

277

CEL XII

to
84L

1945

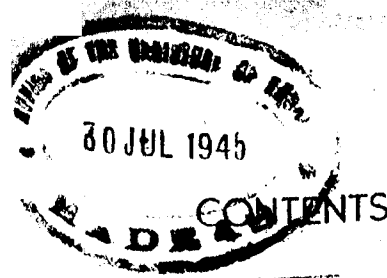
12

3L

Lm 21192, N35ms

35-12; 12-12

168756.



	PAGE
Pulmonary Acariasis ...	71
Glucose ...	73
Editorial—A Pattern in Polemics ...	74
Correspondence ...	77
News ...	79

ASAPHOS TONIC

CONTAINS THE ACTIVE PRINCIPLES OF ASWAGANDHA.

Indications:
Nervous Exhaustion, Anaemia and skin eruptions.
Promotes secretion of the digestive fluids.

Available at all Chemists in packings of 10 oz. & 24 oz.

Manufacturers:
The Mysore Pharmaceuticals (1935) Limited,
BANGALORE.

Madra Presidency Distributors:—
Messrs. Dwarakanath Agencies,
Phone 86109
TRIPLICANE, MADRAS.

In this new emergency package



increased supplies of
DEXTROSOL
are now available

Pleased are the distributors of DEXTROSOL, to be able to announce that supplies of this valuable therapeutic agent are now more adequate. For the present the familiar tin is replaced by an emergency wartime pack.

CORN PRODUCTS CO. (INDIA) LTD.
P.O. BOX 334, BOMBAY.

DRAKSHO-FERRO-TONE

(NAVARATNA)

Composition—Each Fluid Ounce contains:

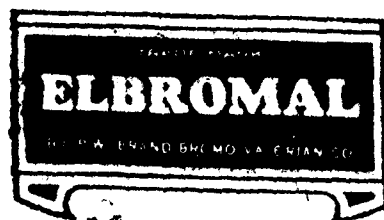
Acorus Calamus	...	Grs.	5
Cancora Decussata	...	"	5
Nigella Sativa	...	"	10
Tribulus Terrestris	...	"	10
Withana Somnifera	...	"	5
Mesua Ferrea	...	"	5
Aegle Marmelos	...	"	10
Rhus Succedanea	...	"	10
Ferrum Redactum	...	"	2
Saccharum Sara	...	"	5
Plumbago Xylanica	...	"	5
Liq. Ext. Vitis Vinifera Add. Oz.	...	"	1

Available everywhere from all the leading Chemists.

NAVARATNA PHARMACEUTICAL LABORATORIES

(Formerly The Navaratna Pharmacy)

P. B. No. 13, MATTANCHERI P. O., COCHIN.



AN ETHICAL PRODUCT OF
OUTSTANDING MERIT

A combination of safe and dependable
Sedatives and Hypnotics
useful in the treatment of various types of
neurosis and conditions associated with
hyper-irritability of the nervous system.



FORMULA

Each fluid dram contains:
Ex. Valerian Liq. M. 2
Potass Bromide gr. 10
Chloral Hydrate gr. 5
Tr. Hyoscyamus m. 4
Tr. Cannabis Indica m. 1
Aromatics, etc. qs.

BENGAL CHEMICAL

CALCUTTA :: LAHORE :: BOMBAY

Madras Agents: **N. DASAI GOWNDER & Co.,**
41, Bunder Street, G. T., MADRAS.

GCHARBINOL

(REGD.)

AN IDEAL UTERO - OVARIAN TONIC

Indication:—

Dysmenorrhoea,
Menorrhagia,
Metrorrhagia,
Leucorrhoea,
Endometritis,
Pelvic Cellulitis,
Uterine Fibroids,
Post-Partum Haemorrhage,
etc., etc.

Contains:—

Tribulus Terrestris,
Asparagus Racemosus,
Saraca Indica,
Vitis Vinifera,
Symplocos Racemosa,
Terminalia Arjuna,
Bassia Latifolia,
Berberis Aristata,
Viburnum Prunif Lig. etc., etc.

Detailed Literature & Clinical Sample from

THE VIJAYA PHARMACY, TRICHUR

LEXIN THERAPY

Formula: Lexin contains Acid Trichloride of Gold 1/100000; H₂C 1,10000;
Methyl Violet 1500; Camphor 1 gr. per c.c., Rectified Spirit and milk-sugar.

Snake Bite: Lexin inhalation and intravenous injection, 2 c.c.

Opium Poisoning: Lexin inhalation and intravenous injection, 1 c.c. to
4 c.c.; repeat as required.

Cholera: Inject 2 c.c. intramuscularly, repeat every hour if necessary if
no pulse, inject 1 c.c. intravenous. Also, oral 2 to 5 drops on sugar.

Collapse: Intravenous injection 1 c.c.

Trauma and Surgical Shock: Intravenous injection 1 c.c.

Bleeding from any orifice: Inject 2 c.c. intramuscular or 1 c.c. Intravenous

Sinistrosis (Shell Shock): Lexin inhalation and intravenous injection. 1 c.c.
or 2 c.c. if unconscious.

Sulfanilamide Reactions: agranulocytosis, hematogenous jaundice, hema-
turia—Lexin injection 0.3 c.c. to 2 c.c. intravenous every 12 hours, as required.
For Anuria—1 c.c. intravenous.

P. BANERJI,
MIHIJAM, E.I.R., India.

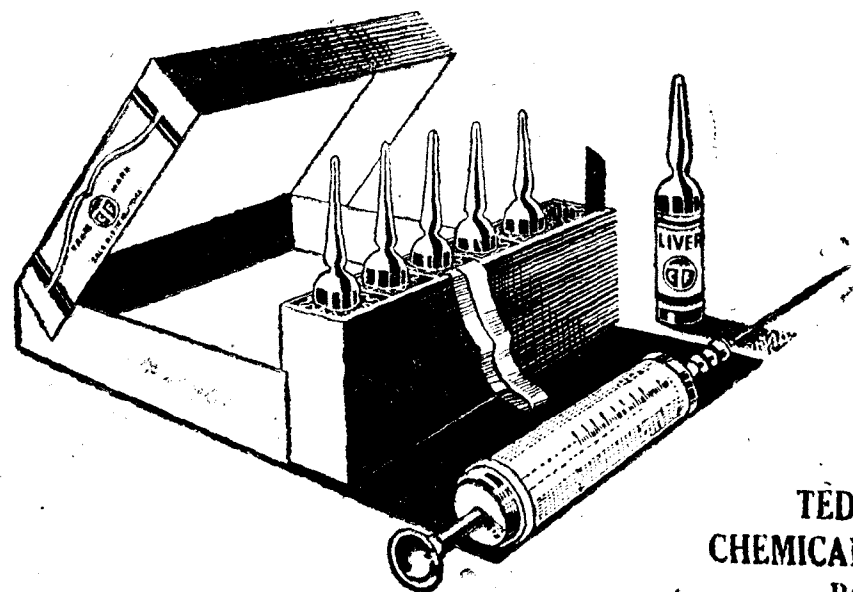
Agents: Messrs. Sri KRISHNAN Bros., MADRAS.

**T. C. F.
WHOLE LIVER EXTRACT**



- T. C. F. Whole Liver Extract has remarkable therapeutic value in Tropical macrocytic anaemia and pregnancy anaemias.
- T. C. F. Whole Liver Extract not only contains all the anti-pernicious anaemia factors, but also Whipple's factors, Wils's factors and Vitamin B-Complex comprising Thiamin (B₁), Riboflavin (B₂), Adermin (B₆), Pantothenic acid (Filtrate-factor) and Nicotinic acid (P-P factor) from fresh young healthy sheep liver.

Packed in 2 c.c. and 5 c.c. ampoules and 10 c.c. rubber-capped vials.



* Nicotinic acid inherent in liver and fully retained in T. C. F. Whole Liver Extract has been found to be one of the essential factors effective in macrocytic anaemia.

PRODUCT OF
THE
BIOLOGICAL
LABORATORY
OF

**TEDDINGTON
CHEMICAL FACTORY Ltd.
BOMBAY.**

Samples, Prices and Literature, etc. on application to:

**Sole Distributors: W. T. SUREN & Co.,
BOMBAY.**

Calcutta Branch:
Suits No. 13, Howrah Motor Bldgs.,
P. 6, Mission Row Extension.

Madras Branch:
12, Sunkurama Chetty St.,
George Town.

Karachi Branch:
54, Forbes Bldgs.,
Bunder Road.

(FOR CIRCULATION AMONGST MEMBERS ONLY.)

THE MISCELLANY

OF THE
TRICHINOPOLY DISTRICT MEDICAL ASSOCIATION
BRANCH OF THE INDIAN MEDICAL ASSOCIATION (Regd.)

VOL. XIII

JULY 1945

[No. 10]

PULMONARY ACARIASIS: A POSSIBLE CAUSE OF ASTHMA

A remarkably heavy incidence of bronchial asthma among patients admitted to a Military Hospital in the South East Asia Command was noticed during the past two years and the investigation resulted in the following observations:

1. A certain proportion of asthmatic patients showed a high degree of eosinophilia, ranging from 40% to over 80%.
2. These cases rarely gave a previous history of family history of asthma or other allergic manifestation.
3. The response to treatment by the orthodox therapeutic measures for asthma was unsatisfactory because of their temporary benefit to the patient.

The investigation of a series of 30 patients constituting a distinct group of asthmatic cases with marked eosinophilic leucocytosis and characteristic radiological appearances of the lungs is reported by the authors. The patients in these series who were employed in

military stores showed no familiar or pre-existing susceptibility to the disease and the response to orthodox methods of treatment was strikingly unsatisfactory in comparison with the remarkable control produced by arsenical therapy.

The syndrome appears to correspond with that described in India by Frimodt-Moller and Barton (I. M. G. 1940, p. 607) as "a pseudo-tuberculosis condition associated with eosinophilia", by Weingarten (Lancet 1943-page 103) as "tropical eosinophilia," by Treu (1943) as "pseudo-tuberculosis of the lungs with eosinophilia," by Simeons (Indian Medical Gazette, 1943—page 271) as benign "eosinophile lerkæmia," and by Chaudhri (Indian Medical Gazette 1943-page 575) as "consinphil lung." Similar cases had been reported from Ceylon, Egypt and the United States.

The duration of asthmatic symptoms in the cases investigated vary between 2 weeks and 3 years. Treatment was carried out in two stages; first, with routine anti-asthmatic remedies, and thereafter with specific therapy, the variations in response being recorded.

by means of the eosinophil chart and the clinical block graph. The routine treatment consisted of the pharmacopoeial "mixture asthmatica" comprising the usual remedies—Potassium Iodide, tincture of belladonna, and tincture of stramonium—but excluding any arsenical preparation. Additional measures for relieving severe dyspnoeic attacks, e.g. ephedrine, adrenaline, pituitrin were employed whenever necessary, particularly when sleep was disturbed by nocturnal paroxysms. *Specific treatment consisted in the oral administration of Stovarsol in the form of 4 gr. tablets or Carbarsone in 4 gr. tablets. The daily dosage was 1 tablet twice daily of either Stovarsol or Carbarsone without any special dietary restrictions.*

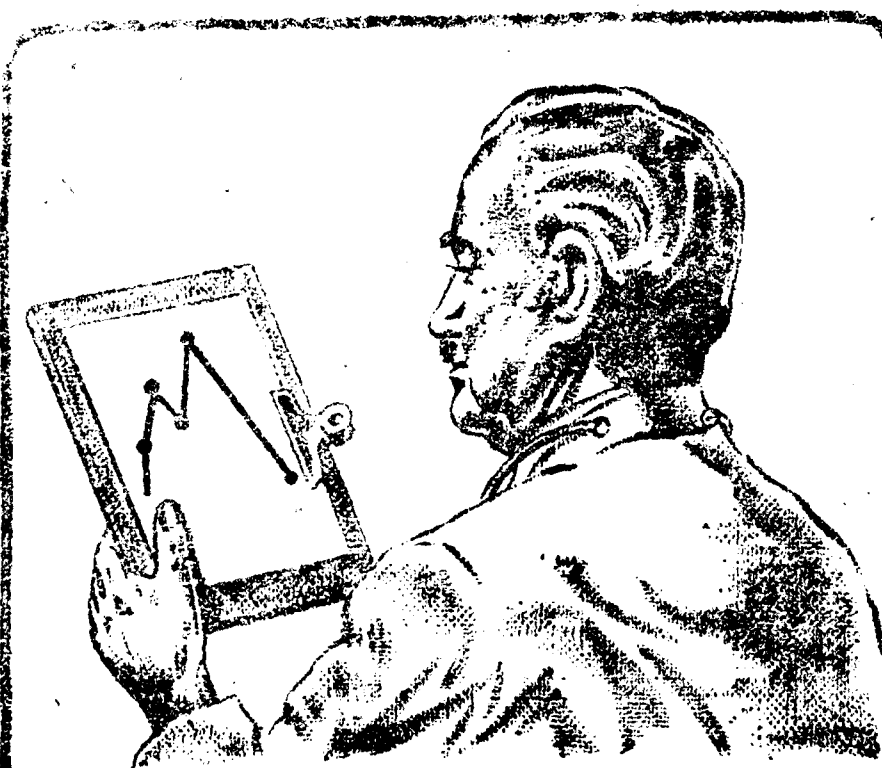
The arsenical treatment varied in duration from 6 to 33 days. *The response to arsenic was uniformly good and sometimes dramatic, but the response to routine treatment was generally unsatisfactory, most of the patients showing no improvement, and others obtained only temporary relief from their asthma.*

The success and often dramatic response of this syndrome to arsenical therapy is now well-established. This was first observed by Weingarten in 1936, through one of his cases contracting syphilis; after four injections of neoarsphenamine the patient's subjective symptoms vanished and his eosinophilia showed a remarkable drop. In 1941 Treu obtained similar results by the trial of Acetylarsan intra-muscularly. Simons used Mapharside in 10 Calcium Gluconate with equal success. Since then other observers have confirmed the excellent therapeutic response—clinical, haematological and radiological—to arsenic in this condition. The present series of cases was treated by oral administration of Carbarsone or Stovarsol with a view to determining the value of such measures under circum-

stances in which facilities for parenteral therapy are not readily available, and the results justify the view that, even if the haematological response be sometimes delayed, oral treatment provides a very satisfactory means of dealing with this condition. Arsenic is not a new drug in the therapy of asthma. Aromatic arsenicals empirically added to asthma mixtures have given good results in the hands of the older practitioners, while more prominent success has followed the use of arsenic in organic form in recent times. The effect of this well-known parasitocidal drug in an asthmatic syndrome associated with mite infestation may well provide a possible explanation of its long-standing merits in bronchial asthma.

Eosinophilia being regarded generally as the prominent feature of this syndrome, it is interesting to note that Osler has mentioned that the eosinophil count may rise as high as 53 in asthmatic patients. The view that the mottling of the lungs seen on radiological examination may be due to focal eosinophilic infiltrations obtains support from two observations—the frequent expectoration of eosinophil cells and the concurrent disappearance of both the radiological and the haematological abnormalities after treatment. Although massive eosinophilia and radiological mottling of the lungs are frequent and dominant features in this syndrome, the view that they are essential character of the condition remains open to question, for a typical variation lacking one or both of these features would seem possible.

In the light of the present knowledge this syndrome, which has hitherto been recognised as a fairly common tropical respiratory disease of obscure aetiology and pathology, would appear to be due, in some cases at least, to pulmonary acariasis caused by the inhalation of a mite-laden atmo-



Non-Specific Immune Therapy

1 to 2 cc. OPSODIN subcutaneously or intramuscularly in fevers of obscure etiology and all infectious diseases like influenza, pneumonia, tonsillitis, etc. brings down the temperature rapidly and cuts short the course of the disease by stimulating the natural defensive forces of the body.

OPSODIN

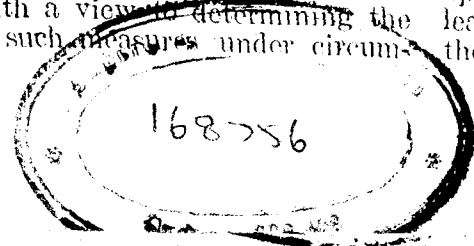
Cipla

CHEMICAL, INDUSTRIAL & PHARMACEUTICAL LABORATORIES Ltd.

BOMBAY—8.

Madras Agency:—

CIPLA AGENCY, 256,
Thambu Chetty St., Madras.



sphere and possibly inducing allergic reactions in the respiratory system. Although the investigations have so far concerned patients who have lived or worked in obviously mite-infested surroundings, such as ration stores, the liability to pulmonary acariasis from

less evident and unsuspected sources must not be overlooked, for mites are widely distributed. (Abstracted from B.M.J. January 6, 1944, page 1-6, Pulmonary Acariasis and Asthma by Soysa and Jayawardena.)

GLUCOSE : Its Uses and Abuses

(From the East African Medical Journal.)

