical Council Act of 1913. The Licentiate's claim to be included in the Schedule I of the Indian Medical Council Act immediately.

The meeting dissolved after vote of thanks to the Chair at about 6-30 P. M.

(VI) A monthly meeting of the Nadia Branch held on 29-9-45 in the house of Dr. K. R. Ray at 7-30 p.m., 6 members were present.

1. The proceedings of the last meeting were read and confirmed.

2. General Secretary's Circular No. 61 dated 17-9-45 was placed on the table and discussed.

(1) There is no property of the Association in this Branch. The Secretary himself supplies everything when occasion arises.

(II) Budget for Rs. 25 (Rs. 15 for monthly expenses and Rs. 10 for propaganda) be passed.

(III) There is a branch the of Indian Medical Association in this town. Its rate of subscription is Rs. 4-8-0 per annum per member. It has a very few members of the licentiate class.

3. The Annual report of this branch was placed before the meeting and passed.

4. All the office bearers of this branch resigned and the following new office bearers were elected unanimously for the year 1945-1946.

(1) Rai Shaheb Dr. S.C. Dutta..... President
(2) Dr. B.C. Bhadrar..... Vice-President
(3) Dr. K. R. Ray..... Secretary
(4) Dr. P. Chakraborty..... Asst. Secretary
(5) Dr. M. Bhowmik..... Auditor.
(6) Dr. H.N. Sen, (7) Dr. J. N. Ray, (8) Dr. N.B.P Biswas, (9) Dr. D. Basu, (10) Dr. B. C. Ghosh, members of the executive Committee.

Calcutta Branch.—A meeting of the above Branch was held on the 20th September 1945 at its office premises to protest against the Indian Medical Council Act, 1933. Dr. A.N. Roy, Member, Bengal Medical Council and General Secretary, All-India Medical Licentiate's Association presided. Dr. J. Majumdar, Secretary, Calcutta Branch, while tracing the history of the Indian Medical Council Act 1933, said that the Act did greatest injustice to the largest number of statutorily qualified medical men of India, viz., medical licentiate by not taking them within its purview. The association has been observing 20th September every year as a day of protest to urge upon the members of the Central Legislative Assembly to amend the Act, so as to include the medical licentiate within its purview. But all our cries, said Dr. Majumdar have been, in the wilderness.

Dr. A. N. Roy, the President of the meeting, said that 20th of September will be observed all over India as a Day of Protest against the Indian Medical Council Act 1933. In narrating briefly the history of origin of this Act he said that the preamble of the Act to start with was to standardise the minimum medical education in India with a view to bring honour within and recognition abroad of the Indian Medical profession but with the change of preamble of the Act to 'Higher Medical Education' the Act has given a deathblow to the largest number of statutorily qualified medical men in India and has instead of bringing honour within has brought disgrace and insult from outside. It passes one's imagination, said Dr. Roy, how the medical graduates of this country could reconcile themselves to accept this changed form of the Act when out of 60,000 about 40,000 qualified medical men were kept outside the purview of this Act. Can this Act be really called Indian? Can any one think for a moment that this Act is National in the true sense of the term? British Medical Council when it was enacted did not forget even the apothecaries who were recognised by this Council but unfortunately in this land of ours this Black Act got its place in the Statute of the Central Legislature.

In connection with the question of recognition abroad he cited an example of the treatment the medical licentiate were getting in the colonies. He said that he had got information that medical licentiate in case of need are given employment in the British colonies and are allowed to practise medicine so long as they are in employment but as soon as they resign or retire from service they are not eligible to practise medicine on the plea that they are not recognized by the Indian Medical Council which has reciprocity with other Medical Councils abroad. This is a paradox which we should request the Secretary of the Colonies to explain.

The meeting terminated with the following resolution passed unanimously.

"This meeting resolves that the Indian Medical Council Act 1933 is a misnomer so long as the largest number of statutorily qualified medical men of the Indian Medical Profession does not come within the purview of this Act and urges upon the members of the Legislative Assembly (Central) and the Government of India to amend the Act as to make it really representative and popular by taking into its purview the medical licentiate who form by far the largest number of qualified medical practitioners and the backbone of the Indian medical profession. This meeting further urges upon the Bengal Government to implement the recommendation of the Indian Medical Council to raise the standard of medical education in the medical schools so as to conform to the standard prescribed by the Indian Medical Council without any delay."

Noakhali.—Meeting held on 23-9-45. 5 members were present.

1. This meeting of the members of the All-India Medical Licentiate's Association, Noakhali Branch, places on record the deep sense of sorrow and grief at the sudden and premature death of Dr. T. C. Bardhan. May his Soul rest in peace.

Members present adopted the resolution all standing. Further resolved that a copy of the resolution be sent to his bereaved family.

2. This meeting of the All India Medical Licentiate's Association, Noakhali Branch vehemently protests against the non-inclusion of Medical Licentiate within the purview of the Indian Medical Council Act 1933 and request the Govt. to so amend the Act as to include the Medical Licentiate within its purview.

3. The members be requested that their concentrated energy be devoted to recruit as many of our colleagues as possible as members of this branch Association, so as to show to our other sister organisations that our organisation is popular, representative and powerful and this can be done by recruiting one new member each month by every member.

4. Members of this branch be requested to subscribe Re. 1 (one) each per month to run this branch smoothly.

5. A list of members with up to date addresses and register number be sent to General Secretary, A.I.M.L.A. (vide Circular No 2, d/27-7-45) and copies of the proceedings of the meeting be sent to General Secretary, Provincial Secretary and the Editor of our Journal.

Budge-Budge (Bengal).—Proceedings of the monthly meeting of the above Branch held on 15-4-45 at Bagananar under the kind supervision of Dr. A. N. Roy (Vice-President). 12 members including Dr. S. N. Roy of Calcutta Branch were present, with Dr. B. C. Ghose in the Chair.

Minutes of the last meeting read and confirmed. Procedure for further enrolment of new members was discussed and 8 more names were suggested for approval.

Members were informed of the surplus money of the conference held at Budge-Budge.

Paper on 'Filaria in Bengal' by Dr. S. Rao of Tropical School of Medicine was read by Dr. B. C. Ghose and appreciated.

It is resolved that the General Secretary be again moved to supply letter heads and other necessary papers for the Branch which are usually supplied by him. It is further resolved that a rubber stamp for the President of the Branch, and 300 copies of printed forms for notice be made at an early date.

