The Madras Medical College Magazine

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Mr. M. CHIDAMBARAM

The Madras Medical College Magazine

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Miss. P. T. SREEDEVI

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It is the duty of every one to say, "In what way can I be useful?".

"Let us work! Let us strive in the peaceful field of science for the pre-eminence of our several countries. Let us strive, for strife is effort, strife is life, when progress is the goal... Blessed is he who carries within himself an ideal and who obeys it; ideal of art, ideal of science, ideal of gospel virtues, theein lies the springs of great thoughts and great actions."

Louis Pasteur.

WE WELCOME

Major Shanghamlal, F.R.C.S., I.M.S.
Superintendent Govt. General Hospital, Madras.

The

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A Case of Solitary (Congenital) Cyst of the Lung

By

DR. S. BALAKRISHNAN, M.B.B.S.

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

This case was a lesson in diagnosis, radiology being responsible for the detection of the condition.

Subbaraju, aged 33 years, was admitted to the General Hospital on 19-10-45, complaining of cough of one and a half years' duration. He traced the trouble to an attack of fever with cold and cough which he had one and a half years ago for about a fortnight. Though the fever left him, the cough, he said, had been persisting since then. It was not productive, not apparently associated with temperature or haemoptysis, and not characterised by any periodical paroxysm or exacerbation. He noticed loss of weight during this period.

There was nothing relevant to his complaint in his habits, previous illness, or family history.

His general condition evidenced good nourishment, without any anaemia or sallow tint. Examination of his chest revealed a hyperresonant note on the left side of the middle of the chest, with diminished air entry and no adventitious sounds, vocal fremitus and vocal resonance not being appreciably altered. There was no displacement of the heart. The trachea was slightly deviated to the right.

Nothing abnormal was detected in his other systems.

His sputum showed no tubercle bacilli. His white cell count was 7200 per c.m. with an eosinophilia of 26%, the polymorphs being 50%, the lymphocytes 18%, and monocytes 1%, of the total count. The sedimentation rate of the red cells was not increased. Examination of his urine and motion gave no positive finding.

Diagnosis.—We are faced apparently with a chronic sequel of an acute pulmonary condition. *Lung-abscess following pneumonia* is immediately ruled out owing to the absence of productive foul smelling

expectoration, separating into three layers, of physical signs of consolidation, and of a picture of a chronic septic condition like fever and leucocytosis with polymorpho-nuclear preponderance.

Bronchiectasis :—is also ruled out easily by the absence of any relation between the cough and the posture of the patient, of foetid breath and the offensive sputum, the absence of raies on physical examination, and less important, by the absence of signs of chronic anoxaemia like cyanosis and clubbing of the fingers.

Chronic Bronchitis following influenzal bronchopneumonia :—(To fit in with the history of a chronic illness following an acute) is a probability. But the physical signs in the patient are localised; they are not generalised and diffuse as they will be in a case of chronic bronchitis.

The initial febrile history followed by persistent unproductive cough and loss of weight is very suggestive of *Tropical Eosinophilia or "Eosinophile Lung"*. But not to recourse to the X-ray, the localization of physical signs, the blood-picture which shows neither a leucocytosis nor a high eosinophilia, rule out this condition.

With the physical findings of hyper-resonance and diminished air-entry over a localised area on the left side, one would have postulated a *pneumothorax a localised encysted type*, probably tubercular in origin. The occurrence of this localised pneumothorax had probably reacted favourably on the original tuberculous infection of the left lung. In this way one could build up an acute past history to precede present chronic one, to explain the clinical condition of the patient with a satisfying continuity.

But *the skiagram of the chest* brought out a prominent soap-bubble appearance in the left hemithorax, of the size of a large orange, with complete absence of fibroblastic reaction around the ring and of fluid-level within.

In order to better visualize the cyst and also to try if it could be collapsed, an *artificial pneumothorax* was induced. Unfortunately the cyst did not collapse. The lung collapsed above and below the cyst whose thin linear contour projected in the mid-zone laterally beyond the collapsed lung. It was thought inadvisable to repeat the pneumothorax with the object of trying to effect the collapse of the cyst; and so the lung was allowed to re-expand completely.

The radiological appearance clinched the diagnosis of a *congenital giant cyst* of the left lung.

In the differential diagnosis of this radiological appearance, especially as the cyst is on the left side *diaphragmatic hernia*, also a congenital condition, occurring chiefly through the left half of the diaphragm, so that the stomach, small intestine, colon, omentum or spleen may become intra-thoracic, has to be considered. The chief symptoms of this condition are local pain in the left hypochondrium, or referred pain on the left shoulder-tip, coming on during or after a meal, with extreme distension relieved by vomiting or eructation. Other symptoms may be dyspnoea, palpitation, dysphagia or those of intestinal obstruction. The physical signs, as in the case of a cyst will be those of

a pneumothorax. But they will be more in the lower part of the chest than in the middle, and are often accompanied by mediastinal displacement and cyanosis. The differential diagnosis between a cyst and a diaphragmatic hernia will become difficult when, as sometimes happens, the latter condition may be entirely free from signs and symptoms. In those cases, the diagnosis will rest on X-ray screening with a barium enema and or a barium meal.

Eventration of the diaphragm :—Which may be due to primary maldevelopment of one half of it which is always the left half), or secondary to other conditions (like *megacolon* (*Hirschsprung's Disease*) can also be easily ruled out by screening and a Barium enema. An opaque meal does not greatly help in the diagnosis of megacolon, but is necessary to correct any false conclusions that may be drawn from an examination after an opaque enema.

Eventration of the diaphragm which is secondary to atrophy following interference with its nerve supply, which may occur on either side, due to carcinoma of the lung, tuberculosis, Hodgkin's disease, aneurysm, therapeutic phrenic avulsion, aerogastrie bloquee are also easily excluded by the symptomatology of the respective conditions.

In this patient the *perfectly circumscribed round soap-bubble* contour indicated a cyst; and the diagnostic-cum-trial-therapeutic pneumothorax confirmed the diagnosis.