THE study of the metabolism of digestion has brought to light a number of facts about the absorption and excretion of the various sugars in food that are not always generally appreciated. For example, the amount of any sugar absorbed from the stomach is negligible, unless it is present in very concentrated form—say a 40 per cent. solution—such as never occurs in normal circumstances. Similarly, there is no variety of sugar that is absorbed from the large intestine and rectum: hence all sugars are valueless in nutrient enemas where they are so often to be found. The fact is that the absorption of sugars takes place in the small intestine only, normally: and only monosaccharides or hexoses—glucose, fructose, galactose, mannose—and the pentoses, xylose and arabinose, can be absorbed directly. The disaccharides, cane sugar, beet sugar, maltose, and lactose or milk sugar, must first be hydrolysed, each into its two component hexose molecules, before they can be absorbed by the intestinal mucosa and passed on into the blood stream. This hydrolysis is brought about fairly rapidly in the stomach by the hydrochloric acid of the gastric juice and does not there call for any process of digestion by ferments. Further, the hexoses and pentoses from the carbohydrate foods are absorbed from the small intestine at different rates, which have been figured as follows:—d-galactose 110: d-glucose 100; d-fructose 43;

d-mannose, a stereoisomer of d-glucose at no more than 19; l-xylose 15; l-arabinose 9. It is remarkable that the rate of absorption of these sugars is independent of the concentration of the solution administered, of the size of the dose and of the concentration of the glucose in the blood. In other words, the intestinal mucosa guards the organism against sudden and large influxes of sugar, and must be regarded as an important factor in the regulation of carbohydrate metabolism. Given intravenously or by hypodermic injection the hexoses are absorbed and utilised, while the disaccharides are excreted complete and unchanged in the urine. And it is worth noticing that many of these sugars have been given a number of names which naturally leads to confusion in the lay mind. Thus cane sugar is also known as d-sucrose, sacchalese, sacchobiose; maltose as malt sugar maltobiose; lactose as milk sugar, lactobiose; glucose, the worst offender, as d-glucose, d-dextrose, grape sugar; fructose as d-fructose, laevulose, fruit sugar.

The conclusion is that glucose enjoys a clinical vogue or reputation that it does not in the least deserve. Nowadays it is administered broadcast to the sufferers in our nursing homes and hospitals, so far as the lessened supplies available in war time allow, the mawkishness of its flavour sometimes enhanced rather than mitigated by the



PHOSPHOTON
PHOSPHORUS TONIC
(ORAL) *Cipla*

Madras Agency:—CIPLA AGENCY, 266, Thambu Chetty Street, MADRAS

addition of sodium bicarbonate, itself another of our doctors' favourites. Patients are encouraged to think that they are not being properly treated if they do not get their dollop of glucose day by day. Athletes, anotoriously simple race of men, read and presumably believe that glucose improves athletic performance out of all knowledge. Mothers are informed, perhaps merely for the sake of the alliteration, that glucose builds bonny babies; and indeed, if the babies get a glucose enriched by the addition of vitamins A or A and D as in some of its proprietary forms, then the mixture will surely help the building. Yet, however, true or fanciful these various claims may be, in view of the facts about the fate and absorption of the various sugars quoted above, there is nothing to show that say half an ounce of glucose taken by the mouth gets into the blood stream any quicker than half an ounce of cane or milk sugar similarly consumed. This view is, indeed, confirmed by the experience of the many diabetic patients who carry either cane

sugar, glucose, or ordinary sweets about with them always, for the prompt treatment of the insulin reactions or the sudden onset of hypoglycaemia to which they are liable, and find the one as good as the other for this purpose. At the present time glucose costs ten or fifteen times as much as cane sugar, and is hard or impossible to come by. There are, of course, among us those who hold that as glucose is more expensive it must be 'better' for them than the more vulgar cane sugar. But this form of carbohydrate snobbishness will not appeal to many. A return to cane sugar in the form of the EAU SUCREE told of in one of Thackeray's 'Round about Papers' and a well-tryed domestic remedy in days of sickness for the last two centuries and more, seems to be indicated. And glucose should be in general be reserved mainly for emergency administration by intravenous injection, and be given by the mouth only to such patients as prefer its flavour and action to those of other cheaper varieties of sugar.

(Indian Medical Gazette, March 1945.)

EDITORIAL

A PATTERN IN POLEMICS

THERE is a refrain to one of Dressler's songs—"Oh! The pity of it All." We are reminded of it and feel forced to give it an entirely different and ugly twist as we read the Editorial note in the June issue, Indian Medical Journal, animadverting upon the splendid, dignified, closely-reasoned editorial in the April issue of the "Antiseptic," entitled A WRONG LEAD. Normally this ought to have been a controversy strictly confined to the two Journals concerned. And we leave it to our esteemed contemporary, Antiseptic to give it a fitting reply—if at all a reply is deemed worthwhile!

How is it possible, we ask, to champion a cause, to state a case or to think of replying to animadversions, if the said animadversions throw to the winds all standards of reason and verisimilitude, if they are shot through and through with and steeped in malicious misrepresentation, wilful misunderstanding and if the author of these animadversions merely poses and attitudinises, bluffs and prevaricates, and wriggles and hectors brazen-facedly and unashamedly in the manner of Goldsmith's Schoolmaster, Strolling Player and Beau Tibbs, all rolled into one...How? We ask.

The question of amalgamation was undoubtedly the crux of the Calcutta Conference. The delegates assembled were almost unanimously and very strongly for amalgamation. The President, who had come with his mind made up against amalgamation, tried to put a spoke in the wheel and cut a sorry figure. His very few fanatic supporters did not look precisely like heroes or wise men. And the Presidential tirade against amalgamation was not in the least representative of the "sense of the house." It is futile for any one to try to conceal or whitewash this.

With this brief reminders, addressed to those quarters suffering from conveniently weak and failing memories, and with apologies to our readers for having to weary them with our essay at annotating, let us analyse and unravel that hopeless tangle of distortions, false suggestions and suppressions of truth which the editorial note in the Indian Medical Journal happens to be—all in the interests of the truth of the matter, viz. amalgamation.

This is how, with a deliberate, malicious misrepresentation, Dr. Viswanathan leads off splendidly.

"Ingratitude:—O! The Licentiate, Thy name is Ingratitude. This seems to be the burden of the Editorial in the April issue of our esteemed contemporary, The "Antiseptic."

Apart from the clumsy ungrammatical application of the Shakespearian echo, the Editor of the I. M. J. does not hesitate to apply to the whole body of the licentiate what was intended obviously for the President's individual and artificially whipped-up ingratitude. Anyway, the opening shot strikes the keynote of the blitz campaign to follow. And so, pompously, pedantically and patronisingly,

"We are quite aware that this kind of Editorial lament or

Fury—We do not know what to call it—is not characteristic of Antiseptic's usually brilliant editorials."

What does it matter if there is only the lament over the "Wrong Lead" but no sign of fury? With becoming modesty it is enough to say, "We do not know what to call it." And, benignly, a testimonial as to the general and normal editorial brilliancy of the Antiseptic may be issued as a set off to the specific lapse so much to be deplored. Hence the facile and indubitable inference and the cock-sure psychological diagnosis:

"Obviously this one seems to have been written in a peevish mood and its enthusiasm for amalgamation has overrun the need for using choice words and for suggesting counter but constructive criticisms to achieve the common object."

Thanks for small mercies! So amalgamation is the "common object". And, of course, it is obvious that the Antiseptic's editorial enthusiasm for the crying need of the hour—amalgamation—unanimously and strongly expressed in the Calcutta Conference cannot but be cussed, destructive criticism, not couched in choice words and originating "in a peevish mood", for the simple reason that the August President shouted and screamed against amalgamation at the Conference and the disinterested, sedate editor of I. M. J. is in no "unseemly hurry", about the amalgamation. How obvious is it all! Don't you see it all? And what do you think is the real reason for the peevishness of this Antiseptic? Listen.

"Dr. Kapur's point-blank statement must have acutely irritated the editor and made him pronounce a condign punishment for this representative of Licentiate's ingratitude."

Mark the artistic repetition of the first subtle stroke to provoke the Licentiate against the offending Antiseptic—

making it appear as if the President's views on amalgamation are those of the Licentiate. And don't worry as what precisely "the condign punishment" (mouth-filling words!) stands for. To our knowledge and that was how the delegates who heard the President, Dr. Kapur, at Calcutta felt—the statements of the President, against amalgamation, were *blank without any point*. Seriously, and in accordance with the Concise Oxford Dictionary, the President was, at the Calcutta Conference "point blank" (flatly, directly or off hand) against amalgamation. That apart, it is high time some anodyne was applied to the "acutely irritated" editor of the *Antiseptic* and here is the balm.

"We do not take this very seriously, because *Antiseptic* has ever been the Licentiate's good friend."

In other words, the *Antiseptic*, to be considered a good friend of the licentiate by Dr. Viswanathan, should soon see its way to support Dr. Kapur's lonely stand against amalgamation. That is the last chance for reform and redemption. And, as the last word of rebuke, uttered more in sorrow than in anger, and mind you, purely in the interests of truth and clean argument:

"But we feel that it should have proved the statements of Dr. Kapur were wrong in fact and experience before it came to the conclusion about the ingratitude of Dr. Kapur and his tribe."

For the third time, be it noted, Dr. Kapur takes cover in the non-existent shelter of Licentiate opposition to amalgamation in any "unseemly hurry." And with what cogency and clarity has the editor of the I.M.J. proved by now that Dr. Kapur's statements are all right in fact and experience and that the *Antiseptic's* criticisms are not "counter but constructive" but merely the outcome of an irritated peevish mood! Anyhow, it can now be revealed to an awed

and gaping world that no less a person than Dr. Viswanathan himself has made "more slashing statements." (God knows what exactly they were!) and proved them to no less a body than the "August" Working Committee of the I.M.A. And let all the smaller fry note that the said August body "listened with patience" (a record one, perhaps). Therefore it is strange that the *Antiseptic* should find fault with the milder, albeit "point blank," statements of Dr. Kapur at the Calcutta Conference. But we are anticipating the authorised version.

"The writer of this note had made more slashing statements and proved them to be correct in the last Working Committee Meeting of the I. M. A while it was discussing the question of amalgamation, and his august listeners accepted and regretted those facts but in no way or manner (mark the subtle distinction) resented the expression of those facts. We wonder why *Antiseptic* should be more royal than the king who listened to us with patience but only wished to find a way out without calling anybody by names or threatening hell."

Leaving alone Dr. Viswanathan's "slashing statements" and "accepted and regretted facts," one wonders who ever has threatened hell or called anyone by names.

"Obviously", Dr. Viswanathan has in mind the "accepted" (but not "regretted") idiom in the English language. To call a person names. Only Indian (Hindu) husbands do not relish "being called by their names by their better halves." And burglars and swindlers do not wish to be referred to as such; they prefer to style or defend themselves as "economic levellers" and "victims of circumstances" respectively. At any rate this pertains to the abstract question of the correct use of words and prepositions. There is more in a preposition than any one may even dream of.

July 1945]

CORRESPONDENCE

And let us hurry, not in an "unseemly" "way or manner", to the logical conclusion, the considered verdict, the weighty advice of this grammatical revolutionary and this noble rebel against the King's English, this Sir Oracle—and pray do not be afraid.

"We are afraid that our contemporary has made a sad confusion between discussion and intention. At any rate the editorial under comment has not, in our view, paved the way for the amalgamation. There is no need for unseemly hurry, because amalgamation resulting from frank discussion and suitable adjustments is likely to be more stable and sustaining than the one resulting from the satisfaction of the emotional outbursts of the hour."

We are afraid that the clarity, the logic and the transparent truth and sincerity, respectively, of the first, second and last sentences completely "floor" us.

And let us hasten to add we are not at all surprised that in the I. M. J. the report of the Proceedings of the Calcutta Conference:

(a) Dr. Viswanathan's speech has a purport entirely different from the

one apparent to those who attended the Conference.

(b) Dr. Manjeri Sundaram, who merely indulged in the luxury of an informal chat in the "How do you do?" style, is represented as having addressed the Conference on recruitment.

(c) And, above all, the impression is created that the Committee, really formed for the purpose of going into the details of the amalgamation, was directed to consider the question of amalgamation with its pros and cons.

If all this is a portent of the type of leadership with which the A.I.M.L.A. is going to be saddled with for a long time to come, a foretaste of the devious manner in which the amalgamation is to be evaded or postponed indefinitely and if Dr. Viswanathan's editorial note in the I.M.J., the authoritative organ of the A.I.M.L.A. in this Province, is to be a pattern in polemics, we have no other choice but to fully endorse and heartily echo our friend Dr. A. D. Mukherjee that the whole business of the Calcutta Conference was a "farce"—with, let us add, Doctors Kapur and Viswanathan cast in the leading (misleading!) roles.

CORRESPONDENCE

To,
The Editor of the Miscellany,
Trichinopoly.
Dear Sir,

I shall feel greatly obliged if you or any of the readers of your esteemed Journal will kindly throw some light on the following points:—

1. In cases of injuries, Tetanus antitoxin is given prophylactically in dose 500—1000 units once only. This means a definite and known quantity of antitoxin is administered to neutralise an

unknown quantity of toxin. Does not this practice land us on a ground of false sense of security?

2. Many doctors hasten to give serum in established cases of Tetanus intrathecally in the fond hope of attacking the bacilli and their toxins earlier in preference to intravenous route. Is not the serum given intrathecally to be absorbed by blood and then passed thro' the tissues to exert its specific action? If so, are we not unconsciously delaying treatment by giving the

serum intra-theccally instead of administering it intravenously in the beginning itself.

K. Rangaswami Aiyar,•
24-6-45.

The rationale of the injection of A. T. Serum after the injury, is not, as one supposes, to neutralise the toxins (unknown quantity). It is given with a view to minimise the risk of the future attacks. Only very few organisms get in, even in extensive injuries at first. Only after an incubation period it begins to multiply. By the injection the body acquires immunity. (Passive)

According to Dr. F. A. Knott, M. D. M. R. C. P., D. P. H., Chief of the Pathological dept. Guy's hospital London and the War Office Committee, that in minor injuries 1000-3000 international units should be given immediately intramuscularly. But in severe wounds with prolonged suppuration this dose should be repeated daily for three days at weekly intervals of three weeks. On such cases it is probably better to inject the antitoxin as near the lesion as possible.

The advantages:—1. Greatly reduces the likelihood that Tetanus result from Contaminated wounds.

2. Considerably prolongs the incubation period in case in which Tetanus ultimately develops.

3. Decidedly reduce the mortality, the disease being far less fatal in inoculated cases than in uninoculated cases.

The antitetanus injection is not a fool proof Prophylactic. It considerably reduces the chance of one getting it. There are very many cases on record where patients developed Tetanus in spite of the Prophylactic injection but all of them recovered, while the mortality is high in cases where the prophylactic dose had not been given.

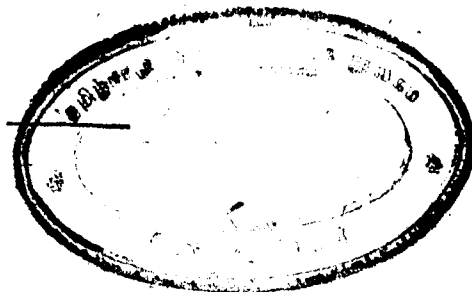
Question II.

The Tetanus toxin travels centripetally in the Axis Cylinders to the spinal chord, where damaging the central horn cells connected with the infected area, it produces the characteristic muscular spasms and spreads first to the opposite side and then up and down the chord.

Recently some workers attempted to prove that the toxin is absorbed into the Lymphatics, carried thence to the general circulation and passed on to the central nervous system by the arterial blood. That hypothesis or view did not find favour with the physicians and Pathologist, as the view did not tally clinically.

That the toxin is absorbed by the motor nerve endings and reaches the Ventral horn cells by passing along the axis cylinders and by its action upon the Ventral-horn cells causes muscular spasm stands undisputed at present. The natural inference is that the A. T. Serum acts better intratheccally than intravenously. So much time and suffering is saved by the procedure.

(E. D.)



NEWS

PENICILLIN (SODIUM SALT)

Messrs. May & Baker (India) Limited, who offer Penicillin sodium salt to the medical profession have printed four descriptive information cards on penicillin for free distribution to doctors. These cards will be sent on request.

The first card gives particulars on the properties, storage, standardisation, pharmacology and absorption and excretion of penicillin. The second sets out the diseases in which Penicillin is either effective or not established as effective and the particulars are based on the report by the council on Pharmacy and Chemistry of the American Medical Association. The third details the dosage and methods of administration in serious infections, wounds, fractures, sulpho-namide-resistant gonorrhoea, empyema, meningitis and primary and secondary-syphilis. The fourth card is on the

topical use of penicillin and the particulars contained therein are based on the Medical Research Council War Memorandum No. 12. The use of Penicillin in treating war wounds.

The discovery that one of the new B Vitamines, folic acid or the L. Casei factor, has anticancer activity was reported by four researches of Mount Sinai Hospital (New York) in a recent issue of *Science*. The discovery was made in studies with mice and has not at present any application to cancer in humans. Very small doses of this were injected daily for four to six weeks into the veins of 89 mice and 49 of them are still living. Of 66 cancerous mice that did not get the vitamin, no tumour disappeared, only 20 are living and 14 developed new tumours. Only one new tumour was observed among the treated mice.