The Question of amalgamation of the A.I.M.L.A., with the I.M.A.A., was discussed and the matter was postponed for further discussion.

The meeting terminated at 8-30 p.m. with Tea by Dr. S. N. Banerjee of Baranagar.

II. Proceedings of the Annual General Meeting of the above Branch held at 5-50 p.m. on 17-6-45. 9 members were present.

1. Captain J. N. Mathur I.A.M.C., was voted to the Chair. Proposed by Dr. N. D. Kar and seconded by Dr. N. B. Sarker.

2. The Annual report of the branch was read by the Secretary. It was appreciated and adopted.

3. Election of office-bearers 1945-46.

President—Proposed by Dr. N. D. Kar and seconded by Dr. D. N. Ghose. Dr. A. N. Roy of Baranagar was elected President with 5 votes, against Dr. N. B. Sarker proposed by Dr. B. C. Ghose and seconded by Dr. K. G. Ghose with 4 votes.

(ii) Vice-President—Dr. N. B. Sarker was unanimously elected.

(iii) Secretary and Treasurer—proposed by Dr. N. D. Kar and seconded by Dr. D. N. Ghose; Dr. (Miss) S. De was re-elected for the 3rd time with 5 votes against Dr. I. B. Bose proposed by Dr. G. Ghose and seconded by B. C. Mitter.

(iv) Joint-Secretary Drs J. B. Bose and K. G. Ghose were respectively proposed by Dr. N. D. Kar and seconded by Dr. D. N. Ghose and proposed by Dr. B. C. Mitter and seconded by Dr. (Miss) D. Both having equal number of votes Dr. J. B. Bose was elected with the casting of vote by the President.

4. The Executive Committee was formed with the following members:—

(i) President, (ii) Vice-President, (iii) Secretary (iv) Joint Secretary.

(v) Drs. B. U. Mitter, S. M. Chatterjee and K. G. Ghose.

5. Dr. B. C. Ghose submitted a letter to the house for retirement from the membership of the branch. The letter was filed for discussion at the next meeting.

III. Proceedings of an ordinary meeting held on 17-6-45, at 4 p.m., at the Budge-Budge Chest Clinic with Dr. B. C. Ghose on the Chair, and 7 other members.

1. Minutes of the last meeting read and confirmed.

2. Accounts for the months of March to June 15th 1945 amounting to Rs. 5-11-6 checked and passed for payment by the Central Fund.

3. Dr. B. C. Mitter's letter was read and thoroughly discussed. "This meeting considers that there is nothing harmful or derogatory to the Medical Profession in the rule announced by the authorities of Bata Shoe & Co. Ltd., and that Dr. Mitter be informed accordingly."

VELLORE, (Madras).—The Annual General Body Meeting of the above Branch was held at the Hindu High School, Ambur, on the 11th February, 1945, at 4 p.m., when there was a large gathering of members and representatives from adjoining Taluks such as Tirupattur, Vaniyambadi, Walajpet and Vellore. Dr. C. Nathamuni, Honorary Secretary of the Branch, in a short introductory speech welcomed all those present and briefly detailed to them the activities of the Association and the rapid array of events occurring in their affairs and other developments and stressing on the need and importance of strengthening the branch especially at the present moment when the future of the profession should be made bright and glorious in the post-war period.

Dr. S. Ponniah of Ranipet, Vice-President occupied the chair owing to the unavoidable absence of the President, Dr. S. Gurubatham.

Election of office-bearers then took place with the following result:—

Patron:—Dr. S. Gurubatham of Vellore. President:—Dr. S. Ponniah of Ranipet. Honorary Secretary:—Dr. C. Nathamuni of Ambur. Vice-President:—Dr. T. K. Padmanabhan of Tirupattur.

Members of the Executive Committee:—Dr. Mrs. T. Thomas of Ambur, Dr. Mrs. D. Julian of Arkonam, Dr. A. Nallathambi of Ambur, Dr. A. Srinivasan of Vellore, Dr. E. L. Rajagopalan of Tirupattur.

The following resolutions were then passed unanimously:—

1. That the proposed All India Medical Register be constituted on a democratic basis placing all the medical practitioners statutorily registered in the Provincial Medical Councils alike without the taint of caste distinction in the profession and the Branch urges on the necessity and importance of bringing the necessary amendments forthwith to fulfil the ideals and ambitions of the profession.

2. That the Medical Councils in India have a single common Register as is obtaining in Madras and suitable amendments be effected in other Provinces to bring about the same.

3. That there be a non-official elected President in every Medical Council whether Provincial, State or Indian.

4. That the pay and allowances offered to Private Medical Practitioners on recruiting medical duties be on a uniform scale both for Graduates and Licentiates alike as this differentiation is very keenly felt by the profession in as much as they are statutorily registered medical practitioners and they hold the same status and rank in the I.A.M.C.

5. The Medical Officers employed in Ordinance Factories be also treated likewise and such glaring differences in their pay and allowances be removed in the interest of the profession as a whole.

6. That this branch condemns the attitude of the University of Bombay in not admitting medical licentiates into the recently instituted Diploma Courses in Venereology and Dermatology, Ear, Nose and Throat Diseases, Anaesthesia etc., in as much as Medical Licentiates are as much statutorily qualified and recognised as other members of the profession and it therefore requests the University authorities to amend the regulations as to allow the Licentiates to avail themselves of this opportunity of specialising in various subjects.

That the President of the A.I.M.L.A., be requested to move in this matter and further lead a Deputation to the Chancellor of the University of Bombay and represent the injustice done to the majority of the profession and also that this resolution be placed before the 33rd Annual Conference of the A.I.M.L.A., to be held at Calcutta.

7. That this Branch reiterates the resolution of the parent body on the terms of services of the I.A.M.C., regarding ante-date, overseas allowance and gratuity.

8. That the subject of the change of designation of Sub-Assistant Surgeons to Medical Officers, "Grade III" be left to the consideration of the Post-War Committee and the Provincial Secretary.

9. That Dr. D. V. Venkappa be unanimously nominated as the Provincial Secretary for this Province for the current year.

10. That Dr. S. Ponniah and Dr. C. Nathamuni be elected Delegates for the ensuing Conference.

Voting for the Presidentship of the ensuing Conference was then done in camera.