The contour of the cyst, without any surrounding fibroblastic reaction, excluded infective conditions like a *tuberculous or bronchiectatic cavity.*

As the cyst did not contain any fluid, considerations to exclude such conditions as *lung abscess, encysted pleural effusion or empyema, hydatid cyst, dermoid cyst or blood cyst* did not arise. Lung abscess has been already excluded. Encysted pleural effusion or empyema will present their own symptomatology. *Hydatid cyst* deserves a little more consideration, as the patient showed an eosinophilia of 26% (although absence of eosinophilia does not rule out hydatid cyst). The radiological appearance of the patient's lesion was typical – it was clearly a *pneumatic*, air-containing cyst. Hydatid cyst as it contains fluid, will throw a characteristic spherical shadow, surrounded by translucent lung tissue. So also *will a dermoid or blood cyst.* The physical signs of these cysts will moreover resemble those of a pleural effusion, with an area of dullness which is localised and has a rounded outline. A history of the expectoration of "grape skins" is pathagnomonic of hydatid cyst; and the sputum may show hydatid elements like hooklets, scolices or laminated membrane.

The intra-dermal skin test, and the complement-fixation and precipitin tests for hydatid infection were not done, as the antigen was not available.

As the cyst of the patient was not infected, the diagnosis from the other cysts mentioned above, was quite easy. Sometimes the diagnosis of an infected congenital cyst of the lung may depend only on microscopic examination of an excised portion of the cyst. The congenital pulmonary cysts represent a congenital dilatation of the small bronchioles, even though most of them may be closed and fail

to communicate with the bronchi. So the supporting tissue of these cysts will naturally show the elements of the bronchial wall—cartilage, muscle, elastic tissue, and mucous glands-although irregularly distributed.

The present case was a good one for radical cure by lobectomy or pneumonectomy. But this surgical measure was not attempted.

Comment :—This case shows the importance of radiology in the diagnosis of cysts of the lung as it is important in the early diagnosis of pulmonary tuberculosis, cancer, and other conditions.

I desire to thank Dr. K. S. Sanjivi, M.D., from whose wards the above case has been reported.

* We thank Dr. Balakrishnan for the fine case report which has been submitted in the interest of Students.

Editor.

Trying to get a world-picture of Britain at war-work, the journalist was asking a few questions.

"You earn big wages now," he said to one man. "What are you doing with the money?"

"I give it to my wife," was the sad reply.

"But surely you keep some for your-self?"

"No; there's a law against it."

"What law is that?" asked the journalist, in surprise.

"My mother-in-law," was the still sadder reply.

A HAPPY LONG LIFE

Rao Bahadur Capt. S. THAMBIAH, M.C.

Professor of Medicine, Madras Medical College and First Physician, Govt. General Hospital.

He has retired from service after a distinguished career in the College and the Hospital. He was Editor of this magazine for a long time.

The students used to crowd round him to hear his learned and methodical teaching. To the undergraduate he always stressed the importance of the early manifestations of the disease process in detail. He carries along with him the earnest prayer

MANY HAPPY RETURNS

Dr. B. M. SUNDARAVADANAM, B.A.,
M.B.B.S., L.R.C.P. (Lond.) F.R.C.S. (Eng.)

Honorary Surgeon, Govt General Hospital, whose term of Service has terminated recently. He leaves us after a long and distinguished service in the College and the Hospital. His fame as a surgeon and professor is well known to the students. His return will be welcomed by all of us. We wish him a happy and prosperous life of continued usefulness and benefit to his countrymen.

Haemolytic Disease of the New-born and the Rhesus Factor.

By
G. W. G. BIRD, M.B., B.S. (MAJOR I. A. M. C.)

In 1911 Levine *et al.* (*1*) showed that haemolytic disease of the new-born (often called erythroblastosis foetalis) is the result of production of antibodies in the mother in response to stimulation by an erythrocyte antigen present in the foetus. The mother, of course, lacks this antigen and the foetus inherits it from the father. The antibody produced in the mother passes back across the placenta and agglutinates and haemolyses the foetal red blood corpuscles. 90 percent of the mothers concerned were found to be Rh negative (*rh*) and anti-Rh antibodies could be demonstrated in the sera of the great majority of them. Further the majority of affected children were found to be Rh positive (*Rh*). There is thus much evidence that the Rh factor* is the erythrocyte antigen responsible. The role of the Rh factor in the causation of haemolytic disease of the new-born has been confirmed by Boorman *et al.* *1942 1944*,) (*2,3*); Taylor (*1943*) (*4*); Race, Taylor *et al.* (*1943*) (*5*); and Stratton *et al.* (*1945*) (*6*); etc. Later it was shown that a few cases occurred in Rh babies of rh mothers and in Rh babies of Rh mothers, but when it was shown the Rh factor really consisted of a number of agglutinogens and also that those who were rh did, in fact, possess an agglutiongen, it was appreciated that Levine's original conception was accurate.

Mother's blood contains an incompatible agglutinin for an A or B agglutinogen present in her foetus in almost twice as many pregnancies as those in which she is rh and her foetus Rh. Yet anti-A and anti-B agglutinins are very rarely concerned in the production of haemolytic disease. This appears to be due to the fact that certain protective mechanisms exist in respect of anti-A and anti-B which are sometimes absent with regard to anti-Rh. (The Rh babies of 5 precent of rh women develop haemolytic disease.) Tovey (*1945*) (*7*) feels that a number of factors are involved *viz*:—(*i*) the combination of the anti-A and anti-B agglutinins with A and B specific substances in the placental cells and in the foetal plasma, (*ii*) lack of sensitivity of the foetal erythrocytes to the agglutinins, and (*iii*) diminished activity of anti-A and anti-B agglutinins at body temperature. On the other hand the Rh factor not being water-soluble does not occur in the tissues or in the plasma; the foetal