(Medical News Letter.)

"TRADERS"

QREX

THRO' MEDICAL EYE

Sulphanilamide
Margosa (Neem)
Sandal
Zinc Oxide
AMB. LT. PTR.

I have used the sample of QREX, given to me on a case of Scabbies and Eczma with almost marvellous effect. The Scabbies and Eczma were checked in 4 days time and the patients were very grateful. I shall endeavour to prescribe it for all my cases requiring a really good Scabbies or Eczma ointment.
Sd. Dr., B.A., M.B.B.S., M.D.

QREX is a sure cure for all skin troubles and quickly kills the germs.

For Samples and other Details:

THE INDIA TRADERS, MANGALORE.

SULPHADIAZINE SODIUM

BANKS, in his recommendations on dosage of Sulphadiazine, states:
"The best 'loading' dose is an intravenous injection. This is indicated in all severe infections. If it is impracticable, an equivalent of slightly higher amount should be given orally."

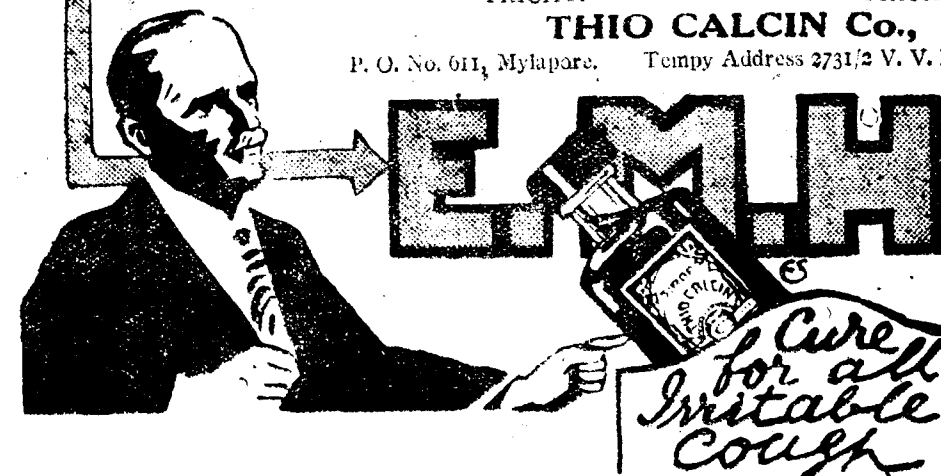
Banks, H. S. (1942) "The Treatment of Infective Fevers."—Practitioner.

In grave and acute infections, initiate therapy by the parenteral route with one or two injections, and then continue Sulphadiazine orally.

Adequate supplies available in Boxes of 6 x 4 c.c.

Distributed by
MAY & BAKER (INDIA) LIMITED

THIO CALCIN



Sirup THIO-CALCIN (Regd.)

A-super Calcium tonic and Cough specific with vitamins A & D for Tuberculosis, Osteomalacia, Rickets.

Dose 1-2 teaspoonfuls In 6, 15, 128 oz. vials.

EPHEDRINE For Asthma etc. Dose 1-2 teaspoonfuls
with E.M.H. In 2 & oz. vials

From DADHA & Co., P. M. ZAVERI & Co.,
MADRAS. BOMBAY & CALCUTTA.

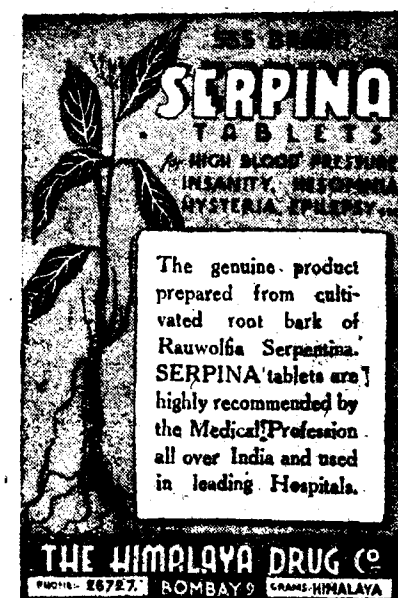
Vinayagar Medical Hall, Trichy Medical Union Ltd.,
TRICHY.

THIO CALCIN Co.,

P. O. No. 611, Mylapore. Tempy Address 2731/2 V. V. Mohalla, Mysore.



SERPINA
&
MALRINA
are the
renowned
products of
MIMCO
Laboratories
who gave you
DIABETOX,
LEUCOL
KURCHINA,
TENSEX,
etc.



100 tablets Rs. 2/- 500—Rs. 8/8/-
1,000 " " 15/8 5,000— " 72/-

100 tablets Rs. 3/8/- 500—Rs. 16/-

Explanatory literatures and Clinical report FREE.
Available at all leading Chemists.

Reconstructive Digestive Tonic

Alembic

HEMO-DRAKSO-MALT

Any case in which malnutrition is a factor will respond to this combined tonic and food with improved digestion and consequent increase in weight. If it is required to increase the intake of food, Hemo-Drakso-Malt should be prescribed as an appetiser before meals; otherwise after meals. It will in either case improve the general metabolism.

Hemo-Drakso-Malt contains Haemoglobin and assimilable Iron, to promote regeneration of the red blood cells; glycerophosphates for their well known tonic properties, and pepsin to aid the digestion. Juice of grapes and malt extract made from barley provide further direct sources of food and stimulate the flow of the gastric juices.

The taste of Hemo-Drakso-Malt is much appreciated by all—adults as well as children.

INDICATIONS
 In convalescence, especially from long and debilitating illnesses.
 In wasting diseases, anaemia, general weakness, malnutrition, impaired digestion etc.

ALEMBIC CHEMICAL WORKS CO., LTD., BARODA

AL. 238

A Vitamin Tonic
 New Mineral Tonic Food
PHOS-FER-VITA

COMPOSITION

Concen. Codliver oil product, Vit. A & D, Iron, Copper Manganese Malt Ext. Glycerophos. o Sod Pot. Cal. and Mang.

An excellent Re-constructive and mineralising Tonic with powerful stimulating effect on the metabolism growth and blood formation.

Debility, Anaemia, Convalescence, Malnutrition, Tuberculosis, etc.

A Rational
 Cough Cure and a Lung Tonic

BRYOCOL

Contains Hypophosphites of Sod. and Cal. Pot. Sulpho. Guaiacol Euphorbia, Bryoria, Pot-Antimony, Tartrate, Ipicat, Codeine, Tolu Cly, Cyrrhize wild cherry and Syrup.

For any Catarrhal Complaints, Cough, Colds, Acute Bronchitis, Emphysema, Phthisis and Whooping Cough.

THE KAUSALYA PHARMACEUTICALS LTD.,
 MADRAS.

CEREBRIN

In the treatment of Nervous diseases.

A safe and reliable sedative and Hypnotic. Non-Toxic, non-depressent and nonhabit forming product, based on indigenous Drugs. It is successfully employed in Insomnia, Hysteria, Choria, Eclampsia, Infantile Convulsions, Dilirium and other cases of nervous excitability.

Presented in the form of pills for peroral use and Amps for parenteral use.

For Literatures and Samples, apply to the Distributors.

TI-BI-SIN TABLETS

An oral remedy for Pulmonary Tuberculosis, and Tuberculosis of the Bones and Glands in early stages.

A combination of Allopathic and Indigenous drugs, known to possess lethal effect on Koch Bacilli.

Tibisin neutralises the Toxins by detoxicating and renders the bacilli incapable of doing any harm within the course of 1 month's treatment. Complete recovery can be obtained within 4 to 6 months' treatment.

For Literatures and Samples, please apply to the Distributors.

EZRA BROTHERS, Mustafa Building, Sir. P. M. Road, BOMBAY.

PECTOKAB

— For Gastro *INTESTINAL* disorders —

COMPOSITION PER FLUID OZ:—

PECTIN equivalent to $\frac{1}{2}$ oz. of Raw Apple	
KAOLIN	90 grains.
TINCTURE BELLADONNA	8 minims.
Vehicle	q.s.

Indications:— Children's Diarrhoeas, Gastro-Enteritis, Chronic Enteritis, Fermentative and Putrefactive Dyspepsia, Diarrhoea and Dysentery.

Dosage:— 1 to 2 tablespoonfuls twice or more times a day, depending upon the severity of the case. For children and infants in proportion.

STRYCHEMET (AMPOULES)

— for amoebic *DYSENTERY* cases —

COMPOSITION:—

EMETINE HYDROCHLOR	...	$\frac{1}{2}$ gr.
STRYCHNINE	...	$\frac{1}{60}$ gr.
Ampoule Water	...	1 c.c.

Indications:— Amoebic Dysentery, Amoebic Hepatitis, Bilharziasis, Cholera, Guinea Worms and Oriental Sores. Also in Alcoholism and Morphinism.

The use of Strychnine in STRYCHEMET counteracts the fall of blood pressure, serves as an anti-depressant and also acts as a circulatory and respiratory stimulant.

STRYCHEMET can therefore be used with impunity in Cardiac and Respiratory cases complicated by Amoebiasis.

AVAILABLE AT ALL CHEMISTS

CHEMO PHARMA LABORATORIES LTD.

KING'S LODGE, LAMINGTON ROAD, BYCULLA, BOMBAY.

CONTENTS

Tuberculosis Survey in Trichinopoly ... 81

Maternal Blood in Cough ...

Sulphonamides in Urine ...

ASAPHOS TONIC

CONTAINS THE ACTIVE PRINCIPLES OF ASWAGANDHA.

Indications :

Nervous Exhaustion, Anaemia and skin eruptions.
Promotes secretion of the digestive fluids.

Available at all Chemists
in packings of 10 oz. & 24 oz.

Manufacturers :

The Mysore Pharmaceuticals (1935) Limited,
BANGALORE.

Madras Presidency Distributors :—
Messrs. Dwarakanath Agencies,
Phone 86109
TRIPLICANE, MADRAS.

**In this new
emergency
package**



increased supplies of
DEXTROSOL
are now available

Pleased are the distributors of DEXTROSOL to be able to announce that supplies of this valuable therapeutic agent are now more adequate. For the present the familiar tin is replaced by an emergency wartime pack.

CORN PRODUCTS CO. (INDIA) LTD.
P.O. BOX 594, BOMBAY

DRAKSHO-FERRO-TONE

(NAVARATNA)

Composition—Each Fluid Ounce contains:

Acorus Calamus	...	Grs.	5
Cancora Decussata	...	"	5
Nigella Sativa	...	"	10
Tribulus Terrestris	...	"	10
Withana Somnifera	...	"	5
Mesua Ferrea	...	"	5
Aegle Marmelos	...	"	10
Rhus Succedanea	...	"	10
Ferrum Redactum	...	"	2
Saccharum Sara	...	"	5
Plumbago Xylanica	...	"	5
Liq. Ext. Vitis Vinifera	Add. Oz.		1

Available everywhere from all the leading Chemists.

NAVARATNA PHARMACEUTICAL LABORATORIES

(Formerly The Navaratna Pharmacy)

P. B. No. 13, MATTANCHERI P. O., COCHIN.

The Modern Amoebicide

HIGHLY EFFECTIVE AND ABSOLUTELY NON-TOXIC

ENTROKIN

B. C. P. W. BRAND IODOCHLOROXYQUINOLINE

A SPECIFIC REMEDY FOR ALL STAGES OF AMOEBIC DYSENTERY,
ACUTE, SUB-ACUTE AND CHRONIC

*Effective against vegetative forms and
also cysts of Entamoeba Histolytica*

Also useful in Infectious and Parasitic Intestinal
diseases of other etiology

Available in Tubes of 20 Tablets, 0.25 gm. each.

BENGAL CHEMICAL & PHARMACEUTICAL WORKS, LD.

CALCUTTA : : BOMBAY

Agents:— N. Dasai Gownder & Co, 41 Bunder Street, Madras.

GHARBINOL

(REGD.)

AN IDEAL UTERO - OVARIAN TONIC

Indication:—

Dysmenorrhoea,
Menorrhagia,
Metrorrhagia,
Leucorrhoea,
Endometritis,
Pelvic Cellulitis,
Uterine Fibroids,
Post-Partum Haemorrhage,
etc., etc.

Contains:—

Tribulus Terrestris,
Asparagus Racemosa,
Saraca Indica,
Vitis Vinifera,
Symlocos Racemosa,
Terminalia Arjuna,
Bassia Latifolia,
Berberis Aristata,
Viburn Prunif Lig. etc., etc.

Detailed Literature & Clinical Sample from

THE VIJAYA PHARMACY, TRICHUR

LEXIN THERAPY

Formula: Lexin contains Acid Trichloride of Gold 1/100000; H₂C 1/10000
Methyl Violet 1/500; Camphor 1 gr. per c.c., Rectified Spirit and milk-sugar.

Snake Bite: Lexin inhalation and intravenous injection, 2 c.c.

Opium Poisoning: Lexin inhalation and intravenous injection, 1 c.c. to
4 c.c.; repeat as required.

Cholera: Inject 2 c.c. intramuscularly, repeat every hour if necessary; if
no pulse, inject 1 c.c. intravenous. Also, oral 2 to 5 drops on sugar.

Collapse: Intravenous injection 1 c.c.

Trauma and Surgical Shock: Intravenous injection 1 c.c.

Bleeding from any orifice: Inject 2 c.c. intramuscular or 1 c.c. Intravenous

Sinistrosis (Shell Shock): Lexin inhalation and intravenous injection 1 c.c.
or 2 c.c. if unconscious.

Sulfanilamide Reactions: agranulocytosis, hematogenous jaundice, hema-
turia—Lexin injection 0.3 c.c. to 2 c.c. intravenous every 12 hours, as required.
For Anuria—1 c.c. intravenous.

P. BANERJI,

MIHIJAM, E.I.R., India.

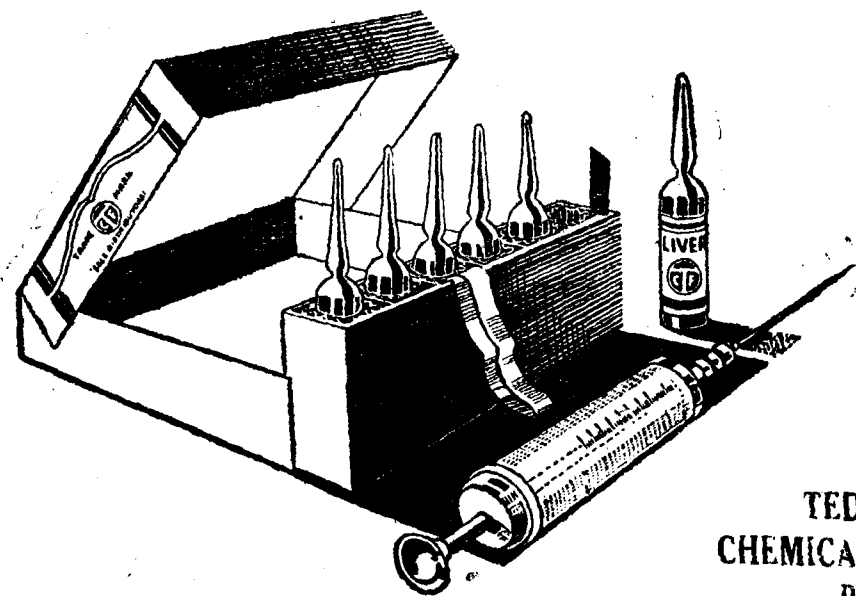
Agents: Messrs. Sri KRISHNAN Bros., MADRAS.

**T. C. F.
WHOLE LIVER EXTRACT**



- T. C. F. Whole Liver Extract has remarkable therapeutic value in Tropical macrocytic anaemia and pregnancy anaemias.
- T. C. F. Whole Liver Extract not only contains all the anti-pernicious anaemia factors, but also Whipple's factors, Wils's factors and Vitamin B-Complex comprising Thiamin (B₁), Riboflavin (B₂), Adermin (B₆), Pantothenic acid (Filtrate-factor) and Nicotinic acid * (P-P factor) from fresh young healthy sheep liver.

Packed in 2 c.c. and 5 c.c. ampoules and 10 c.c. rubber-capped vials.



* Nicotinic acid inherent in liver and fully retained in T. C. F. Whole Liver Extract has been found to be one of the essential factors effective in macrocytic anaemia.

PRODUCT OF
THE
BIOLOGICAL
LABORATORY
OF

**TEDDINGTON
CHEMICAL FACTORY Ltd.
BOMBAY.**

Samples, Prices and Literature, etc. on application to:

**Sole Distributors: W. T. SURÉN & Co.,
BOMBAY.**

Calcutta Branch:
Suits No. 13, Howrah Motor Bldgs.,
P. 6, Mission Row Extension.

Madras Branch:
12, Sunkurama Chetty St.,
George Town.

Karachi Branch:
54, Forbes Bldgs.
Bunder Road.

(FOR CIRCULATION AMONGST MEMBERS ONLY.)

THE MISCELLANY

OF THE
TRICHINOPOLY DISTRICT MEDICAL ASSOCIATION
BRANCH OF THE INDIAN MEDICAL ASSOCIATION (Regd.)