An interesting paper on "Lung Abscess" was then read by Dr. C. Nathamuni and several members took part in the discussion.

The meeting ended late in the night with the usual vote of thanks to the Chair, Dr. D. V. Venkappa, members present and the High School authorities.

Trichy (Madras):—A meeting of the above Branch was held at 6 p. m. in the clinical Laboratory, Chinnkadai Street when a dozen members were present. Dr. P. A. S. Raghavan, President of the Association presided and Dr. V. Iravatham was at home.

The following resolutions proposed by Joseph Gnanadickam and seconded by Dr. D. R. Williams was passed unanimously:—

This association rejoices at the termination of the world War and welcomes back home our gallant comrades who joined the I.A.M.C. at the call of the Government and the A.I.M.L.A. It urges on the Government and the Central Association to see that the Licentiates are no longer segregated into the compartment of Sub-Assistant Surgeons and the recruitment to Government, Municipal and other services and promotions are made on a basis of equality with the graduates. The Licentiates have earned the right to make this demand not only because of their merit but also because of their enthusiastic response to the call of the Government to join the Forces.

The Association regrets to note the invidious distinction that Insurance Companies make in the appointment of their Medical examiners, while this distinction has been removed in the matter of registration in the Provincial Medical Council, and in the matter of giving commissions in the I.A.M.C. and requests the Central Association to take necessary action in the matter to have this humiliating difference removed at an early date.

Dr. P. A. S. Raghavan was nominated for the Presidentship of the ensuing Provincial Medical Licentiates Conference to be held at Madras in the first week of October 1945. The President, Secretary of the local branch and Dr. K. Rangaswami Iyer and Dr. Joseph Gnanadickam were elected as the delegates to the forthcoming Provincial conference at Madras.

Dr. V. Iravatham then gave an interesting description of the All-India Medical Licentiates' Conference held at Calcutta at the end of April 1945 and humorously described the different activities at the conference. Regarding the question of the amalgamation of this association with the I.M.A., he said that the great majority of the delegates were against amalgamation, but he opined that the time would come when in the interests of both Associations amalgamation would be necessary and it was upto the members of the branches to discuss the matter dispassionately, come to a decision on the matter and give direction to the parent association.

The President thanked Dr. Iravatham for the Tea, and appealed to all Licentiates to join the Association. Six members joined on the spot and it was decided to hold periodical meetings.

Silchar branch:—Minutes of a meeting held on the 25th July 1945. Dr. R. M. Deb M. B., Civil Surgeon, presided over the scientific section. A paper on peptic Ulcer was read by Dr. S. P. Nath after which the members took part in discussion. They dwelt in detail on the importance of early diagnosis and laid stress on clinical findings.

All present were served with light refreshment. Dr. C. R. Chakravarty presided over the rest of the business of the day. 1. Minutes of the last meeting were read and confirmed.

2. B. Gupta was elected as Jt. Secretary in place of Dr. S. Dutta Roy transferred.

3. This branch requests the Prov. Secy. to move the proper authorities to publish the Annual list of Sub Asst. Surgeons of the Assam Medical Service (Jr.) which was formerly a half yearly list but has not been published for a long time.

4. Resolved that Govt. be moved to increase the percentage of promotion to the selection grade of those Sub-Asst. Surgeons of the A.M.S. Jr. who have been recruited after 31st December 1932 to 12 p.c. at least and the Prov. Secy be requested to take up the matter immediately.

5. Accounts of the branch upto date were checked and passed. Capt. A. C. Majumdar, I.A.M.C. and Dr. L. K. Baruah T.R.O. addressed the members and explained the duty of the licentiates to join the I. A. M. C. in increasing numbers and not to miss this unique opportunity which will pave our way in the post-war reconstruction. They were glad to declare that they could secure eight applications for enlistment from this district during their short tour and they thanked Dr. S. P. Nath for his able assistance in spite of his ill health.

N. W. Rly. Branch—A General Meeting of the N. W. Rly., branch of the All-India Medical Licentiates' Association was held on Sunday the 29th July, 1945 at Lahore.

Ten Members were present and under the presidentship of Dr. M. N. Karmarkar, the following business was transacted. Minutes of the last meeting were read and confirmed.

1. Resolved that Chief Medical and Health Officer, and General Manager N. W. Rly. be approach to accord recognition to the N. W. Rly., branch of the All-India Medical Licentiates' Association in support of the fact that this Association is recognised both by the Central Government (D. G. I.M.S.) as well as by all the Provincial Governments (Inspector-General Civil Hospitals) in India.

2. Resolved that since the longstanding grievances of Rly. Medical Licentiates have not so far been redressed despite the repeated assurances given by Chief Medical and Health Officer, N. W. Rly., Lahore, under his letters No. 961-E/438 dated 20th October, 1944 and 4th January, 1945 and rather further resentment and heart burning has been caused by the deplorable policy of substituting Assistant Surgeons at important dispensaries so far held by senior Sub-Assistant Surgeons, therefore a deputation consisting of Drs. S. S. Jettley, D. D. Aggarwal, M. A. Rahman and Vishwa Nath Pushkarna should wait upon Chief Medical and Health Officer and General Manager with a view to discuss at length and explain the difficulties of Rly. Sub-Assistant Surgeons.

3. Resolved that since the scales of pay of Rly. Sub-Assistant Surgeons recently revised by the Rly. Board are neither lucrative enough to attract fresh recruits nor do they afford any substantial

benefit to those already in service, therefore Rly. Board be requested for immediate adoption of I.R.C.A., scales recommended under Resolution MD/122.

Bhagalpur District Medical Officers' Association:—Proceedings of the 5th Conference held on 8th April 1945.

Members present:—Dr. J. N. Singh, S. P. Vaishya, Md. Mohsin, Dr. K. Jha, Dr. T. P. Choudhry, Dr. K. P. Prasad, Dr. Jyotish Chandra Singh, Dr. A. Samad, Dr. S. Kuma, Dr. G. K. Mitra, Dr. D. C. Ghosh, Dr. H. Prasad, Dr. R. K. Ghosh, Dr. R. Prasad, Dr. Subhauddin, Dr. A. K. Das, Dr. S. Ch. Mitra.

Proceedings.

1. **Formal election of the President for the present conference.** Rai Bahadur Dr. B. K. Roy, M.B. D.M.R.E., (Cantab)-Civil Surgeon, Bhag.