* The Rhesus factor was demonstrated by Landsteiner and Weiner in 1940 when they found that a serum prepared in guinea pigs against the erythrocytes of the Rhesus monkey agglutinated the red cells of 85 percent of the white population of America, *i.e.*, the cells of those who possessed the factor. It was later realised that if Rh positive blood was given to an Rh negative recipient, the latter produced anti. Rh anti-bodies with the possibility of incompatibility reactions if such a recipient is repeatedly transferred with Rh positive blood. This process of isoimmunisation, as it is called, is a somewhat slow one, taking about three to four months, and its discovery explained many of the reactions following the transfusion of blood which seemed perfectly compatible from the ABO point of view.

red cells are sensitive to anti-Rh; and Rhesus agglutination is most intense at body temperature. Yet it should be borne in mind that some protective factors do exist in respect of anti-Rh so that the majority of Rh babies of rh mothers do not get haemolytic disease. The nature of these factors is still unknown. In a very few instances the protective mechanism in respect of anti-A and anti-B does not function and these agglutinins have been proved to be the cause of haemolytic disease. One such case resulting from anti-A has recently been described by Aubert *et al.* (*1945*) (*8*). Theoretically any of the other agglutinins, *viz*:—alpha$_1$, alpha$_2$, anti-M, anti-N—and anti-P etc., or some hitherto unidentified agglutinin can be responsible.

Haldane (*1942*) (*9*) has nightly pointed out that haemolytic disease of the new-born is responsible for more deaths than any other inherited condition, yet it would be going too far to recommend that rh women should marry exclusively rh men for they would then have the greater portion of the male population barred to them. The 5 percent of rh women whose babies develop haemolytic disease may possess highly permeable placentae, and if this were due to a gene which could be recognised there would be some justification for discouraging a mating involving (*i*) an rh woman, (*ii*) this gene for abnormal placental permeability to anti-Rh, and (*iii*) an Rh man.

It should be borne in mind that the eugenic implications of this subject goes further than the possibilities of occurence of haemolytic disease of the new-born, for Yannet and Liebermann (*1945*) (*10*) have shown that a far from negligible proportion of low-grade mental defectives owe their condition to Rh incompatibility between mother and child. Some children who recover from their pernicious jaundice or who do not display any jaundice at all become mental defectives due to damage to the brain before birth. In a few cases of haemolytic disease these cerebral changes are very pronounced. In these, necropsy reveals that the basal ganglia and surrounding areas are extremely damaged and deeply stained with bile pigment (kernicterus).

In a family susceptible to haemonlytic disease the first child usually escapes because the antigenic stimulus of more than one pregnancy may be required. Several normal children may be born before an affected one. The birth of an affected child after a normal one is uncommon and occurs when the husband is heterozygous (Rhrh)

MATING

Father		Mother	Children
RhRh	X	rhrh	All Rhrh
Rhrh	X	rhrh	Rhrh and rhrh in equal proportions.

(*Note*:—The Rh factor is inherited as a Mendelian dominant with three genotypes RhRh and Rhrh and rhrh. As Rh is dominant to rh the first two are serologically demonstrable as Rh.)

Often, parents of affected families wish to know what are the chances of their next child being born normal. To attempt to answer this question the blood of the father, mother and any surviving children should be tested and the genotype of the father worked out. If he proves to be heterozygous they should be informed that they have an even chance of getting a normal child, if he is homozygous their chances of having a normal child are negligible.

Ideally the Rh position should be investigated in every pregnancy. If Rh incompatibility is found to exist between husband and wife the presence of anti-Rh agglutinins in the mother's serum should be investigated. If anti-Rh agglutinins are present their titre should be determined as the pregnancy advances. It would be a wise precaution to determine the titre of anti-A and anti-B, if present, as well as that of the rarer agglutinins. If the mother has a high antibody titre haemolytic disease should be anticipated and this will enable one to have suitable blood handy in case mother or child should require it. Most commonly rh blood will be required and as the baby's blood group is not known till birth, group O rh blood should be at hand. The red cells intended for the mother or child should be matched before delivery against the mother's serum.

If a child is born with haemolytic disease the O rh blood should be transfused into an umbilical cord vein. This transfusion provides the child with cells that will not be agglutinated by the antibody derived from the mother. Other popular sites for transfusing these children are the long saphenous vein over the medial malleolus, the superior longitudinal sinus through the anterior fontanelle, and the tibial bone marrow etc. It is desireable to raise the haemoglobin percentage to 100. As the haemoglobin percentage of such cases is difficult to determine a red cell count of 5 million per c cm. should be taken to indicate a haemoglobin percentage of 100. The amount of blood required for the transfusion is calculated from the formula.

$$\frac{\%\text{ rise in haemoglobin required} \times \text{blood vol. of infant.}}{100}$$

(Blood volume of infant = 40 c cs per lb. body weight). The amount usually required is 150-200 c cs and this should be given in two divided portions with an interval of about 12 hours between each. It should be given by the drip method at 20 drops per minute. A serum needle which is sawn off just below the bevel may be used as a cannula. The transfusion may have to be repeated after a week.

If rh blood cannot be obtained, or if facilities for Rh grouping do not exist, O blood obtained from a man who has never been transfused or from a woman who has never been transfused or pregnant should be used. One of the mother's relatives should be tried as he or she will very likely be rh. The mother's cells washed free of the antibody-containing plasma may be used. The father's blood should never be used as it contains the antigen corresponding to the offending antibody, and, as his relatives probably have the antigen as well it would be better not to use their blood. If the dreaded kernicterus occurs the transfusion of rh blood can do nothing to releive it as the cerebral damage has already been done. It should be noted that in those few cases in which the fœtus is Rh and the mother rh, Rh blood will be required to treat the child. Some obstetricians practise induction of labour six weeks to a month before term, and sometimes even Caesarean section, in order to deliver the child before too much haemolysis occurs. These measures would seem to be drastic. As breast milk contains the Rh antigen some advise that an affected child should not be put to breast and that the breast milk should be brought to the boil before administration. This would appear to be unnecessary.