VOL. XII]

AUGUST 1945

[No. 11

* TUBERCULOSIS SURVEY IN TRICHINOPOLY

By Rao Bahadur Dr. Y. P. VASUDEVAN, M. B. B. S., B. S. Sc.,
Municipal Health Officer, Trichy

(Contd. from March, 1945)

THERE is also the question of building up a secure reserve fund to meet unforeseen emergencies. All this requires energetic, enthusiastic and sustained effort and I am confident that the enlightened and well-knit Medical Association of Trichinopoly will not be found lacking in them.

I come next, the starting of an outdoor clinic. I would leave it for the present to be continued as it is in the Government Head Quarters Hospital until better times when it can be run on up to date lines in the new Hope Hospital buildings.

To organise and carry out relief for all the tuberculosis sufferers in Trichy Town it would be necessary to have at least four up to date out-door clinics and a well-equipped hospital with at least 400 beds. When is this millennium to dawn? Let us not put off making a beginning and that a good beginning. Well begun is half done.

I am encouraged by the speech of H. E. the Governor the other day while opening the Madras Corporation Tuberculosis Clinic. I would recall to your mind the few significant sentences in his speech. "Tuberculosis is probably the biggest scourge in this country as indeed in other countries. Everything that could be done to wipe it out or reduce it considerably should be done. I assure the Major of complete cooperation of the Government with the Corporation in this matter and also with other Municipalities (I hope Trichy is included!) which might undertake such schemes.....and I may hope that even before the end of the war, we will be able to get on with a lot of very necessary improvements and schemes which are so urgently needed in all parts of the Presidency".

So, Friends, it is up to us to get on with our solution and force the Powers that be to keep their word.

The starting of a hospital and running of out-door clinics would, I am sure, be ridiculed by experts, (I don't lay claim to be an expert) as putting the cart before the horse. The first desideratum in solving such problems according to experts would be to organise and carry out an intensive and detailed survey of the whole area for which a solution is sought. It is all very well to talk of carrying out a survey of the blueprint type; but I ask where is the personnel for carrying it out? I may just give you a bare idea of the financial implications of such a survey. It would easily cost well over Rs. 5/- per head inclusive of a census, tabulation, stationery, forms, card index, necessary furniture, buildings, conveyance, medical and non-medical personnel (both honorary and paid), cost of tuberculin tests, other clinical, bacteriological tests and X-ray. Easily the whole thing would cost for Trichinopoly town well over five lakhs of rupees. Is it possible or feasible? Well, if it is impossible, are we going to sit with folded hands and bow to "Fate" or "Destiny"? No; an emphatic "No".

My solution is not an unscientific one. It takes into consideration our poverty, lethargy and many other natural and artificial ills we suffer from.

The cart has to be put first not before the horse but to be dragged by men until such time we could afford to buy a horse. Till then let us put our shoulders to the wheel and literally push the cart by human labour.

That there is tuberculosis in Trichy and in a serious degree is proved alright. The extent of prevalence is also fairly well established as you have seen from the spotmap. I have extracted the recorded mortality figures within the recent five years. The areas of endemicity have been fairly well

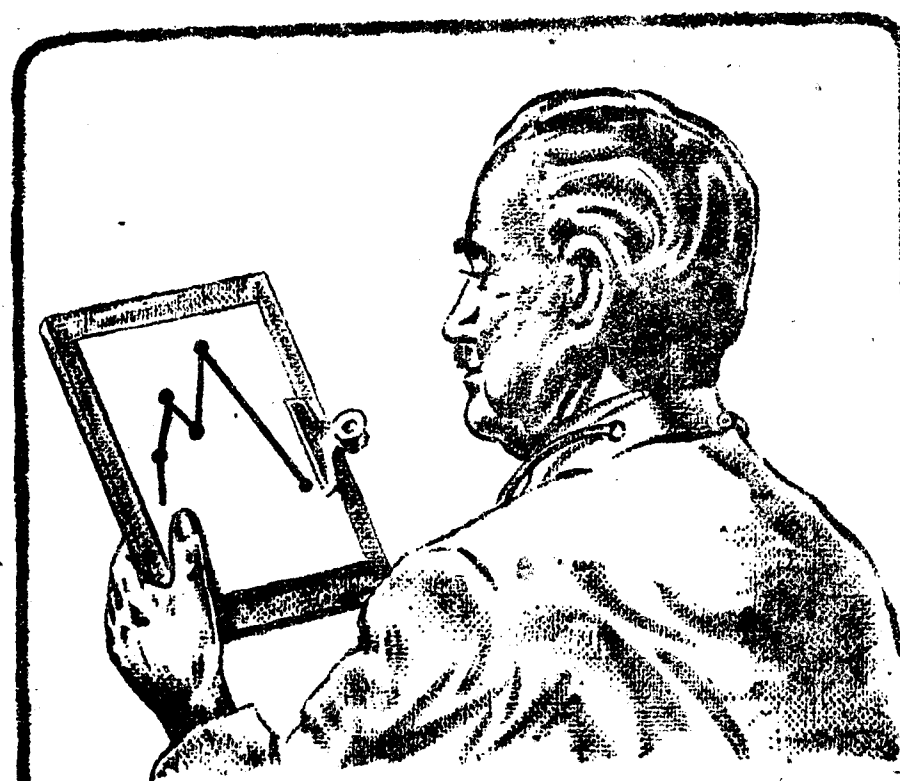
located and the causes for spread have more or less been established with a fair amount of accuracy. They are, overcrowding, malnutrition (poverty), ignorance and want of facilities for relief, treatment and segregation. A detailed and ideal survey on the lines indicated by the pandits is intended to determine what has been determined in a fair measure. One thing and a very important thing to be achieved is no doubt lacking—materials for research.

It is not my intention to decry the usefulness of a survey; but it is the want of wherewithal, poorly placed as we are, that deters us from aspiring to such luxuries. It is within our competence to aspire for a survey on a limited scale. I indicate below the details of the proposal.

The worst affected area, Bazaar area VIII, IX and X divisions (as seen from the recorded deaths by P. Tuberculosis for 5 years) may in the first instance be selected as the area of survey, the population being about 17,000. I have with me a streetwar and housewar details of the deaths by Lung Tuberculosis in the last five years. A census of the contacts and neighbours should first be taken. They might number about 2000 persons.

Lederle's patch test may be applied to these 2000 persons and after noting results, clinical bacteriological, screening and X-ray examinations of such of the positives from the Lederle's should be made and results recorded. Side by side with such survey there should be facilities for outdoor clinical treatment at the clinic and hospitalisation and segregation of those found suffering with acute disease, as otherwise there will not be sufficient response or cooperation in our survey work.

1. Von Perquet: apply tuberculin on skin.
1/2"



Non-Specific Immune Therapy

1 to 2 cc. OPSODIN subcutaneously or intramuscularly in fevers of obscure etiology and all infectious diseases like influenza, pneumonia, tonsillitis, etc. brings down the temperature rapidly and cuts short the course of the disease by stimulating the natural defensive forces of the body.

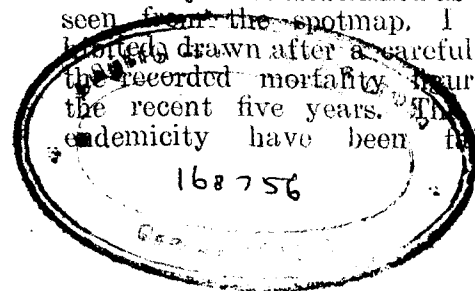
OPSODIN

Cipla

CHEMICAL, INDUSTRIAL & PHARMACEUTICAL LABORATORIES LTD.
BOMBAY-8.

Madras Agency:—

CIPLA AGENCY,
256, Thampan Chetty St., Madras.



3L
L. M. 21/12/1951
14/3/52 10-12



Agency:—CIPLA AGENCY, 1256, Thambu Chetty Street, MADRAS

August 1945]

TUBERCULOSIS SURVEY

83

B & W Old tuberculin.

Human T. 48 hours & 72 hours;
ready intensity of reaction.

Pontapso—when palpable
oedema and redness to a
width of more than 2 mm. +
width 3 to 5 mm. +
" 6 10 mm. ++
" over 10 mm. +++

2. Nantoux—Intradermal is more
sensitive; but most difficult for
test, all right in a controlled
community.

3. Lederle's Patch Test.

It is just for this reason that I propose pulling the cart before the horse or to be more accurate attempt to push the cart from behind without a horse to drag it. It is quite feasible. The cost of such a limited survey would no doubt give us an insight into our problem and would not cost us more than Rs. 10,000/-. With good will and cooperation by the individual members of the Medical Association, the Municipal Health staff would undertake and carry out the survey and I expect the cost to be reduced by 50% i.e. to Rs. 5,000/-. I propose to approach the Tuberculosis Association of Trichy to finance the survey from their funds. I do not wish to weary you with the full details of the survey data sheets but shall content myself with giving the bare outline.

What is aimed at is getting:—

1. Results of tuberculin survey percentage of positive communitywar and wardwar, Hindus, Mohammedans and Indian Christians.
2. Strength of reaction; +, ++ or +++ communitywar and wardwar, Hindus, Mohammedans etc.
3. Positives in age group.

Under 5 years.

6 -15 do

16 -60 do

Over 60 do

4. Positives occupationwar.

5. Analysis of the type of pulmonary tuberculosis in patients, fibrotic, exudative, pleurisy, previously healed lesions, acute initial (1 to 24 months), chronic recrudescent, localised, moderately disseminated, markedly disseminated, unilateral, bilateral, with cavities, cavities with soft walls, cavities with moderately hard walls, with single cavity, with two or three cavities, with multiple cavities. Activity of disease shown by Schilling counts and sedimentation rate and percentage account of right or left or both lung affections.

These are the technical results to be noted by qualified medical men and information regarding social and personal status and conditions of living will have to be obtained by voluntary workers.

These will give us an insight into the multiplicity of factors frequently interacting and influencing variations as well as into the prevalence in different communities, in different social groups, different occupations and age groups.

It will, above all, give an indication as to the special problem which needs special investigation and special solution. So much for the survey which has to wait until, as I said before, the hospital takes shape.

Besides attempting to tackle the problem by a clinic, Hospital and survey there are very many other important and urgent methods of control and relief. I indicate them seriatim briefly:—

1. Appointment of qualified and trained Health Visitors for propaganda and advice regarding home isolation and other precautions.
2. Free distribution of milk, fruits, cod liver oil and *spittoons* to the sufferers in their homes.
3. Removal of overcrowding and relief of congestion
 - (a) by improving existing tenements with regard to ventilation, drainage, smoke vents and latrines.
 - (b) by a bold and vigorous programme of housing schemes

by a City Improvement Trust or other suitable agency such as Insurance Companies etc.

4. Lastly, above all, vigorous demand on public platforms, press, etc. for an immediate solution of the serious problem facing Trichy.

I am afraid I have taken much of your time and I trust I have not wearied you. If I have, you have only to thank your Secretary (Ed. I mean) for it.

I thank you for the very patient hearing given to me.

MATERNAL BLOOD IN WHOOPING COUGH

By J. K. MONANTY

HUMAN convalescent whooping cough serum and whole blood injected intramuscularly have been tried and reported on favourably in whooping cough cases as a curative and prophylactic measure. Some workers claim good results from treatment with injection of maternal whole blood. The writer tried this latter method of treatment in a series of 76 cases, out of which 3 discontinued treatment and one died a day after the commencement of treatment. This report embodies the observations on the remaining 72 cases including controls.

Most of the cases were treated as out-patients in 3 different hospitals. Some were treated at home in private practice. The early cases of this series came during the course of an epidemic, which was severe but limited and circumscribed.

Female children 39 & male 33.

Diagnosis—The diagnosis was clinical and based in the majority of cases on the presence of typical whoops.

Out of 72 cases, 8 were seen in the catarrhal stage and the rest in the paroxysmal stage. In the catarrhal stage the diagnosis was based on the history of exposure to the infection or presence of the disease in other children of the family and cough assuming gradually to be paroxysmal, especially at night and sometimes culminating in vomiting.

Blood count was done in all cases, which showed leucocytosis (16,000 to 30,000 white cells per c. c.m. of blood) with a relative lymphocytosis, varying from 46 to 72 per cent. lymphocytes.

Method—In the beginning every third case was taken as control, but subsequently as many of the cases as were possible were treated with maternal blood. Only 10 cases, mainly motherless children, were treated throughout as controls and treated with a mixture containing belladonna and bromides. Clinical examination of mothers was done to exclude constitutional and communicable diseases.

TRACO'S LIVER EXTRACT

An Ideal concentrated & Palatable liver preparation containing

IRON & VITAMIN B COMPLEX

for

GENERAL DEBILITY, PERNICIOUS ANÆMIA
SECONDARY ANÆMIA, LOSS OF APPETITE, SPRUE Etc. Etc.

:: TRACOBAR PHARMACEUTICALS ::
COIMBATORE

NEO-LIVACON

(The Liver Extract)

It provides all the hæmatopoietic factors of the liver. Also the hæmatinic minerals and Vitamins in their natural state. The value of Neolivacon in anæmia cannot therefore be underrated. Neolivacon is administered intramuscularly.

2 C. C. ampoules...10 c. c. R/C. vials.

UNION DRUG CO. LTD.,
285, Bowbazar Street :: :: CALCUTTA

T' Phones:— (Cal. 1159.
(Cal. 4975.

T'Gram:— "BENZOIC" Cal.

PECTOKAB

For Gastro **INTESTINAL** disorders

COMPOSITION PER FLUID OZ:—

PECTIN equivalent to ½ oz. of Raw Apple	
KAOLIN	90 grains.
TINCTURE BELLADONNA	8 minims.
Vehicle	q.s.

Indications:— Children's Diarrhoeas, Gastro-Enteritis, Chronic Enteritis, Fermentative and Putrefactive Dyspepsia, Diarrhoea and Dysentery.

Dosage:— 1 to 2 tablespoonfuls twice or more times a day, depending upon the severity of the case. For children and infants in proportion.

STRYCHEMET (AMPOULES)

for amoebic **DYSENTERY** cases

COMPOSITION:—

EMETINE HYDROCHLOR	½ gr.
STRYCHNINE	1/60 gr.
Ampoule Water	1 c.c.

Indications:— Amoebic Dysentery, Amoebic Hepatitis, Bilharziasis, Cholera, Guinea Worms and Oriental Sores. Also in Alcoholism and Morphinism.

The use of Strychnine in STRYCHEMET counteracts the fall of blood pressure, serves as an anti-depressant and also acts as a circulatory and respiratory stimulant.

STRYCHEMET can therefore be used with impunity in Cardiac and Respiratory cases complicated by Amoebiasis.

AVAILABLE AT ALL CHEMISTS

CHEMO PHARMA LABORATORIES LTD.

KING'S LODGE, LAMINGTON ROAD, BYCULLA, BOMBAY.

Agents:—Messrs. RANBAXY & CO., P. O. Box No. 104, NEW DELHI.

August 1945]

MATERNAL BLOOD IN WHOOPING COUGH

85

Blood was taken from a vein with a syringe containing a little sterile citrate solution and injected immediately into the buttock. The dose varied from 5 to 15 c. cm. accordingly to the age of the child, and the injections were given daily from 3 to 8 days. No other drug was administered during the course of injections except in 2 children who had broncho-pneumonia, for which sulphathiazole was given simultaneously. Disappearance of whoop and distressing cough was taken as the criterion of cure.

Results and observations—Out of 62 cases treated with maternal blood, 41 (66.1 per cent.) were cured in 4 to 10 days as judged from the disappearance of whoops; slight cough and catarrh persisted, for which adexolin or cod-liver oil and orange juice or *amla* (*phyllanthus emblica*), and in a few cases ascorbic acid were administered along with the symptomatic treatment. With this the lingering catarrh disappeared in course of a fortnight, and the children improved much in health. In 6 cases (9.7 per cent.) the frequency and intensity of paroxysms diminished, the total number benefiting from the treatment being thus 75.8 per cent. The rest did not benefit at all.

The duration of the disease before treatment varied from 5 to 6 weeks; no correlation was observed between the duration of the disease and response to treatment.

Only four mothers gave a history of suffering from paroxysmal cough, suggestive of whooping cough in their childhood, and 5 children were treated with their blood.

Children, whose mothers were pregnant, required a smaller number of injections, 4 to 5 injections being sufficient to effect a cure; in some cases 2 injections almost dramatically abolished the whoops. Altogether 14 children received blood from 10 pregnant mothers, and all of them were cured.

In the 10 control cases, the period for disappearance of whoops varied from 2 to 10 weeks, whereas in cases receiving maternal blood it was 4 to 10 days.

Untoward effects—No untoward effect was observed. In one case the mother was in incubation period of malaria and developed malarial fever after three injections were given to her child. On microscopical examination M.T. rings were found in her blood. Immediately the child, though afebrile, was also treated for malaria for five days. In spite of this, the child, a female, aged 6 years, three weeks after the last injection, developed a rather severe type of malaria showing M.T. rings in the blood but recovered with oral quinine. In this case, as the mother and child were living in the same house, it is possible that the latter might have been infected in the natural way by mosquitoes, but infection of the child through inoculation of infected maternal blood is also a possibility.