2. **Election of the office bearers for 1945-46.**

(i) **President, Civil Surgeon,**

Bhagalpur ... (Ex-officio).

(ii) **Vice-President** ... Dr. J. N. Singh.

(iii) **Secretary and Treasurer** ... Dr. T. P. Choudhry.

(iv) **Assistant Secretaries** ... (a) A. H. O. Sadar. (b) A. H. O. Madipura.

(v) **Auditor and Organiser** ... Dr. K. Prasad.

(vi) **Members of the Working Committee:**—

Dr. R. K. Ghosh, Dr. A. Samad, Dr. B. C. Ghosh, Dr. L. M. Mukherjee, Dr. H. Prasad.

3. Discussed the Sanitation Committee resolution No. 2, dated 7-2-1945 confirmed by the Board in Resolution No. 17, dated 19-2-45. The contents of the Resolution in question is the Revised Scale of pay of Medical Officers serving under the Dist. Board, Bhagalpur which is from Rs. 60-4/2-120 with two selection grade of Rs. 150/- per month.

From the scale, it is quite evident that a doctor will reach from Rs. 60 to Rs. 120 in 30 years' service and the privilege of the selection grade will never be enjoyed.

Hence resolved that the scale of pay of the D. B. Medical officers be revised and modified in accordance with the scale of pay of the Government for Sub-Assistant Surgeon as laid down below and the pay of all the Medical Officers be adjusted with retrospective effect.

(i) **Medical Officer:**—Rs. 65/-5/-—125/- with 3 selection grade of Rs. 15/- per month.

(ii) **Assistant Health Officer:**—Rs. 75/-—5/-—175/- excluding Compensatory allowance of Rs. 25/-—1/-—45/-.

4. Discussed the Government Letter No. 5895 L.S.G., dated 15-11-44, forwarded to the Medical Officers for information and guidance through proper channel. The letter contains an extract from the report of the tour of Dr. Kunjru in North Behar in the Sunday issue of the Search Light, dated 1-10-44. Dr. Kunjru's impression is that only a few people who could afford to pay fees to the doctors, were given saline only at their houses and the rest were left to their fate. To give saline treatment at the house of a patient is a troublesome and hard job for a doctor without assistance who has to engage himself from two or three hours besides the time taken by him to reach the patients house in mufasil area. Mass saline treatment at the houses of the patients with limited assistance available at mufasil dispensaries is not at all practicable.

5. Hence, the house resolved that the D. B. doctors are willing to give all possible prophylactic measures to cope with Cholera epidemic within the radius of 5 miles from the dispensary; and so far as curative measures are concerned, it is simply impossible especially in Cholera epidemic, when a number of patients in a number of villages require treatment immediately and at the same time. In view of the above letter and D. B. order, D. B. Officers are willing to undertake all such treatments provided a cholera ward be attached to the rural dispensaries with sufficient staff and equipment. The opinion of the technical heads such as I.C.C.S. and Civil Surgeons may be obtained in this matter.

Discuss the grievances of the doctors attached to the New Scheme dispensaries incorporated recently into permanent dispensaries by the Board and resolved that they be provided with quarters or a reasonable house rent in view.

6. Discussed and resolved that the D. B. doctors be sent for post grade training every year on the same conditions and terms as are allowed to the Government Medical Officers.

7. Discussed and resolved that Working Committee should meet quarterly at Bhagalpur for the proper functioning of the Association.

8. Discussed and resolved that the period for attending the conference and quarterly meeting of the Working Committee be treated as special leave, as it would be quite impossible to attend all the meetings at the sacrifice of Casual Leave.

9. Resolved that the subscription as mentioned in Rule No. 32 of the Rules of D. B. Medical Officers' Association, Bhagalpur be reduced to Rs. 6/- only per annum payable in advance.

10. Resolved that the arrears of subscription be realised up to 1941-42 and be remitted from 1942-43 to 1944-45.

11. Resolved that the rates of T. A. rules including T. A. on transfer be made similar to those allowed by the Government.

12. Discussed T. A. allowed to the Medical Officers and Asst. Health Officers. Due to be normally high rates in the present situation, T. A. allowed to them, is not sufficient to meet the incurred amount in discharging their duties of prophylactics in cholera epidemic.

Hence it is resolved that actual T. A., be allowed to them.

Silchar (Assam):—Minutes of a meeting held on 25th August, 1945.

Dr. M. R. Chakrabarty presided.

1. Minutes of the last meeting were read and confirmed.

2. Account of the branch upto date was checked and passed.

3. Dr. R. Sinha opened a discussion on Penicillin treatment, described his practical experiences and the members present took lively interest in the discussion.

Burdwan (Bengal):—A meeting of this branch was held on 26-8-45 at 8 p. m. at Dr. B. N. Bose's residence with Dr. G. N. Mukherji in the chair. Eight members were present.

1. Proceedings of the last meeting were read and confirmed.

2. This meeting deeply condole the untimely death of Rai Bahadur K. P. Sen Gupta of Nagpur which is a great loss to our Association.

3. Resolved that Secretary Ardhendu Bhussan Sen Gupta and Dr. Priya Gopal Mukherji are elected to be the members of the Provincial Standing Committee (Bengal).

4. Resolved that Dr. A. D. Mukherji of Calcutta be elected as the Provincial President for the ensuing session.

5. Resolved that Dr. Gunadada Mukherji of Burdwan be elected as the Provincial Secretary for the ensuing session.

6. The Provincial Secretary be requested to send a copy of the Bengal Provincial Rules of A.I.M.L.A. without which the members can not follow the Rule No. 3 regarding the Branch subscription in his circular No. 3 dated 15-8-45.

7. Resolved that Rs. 5 be contributed towards "SATKORI MEMORIAL FUND" from this branch.

Saran (Bihar):—The members of the All-India Medical Licentiates' Association of the District Branch, Saran, met in an extraordinary meeting held on 6th September, 1945, at Chapta and unanimously passed the following resolution:—

Whereas the Government letter No. 750 L. S. R. P. dated the 10th July, 1945, from the Secretary to the Government of Bihar in the Local Self-Government Department to the Inspector-General of Civil Hospitals, Bihar, not only superseded the Inspector-General's letter No. 14022/H-78-44 dated the 30th September 1944, but also places the old employees (Medical Officer) of Joint Committees or Local Bodies attached to the Sadar Hospitals since provincialised, is a very precarious and insecure position by treating them as an temporary basis and their posts as vacant and inviting applications by advertisement for filling them in by permanent incumbents and making them eligible for filing such applications has caused great dejection are disappointment among such employees on the grounds viz., (1) they would find themselves quite at sea if they are thrown overboard on account of age, etc., and (2) they would suffer untold financial embarrassment if their past (in cases of some long) services and privileges were completely ignored and they were to start a fresh.