* The Rhesus factor was demonstrated by Landsteiner and Weiner in 1940 when they found that a serum prepared in guinea pigs against the erythrocytes of the Rhesus monkey agglutinated the red cells of 85 percent of the white population of America, *i.e.* the cells of those who possessed the factor. It was later realised that if Rh positive blood was given to an Rh negative recipient, the latter produced anti-Rh antibodies with the possibility of incompatibility reactions if such a recipient is repeatedly transfused with Rh positive blood. This process of isoimmunisation, as it is called, is a somewhat slow one, taking about three to four months, and its discovery explained many of the reactions following the transfusion of blood which seemed perfectly compatible from the ABO point of view.

* By instruction from another ref. letter dated 28th June 1946.

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Major Bird is an old student of this college and we thank him for his excellent article. He will be a regular contributor to this magazine in future. We hope that other old students will follow his example and we remind them that the pages of their old college magazine are always open to them.

Editor.

Sub-Editor:—"I see here that an English general was badly cut when opening a wine bottle. What heading can I put to that bit of news?"

Editor:—"Oh, just say. 'Serious accident to British man-of-war in attempting to get into port."

Renal Rickets.

BY

DR. (MISS.) N. SANKARI, M.B.,B.S.

The term renal rickets was first employed by Barber in 1930 but the condition was clearly defined as a clinical entity by Flekcher. It may be defined as "a disease of childhood characterised by skeletal demmiralization with resultant deformities, and associated with chronic renal disease which in uncomplicated cases terminates in uraemia". So far six cases have been detected in the Government General Hospital, Madras. In view of the comparitive rarity the following case, which was fairly typical, is reported as fully as possible.

Case Report.

A boy aged 19 was admitted into the Government General Hospital, Madras, on 13-6-'46 with the complaint that he was unable to stand or walk without support since 5 years.

History:—At birth he was under weight, weighing about 4 lbs. and remained stunted in growth but exhibited no abnormalities till the age of 13 years. But he had excessive thirst from the age of 2. He had an attack of measles at the age of 5. All his milk teeth were shed between 5 and 6 years. By his 15th year he lost seven of his permanent teeth and now the remaining are shaky.

5 years ago he noticed that after walking about a mile he used to feel very tired and had to rest for sometime. Within the course of next 3 years he found he was becoming weaker day by day and finally he could not even stand without support. A year ago he found that he was rapidly developing knock knee and since that time he complained of pain over both hips and knees on standing. Polyuria polydipsia were marked features. Up till the time he took to bed he was active and studying.

Diet:—Vegetarian.

Family History:—His father and mother were alive and healthy. He had 2 sisters and brothers and all were of normal stature.

Examination:—The boy weighed 40lbs. His height was 4 ft. 2" Chest expansion was ½" (21"-21½"). He was anaemic R. B. C. 2½ million and Hb 50%. He had a sallow muddy complexion. His lower jaw was receeding (This type of deformity is met with frequently in renal rickets.) His hair was dry and coarse. Perpheral vessels were thickened. He was mentally alert. Both testes had descended in to the scrotum but secondary sex characteristics were infantile. No abnormalities were detected in the central nervous system, cardio-vascular system and respiratory system. His blood pressure was 110/70. Kidneys were not palpable.

Deformities:—There was a moderate degree of lordosis, flexion at both the hips and knees. But the most marked features were the genu-valgum of very rapid onset and a well marked rickety rosary while a swollen metaphysis could be palapated at the ends of most of the long bones.

X-Ray:—Radiographs of both hips and knees were taken and they revealed the following characteristics.

1. A generalised osteoporosis with loss of distinction between Cortex and medulla.

2. The metaphysis were cupped and the cupping was both broader and deeper than in ordinary rickets and showed a ground glass wooly appearance.

3. In the case of the upper end of femur there was metaphysial collapse of the neck of femur.

X-Ray:—of the skull was normal.

Urine:—was pale and total volume in 24 hours was 60oz. Sp. Gr. 1005 albumin was present and the deposit showed a few pus cells and occasional granular casts. A trace of acetone was present water excretion test was done after giving one pint, 4 ozs. were excreted in 4 hours. Maximum specific Gravity was 1005 and minimum 1002.

Blood:—His blood urea was 104 mg. per 100 c.c. Serum Calcuim was 8.89 mg. per 100 c.c. and inorganic phosphates 18-94 mg. per 100 c.c.

Course of The Disease:—Inspite of the startling degree of renal inadequacy as evidenced by blood urea and renal function test the boy to all intents and purposes appeared to be in comparitively good health, was bright and cheerful. The uraemia finale (as shown by blood urea 339 mg. 100 c.c.) which supervened came on with quite unexpected suddenness, beginning with drowsiness, passing on to convulsions and coma and terminating fatally in 2 hours. Postmortum was not obtainable.

A brief outline of the usual clinical and pathological features may not be out of place at this stage. The disease usually starts in late childhood. The earliest symptoms occur at about the age of 7 and consists of polyuria and polydipsia associated with retardation of growth. The characteristic bony changes supervene in late childhood or may be delayed until after puberty and it is on their account that child is first brought under observation. There may be a history of renal pain. The renal lesions although extensive at post-mortum examination are as a general rule, remarkably silent during life.

The rapid development of genu valgum between the ages of 10 and 15 is a rather frequent incident, and occuring in a stunted child with a history of polyuria and thirst should always suggest the probabitily of renal rickets. Thickening of bony extremities may be present and due to excessive softening in certain cases fractures have been reported.

Majority of cases show little, if any mental defect, but delayed sex development is common. The skin has characteristic sallow or earthy tinge the hair is sparse and dry and a hypochromic anaemia is the rule. Cardiac hypertrophy and vascular hypertension are quite rare in this disease though thickening of the peripheral vessels is frequent. Ophthalmoscopic examination reveals nothing special.

The urine is copious and persistently of low specific gravity. There is albuminuria, pus cells and a few casts. Renal function tests show gross kidney inadequacy and most cases terminate in uraemia.