Discussion—The benefit from the serum and whole blood of whooping cough convalescents is believed to be due to presence of specific immune bodies in the blood and serum of convalescents. In the series under report, four mothers gave history of suffering from suspected whooping cough in their childhood and five children were treated with their blood. The result was not materially different from that of the other cases benefiting from maternal blood. It is also unlikely that their blood contained sufficient amount of immune-bodies after lapse of so many years.

Moreover, pregnant mother's blood was found more potent. It would appear therefore that maternal blood contains something, which has the property of curing whooping cough when administered parenterally, and that this unknown substance is present in greater amount during pregnancy;

conversely, the child's blood lacks this unknown substance.

The fact that whooping cough is predominantly a disease of childhood and only occasionally affects adults, points to the increased activity of the endocrines and readjustment of hormonal balance in the latter. These hormones are also present in greater amount and their production set at a higher level during pregnancy. Some of those hormones, either alone or in combination, might have the property of curing whooping cough.

The failure of treatment in some of

the cases of this series might be due to hormonal imbalance in their mothers.

Summary — Treatment of whooping cough with injection of maternal whole blood in a series of 62 cases is reported. It was efficacious in about 66.1 per cent. and some improvement was observed in another 9.7 per cent. of cases. Pregnant mother's blood was found more potent. A suggestion is made that some hormones, normally present in mother's blood and in greater amount during pregnancy, might be responsible for the curative effect in whooping cough.

SULPHONAMIDES IN URINE

A simple test for detection

WHENEVER treatment with sulpha drugs is under-taken, it is important to ascertain whether the patient has already taken any, so that adequate but not excessive dosage may be given. A patient may be quite ignorant of its previous administration; he may come in a confused state without a medical report; or the report may indicate that the drug was prescribed but it was not actually taken. In such circumstances, we need to test the blood or urine to obtain definite evidence whether the drug had been taken previously or not, as it is never present in the body unless previously taken.

There are several tests for the purpose; the simplest of these is the lignin test. (Hallay, 1942). Lignin, a constituent of wood, is present in wood-pulp papers such as newspaper, toilet paper or paper towels, but not in "purified" papers such as filter paper. For the test a drop of urine is placed on a piece of newspaper and one drop of 5 per cent. hydrochloric acid added. A yellow colour appears immediately which

deepens to an orange with higher concentrations. The exact chemical reaction responsible for the change of colour is obscure, but fortunately other substances which may give a similar reaction do not occur in the urine.

Bogan (1943) obtained very satisfactory results with the test after extensive trials. The test was applied as a routine to every sample of urine examined in the Norfolk Naval Hospital along with microscopical examination of the centrifuged deposit for sulphonamide crystals.

Analysis of the results in the first 3,000 specimens of urine tested revealed positive chemical test for sulphonamides in about one-eighth of the urines, of which about one-fifth showed sulphonamide crystals, usually acetylated sulphathiazole, microscopically. More than half of the specimens received from the pneumonia service gave positive tests, with more than a third of them showing crystals in the urine, and the negative tests were mainly from new admissions or patients already con-

August 1945]

SULPHONAMIDES IN URINE

valescent, etc. Only a half-dozen specimens of the 3,000 tested were reported to have sulpha crystals microscopically without a positive clinical test. Unfortunately, the specimens were not saved for check in any one of these cases, in order that the exact nature of the crystals seen could be identified, but it seems probable that they were cases of mistaken identity rather than false negative test.

The concentration of sulphonamides is indicated according to the intensity of the colour as follows:—

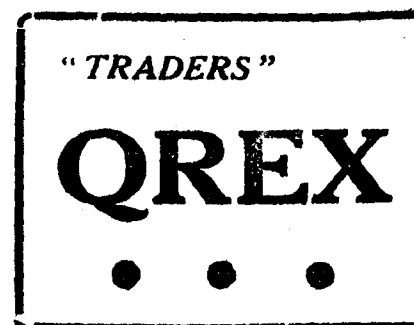
Colour	Read on	Approximate per cent.
Faint yellow	+	0.01
Deep yellow	++	0.05
Orange yellow	+++	0.1
Orange	++++	0.5 or more.

As a simple qualitative test which can be carried out by the bedside, it is of great practical value and deserves wide publicity.

R. N. C.

(From The Indian Medical Gazette, April 1945.)

A Defence Against Germ Attack.



QREX is highly efficacious Oint. prepared from harmless ingredients with antiseptic & astringent properties.

* * * *

QREX is a sure cure for Cuts, Burns, Scalds, Eczema, (both dry or weeping) Ringworms etc, & quickly kills the germs.

* * * *

SULFANILAMIDE
SANDAL
MARGOSA (NEEM)
ZINC OXIDE ETC.



THE INDIA TRADERS
MANGALORE

Acetylarsan[®]

TRADE MARK

diethylamine acetarsol solution
AN EFFICIENT INTRAMUSCULAR ARSENICAL



'Acetylarsan' brand diethylamine acetarsol is a ready prepared solution of a pentavalent arsenical for the treatment of syphilis by intramuscular or deep subcutaneous injection. By these routes it is much better tolerated locally than are the trivalent arsenicals.

Its administration in appropriate dosage has been reported to lead to the disappearance of spirochaetes from the chancre in six to twenty-four hours, the healing of the primary lesion within twelve days, and of mucous patches of the tongue and lips within ten days.



'ACETYLARSAN' is supplied as follows:
Adults: 10 x 3 c.c. ampoules and in boxes of 50 x 3 c.c. and single ampoule of 25 c.c.
Children: 10 x 2 c.c. ampoules
50 x 2 c.c. "

MAY & BAKER LIMITED
Distributed by MAY & BAKER (INDIA) LIMITED

482 B

THIO CALCIN



Sirop THIO-CALCIN (Regd.)

A-super Calcium tonic and Cough specific with vitamins A & D for Tuberculosis, Osteomalacia, Rickets.

Dose 1—2 teaspoonfuls In 6, 15, 128 oz. vials.

EPHEDRINE For Asthma etc. Dose 1—2 teaspoonfuls
with E.M.H. In 2 & oz. vials

From DADHA & Co., P. M. ZAVERI & Co.,
MADRAS. BOMBAY & CALCUTTA.

Vinayagar Medical Hall, Trichy Medical Union Ltd.,
TRICHY.

THIO CALCIN Co.,

P. O. No. 611, Mylapore. Tempy Address 2731/2 V. V. Mohalla, Mysore.



Malaria

MALARINA

TABLETS

COMPOSITION: Extracts of Alstonia scholaris, Tinospora cordifolia, Swertia chirata, Neem, Picrochloa hirtellus etc.

DOSAGE: Adults—2-3 tablets three times a day preferably with milk otherwise with plain water.
Children: 1-1 tablet three times a day with milk.

MALARINA IS THE SAFEST SUBSTITUTE FOR QUININE.

HIMCO Laboratories.
(of SERPINA & DIABETOX fame)
Salem, Madras.

SERPINA & MALARINA are the renowned products of HIMCO Laboratories who gave you DIABETOX, LEUCOL KURCHINA, TENSEX, etc.

SERPINA

TABLETS

555 BRAND

For HIGH BLOOD PRESSURE, INSANITY, INSOMNIA, HYSTERIA, EPILEPSY etc.

The genuine product prepared from cultivated root bark of Rauwolfia Serpentina. SERPINA tablets are highly recommended by the Medical Profession all over India and used in leading Hospitals.

THE HIMALAYA DRUG CO.
PHONE: 26727. BOMBAY 2. GRAMS-HIMALAYA

100 tablets Rs. 2/- 500—Rs. 8/8/-
1,000 " " 15/8 5,000— " 72/-

100 tablets Rs. 3/8/- 500—Rs. 16/-

Explanatory literatures and Clinical report FREE.

Available at all leading Chemists.



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 $7\frac{1}{2}$ 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 $\frac{1}{2}$ grs. of exsiccated ferrous sulphate, providing $\frac{1}{2}$ gr. of iron in ferrous condition along with traces of copper and manganese.

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

**ALEMbic CHEMICAL WORKS
COMPANY, LIMITED, BARODA**

AL 211

To Let

A Vitamin Tonic
New Mineral Tonic Food
PHOS-FER-VITA
COMPOSITION

Concen. Codliver oil product, Vit. A & D, Iron, Copper Manganese Malt Ext. Glycerophos. o Sod Pot. Cal. and Mang.

An excellent Re-constructive and mineralising Tonic with powerful stimulating effect on the metabolism growth and blood formation.

Debility, Anaemia, Convalescence, Malnutrition, Tuberculosis, etc.

THE KAUSALYA PHARMACEUTICALS LTD.,
MADRAS.

CEREBRIN

In the treatment of Nervous diseases.

A safe and reliable sedative and Hypnotic. Non-Toxic, non-depressant and nonhabit forming product, based on indigenous Drugs. It is successfully employed in Insomnia, Hysteria, Chorea, Eclampsia, Infantile Convulsions, Delirium and other cases of nervous excitability.

Presented in the form of pills for peroral use and Amps for parenteral use.

*For Literatures and Samples,
apply to the Distributors.*

A Rational
Cough Cure and a Lung Tonic

BRYOCOL

Contains Hypophosphites of Sod. and Cal. Pot. Sulpho. Guaiacol Euphorbia, Bryoria, Pot-Antimony, Tartrate, Ipicat, Codeine, Tolu Cly, Cyrrhize wild cherry and Syrup.

For any Catarrhal Complaints, Cough, Colds, Acute Bronchitis, Emphysema, Phthisis and Whooping Cough.

TI-BI-SIN TABLETS

An oral remedy for Pulmonary Tuberculosis, and Tuberculosis of the Bones and Glands in early stages.

A combination of Allopathic and Indigenous drugs, known to possess lethal effect on Koch Bacilli.

Tibisin neutralises the Toxins by detoxicating and renders the bacilli incapable of doing any harm within the course of 1 month's treatment. Complete recovery can be obtained within 4 to 6 months' treatment.

*For Literatures and Samples,
please apply to the Distributors.*

EZRA BROTHERS, Mustafa Building, Sir. P. M. Road, BOMBAY.

**Proceedings of the Meeting of the Managing Committee
with Special Invitees held in Trichy X-Rays Ltd.,**

on 23rd July 1945 at 6 P.M.

Members Present:—

Dr. T. V. S. Shastry
Dr. M. Balammal
Dr. N. S. Krishnamurthi
Dr. D. Srinivasan

Dr. T. V. Srinivasan
Dr. O. R. Balu
Dr. M. R. Bhat

Special invitees present:—

Dr. T. S. Tirumurthi
Dr. P. A. S. Raghavan
Dr. Y. P. Vasudevan
Dr. V. Iravatham

Dr. R. Kalamegham
Dr. Joseph Gnanadickam
Dr. R. Sambasivam
Dr. T. N. Subramanyam

Resolved that this Managing Committee constitutes itself into the Executive of the Reception Committee of the First Provincial Conference of the Indian Medical Association.

The following resolutions were proposed from the Chair and carried nem. con.

Resolved to co-opt the following gentlemen to the Working Committee:—

- | | |
|--|--------------------------------------|
| 1. Rao Bahadur Dr. Y. P. Vasudevan | 10. Rao Bahadur Dr. T. S. Tirumurthi |
| 2. Dr. R. Kalamegam | 11. Dr. K. G. Menon |
| 3. Dr. P. A. S. Raghavan | 12. Dr. N. R. Srinivasan |
| 4. Dr. R. Sambasivam | 13. Dr. G. J. Pacheco |
| 5. Dr. T. N. Subramanyam | 14. Dr. C. R. Tiruvengadam |
| 6. Dr. Joseph Gnanadickam | 15. Dr. P. A. Menon |
| 7. Dr. V. Iravatham | 16. Dr. Manson |
| 8. Dr. T. S. S. Rajan | 17. Dr. Mrs. Monsingh |
| 9. Dr. V. Subramanyam | 18. Dr. Edward Mathuram |
| 19. Dr. R. Sundaram, Dt. Health Officer. | |

Resolved that the following shall hold the offices noted against each:—

Dr. T. S. S. Rajan, Chairman, Reception Committee.
Dr. T. V. S. Shastry, Vice-Chairman, Reception Committee.
Dr. P. A. S. Raghavan, Secretary.
Dr. N. S. Krishnamoorthy, Joint Secretary.
Dr. T. N. Subramanyam, Treasurer.
Dr. R. Kalamegam & Dr. V. Iravatham } Members in charge of the Scientific Sub-Committee.
Dr. O. R. Balu, Member in charge of Entertainments Sub-Committee.
Dr. D. Srinivasan, Member in charge of Exhibition Sub-Committee.
Dr. V. Subramanyam, Member in charge of Mess.

Resolved that the members in charge of various sub-committees be enabled to co-opt others to carry out their work.

Resolved that the printed appeal with corrections as appended herein be adopted.

Resolved to hold the Conference in Dr. Edward Mathuram's Compound and thank him for his kind promise to place his buildings at our disposal and afford all facilities for the successful conduct of the Conference.

Resolved to invite the prominent citizens and general public to become members of the Reception Committee and to contribute to the success of the Conference.

Resolved to appoint a sub-committee consisting of the following members to draft details of the Conference to be placed before the Working Committee:—

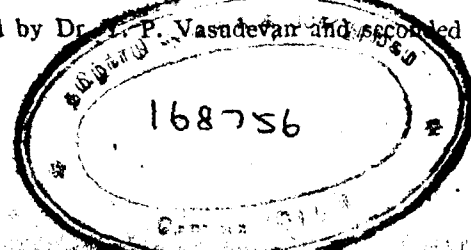
Dr. P. A. S. Raghavan
Dr. R. Kalamegam

Dr. O. R. Balu
Dr. D. Srinivasan

and Dr. T. N. Subramanyam.

Proposed by Dr. Y. P. Vasudevan and seconded by Dr. Joseph and carried nem. con.

T. V. S. SHASTRY,
President.



LM 21192, IV 35/103

N 38-10214

CONTENTS

Scabies

Penicillin in infective

Dermatoses 93

Editorial

93

Correspondence

98

ASAPHOS TONIC

CONTAINS THE ACTIVE PRINCIPLES OF
ASWAGANDHA.

Indications:

Nervous Exhaustion, Anaemia and
skin eruptions.

Promotes secretion of the digestive
fluids.

Available at all Chemists
in packings of 10 oz. & 24 oz.

Manufacturers:

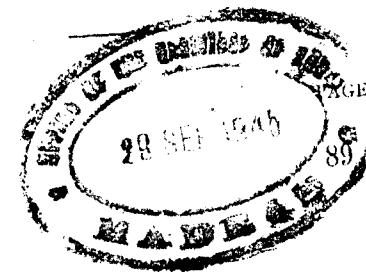
**The Mysore Pharmaceuticals (1935)
Limited,
BANGALORE.**

Madras Presidency Distributors:—

Messrs. Dwarakanath Agencies,

Phone 86109

TRIPLICANE, MADRAS.



**In this new
emergency
package**



increased supplies of
DEXTROSOL
are now available

Pleased are the distributors of
DEXTROSOL to be able to announce
that supplies of this valuable thera-
peutic agent are now more adequate.
For the present the familiar tin is
replaced by an emergency wartime
pack.

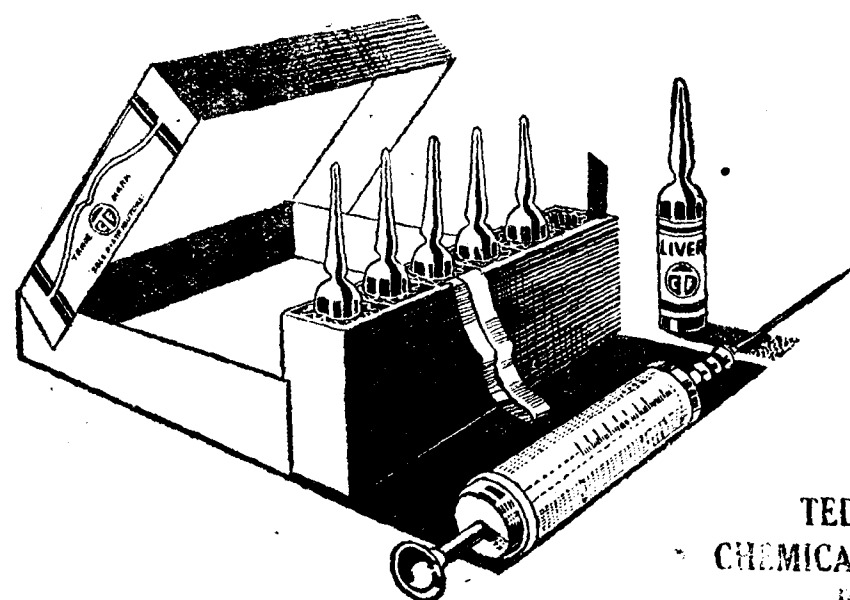
CORN PRODUCTS CO. (INDIA) LTD.
P.O. BOX 994, BOMBAY

T. C. F.
WHOLE LIVER EXTRACT



- T. C. F. Whole Liver Extract has remarkable therapeutic value in Tropical macrocytic anaemia and pregnancy anaemias.
- T. C. F. Whole Liver Extract not only contains all the anti-pernicious anaemia factors, but also Whipple's factors, Wils's factors and Vitamin B-Complex comprising Thiamin (B₁), Riboflavin (B₂), Adernin (B₃), Pantothenic acid (Filtrate-factor) and Nicotinic acid (P-P factor) from fresh young healthy sheep liver.