This Branch Association urges the Government to reconsider their cases sympathetically and compassionately with a view to appointing them to their posts on a permanent footing on such scales of pay as at present obtaining in different departments of Government for employees of similar qualifications and placing them on the same footing as other Government servants entitling them to pensions, etc., and also to raising their pay in the scale proportionate to the length of services already rendered by such employees.

INDEX TO

(Journal of the All-India Medical Licentiates' Association)

Vol. 39, 1944.

Details of Balance						£ 157 7 10
War Loan	...	...	£ 157 17 10	With Treasurer	Rs. A. P.	Rs. A. P.
13 Shares of the Bacterio Clinical Laboratory Ltd., Calcutta	...	...	Rs. A. P.	P. N. B. Lahore	19,472 8 8	
New Loan	...	...	85 0 0	P. O. S. B.	3,685 6 4	
Imperial Bank of India, Delhi, Savings account from Omara Gold Medal	...	...	8,200 0 0	Cash in hand	92 2 9	
Government Bond for S. S.	...	...	403 11 11	Stamps in hand	13 15 9	
G. P. Notes	...	...	9,409 2 1	With Managing Editor		23,264 8 6
5 Year postal certificates	...	...	16,291 9 0	At Bank	9,856 2 9	
Dr. S. P. Sen Gupta, Ex. Managing Editor	...	...	7,050 0 0	In hand	54 14 7	
Imperial Bank of India, Delhi, Current account	...	...	793 12 1	In Stamps	14 14 6	
With Branches	...	...	12,755 14 6	Paper Purchase Advance account	911 10 2	
Postal Savings Bank account with President...	...	...	186 0 0			10,837 10 0
			812 8 1			
				Total ...		90,084 2 2
						£ 157 7 10

(Sd.) R. De,
Secretary,
Reception Committee.

(Time Extended)

Dr. B. P. Moorarkar,
A.I.M.L.A., Branch Bilaspur. (C.P.)
Secretary,

[illegible]

OUR MONTHLY SURVEY	Page	OUR MONTHLY SURVEY	Page	REVIEWS AND REPORTS	Page
Adarker's Report	169	Medical Schools in Bengal	115	Exercises in Human Physiology—	
Bhore Committee's Report	89	Medicine is not an exact Science	89	Sir Thomas Lewis	203
Calcutta Conference	143	Milk for Sick Patients	115	Foetal Circulation—A. E. Barclay	203
Chemotherapy in Tuberculosis	241	Penicillin	226	and others	
Civil Medical Appointments in War		Penicillin Distribution	73	Gynaecology, A Text-Book of—	
Works	73	Physical defects among Indians	73	James Young	102
Drug Industry, The Future of Our	170	Preventive Medicine, Future of	241	Midwifery, Principles and Practice	102
Hormone Therapy, Status of	226	Quinine and Emetine	116	of—R. W. Johnstone	
Indian Army Medical Corps	1, 271	Railway Board	272	Modern Methods of Amputation—	
Indian Medical Council	272	Sex Science, Teaching of	226	Edmund Vasconcelos	203
Indian Research Fund Association		Sub-ordinate Medical Service,		Ophthalmic Surgery and Sight Test-	
(1944) Work of	257	abolition of	271	ing—M. A. Kamath	102
"Ingratitude"	190	Syndrome of Arthritis	209	Principles of Unani Medicine—	
Licentiate's Contribution	189	Sulphadiazine Prophylaxis, Mass	241	H. A. Hussain	203
"Hopes"	189	Thirty-third Conference	90	Report of the All-India Institute of	
"Commissioned Officers	190	Timely Warning	225	Hygiene and Public Health 1940-44	203
and the I. A. M. C.	225			Science of Success—Jhony	102
Medical College, Admission of				Syphilology, Essentials of—R. H.	
Licentiate into	271			Kampmeier	102

NOTICE.

BENGAL PROVINCIAL MEDICAL LICENTIATES' CONFERENCE.

The Conference has been decided to be held at Howrah on the 26th and 27th January, 1946.

Besides exhibition of medical products, clinical lectures and demonstrations are included in the programme.

The following schedule of fees is fixed.

1. Rent for stall in the exhibition for two days ... Rs. 50.
2. Membership fee for the reception committee ... " 5.
3. Delegate's Fee ... " 3.
4. Non-Member visitors ... " 5.
5. Students ... " 1.

The following are the office bearers of the reception committee:

Chairman: Dr. Jibananda Mukherjee	Pandal and Exhibition: Dr. Bidhubhusan Mukherjee, (In-charge)	Finance Committee: Dr. J. Mukherjee (Treasurer), Dr. M. C. Chatterjee, Dr. K. K. Bhattacharya, Dr. R. Halder,
Vice-Chairmen: 1. Dr. Molin Chandra Chatterjee 2. " K. K. Bhattacharya 3. " R. Halder	Dr. S. G. Mitra, Dr. J. N. Hazra, Dr. M. K. Chakravarty and Dr. S. K. Barman	Dr. Miss. P. K. Chowdhury and Dr. D. N. Dutt. (Secretary)
Hony. Jt. Secretaries: 1. Dr. Bibhuti Bhushan Lahary 2. " J. K. Roy	Scientific Section: Dr. Bimal Chandra Pramanik (In-charge) Dr. K. Hazra	Amusement and Entertainment: Dr. K. K. Bhattacharya, Dr. J. N. Bose and Dr. Satchidananda Mukherjee, (Secretary).
Accommodation and Reception: Dr. M. C. Chatterjee (In-charge) Dr. B. Pal, Dr. D. L. Ghosh, Dr. R. P. Ghosh and Dr. Subhankar Mukherjee	Publicity Committee: Dr. Atul Ch. Dey, Dr. G. Majhi and Dr. N. C. Kundu	

Manufacturing firms who intended to take a stall, delegates, visitors and doctors who wish to read papers or demonstrate interesting cases are kindly requested to write to the undersigned on or before the 7th January, 1946.