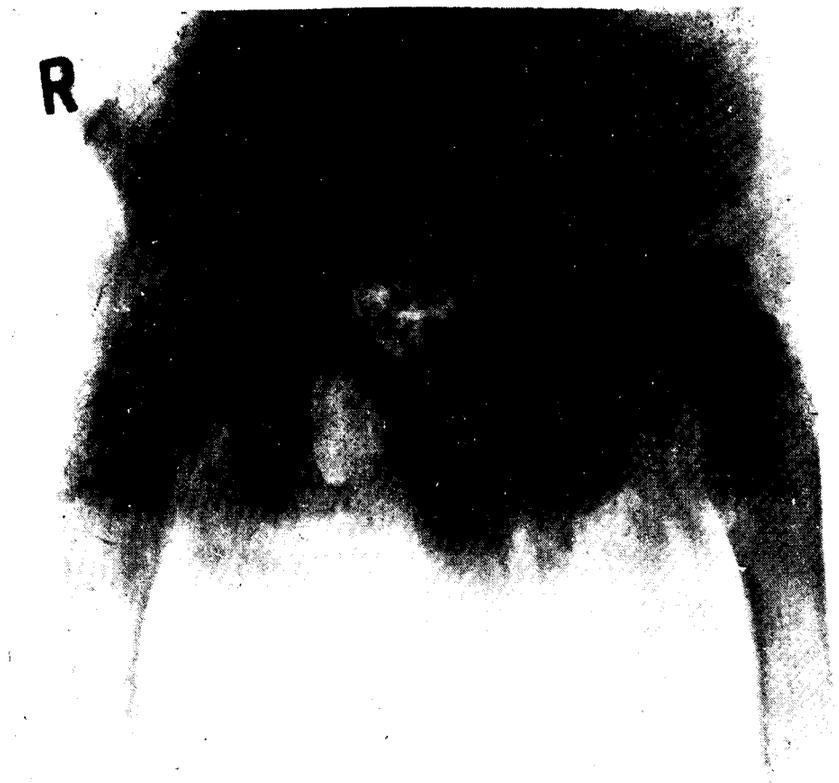
Blood Chemistry:—The essential changes comprise ayotaemia, lip-

RENAL RICKETS

RENAL RICKETS

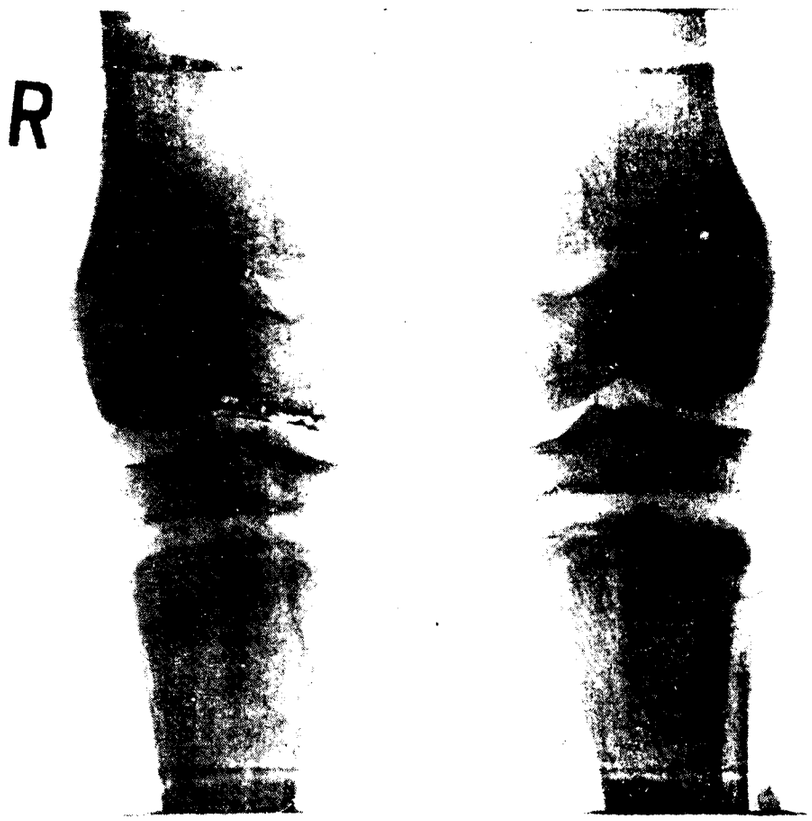
R

RENAL RICKETS



R

RENAL RICKETS



aemia and hyperphosphataemia with usually a low calcium level. There is also an uncompensated acidosis. Blood phosphates are increassed.

Radiographic Appearances:—Two distinct types of bony changes are recognized.

Type:—1. The density of the shafts of long bones is normal and changes at the extremities are just the same as in florid rickets.

Type:—2. The bones show general osteoporosis with loss of distinction between cortex and medulla. The cupped metaphysis is both broader and deeper than in rickets and shows a ground glass, wooly or moth-eaten appearance with varying degrees of stippling. An appearance of subperiosteal erosion may extend for short distances along the diaphysis. In the flat bones, the osteoporosis presents a peculiar honey combed honey and stippled appearance. It must be understood that there is not a mere bending of the shafts but the metaphysis collapses sideways.

Histology of the ends of long bones:—Changes are essentially those of cessation of growth with pronounced bony absorption and demineralization which have led to the weakening at all points of strain, and hence to the broadened splayed epiphysis, and more particularly to the extensive metaphyseal collapse with attempts at compensation by over growth of fibro cartilage from the epiphyseal line and articular surface. The changes resemble rickets only superficially and present none of the characteristic microscopical structures associated with a vitaminosis D.

Parathyroids are usually increased in size and hyperplasia is noted. Kidneys are contracted. There are two theories put forth to explain the etilogy of renal rickets, namely the "Renal theory" and "Endocrine theory".

Renal Theory:—There are several modifications of the basic theory, but they all start with the inablity of damaged kidney to effect an adequate excretion of the phosphates. The immediate result of this is a raised phosphate level in the blood and relatively lowered calcium value. This relative calcium deficiency interferes with the deposition of bone and results in an endogenous form of rickets. No tetany has been recorded but this theory does not explain hypercalcaemia cases.