Packed in 2 c.c. and 5 c.c. ampoules and 10 c.c. rubber-capped vials.



* Nicotinic acid inherent in liver and fully retained in T. C. F. Whole Liver Extract has been found to be one of the essential factors effective in macrocytic anaemia.

PRODUCT OF
THE
BIOLOGICAL
LABORATORY
OF

**TEDDINGTON
CHEMICAL FACTORY Ltd.
BOMBAY.**

Samples, Prices and Literature, etc. on application to:

Sole Distributors: **W. T. SUREN & Co.,
BOMBAY.**

Calcutta Branch:
Suits No. 13, Howrah Motor Bldgs.,
P. 6, Mission Row Extension.

Madras Branch:
12, Sunkurama Chetty St.,
George Town.

Karachi Branch:
54, Forbes Bldgs.,
Bunder Road.

(FOR CIRCULATION AMONGST MEMBERS ONLY.)

THE MISCELLANY

OF THE
TRICHINOPOLY DISTRICT MEDICAL ASSOCIATION
BRANCH OF THE INDIAN MEDICAL ASSOCIATION (Regd.)

VOL. XIII]

SEPTEMBER 1945

[No. 12

D. V. VENKAPPA
PROVINCIAL SECRETARY

No. P. S. 2065.

"DAYALBAGH"

No. 3, Deenadayalu Street,
THYAGARAYANAGAR P. O.

Madras, 5th September 1945.

DEAR DR. IRAVATHIAM,

A perusal of the proceedings sent to me yesterday without mention of its date reveals an incorrect description so far as the 'amalgamation' question is concerned. It is well known to all that the majority of the members and delegates were *for* amalgamation and *not against* it. It was on this account that a sub-committee was formed, and hence you will do well to make the necessary correction so as to remove any misconception by your branch. I hope you have not sent a copy of the proceedings to the General Secretary and the Editor, I. M. J. Madras, and if so, please notify the discrepancy to them.

With best wishes,

Yours sincerely,

(Sd.) D. V. VENKAPPA.

DEAR DR. D. SRINIVASAN,

"The publication of this alone will prove your case in a dignified manner" - T. V. S. Shastri.

We have received this letter No. P. S. 2065 dated 5th September 45, Thyagarayanagar from the Office of the Provincial Secretary A. I. M. L. A., for favour of publication. He has requested us to give due publicity immediately as the matter is very urgent. As we had long before gone to Press, and as we could not include it in the September issue, we take the liberty of printing and insetting it separately in this issue. We crave the indulgence and careful thought of our readers.

(ED.)

The males are probably more shortlived than the females and even when they are alive they do not penetrate as deep into the skin as the female mites.

Mellanby has found out recently that the total number of female parasites

pastures of various sizes. The symptom of scratching appears not earlier than one to two months after the parasites have infected a man. It is suggested by Mellanby that the chief symptoms of scabies, viz., scratching, is not due to the activity of the parasite, especially

at nights as is erroneously understood to be, but to a kind of sensitisation that the host develops during the course of one or two months after the actual harborization of the parasites into the skin.

Scratching destroys, no doubt, some of the adult parasites and a greater number of young ones, but brings about secondary infection of the skin and produces pustules, boils and abscesses, and also helps in transferring the parasites from one place to another in the same host. These secondary conditions are considered to be the chief signs and symptoms of scabies, in fact most of the text-books say so, also, but Mellanby has shown in his recent investigations that they are not the primary features of the disease.

TRANSMISSION OF SCABIES

It is commonly believed that scabies is transmitted by handling materials used by scabetic, such as books, money, towels, etc. Also it is considered that the infection spreads through seats in public conveyances, tables, chairs and baths and lavatory seats. Sleeping in beds used by infected persons is thought to be the most potent method of transmission. But Mellanby (1943) has proved that none of the above-mentioned inanimate objects are the agents that help in the spread of the infection. He made several human volunteers, sleep in the beds used previously by scabetic patients and use the same towel that was used by hundreds of scabetic persons and found none of them was infected.

Prolonged personal contact is considered to be the only mode of transmission of parasites from one person to another. Children often play with one another with their hands clasped together for a long time and thus help the spread of the disease. Over-crowding of persons in small dwelling-places, where people sleep together in common

beds, aids the parasites to travel from one person to another.

Mellanby is of the opinion that the prevalence of scabies at present to a great extent is not due to war conditions. The present food situation according to this author has to some or greater extent contributed to the impaired resistance of the persons against the secondary infection only but not to the primary cause of scabies. He has argued that even as early as 1937 there was already a rise in the incidence of scabies in Britain, the infection gradually increasing from 1% in 1930 up to 5% in 1943, and the present crisis is only a repetition of the cycle of an epidemic which comes up once in about 5 to 10 years. The reason he attributes to this cycle of epidemic is that people develop immunity during the height of epidemic and later on in the course of a few years either this immunity fades away or there is an increase of population without the immunity. When such conditions are favourable, once again there is an epidemic of the disease.

TREATMENT

Many drugs have been suggested in the treatment of scabies, but there is nothing to excel sulphur. Sulphur is cheap, easily obtainable and specific in its action against the itch-mite. The main trouble in scabies is that people do not seek advice in early stages, but treat themselves by trying all varieties of ointments, lotions and oils that they could buy after reading attractive advertisements or having heard about them from a kindly neighbour or friend. In some cases the lay people overdo the treatment by applying those ointments, etc., sometimes too caustic ones, over a long period and develop severe types of eczematous condition of the skin. It is only when the secondary pustules develop and the condition becomes nasty and unbearable, people resort to treatment by qualified doctors.

SULPHUR

The manner in which sulphur should be used requires some elaboration. It is best used in the form of an ointment only, and that prepared in ghee, instead of using vaseline, lalolin, coconut oil or any other mineral or vegetable product as a base.

Two drachms of the powder are to be mixed in two ounces of ghee and well grinded into a paste. This forms a 10% ointment and is most suited for the purpose. The ointment is to be rubbed all over the body at night. Scrubbing the body before or while applying the ointment, either with a brush or any other device, should be avoided, because this method unnecessarily produces open lesions in the skin which become infected by bacteria later on. Next morning the patient may have a bath or not, according to his desire. The ointment should be rubbed all over the body for three successive nights. I advocate the use of ghee in preference to other mineral or vegetable oils, because it is an animal fat, free from moisture and as such sulphur is better absorbed into the crevices of the skin and thereby the beneficial effects are achieved quicker than otherwise.

The application of sulphur in this manner has cured the disease in those cases where the same drug had been used in other ways, such as a dusting powder or an ointment prepared in vaseline, etc., and had not done any good. Butter should not be used instead of ghee, because the former contains water and as such is not well suited.

TREATMENT OF SECONDARY CONDITIONS

Pustules are the main secondary complication. Hot boric or mag. sulph. poultices are to be applied in places where they are abundant and sulphur-ghee ointment to the rest of the body. Poultice may have to be repeated for

3 to 4 days or even more. When all the exudate has cleared away, simple drugs like mercurochrome, acriflavine or sulphanamide are to be used.

ECZEMATOUS CONDITIONS

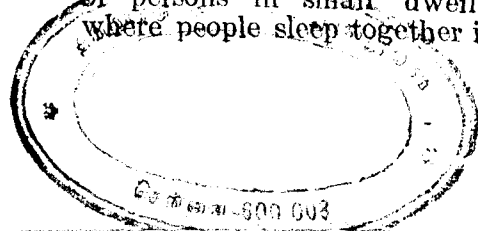
In a few cases, particularly in children, large eczematous patches either at the dorsal aspect of the forearm, legs or thighs are seen. This complication arises either as a result of confluence of several small or large pustules in any localised area, or from constant scratching and exposing of the dermis for infection from extraneous organisms. Thick dried serous exudate, cracked here and there or moist seropurulent discharge are found on such eczematous patches. Calamine lotion applied to such areas for a few days will cure the condition. In persistent cases mag. sulph. poultices may also be tried. When the exudate has cleared away simple non-irritant ointments, like zinc-boric or sulphanamide ointment, will completely cure the condition.

VACCINE THERAPY

Auto-vaccine therapy was tried in this department, on a number of cases of scabies with secondary complications and the most astonishing results were obtained. It is in fact the success achieved by this treatment that prompted us to present this paper at the conference.

METHOD OF PREPARING THE VACCINE

Pustules found on the body of scabetic persons are broken open under aseptic conditions and the discharge is sown on nutrient agar medium. In the majority of cases the following types of organisms are obtained—*Staphylococcus albus*, citrous and aureous. Occasionally streptococci are also found. A mixed vaccine of all these types of organisms obtained from discharges of pustules, is prepared and injected in



successive doses, beginning from a small dose of 0.1 c.c. on an emulsion containing 1000 million organisms per c.c. up to 1 c.c.

By the time 7 injections are given, there will be complete relief from the secondary complications. Local treatment of course should be carried out simultaneously, as described above. A course of 10 injections of the vaccine has been the routine treatment with us.

Editorial Note:—*The consequences of the indiscriminate and injudicious use of Sulphur in Scabies should be borne in mind by the practitioners.*—(ED.)

SCRATCHING

It is necessary to speak a word or two about scratching sensation which the patient suffers from. Unfortunately this sensation persists even after the disease has been cured. This is partly due to the continuity of the habit and partly due to the persistence of the peculiar sensitisation of the skin—that the patient has acquired. Psychic factor also plays not a little part and any kind of trivial itching sensation of the skin draws the attention of the patient, to scratch the part unnecessarily.

There are several other drugs recommended, in the treatment of scabies; but I (P.K.R.) have no personal experience of having used them. Mellanby, however, gives in a tabular form the efficacy of those drugs and the same has been quoted here:—

Treatment	Mites killed, per cent.
Sulphur ointment ...	97-100
Marcussen's ointment ...	100

Treatment.	Mites killed, per cent.
Flowers of Sulphur (dusting) ...	15
Thiosulphate (HCl) ...	25
Internal Sulphur ...	0
Sulphur Soap ...	17
Derrit root lotion ...	73
Rotenone emulsion ...	76
Pyrethrium preparation ...	59-94
Betanaphthol ...	82
Zethane ...	68
Mitigal ...	100
Benzyl Benzoate (20 emulsion in water) ...	99.9

SUMMARY

Scabies is prevalent in Bangalore to a large extent, as has been in the rest of the world, for the last 2 to 3 years.

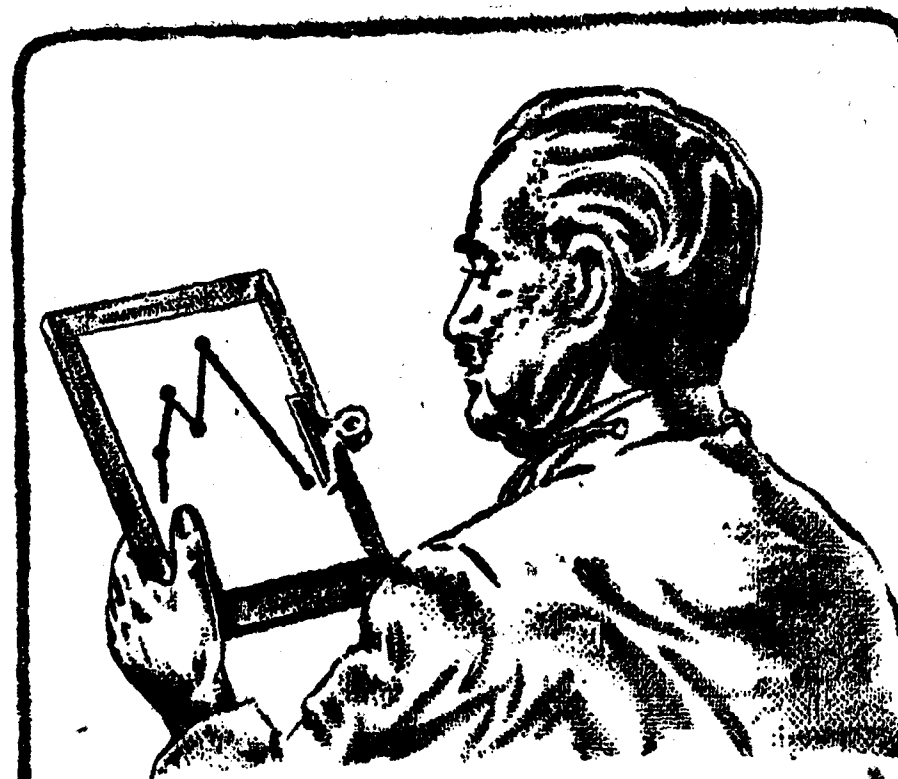
Sulphur has been found to be an excellent drug to cure the disease. Sulphur is to be applied in the form of an ointment prepared by mixing the powder with ghee, and not in any other mineral or vegetable oil.

Treatment of secondary infection has been detailed.

Injections of vaccine prepared from the bacteria derived from the discharge of pustules of scabetic persons in successively increasing doses has proved a very useful auxiliary treatment. Hundreds of cases have been cured by adopting the above-mentioned method.

My thanks are due to Dr. T. Seshachalam, Durbar Surgeon and Medical Officer, Victoria Hospital, for giving facilities to carry out the investigation in the Pathology Department of the Hospital.

(Adapted from Mysore Medical Bulletin)



Non-Specific Immune Therapy

1 to 2 cc. OPSODIN subcutaneously or intramuscularly in fevers of obscure etiology and all infectious diseases like influenza, pneumonia, tonsillitis, etc. brings down the temperature rapidly and cuts short the course of the disease by stimulating the natural defensive forces of the body.

OPSODIN

Cipla

CHEMICAL, INDUSTRIAL & PHARMACEUTICAL LABORATORIES Ltd.
BOMBAY-8.

Madras Agency:—

CIPLA AGENCY,
256, Thambu Chetty St., Madras.



PHOSPHOTON
 PHOSPHORUS TONIC *Cipla*
 (ORAL)

Madras Agency:-- CIPLA AGENCY, 256, Thambu Chetty Street, MADRAS

PENICILLIN IN INFECTIVE DERMATOSES

At a large military hospital Taylor and Hughes used penicillin in the treatment of sycosis barbae impetigo contagiosa, furunculosis and other varieties of the large group of eruptions known as the infective dermatoses. Penicillin was applied locally in various ways in an endeavour to find the most efficient and most economical mode of application. The preparations tried included crude penicillin filtrate in a base of equal parts of lanette wax, liquid petrolatum and water; calcium penicillin in a base of 30 per cent. lanette wax in water; sodium penicillin in a base of 30 per cent. of lanette wax; sodium penicillin in aqueous solution; penicillin mould of about fourteen days' growth and penicillium mould crushed up in base of 30 per cent. lanette wax in water. Before treatment the lesions were examined bacteriologically. Cultures on blood agar were made with a wool swab. The plates were incubated for twenty-four hours or longer, the organisms

growing were identified and a rough colony count was made. All organisms grown were tested for sensitivity to penicillin, and all staphylococci had their coagulase production assessed. During treatment, daily cultures were made in a similar way. The authors found that penicillin is effective in the local treatment of certain skin diseases caused by cocci. The most satisfactory method of treatment of sycosis barbae and impetigo is to spray the lesions with an aqueous solution containing 200 units of penicillin in each cubic centimeter or 400 units per gram of lanette base seems to be sufficient. The pain in deep-seated lesions (furuncles) is much relieved after application of penicillin. An underlying seborrheic state in cases of sycosis and impetigo is liable to cause relapse soon after cessation of treatment and necessitates further course of treatment. The appearance of penicillin insensitive to organisms indicates that further treatment with penicillin is of little value.

EDITORIAL

OUR readers might remember our leading article under the caption "Couching" in our columns on the havoc done by quacks in couching cataracts, and calling on the Madras Government to enact legislation banning couching as illegal. We are glad to note the Madras Government have passed an Order making this couching by quacks punishable.

This new Act would be a dead letter unless we the medical profession see to its being enforced. Couching, as was explained in our last article, is mostly done in villages. The ignorant people, not knowing the harm that would follow, easily submit to the enticing words of the coucher and become his

victims. Only a few days later they realise what havoc has been done to their eyes. It is these poor people that have to be enlightened on the fact that the couchers who spoil their eyes are liable for punishment for their unlawful act. Otherwise couching will go on as merrily as before, in spite of the good intentions of the framers of the new Act.

We therefore appeal to the Government to go a step further and see that this Act is published by tom-tom and distribution of handbills in every village of the Province. The Health Department may be asked to include this information in their propaganda in the villages. Frequent broadcasts by the

All-India Radio in their village programmes would be of much use. Instructions may also be given to every police outpost to bring to book every quack who continues this nefarious practice of couching.