LAHARY, and J. K. ROY,

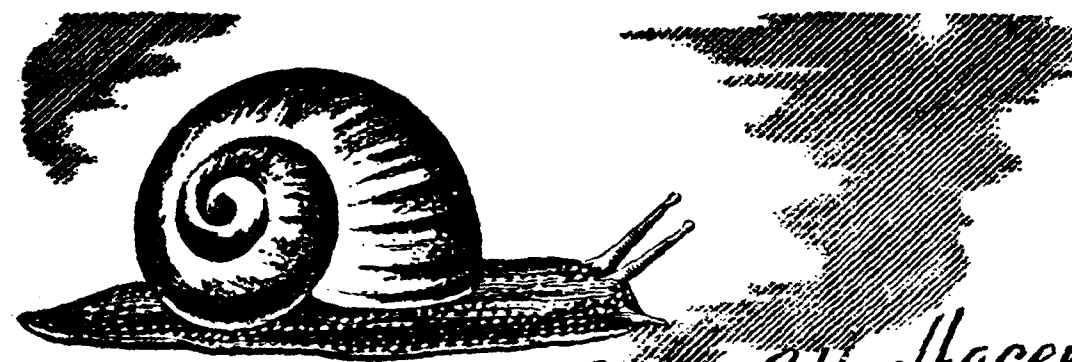
Hony. Jt. Secretaries, A.I.M.L.A. (Howrah Branch), 10, Harimohan Mukerjee Lane, P.O. Salkia, Howrah.

Typharsen
WELL TRIED REMEDY FOR
Filariasis

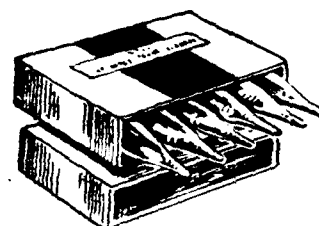
TYPHARSEN HAS BEEN SUCCESSFULLY USED IN FILARIAL FEVER, ELEPHANTOID LEG, HAND AND EVERY OTHER FORM OF FILARIAL INFECTIONS

MANDOSS & CO. LTD.
22, STRANGE ROAD, CALCUTTA

WANTED AGENTS AND STOCKIST FOR QUININE, EMETIN INJECTABLES AND BIOLOGICAL PRODUCTS



Snail's Self-effacement
TO REMOVE HUMAN SUFFERING



ARSO-PEPTIDE

Offers the latest rational therapy in
ASTHMA and FILARIASIS
It contains a special allergy desensitising polypeptide, derived
from crustaceans, in stable organic arsenic solution.
Issued in Box of 6x1 c.c. ampoules.
N.B.—It does not contain any vaccine.
For Samples and Literatures, write to

UNIQUE DRUG HOUSE LTD. : 23, ISWAR MILL LANE,
CALCUTTA

Another new contribution in the chemotherapeutic line
Prepared in our Laboratory for the first time in India.

Solustibol

A sterile solution of Antimony V Hexonate containing
— 20 mg. of Pentavalent Antimony per c.c. —

THE SAFEST and NONTOXIC INTRAMUSCULAR
THERAPY IN THE TREATMENT OF KALA-AZAR

TESTED IN A LABORATORY OF THE GOVERNMENT OF INDIA.

Particulars from:

ADCCO LIMITED
KALIGHAT, CALCUTTA

EVIDENCE!

that STAPHYLOCOCCI are common pathogens

To-day, despite the difficulties of keeping pace with advances in applied bacteriology in war time, there continues to accumulate incontrovertible evidence of the importance of staphylococci in the pathology of a number of conditions met with in medical practice.

Notes on the conditions referred to are given here and it is suggested that these are a complete justification for the introduction of the new antiseptic, O-SYL.

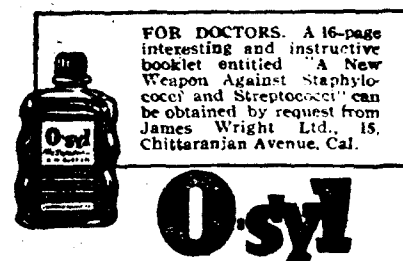
O-syl provides a safety factor in use which is not present in antiseptics developed during the period when the only consideration was the killing effect on streptococci.

The Evidence

1. Impetigo Contagiosa. Bigger and Hodgson have shown that 97% of their cultures yielded Staphylococci (mostly Staph. pyogenes) and only 32% streptococci (pyogenes.) Moreover, whilst staphylococci were present without streptococci in 67% of cultures, in only 2% were streptococci present without staphylococci. In unopened vesicles all cultures yielded only staphylococci (aureus.) Sheehan and Berkson during an independent survey agreed closely with these findings and in addition showed that impetigo was reproduced with similar frequency when human skin was inoculated with staphylococcus aureus as with fluid obtained from the lesions of spontaneous impetigo.

2. Bullous Impetigo Neonatorum. Benians and his co-workers describe an epidemic of this condition due to staphylococci and suggest that statistics convey a suggestion that staphylococcal infections have become of greater frequency during the past two years.

3. Staphylococci in the nursery. Recent work has emphasised the importance of staphylococcus aureus in nursery infections in which they give rise to Breast abscesses in the Mothers and pemphigus in the Babies. There is, moreover, evidence that in some epidemics of conjunctivitis in the babies the condition is also due to the same organisms.



FOR DOCTORS. A 16-page interesting and instructive booklet entitled "A New Weapon Against Staphylococci and Streptococci" can be obtained by request from James Wright Ltd., 15, Chittaranjan Avenue, Cal.

O-syl

From all Chemists and Stores, and
James Wright Ltd., 15, Chittaranjan Avenue, Calcutta.
56, Thambu Chetty Street, Madras.
Standard Brands Ltd., 10, Underhill Road, Delhi.
15, Graham Road, Bombay.

Available in
two Sizes.
Large economical
10 oz. size
Rs. 1-11-0
2½ oz. size—As, 10.