The *Endocrine theory* presumes a primary over activity of the parathyroid glands with or without an over riding pituitary dysfunction. The former explains the skeletal demineralization and deformities but the dwarfisim and infantilism are the effects of pituitary.

The concept of renal rickets as a syndrome representing the common ground of overlap of hyper-parathyroidsm on the one hand and of chronic renal damage on the other is suggested as the most satisfactory theory.

My thanks are due to Lt.-Col. K. N. Pisharoty M.D., M,R,C,P., in whose ward the case was admitted,

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Cryptomenorrhoea and Absence of Vagina.

(From Caste-ward under DR. P. MADHAVAN, B A., M.D.)

BY DR. GHOLKAR, W. & C. HOSPITAL, EGMORE.

Cryptomenorrhoea :—For the production of this condition, it is necessary, that the essential organs of menstruation *viz.* uterus and ovaries should be functioning, and that some cause of obstruction should be present, in the lower part of the genital canal, which prevents the escape of menstrual discharge. The obstruction may be found, in any part of the canal, below the os-interim, the commonest situation being 'Osteum Vaginæ'. The pent up menstrual fluid will distend the canal above the site of the obstruction. Thus if obstruction is at the vulva, the vagina may become enormously distended. (Hæmato-Colpos). In the presence of very large quantities of fluid the uterus also may fill up (Hæmatometra) and over flow occur into the fallopian tubes (Hæmato Salpinx). Blood in tubes leaks at first into the peritoneal cavity but later, the abdominal ostia become occluded and accumulation also takes place in the tubes which become more or less markedly dialated. Patient never menstruates through out this period and generally seeks advice at a later stage, with a history of not having menstruated, and having a tumor in the abdomen.

Name :—Chinnaka—unmarried

Age :—20 years. Hindu.

Admitted on 6-7-'46.

Complaint :—Pain and swelling in the abdomen. Pain in the back. Gradual growth of a tumor (ಕಿಬ್ಬೊಟ್ಟೆ) in the abdomen.

Duration :—About 10 years.

Family History : —Nothing Special.

Habits :—Regular. Nil special.

History of Present Illness :—The patient has discomfort in the abdomen since the last 10 years and she noticed a swelling in the abdomen. Since the last three years the swelling has increased markedly. Since six months it has enlarged rapidly in size and become painful. She has not menstruated so far. Now she has pain in the abdomen and back.

Condition on Admission :—Thin emaciated individual Temp. 97·2 Pulse. 82. Breasts not well developed. Public hair scanty cardiovascular system—Nil abnormal. Respiratory and other systems—nil abnormal.

Local Condition Inspection :—A tumor situated above the pubis, extending into both iliac-fossæ more on the left side. On the left it reaches to the level of the umbillicus. On the right it extends to one inch below the costal margin. Tumor mass does not move with respiration.

Palpation :—Swelling is tender—smooth—and irregular in outline not movable.

Percussion :—Dull.

Liver not enlarged. Liver dullness made out separately from the tumor mass. Spleen not palpable.

P. V. :—Vulval parts illdeveloped, a small probe could be passed into the vagina to the extent of ½" only.

P. R. :—A large cystic tumor filling the whole of Douglas's pouch and lateral fornices a continuous with the mass in the abdomen.

Investigations :—Hb. 75 percent.

R. B. C. 4.2 millions—W.B.C. 9,800.

Blood pressure—120/90—Urine.

Diagnosis—Hæmatometra with probably Hæmato Salpinx.

Treatment :—Under spinal; abdomen was opened by median incision extending from symphysis pubis to about 1½" above the umbillicus. The bladder was found to be distended to about the level of umbellicus (Pt. was cathetarised on the table before the operation). The uterus was much enlarged tense and Cystic with a construction about its middle. The tumor extended from the pelvis to the under surface of the liver on the right side. The right tube was the seat of Hæmato Salphinx, long and tortuous and its diameter was about an inch. There was a fimbrial cyst at its distal end about the size of a tennis ball containing clear fluid. The left tube was thin long and tortuous extending upwards from the left cornua of the uterus to the region of the kidney the fimbrial end being adherent to the perinephric tissue. The ovary was thin and small. The tumor was brought out with great difficulty protected from the rest of the abdominal cavity by sterile towels, and tapped. Thick tarry material escaped. As it was not flowing out freely, an incision was made into the wall of the uterus low down and the contents of the part of the uterus extending posteriorly and filling the Douglas's pouch was evacuated. Altogether seven pints of fluid were removed. The cavity was washed with normal saline and mopped clear. Total Hysterectomy was done the cut edge of the vaginal wall marsupalised and drainage tube put in. Abdomen was closed in layers. Patient made a good recovery.

Prognosis :—Patient cannot menstruate or bear a child. Had the Pt. come earlier when Symptoms just appeared her uterus could have been saved and with the construction of a Vagina, she could have lived a normal life.

(*My thanks are due to Dr. P. Madhavan for his permission and help in publishing the case report.*)

A Case Report of Plasmacytoma :

(From Munro Ward under Rao, Bahadur Dr. N. S. Narasimhan, L.R.C.P. (Lond.), F.R.C.S. (Eng. & Ire.)

BY G. V. RAMANI, *(Final Year).*

Name ... Mr. B.
Age ... 48 years.
Profession ... Accountant.
District ... Trichinopoly.
Admitted ... on 23rd July 1946.
Ward ... Munro.
Bed No. 30. ...

Complaint:—1. Vague indefinite pain over the right lower jaw since 3 years.

2. A gradually increasing swelling in the right lower jaw since 1½ years.

Family History:—Patient is married. Has got 13 children all healthy. No family history of tuberculosis or bone disease.

Previous Illness:—Patient had an impacted wisdom tooth in the right lower jaw. It was extracted three years ago.