The doctors also have a duty in this connection. In the villages, the local medical practitioner can get early information about the arrival of the coucher. If he could inform the police immediately, he would be doing a great

service by preventing many eyes from being spoilt. He could also tell his village patients about this new Act and ask them to inform him or the police the moment the coucher is seen in that area.

It is only by these means it is possible to see the Act is enforced. Thereby so much of suffering and loss of eyes would be prevented.

G. J. G.

DUCKS AND DRAKES

WORDS fail us with which we would fain do justice—nothing but bare justice—to Rai Sahib Dr. Manoharlal Kapur's article in the correspondence columns of the Indian Medical Journal in its August, '45 issue.

Incidentally it somehow happened that this particular issue of the Indian Medical Journal did not reach us, though till now we have been receiving the usual exchange copy, month after month without break. We are indebted to one of our readers who has been kind enough to favour us with the clipping of Dr. Kapur's article mentioned above.

In fairness to Dr. Kapur and in order to enable our readers to judge dispassionately, let us first reproduce in full the said article datelined Delhi, 13th July, 1945:

"ABSOLUTELY WRONG PICTURE"

"My attention has been drawn to the editorial note commenting on our last Calcutta Conference published in the Miscellany in the month of June, 1945—a monthly journal of the Trichinopoly District Medical Association, a branch of the Indian Medical Association—and a similar note published in the same journal in the month of May, '45 which has led me to come to the conclusion that efforts are being made to present absolutely wrong picture of the proceedings of our last conference to a certain section of the medical profession with a view to lowering the prestige of the A. I. M. L. A. and some of its office bearers in eyes of the medical world."

"The true facts regarding the question of amalgamation, as discussed in our last conference, are:

"In the Subjects' Committee Meeting held on 31st March, '45 at 10 p.m., Dr. Hanumantha Row of Guntur moved the resolution on amalgamation. It was opposed by Dr. K. C. Wohra on the ground that the resolution in question would affect the constitution of the Association and that as no due notice of this resolution had been given as per rules of the Association, it could not be moved.

"As President, I requested the mover of the resolution to withdraw its first part to enable the House to allow him to move the remaining portion of the resolution. He accepted my advice and withdrew the part in question. On moving the resolution before the House it was unanimously resolved to form a sub-committee to consider the question of amalgamation or otherwise; but there were two camps in the house—one headed by Dr. A. D. Mukherji who wanted that the house should select the sub-committee and the other headed by Dr. S. A. Bukhary who wanted that the President should nominate the sub-committee. After heated discussion lasting for several hours it was decided by a majority of votes that the President should nominate the sub-committee. When this question was placed before the House in the open conference on 2nd April '45 I made a speech in favour of authorising the president to nominate a sub-committee, followed by Dr. A. D. Mukherji in support of his previous views on the subject.

"Dr. A. N. Roy, the newly elected General Secretary of the A. I. M. L. A. and several other delegates strongly appealed to the House to authorise the president to nominate the sub-committee. The whole House appeared to be satisfied on this decision when Dr. Gianchand

Blaggana of Amritsar with a forceful speech and with strong arguments against amalgamation, moved an amendment to the original resolution appealing thereby to throw out the resolution. The whole House, with perhaps four or five exceptions, threw out the resolution and it was evident to all that the fate of the resolution had been sealed. After a little while Dr. A. Visvanathan of Madras got up to speak on the resolution but was opposed by the House on the ground that the resolution had been rejected. However against great opposition I allowed Dr. A. Visvanathan to speak on the resolution. He appealed to House only on one ground and it was that as the subject committee of our Association had decided only in favour of forming the sub-committee to discuss the question of amalgamation or otherwise with a similar sub-committee of the I. M. A. and as the I. M. A. in its central council meeting held in Calcutta had just formed a sub-committee to meet our sub-committee it would be but proper if the resolution authorising the president to nominate the sub-committee was accepted. But as the whole House was not in a mood to hear any speaker in favour of the original proposal I had to get up and make an earnest appeal to the House lasting for about 20 minutes to authorise me to form a sub-committee. Thanks to the House, it unanimously accepted my advice and allowed me to pass this resolution unanimously.

"Let it be clear to the medical profession that we in the A. I. M. L. A., love all, respect all, co-operate with all and do not interfere in the smooth working of other associations in the onward march of our profession and expect the same in return from others. But any misrepresentations of facts like that indulged by the *Miscellany* will not deter the association to play its part worthy of its old traditions.

Delhi, }
13th July, '45. } M. L. KAPUR,
President, A. I. M. L. A."

With regard to the opening paragraph of Dr. Kapur's article, let it be known to our readers that copies of the May, June, and July issues of the *Miscellany* were forwarded to Dr. Kapur by ourselves with the editorials on the Calcutta conference specially marked to draw his attention. Dr. Kapur characterises these editorials as "efforts . . . to present absolutely wrong picture of the proceedings of the conference with a view to lowering the prestige of the A. I. M. L. A. and some of its office bearers in the eyes

of the medical world". If faithful reporting of the proceedings of the conference and reasonable criticism of the behaviour of the President and of a handful of his supporters constitute presenting "absolutely [a] wrong picture" and an unworthy motive to lower the prestige of the A. I. M. L. A. and some of its office bearers, we cheerfully acknowledge our guilt to the very hilt.

In the second paragraph, Dr. Kapur announces his intention to enlighten the medical world with a proclamation of "the true facts regarding the question of amalgamation, as discussed in our last conference."

We have nothing to say on the third paragraph of Dr. Kapur's article. It is entirely correct. We would only add that Dr. U. B. Narayana Rao of Bombay seconded the resolution.

Unfortunately the fourth paragraph of Dr. Kapur's article is a hopelessly tangled skein needing very delicate unravelling. Dr. Hanumantha Rao's resolution was a succinct one for amalgamation. It did not have any first part or second part. The President therefore had no opportunity to appeal to the mover to withdraw the first part and to move the remaining portion of the resolution. Nor was there any question of the mover accepting the "advice" of the President. Actually the President echoed Dr. K. C. Wohra's opposition, viz., that the resolution was out of order. Further, the President bitterly complained that this question of amalgamation should have been raked up when he, Dr. Kapur, had been recently elected to the Presidential *gadi*. Here, we do not feel like describing in detail the behaviour of the President which was anything but dignified and on which we have dwelt in some detail in our previous issues.

In the same fourth paragraph of his article, Dr. Kapur claims: "On moving the resolution before the House it was

unanimously resolved to form a sub-committee to consider the question of amalgamation or otherwise...". May we remind Dr. Kapur that the temper of the House was such (it was then 3-30 A.M.) as to compel him to take back his ruling—that the resolution was out of order? Does he remember that, when the voting papers had been distributed, he called upon the House to vote upon the question whether the mover or the President should appoint a sub-committee? Has he forgotten that it was categorically demanded of him whether he conceded the necessity for amalgamation and that promptly, (and hoarsely) he shouted (hissed irately) "Yes?" And so, the House proceeded to vote on the question of sub-committee only on the clear understanding that the President had been compelled to bow to the almost unanimous desire of the House for amalgamation. And, above all, does not Dr. Kapur remember that those who wanted the President to appoint the sub-committee secured, over those who wanted the mover to appoint the sub-committee, a majority of a *single vote*? Now he says that the House resolved '*unanimously*' to form a sub-committee. A few lines later he says that it was decided by "a majority of votes"—that the President should nominate the sub-committee: this majority was by a single vote. We presume that the unanimous resolve referred to by Dr. Kapur was with reference to the question of amalgamation. But Dr. Kapur claims that the sub-committee to be formed was "to consider the question of amalgamation or otherwise". It is this "OTHERWISE" that we strongly object to. It is an insidious insertion; otherwise the President should have had dreams or hallucinations. We would like any delegate to the Conference who participated fully in the proceedings to come forward and testify to the veracity of the President's assertion that the sub-committee was formed "to consider the question of

amalgamation or otherwise". This is the crux of the controversy. Once again, plainly and bluntly, WE CHALLENGE THE PRESIDENT TO PROVE THAT THE SUB-COMMITTEE WAS FORMED TO CONSIDER THE ADVISABILITY OF THE "AMALGAMATION OR OTHERWISE" AND NOT TO GO INTO THE DETAILS OF THE QUESTION OF AMALGAMATION ALREADY AGREED UPON.

As regards the final sentence in the fourth paragraph we would remind Dr. Kapur that Dr. A. D. Mukherji got up and walked up to the "mike," smiling, only to announce to the delegates that their tea was waiting and getting cold.

The penultimate paragraph of Dr. Kapur's version is as full of errors or misrepresentations as it is long. First Dr. A. N. Roy and several other delegates were strongly for amalgamation and they did not appeal to the House to authorise the President to nominate the sub-committee, as the President imagines or wants us to believe.

The second sentence in the penultimate paragraph is a veritable mythological monster of crazy impossibilities. Says the President, "The whole House appeared to be satisfied on this decision".... We presume the President here, according to his own version, refers to the resolution which he believes was intended to authorise him to "nominate a sub-committee." In the same breath the President tells us that Dr. Gianchand Blaggana of Amritsar, "moved an amendment to the original resolution appealing thereby to throw out the resolution." In all seriousness we ask the President whether, when the House has reached a decision it is possible at all to move an amendment and secondly, whether there can be any amendment to the original resolution with the purport of throwing out the resolution itself. We leave it to super-subtle constitutional pundits like the President himself to demonstrate the

TRACO'S LIVER EXTRACT

*An Ideal concentrated & Palatable liver preparation
containing*

IRON & VITAMIN B COMPLEX

for

GENERAL DEBILITY, PERNICIOUS ANÆMIA
SECONDARY ANÆMIA, LOSS OF APPETITE, SPRUE Etc. Etc.

:: TRACOBAR PHARMACEUTICALS ::
COIMBATORE

NEO-LIVACON

(The Liver Extract)

It provides all the hæmatopoietic factors of the liver. Also the hæmatinic minerals and Vitamins in their natural state. The value of Neolivacon in anæmia cannot therefore be underrated. Neolivacon is administered intramuscularly.

2 C. C. ampoules...10 c. c. R/C. vials.

UNION DRUG CO. LTD.,
285, Bowbazar Street :: :: CALCUTTA

T' Phones:— { Cal. 1159.
 { Cal. 4975.

T'Gram:—"BENZOIC" Cal.

PECTOKAB

For Gastro **INTESTINAL** disorders

COMPOSITION PER FLUID OZ.:-

PECTIN equivalent to ½ oz. of Raw Apple	
KAOLIN	90 grains.
TINCTURE BELLADONNA	8 minims.
Vehicle	q.s.

Indications:- Children's Diarrhoeas, Gastro-Enteritis, Chronic Enteritis, Fermentative and Putrefactive Dyspepsia, Diarrhoea and Dysentery.

Dosage:- 1 to 2 tablespoonfuls twice or more times a day, depending upon the severity of the case. For children and infants in proportion.

STRYCHEMET (AMPOULES)

for amoebic **DYSENTERY** cases

COMPOSITION:-

EMETINE HYDROCHLOR	½ gr.
STRYCHNINE	1/60 gr.
Ampoule Water	1 c.c.

Indications:- Amoebic Dysentery, Amoebic Hepatitis, Bilharziasis, Cholera, Guinea Worms and Oriental Sores. Also in Alcoholism and Morphinism.

The use of Strychnine in STRYCHEMET counteracts the fall of blood pressure, serves as an anti-depressant and also acts as a circulatory and respiratory stimulant.

STRYCHEMET can therefore be used with impunity in Cardiac and Respiratory cases complicated by Amoebiasis.

AVAILABLE AT ALL CHEMISTS

CHEMO PHARMA LABORATORIES LTD.

KING'S LODGE, LAMINGTON ROAD, BYCULLA, BOMBAY.

Agents:-Messrs. RANBAXY & CO., P. O. Box No. 104, NEW DELHI.

September 1945]

EDITORIAL

97

probability of such sheer moonshine in the realm of constitutionalism. The stark fact and the bare truth happens to be that Dr. Gianchand Blaggana did speak forcefully and eloquently against amalgamation. He was not moving any amendment. He was too clever to have any hallucinations that amendments could be moved to throw out the resolution once passed. And he was opposing the resolution. It should thus be clear even to an innocent babe that the resolution had for its theme the question of amalgamation. The President cannot wriggle out of this situation as it really existed. And may we just intimate the President that Dr. Gianchand Blaggana is not the sort of person to oppose a resolution after a decision has been reached. So once again it comes to this:-Dr. Hanumantha Rao's resolution was clearly for amalgamation and it had nothing to do with the committee business. We are reiterating this central fact tirelessly lest Dr. Kapur should conveniently forget it or cleverly twist it.

The very next sentence of Dr. Kapur makes nonsense of the version he so assiduously tries to prop up: "The whole House, with perhaps four or five exceptions, threw out the resolution and it was evident to all that the fate of the resolution had been sealed." Obviously, according to Dr. Kapur, the resolution was to authorise the President to nominate the sub-committee. If Dr. Kapur means to say that this resolution was rejected, what is anyone to infer from it?

The latter half of Dr. Kapur's penultimate paragraph may be dealt with

compactly. It is true that the House was anything but willing to listen to Dr. A. Visvanathan but the reason was not that the resolution had been rejected, as Dr. Kapur asserts, but that already polling had been decided upon. And the President's final appeal to authorise him to nominate the sub-committee was clearly understood to be based upon the clear decision that the sub-committee was only to work out the details of the amalgamation. Finally the House did not "unanimously" authorise him to form the sub-committee.

Dr. Kapur's concluding paragraph is a compound of pious platitudes, magnanimous assurances and an air of injured innocence. No one ever dreams of accusing the A. I. M. L. A., as a whole, of trying to "interfere in the smooth working of other associations." As far as we are concerned we have only endeavoured to ensure, by frank, fearless and impartial criticism, the smooth working of the A. I. M. L. A. itself. It would be tragic if a few individuals were to thwart and misrepresent the clearly expressed desire—for amalgamation—of the preponderant majority of the members of the A. I. M. L. A.

Whether the *Miscellany* has ever indulged in "any misrepresentation" of facts we leave it to the readers to judge, and even now we earnestly appeal to Dr. Kapur to think over with detachment and calm, "All passions spent."

PLAYING DUCKS AND DRAKES WITH FACTS, WE WOULD REMIND DR. KAPUR, IS PLAYING WITH FIRE.

CORRESPONDENCE

To
The Editor,
Miscellany, Trichinopoly.

Sir,

For some time past, there have been many comments (direct and indirect) in the 'Miscellany' on the All-India Medical Licentiate Association and some of its office-bearers. I have been wishing to write to you to say that you were carrying the issue a bit too far, but I refrained for fear, my joining in the fray would drag on the controversy. But, your recent comments on the Calcutta conference of the A. I. M. L. A., are such that I am forced to write this letter in the interests of better relationship between the All-India Licentiate Association and the Indian Medical Association.

The 'Miscellany' is the organ of the Trichinopoly Branch of the I. M. A., and I think the editorials of this journal should be taken as representing the official opinion of this Association. I believe you did not attend the A. I. M. L. A. conference at Calcutta as the official representative of the Trichinopoly I. M. A. As such, it is beyond comprehension how your personal views and experiences of the conference and its officials (especially certain passages of a highly controversial nature) could come under the editorial columns of the official organ of the Trichinopoly I. M. A. It would be quite different if those articles appeared under your personal name. As it is, their appearance as editorials means that this branch of the I. M. A., is indulging in a campaign against the A. I. M. L. A. Don't you think this is likely to cause resentment atleast among some licentiate members and thereby some amount of dissension in the Association? Apart from that, when honest efforts are being made on either side for the amal-

gamation of the I. M. A., and A. I. M. L. A., one should not jeopardise those efforts by any unauthorised action.

I would therefore suggest that some categorical statement be made by the managing committee or yourself to the effect that the views you have expressed on the Calcutta conference of the A. I. M. L. A., are your own and cannot be said to represent the opinion of the Trichinopoly branch of the Indian Medical Association.

Yours faithfully,

G. JOSEPH GNANADICKAM.

Eye Hospital,
Trichinopoly.

Irrespective of the intentions of our esteemed correspondent Dr. Joseph Gnanadickam, his communication printed above has a specific significance for us, coming as it does on the eve of the impending Conference of the District Medical Association. Two years ago in the Annual Conference itself, a similar question was raised and pressed to the point of division, the agitators getting as many as 5 votes in a House about 75 against the stand taken by us. On that occasion the dissenters protested against our views expressed in the somewhat celebrated editorial entitled "Mumbo-Jumbo or Pan Jandrum".

Now, Dr. Joseph Gnanadickam sincerely and conscientiously entertains genuine apprehensions that our caustic comments on the Calcutta Conference might cause dissensions in our association that they are likely to "Jeopardise" the efforts that are now being made to amalgamate the two bodies viz., I. M. A. and A. I. M. L. A.

These efforts Dr. Joseph characterises as honest. The sole aim of our leading articles of the Calcutta Conference has been to expose the want of sincerity

and genuine enthusiasm that vitiates the efforts made from A. I. M. L. A., end.