Rational Treatment of Diarrhoeas:

ANNOUNCING

*CARBOPECTIN

ADSORPTIVE — ANTIDIARRHOEIC

COMPOSITION

Activated Vegetable carbon	0.40 Gm.
Hydrated Aluminium silicate	0.40 "
pple Pectin	0.15 "
Excipients	0.05 "

Available in
TUBES OF 20 TABLETS,
1 Gm. (15 gr.) Each

* CARBOPECTIN

produces no alkalosis and does not interfere with normal peristaltic function.

a product of

ALLIED DRUG INDUSTRIES, LIMITED

Manufacturing Chemists
CALCUTTA

Phone: Cal. 4141

Wire: Adiseptule, Cal

'GRAND PRIX' SOLIDIFIED PHENYLE

Dissolve in water One Cake and you have 6 gallons of good milky-white liquid Disinfectant for use. It contains the best bactericidal and Malaria-killing properties and is also used by Veterinary Surgeons for bathing animals. Approved by Govt. Military and Naval Depts, Hospitals, Mills and Factories, Railways, etc., etc. It is a Quality Product—Best for all Sanitation.
Price Rs. 3/8/- per Cake (Postage extra).

Distributors for Madras & Southern India
AMAR & COMPANY,
22, Iyappa Chetty St., Mannady,
G. T., MADRAS.

'AJIT' LABORATORY

Presents



QUINOJIT

Specific for all types of Malaria.



ARMOURINE

Compound of iron and liver extract.



STANOXILINE

A powerful blood purifier.

THE AJIT CHEMICAL & PHARMA. WORKS LTD.
Manufacturers of reliable B. P. Products
SANGLI

For Recalcification Specially in TUBERCULOSIS

RAYCALCIN

A combination of super-saturated solution of Calcium Gluconate and active principles of Liver with Choline and Vitamins B complex and C—the best assimilable form of Calcium.

RAYCALCIN with GOLD
RAYCALCIN with IRON
(INJECTABLES)

SYRUP RAYCALCIN

(ORAL)

FOR FILARIASIS

FILARSEN

A suspension of B. Typhosus in arsenical solution in Colloidal state, indicated in all manifestations of Filariasis—also effective in cases of periodic localised swellings without any visible cause.

THE POLYCLINICAL LABORATORY LTD.,
1, MOTI SIL STREET, CALCUTTA.

Sole Agents for Bombay Presidency:

M/s. Keen Trading Corporation,
No. 1, Damodar Mansion, Girgaum, Bombay 4.

Agents for Madras Presidency, Coorg,

Travancore Cochin and Pudukottah States:
K. Ramson & Co., (1916) Madras,
226, Poonamalle High Road, P. T., Madras.

EYE OINTMENT PRICE LIST.

		Packings 1 oz. 100 Grs.				Packings 1 oz. 100 Grs.				Packings 1 oz. 100 Grs.	
		R.A.	R.A.			R.A.	R.A.			R.A.	R.A.
1.	Anti Cataractous	3 0	1 4	24.	Atropine and Dionine	2 8	1 4	54.	Sulphanilamide Cum	2 8	1 4
2.	Anti Leucoma	2 8	1 4	25.	Argyrol	2 8	1 4		Shark-Liver Oil.		
3.	Anti Conjunctivitis	2 8	1 4	26.	Atropine	2 8	1 4	55.	Yellow oxide of mercury	2 8	1 4
4.	Anti Keratitis & Pannus	3 0	1 6	27.	Anti Septic Sedative	2 8	1 4		Cum Atropine	2 8	1 4
5.	Anti Keratomalacia	4 0	2 0	28.	Argento Cuprum	2 8	1 4	56.	Sulphadiazine	3 0	1 8
6.	Anti Corneal Ulcer	2 8	1 4	29.	Bichloride Mercury	2 8	1 4	57.	Sulphadiazine Cum		
7.	Anti Bacterial	2 8	1 4	30.	Boric Acid Ointment	2 8	1 4		Atropine	3 0	1 8
8.	Anti Chalazion	3 0	1 8	31.	Boric and Zinc	2 8	1 4	58.	Penicillin Strong		5 0
9.	Anti Iridocyclitis	3 0	1 8	32.	Calomel Ointment	2 8	1 4	59.	Penicillin Cum Atropine	7 8	2 1
10.	Anti Scleritis	2 8	1 4	33.	Chaulmoogra Oil	2 8	1 4	60.	Penicillin Cum		
11.	Anti Blepharitis	2 8	1 4	34.	Collargol	2 8	1 4		Sulphathiazole	7 8	2 8
12.	Sulphanilamide Cum			35.	Copper Citrate	2 8	1 4	61.	Copper Cum Protargol	2 3	1
	Atropine	2 8	1 4	36.	Eserine Ointment	4 0	1 8	62.	Penicillin Cum		
13.	Sulphanilamide Cum			37.	Homatropine	2 8	1 4		Sulphadiazine	7 8	2 8
	Dionine	2 8	1 4	38.	Mercurochrome and			63.	Penicillin Cum		
14.	Sulphanilamide Cum				Atropine	2 8	1 4		Sulphanilamide	7 8	1 8
	Copper	2 8	1 4	39.	Procaïn & Chlorotone	3 0	1 8	64.	Calomel Cum		
15.	Sulphanilamide Cum			40.	Pilocarpine	2 8	1 6		Sulphathiazole	2 8	1 8
	Zinc	2 8	1 4	41.	Protargol	2 8	1 4	65.	Atropine Cum Scopalmine	3 0	1 8
16.	Sulphanilamide Cum			42.	Picric	2 8	1 4	66.	Calomel Cum Atropine	2 8	1 4
	Yellow Oxide of			43.	Scarlet Red Ointment	2 8	1 4	67.	Sulphanilamide 10%,		
	mercury	2 8	1 4	44.	White Precipitate	2 8	1 4	20%		2 8	1 4
17.	Anti Pneumococcal	2 8	1 4	45.	Xeroform	2 8	1 4	68.	Shark-Liver Oil Cum		
18.	Anti Gonococcal	2 8	1 4	46.	Zinc Ointment	2 8	1 4		Yellow oxide of mercury		
19.	Copper Citrate Cum			47.	Zinc and Itchyol	2 8	1 4		Shark-Liver Oil 20%	3 0	1
	Atropine	2 8	1 4	48.	Picric Cum Atropine	2 8	1 4	69.	Shark-Liver Oil 30%	2 8	1
20.	Yellow Oxide of Mercury	2 8	1 4	49.	Pilocarpine Cum Dionine	3 0	1 8	70.	Dionine Cum Iodide	3 0	1
21.	Halibut-Liver oil Cum			50.	Xeroform Cum Atropine	2 8	1 4	71.	Tyrosine Cum		
	Yellow Oxide of			51.	Yellow oxide of mercury				Sulphathiazole	5 0	2 8
	mercury	3 0	1 8		Cum Balsam Peru	2 8	1 4	72.	Tyrosine Cum		
22.	Halibut-Liver oil Cum			52.	Scopalamine	3 0	1 8		Sulphadiazine	5 0	2 8
	Plasma Cum Atropine	3 0	1 8	53.	Sulphanilamide Cum			73.	Penicillin Cum		
23.	Dionine	2 8	1 4		Chaulmoogra Oil	2 8	1 4		Yellow oxide of mercury	7 8	2 8