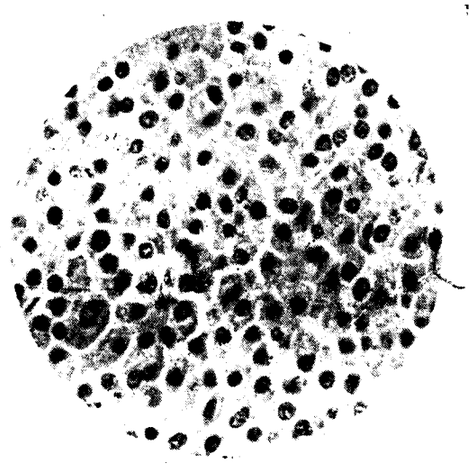
History of Present Illness:—From the day of dental extraction, the patient had irregular pain every day for 4 to 5 hours. Occasionally he used to get fever for a week or ten days. The vague indefinite pain continued for 1½ years, until he noticed some protruding mass over the molar region at the place of dental extraction, but the gap left by the extracted tooth was devoid of the swelling. At this period he changed his diet to liquids since chewing was painful. He later got his right upper molar tooth extracted. After about 8 months he noticed the swelling increasing on the outer side of the right lower jaw to the size of an orange within a period of two months. The lingual side of the growth gave him pain, whereas the vestibular bigger sized portion of growth did not trouble him at all. The growth did not increase in size any further for another year. The patient has no backache, headache, respiratory distress or any change in the gait.

Condition on Admission:—He is well nourished. Not anaemic or jaundiced. General condition good. Normal gait ; No kyphosis or lardosis.

Local Condition:—A prominent swelling about the size of an orange in the right lower jaw near the angle of the mandible. The patient is able to open his mouth freely. Side to side movement of the jaw is impeded. On opening the mouth, the swelling is found in the lower jaw near the last molar tooth. The lingual and the vestibular part of the growth merged into each other, filling the gap at the site of the dental extraction. The swelling is irregular non pulsatile dull red in colour and not ulcerated.

Palpation:—Swelling is firm ; not warm, not transilluminant ; not attached to the skin outside. Mucous memberane over it is fixed. No egg-shell crackling The swelling arises

PLASMOCYTOMA



MICROPHOTOGRAPH (of Biopsy Specimen)

from both the inner; and outer table of the mandible.

Examination:—No enlargement of any lymph gland in the body. Liver and spleen not palpable. Clinically no evidence of any other disease anywhere.

Investigations Done :—

Urine—No sugar; No albumin ; No R. B. C.

Blood—Hb. 80 percent; R. B. C. count 4.5 million per c.mm. B. P. 135/90.

X-Ray of jaw and face—A cystic growth at the angle of the right mandible with destruction of the cortex. No evidence of new bone formation. X-Ray of lungs and thoracic cage—No evidence of any secondaries. Lung fields normal.

From the available date a provisional diagnosis of neoplasm of the lower jaw was made. Preoperative biopsy was not done as patient resen ted operative interference more than once.

On 25-7-'46, under endotracheal anaesthesia of gas and oxygen, excision of the tumor with the involved mandibular portion was done, after preliminary ligation of the right external carotid artery.

Pathological Report:—The tumor consisted of plasma cells each with an eccentric nucleus and containing spokelike arrangement of chromatin and scanty amount of stroma. Moderate variation in the size of cells was seen. There were very few multinucleated cells and mitotic figures. The scanty stroma was made up of connective tissue fibrils—"Plasmacytoma ".

Investigation Done After Pathological Report:—

1. Repeated urine examination for Bence Jone's protein—Negative.

2. Total R. B. C. count—4.5 millions per cu.mm.

   Total platelet count—5,70,000 per cu.mm.

   Total W. B. C. count—9,000 per cu.mm.

   Blood film examination—No abnormal cells seen.

3. Serum Proteins — Albumin-3.425%; Globulin-3.736%

4. Blood urea—25 mgm %

5. Serum Calcium—10.24 mgm %
   Serum phosphate—6 31 mgm %
   Phosphatase—13.2 units.

6. X-Ray of pelvis hip joint, shoulder girdle, clavicle, sternum and spine-Nil abnormal.

7. X-Ray of skull—shows punched out areas of rarefaction in the frontal and occipital bones.

Diagnosis:—From the above data, a diagnosis of plasmacytoma of the mandible with secondaries in the skull bones was made.

Comment:—The diagnosis of this case depended entirely on the histological characterestics of the biopsy material. There was no distinctive diagnostic feature in the radiograph of the affected bone. Only one case of plasmacytoma involving the ileum was reported from this hospital previously.

Multiple myeloma is a rare condition and is usually fatal within 2 years after recognition. It occurs mostly in adults between the ages of 40 and 60 and is more common in men. The disease is characterised by multiple tumors of bone. Sometimes only a solitery leison may be found when it is known as solitary plasmacytoma. The tumor arises in bones containing red marrow. The usual sites are sternum, ribs, vertebrae, skull and femora. Visceral metastasis when it occurs is seen in the spleen or liver but not in the lungs. There is marked anaemia due to destruction of red marrow. The well known Bence Jones albumosuria occurs in less than 50 percent of the cases and its absence therefore is of little significance. Elevation of plasma proteins is also recorded.

There is no unaminity of opinion regarding the origin of the plasma cells of the tumor and the pathogenesis of the tumor. The two main theories with regard to the origin of tumor cells, (1) that they arise from the adventitial cells of the small blood vessels and (2) that they are derived from the blood forming elements.