All the other readers who have communicated to us their reactions to these editorials have understood us correctly. None has suspected us of any intentions to parade our individual views and personal opinions or of "carrying the issue a bit too far". Till now no member of our association has written to us that the line we have taken with regard to the Calcutta Conference and the question of amalgamation "is likely to cause dissension at least among some licentiate members and thereby some amount of dissension in the Association."

It is a pity that Dr. Joseph should have taken such a narrow and circumscribed view of the privileges and responsibilities as well as of the representative capacity of an editor, voted to his position by the free and untrammelled exercise of their franchise by all the members of our Association. Is such a freely elected editor, every time he takes up his pen to indite an editorial on a question, however controversial, to trample and to pause and Hamlet-like, vacillate whether his views are not likely to cause resentment in the bosoms of some of those who have elected him?

What does it matter whether we attended the Calcutta Conference as the accredited representative of the Trichy Branch of the I. M. A., or whether we attended it in our individual capacity? The crux of the matter is that the raw material gathered by us for our editorial must be authentic. In the case in question it happens to be also first hand. There is no perversion of truth wilfully resorted to. And so there is an end of the matter.

The question of personal and representative views is ever a ticklish one. We hope that we have established sufficiently clearly that in this instance of the Calcutta Conference cum amalga-

mation, there could be no divergence between personal and representative views.

Finally, as for the suggestion made by Dr. Joseph in the final para of his communication, we would like to point out that it is his duty and privilege if he feels compelled or if he is inclined to raise the question and to secure the decision at the impending Annual Conference. We will bow to that decision—whatever it might be.

EDITOR.

To
The Editor,
"The Miscellany"
Trichinopoly.

Dear Doctor,

Please allot some space in your valuable journal for the following:—

Reference:—Combating Tuberculosis Pulmonics within the Municipal area, Trichinopoly.

Among the sinews of war against this fell disease, the following may rank among the most important.

1. There is prospect of cure if the disease is tackled in its early stages. The general medical practitioners are almost the first persons to whom tuberculosis patients report themselves for treatment of some symptom or other. If these doctors are not adequately trained to detect these early cases, they may diagnose these as Bronchitis etc., and treat them as such till the disease progresses to an advanced stage—when even arrest of the disease becomes a difficult problem. In the meantime, the spread of the infection continues undisturbed and the patients given a false sense of security. Hence the object of the anti-tuberculosis campaign is defeated. It is therefore suggested that, those doctors of Trichy who are willing to undergo such training may be sent to suitable centres for training, even at State expense, which is very much worth the trial and expense.

2. It is now generally agreed the most congested and ill-ventilated parts of the town are hotbeds of infection. The land-lords of those barracks and stores may be compelled by the Government to alter the buildings to meet a minimum standard of sanitation or keep these buildings vacant until suitably modified. Unless and until this is done, our fight against this disease will not bear the desired fruit, such a measure will not cost the Government or Charity Funds any money. As a matter of fact, the Municipality may be authorised to instruct these land-lords and enforce the instructions. Once we begin to fight, we must do it in right earnest. Half-way measures are not worth the money and trouble.

3. Hospital accommodation should be only for cases who may desire benefit from medical and surgical treatment. Incurable or very advanced cases may be referred to some Asylums or Homes where they may be looked after and relieved of their urgent symptoms during the rest of their lives. The later type of cases may be many and may cost hospital funds a good sum of money without proportionate benefit to themselves.

4. Fundamental principles on which hospitals are built, are to provide treatment for the poor who are unable to pay for medicine, food and treatment but I regret to say it becomes a centre for treatment for the well-to-do class of people and the poor are left to themselves. I hope the proposed Tuberculosis Hospital will not be one of this type.

K. RANGASWAMI IYER.

To
The Editor,
Indian Medical Journal,
Madras.

Sir,
I have been all along since the Calcutta Conference silently following

the controversial editorials appearing in the various magazines in this province and I have also read very carefully the article, in the Correspondence Columns of the I. M. J., by the President, Rai Sahib Dr. Manoharlal Kapur, roughly surveying the activities of the Association during the Conference.

I wanted to write to you a letter to be published in your esteemed journal to acquaint the readers with what happened in the Conference. But I refrained from doing so, for fear, that my joining the fray would only further complicate the controversy. I trust you will not question my credentials for writing this letter. The letter which has appeared in the journal from the pen of the President, I believe, was intended to be a sort of reply to the series of Editorials that appeared in the "Miscellany," the official organ of the Indian Medical Association, Trichy Branch. Yet, it is not convincing, though the writer has taken into his head to describe what, according to him, happened in the Subjects Committee. Even there, the President has completely erred in reporting the same. By no stretch of imagination does this imply that I am casting aspersions on or questioning the validity of the statement of our worthy President.

Let it be understood that I am not taking sides with the "Miscellany" and approve of the line of action taken by the Editor of the "Miscellany". It is left to the Editor to justify his stand.

As one who attended the Calcutta Conference, I feel it my duty to the profession to point out some of the gross omissions in recording the minutes of the Conference:—

No mention has been made of the walk-out of the Madras delegates to the Conference. One fails to understand how this fact could be ignored when one describes the activities of the Conference, especially when the President had to go to each representative of the Madras province in the delegates'

camp and request him to attend the open conference next day, for, many of them had packed to return to their places. I don't want to enter into the controversy which led to such a procedure adopted by the Madras delegates. But one thing is clear; neither the President nor the accredited Editor of the I. M. J. has mentioned these happenings behind the scenes in their official organ. How they missed such a significant event I cannot understand. One possible reason may be that the office-bearers are anxious to keep the members of the association who have not attended the Calcutta Conference in the dark. On top of it I cannot understand how it is justifiable to attack a journal which has correctly described the events.

Similar incidents of the quarrel in the delegates' camp on the night of the 30th March, 1945, between the office-bearers and the Calcutta delegates when the validity of the President's election was questioned, is also not reported. I ask "why"? The omission should have been due either to the fear of causing disruption in the Licentiate's Association or due to the conveniently weak memory of our leaders. I don't accuse any-body for this omission, for, there was no stenographer to take down notes as and when the discussions were going on.

When the President tries to impose the wilful hollowness of the contemporary journals like the "Miscellany" and the "Antiseptic", he ought to have placed all the cards above board before the profession in his own interest. Such suppression of important principles will really arouse doubts as to the

honesty of our leaders in the minds of the members.

So I request the Editor to clarify the above issues and justify the attitude which he and the President alike took in the eyes of the world.

What is the use of fuming and fretting against the contemporary journals when they thrust the hard and indisputable facts on to the public gaze and scrutiny by the profession!

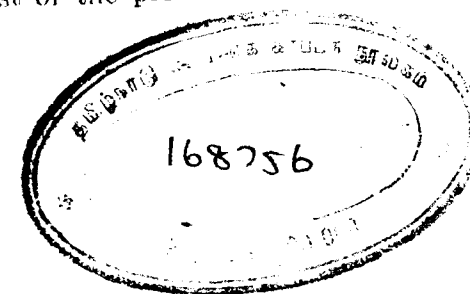
Though the pandemonium over the amalgamation issue in the open session is twisted to suit the President and those few handful of his supporters, it was made plain as pike-staff that *only the President was anxious to avert the division of the house*. No amount of white-washing will alter this issue. I understood that it was the fear of the President of his own defeat which compelled him to request Dr. A. D. Mukharji to come to his aid and close up the session for the day. These discrepancies—to put it charitably—arise because the A. I. M. L. A. had not kept a stenographer to report verbatim the whole proceedings.

I leave it to the profession to judge for themselves and I call upon the President to justify his stand and request him to find a ready solution to these controversies, as, our motto is "United we stand, Divided we fall".

Yours faithfully,

P. B. ANANGARACHARI,
31-8-'45.

P.S.—I am sending copies of this letter to the "Antiseptic" and "Miscellany" for favour of publication in the interest of the profession.



Lm 21182 N35.12.1-12

N35.12.1-12

NEW PREPARATIONS OF MAY & BAKER

DENTAL CONES. These specially designed cones containing Sulphanilamide ($\frac{1}{2}$ gr.) and Sulphathiazole ($\frac{1}{2}$ gr.) are for topical sulphonamide therapy in the prevention and treatment of infections following extraction. Other indications are dentitis, difficulty of the wisdom tooth, fractures and osteomyelitis. Literature on request.

NEO-HALARSINE. This trivalent arsenical is a crystalline substance of definite and constant composition providing uniform therapeutic and physiological activity. NEO HALARSINE is used by intravenous injection in the treatment of syphilis and other spirochaetal or spirillal infections. NEO HALARSINE gives rise to fewer reactions than Neoarsphenamine. Sup-

plied in ampoules of 0.045 gm., 0.06 gm., 0.09 gm. and in boxes of 10 ampoules. Literature on request.

NEPTAL. A new packing of this mercurial diuretic has recently been introduced. It is a more dilute solution for administration by the intravenous route only and is supplied in ampoules of 5 and 10 c.c. these being equivalent to the 1 and 2 c.c. ampoules formerly employed for the purpose. The latter continue to be supplied for use by the intramuscular route and the strength of this solution remains the same, namely 9.2 per cent. w/v mercuramide and 5 per cent. w/v theophylline. Supplies of 6x5 c.c. are now available. Literature on request.

A Defence Against Germ Attack.

"TRADERS"

QREX



SULFANILAMIDE
SANDAL
MARGOSA (NEEM)
ZINC OXIDE ETC.

QREX is highly efficacious Oint. prepared from harmless ingredients with antiseptic & astringent properties.

QREX is a sure cure for Cuts, Burns, Scabies, Eczema (both dry or weeping), Ringworms etc. & quickly kills the germs.

THE INDIA TRADERS
MANGALORE

Acetylarsan

TRADE MARK

diethylamine acctarsol solution

AN EFFICIENT INTRAMUSCULAR ARSENICAL



'Acetylarsan' brand diethylamine acctarsol is a ready prepared solution of a pentavalent arsenical for the treatment of syphilis by intramuscular or deep subcutaneous injection. By these routes it is much better tolerated locally than are the trivalent arsenicals.

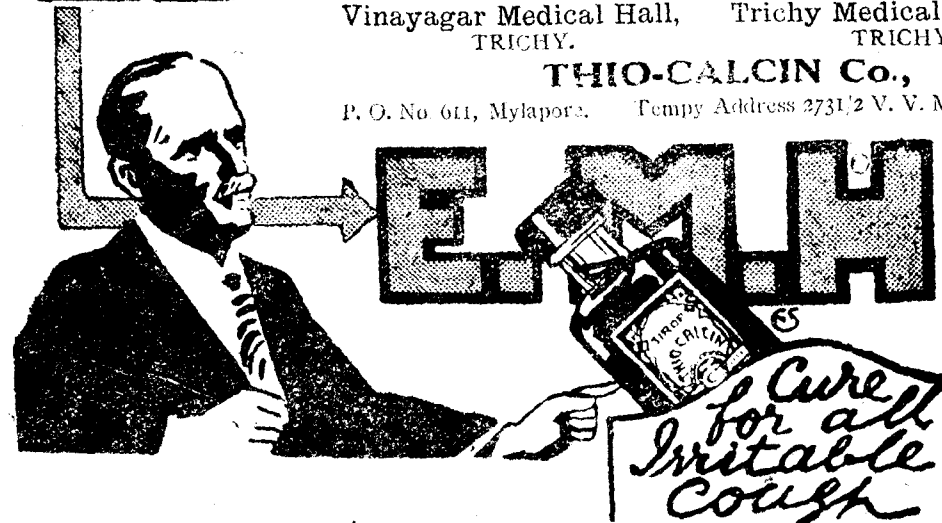
Its administration in appropriate dosage has been reported to lead to the disappearance of spirochaetes from the chancre in six to twenty-four hours, the healing of the primary lesion within twelve days, and of mucous patches of the tongue and lips within ten days.



'ACETYLARSAN' is supplied as follows:
Adults: 10x3 c.c. ampoules and in boxes of 50x3 c.c. and single ampoule of 25 c.c.
Children: 10x2 c.c. ampoules
50x2 c.c. "

MAY & BAKER LIMITED
Distributed by MAY & BAKER (INDIA) LIMITED

THIO CALCIN



Sirop THIO-CALCIN (Regd.)

A super-Calcium tonic and Cough specific with vitamins A & D for Tuberculosis, Osteomalacia, Rickets.

Dose 1—2 teaspoonfuls In 6, 15, 128 oz. vials.

EPHEDRINE For Asthma etc. Dose 1—2 teaspoonfuls
with E.M.H. In 2 & 16 oz. vials

From DADHA & Co., P. M. ZAVERI & Co.,
MADRAS. BOMBAY & CALCUTTA.

Vinayagar Medical Hall, Trichy Medical Union Ltd.,
TRICHY. TRICHY.

THIO-CALCIN Co.,

P. O. No. 611, Mylapore. Tempy Address 2731/2 V. V. Mohalla, Mysore.

Malaria MALARINA TABLETS

COMPOSITION: Extracts of Alstonia scholaris, Cinchona bark, Sarsaparilla, Malt, Picrochloa kurroo etc.

DOSAGE: Adults—2-3 tablets three times a day preferably with milk otherwise with plain water. Children: 1-2 tablets three times a day with milk.

MALARINA IS THE SAFEST SUBSTITUTE FOR QUININE.

HIMCO Laboratories,
(of SERPINA & DIABETOX Fame)
SEMUL, BOMBAY.

SERPINA
&
MALARINA
are the
renowned
products of
HIMCO
Laboratories
who gave you
DIABETOX,
LEUCOL
KURCHINA,
TENSEX,
etc.

SERPINA TABLETS

FOR HIGH BLOOD PRESSURE
INSANITY, INSOMNIA,
HYSTERIA, EPILEPSY, etc.

The genuine product prepared from cultivated root bark of Rauwolfia Serpentina. SERPINA tablets are highly recommended by the Medical Profession all over India and used in leading Hospitals.

THE HIMALAYA DRUG CO.
BOMBAY, GRAMS HIMALAYA

100 tablets Rs. 2/- 500—Rs. 8/8/-
1,000 " " 15/8 5,000— " 72/-

100 tablets Rs. 3/8/- 500—Rs. 15/-

Explanatory literatures and Clinical report FREE.

Available at all leading Chemists.

Reconstructive Digestive Tonic

Alembic

HEMO-DRAKSO-MALT

Any case in which malnutrition is a factor will respond to this combined tonic and food with improved digestion and consequent increase in weight. If it is required to increase the intake of food, Hemo-Drakso-Malt should be prescribed as an appetiser before meals; otherwise after meals. It will in either case improve the general metabolism.

Hemo-Drakso-Malt contains Haemoglobin and assimilable iron, to promote regeneration of the red blood cells; glycerophosphates for their well known tonic properties, and pepsin to aid the digestion. Juice of grapes and malt extract made from barley provide further direct sources of food and stimulate the flow of the gastric juices.

The taste of Hemo-Drakso-Malt is much appreciated by all—adults as well as children.

INDICATIONS
In convalescence, especially from long and debilitating illnesses. In wasting diseases, anaemia, general weakness, malnutrition, impaired digestion etc.

ALEMBIC CHEMICAL WORKS
GO., LTD., BARODA.

A Vitamin Tonic
New Mineral Tonic Food

PHOS-FER-VITA

COMPOSITION

Concen. Codliver oil product, Vit. A & D, Iron, Copper Manganese Malt Ext. Glycerophos. o Sod Pot. Cal. and Mang.

An excellent Re-constructive and mineralising Tonic with powerful stimulating effect on the metabolism growth and blood formation.

Debility, Anaemia, Convalescence, Malnutrition, Tuberculosis, etc.

A Rational

Cough Cure and a Lung Tonic

BRYOCOL

Contains Hypophosphites of Sod. and Cal. Pot. Sulpho. Guaiacol Euphorbia, Bryoria, Pot-Antimony, Tartrate, Ipicet, Codeine, Tolu Cly, Cyrrhize wild cherry and Syrup.

For any Catarrhal Complaints, Cough, Colds, Acute Bronchitis, Emphysema, Phthisis and Whooping Cough.

THE KAUSALYA PHARMACEUTICALS LTD.,
MADRAS.

CEREBRIN

In the treatment of Nervous diseases.

A safe and reliable sedative and Hypnotic. Non-Toxic, non-depressant and nonhabit forming product, based on indigenous Drugs. It is successfully employed in Insomnia, Hysteria, Choria, Eclampsia, Infantile Convulsions, Delirium and other cases of nervous excitability.

Presented in the form of pills for peroral use and Amps for parenteral use.

*For Literatures and Samples,
apply to the Distributors.*

TI-BI-SIN TABLETS

An oral remedy for Pulmonary Tuberculosis, and Tuberculosis of the Bones and Glands in early stages.

A combination of Allopathic and Indigenous drugs, known to possess lethal effect on Koch Bacilli.

Tibisin neutralises the Toxins by detoxicating and renders the bacilli incapable of doing any harm within the course of 1 month's treatment. Complete recovery can be obtained within 4 to 6 months' treatment.

*For Literatures and Samples,
please apply to the Distributors.*

EZRA BROTHERS, Mustafa Building, Sir. P. M. Road, BOMBAY.