THE SOUTH INDIAN EYE LABORATORY,
CHODAVARAM (Vizag. Dt.) SOUTH INDIA



FOR MALARIA

Quino-Gluconate is a specific against Malaria in all its forms and stages—tertian, quartan or malignant fever. It can

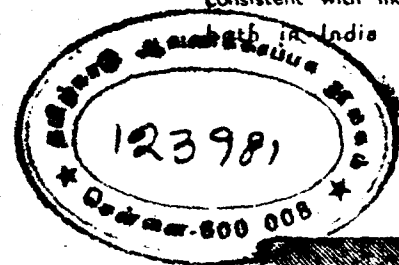
also be used in the treatment of quinine idiosyncrasy, blackwater fever and for Malarial sanitary measures. Quino-Gluconate solution for intramuscular and intravenous injections is painless, and causes no contra-indications. Full particulars

The policy of the Gluconate Ltd. is to uphold the highest standard in pharmaceutical manufacture, consistent with modern research methods in India and abroad.



MODE OF ISSUE

Box of 6 ampoules of 3 cc and 3 cc each. 5 cc contains 8 gr of Quinine B-gluconate. Phials, 30y 25 and 12 tablets



GLUCONATE LTD

AGENTS: ORIENTAL MERCANTILE CO. LTD
46A & B, PRATAPADITYA RD., CALCUTTA. 11, BANK ST., FORT, BOMBAY

GK 6

ANTISEPSIS

Unfailing, Safe and Painless

'Dettol . . . is a halogen derivative of xylol, which is dissolved in aromatic essential oils and is miscible with water in a permanently stable emulsion. It differs from most of the antiseptics in common use in that its use in concentrated form is not prohibited by toxic effects—for example, it is well tolerated on the naked hands day after day, or on the vulva, or even in the intact vaginal mucous membrane, and yet a 1 per cent. solution very rapidly kills hæmolytic streptococci and *B. coli*, even in the presence of pus. Its bactericidal activity is very little diminished by mixture with soap. It has a pleasant smell. Our experience with it at Queen Charlotte's both in the labour wards and in the isolation block, has been very satisfactory.'

This was written ten years ago when 'Dettol' was first introduced to the British medical profession. Within three years the incidence of hæmolytic streptococcal infections at Queen Charlotte's Maternity Hospital, Hammersmith, London, had fallen by over 50 per cent.—and this dramatic decline was authoritatively attributed to the use of

'Dettol', which was the only change made in the antiseptic procedure.* To-day, this antiseptic is preferred before all others in British hospitals and homes.

There can be no frontiers to the advance of medicine. The vast clinical experience in the use of 'Dettol', published in scientific papers and in standard textbooks, has inevitably influenced medical opinion and practice throughout the British Empire, where in the great majority of maternity hospitals 'Dettol' is now helping to win the unremitting campaign against puerperal sepsis. And it is becoming increasingly evident that the unique combination of qualities which make 'Dettol' the antiseptic of choice in obstetrics must also commend its use in all the contingencies, medical and surgical, which call for unfailingly effective, safe, painless and pleasant antiseptics.

* Colebrook, L. (1933) *Brit. med. J.*, 1933, 2, 725.

* Colebrook, L. (1936) *J. Obstet. Gynaec.*, 43, 691.

RECKITT & SONS, HULL AND LONDON, ENGLAND

Products You Can Trust.



MELITRON

A palatable blood and nerve tonic. Contains malt extract glycerophosphates and herbal extracts.

Shalivamide Ointment

For chronic ulcers and sores, soft chancre carbuncles, etc. Contains Sulphanilamide 3% in an emulsion of shark liver oil with Colloidal Kaolin.

THE TRAVANCORE SUGARS & CHEMICALS LTD.
(Incorporated in Travancore)

Secretaries and Treasurers:
PARRY & Co., LTD.

**DOCTORS,
HOSPITALS &
DISPENSARIES!**

for your requirements of

- INJECTIONS
- TABLETS
- DRUGS
- SURGICAL Sundries

Write for complete price List to:

CROYDON CHEMICAL V
47, All Chambers,
Medows Street Fort, BOMBA.

DENTODIN (Solution)

for Pyorrhea & bleeding gums with Atonic Iodine, Thymol, menthol. Camphor, Tannic Acid

1 oz. 1-4 2 oz. 2-7 1 lb. 16-0-0

FERROPEPSIN

Digestive and hæmatinic tablets with Pepsin, Nux Vomica. Ferrous Sulph, Copper Manganese, Yeast Extract.

40 tablets Rs. 2-10-0
100 tablets Rs. 5- 4-0

VASADRIN (Tablets)

for Asthma and Bronchitis with Vasaka, Ephedrin, Codein, Caffein, Belladonna and Phenobarbitone.

40 tablets Rs. 3-10-0
100 tablets Rs. 7- 4-0

Stockists wanted in unrepresented areas.

PREMIER DRUG CO.

Opp. Pada Pole, AHMEDABAD.

1. INTRAVENOUS THERAPY
by K. V. Thakkar, L.M. & S.
edition, revised and enlarged
(p. 349; illustrated) 8
2. Medical Annual 1945 0
3. French Diff. Diagnosis, 1945. 0
4. Baily-Warfare Surgery in 61 0
5. Baily-Emergency Surgery, 1945 0
6. Minette-Anæsthesia, 1945 12
7. Robotham-Acute injuries of the
1945 8
8. Henry-Limb Surgery, 1945 8
9. Otto-Glester-Medical Physics, 1945 0
10. King-Surgery of the Heart, 1945 8

Place your esteemed enquiry to:

**Medical Books and Medical Journals of
U. K. & U. S. A.**

AT

KOTHARI BOOK DEPOT,
PAREL, BOMBAY, -12 (Tel. 60805)