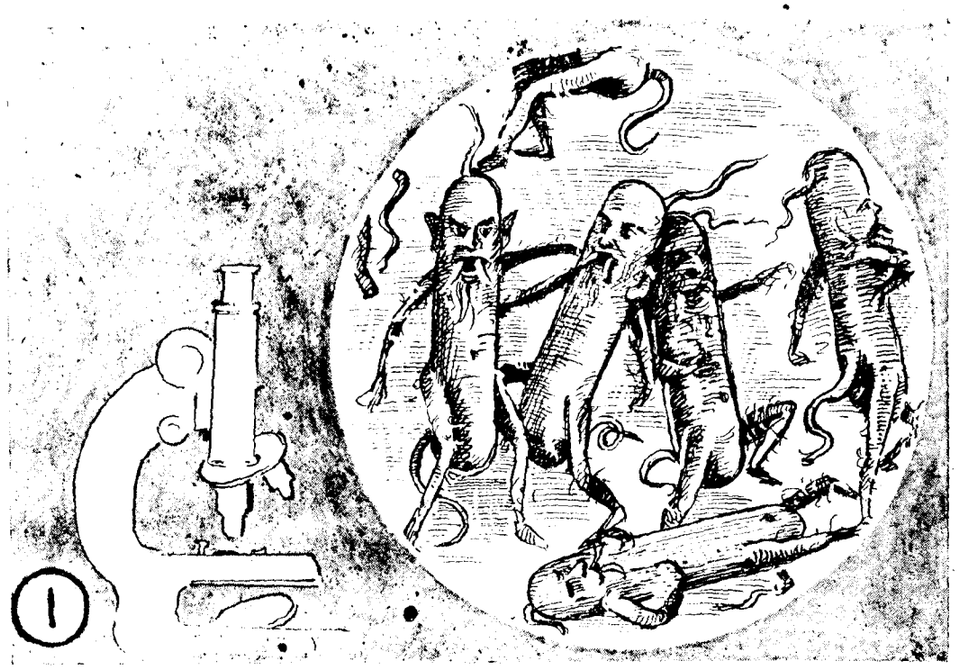
Treatment :—The patient is undergoing deep X-Ray exposures to the skull.

Prognosis :—Bad.

I have to express my grateful thanks to Dr. N. S. Narasimhan and Dr. D. Govinda Reddy M.D. for their valuable suggestions and Dr. A. D. Kothare M.B.B.S. for helping me in bringing out this case report.

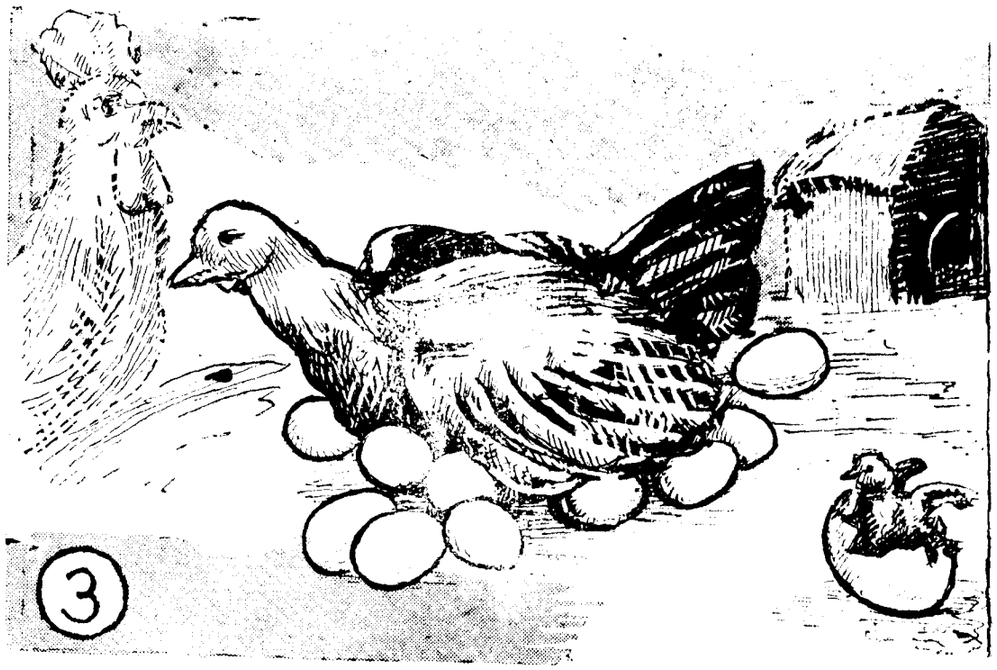
OBSCURUM PER ARTIS OBSCURIUS

(TYPHOID—A SATIRE)

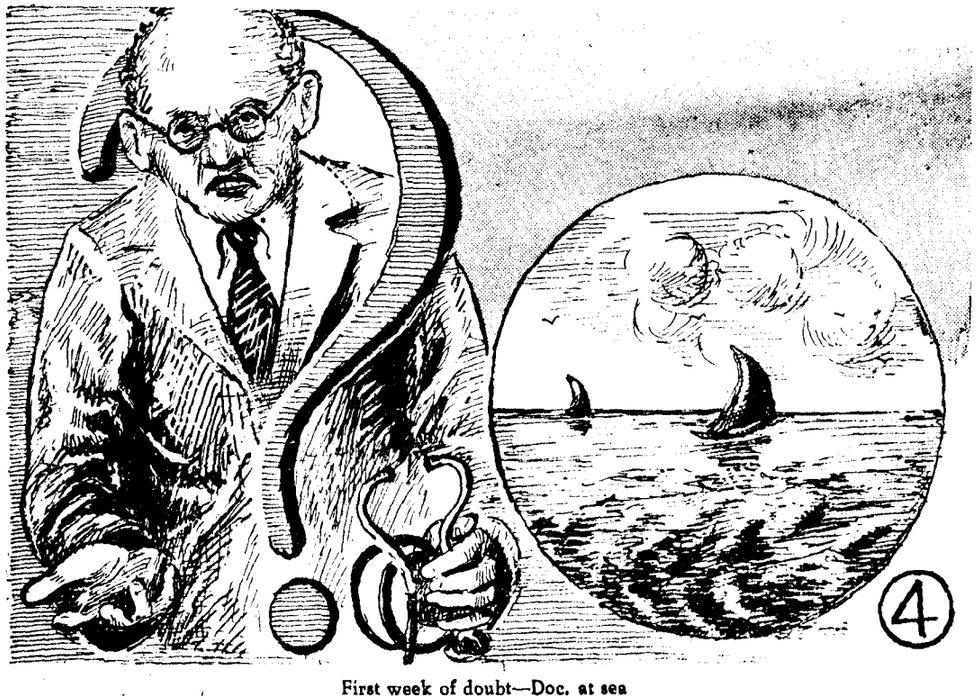


Aetiology—Flagellated rod-shaped *poochies* (X 50000)

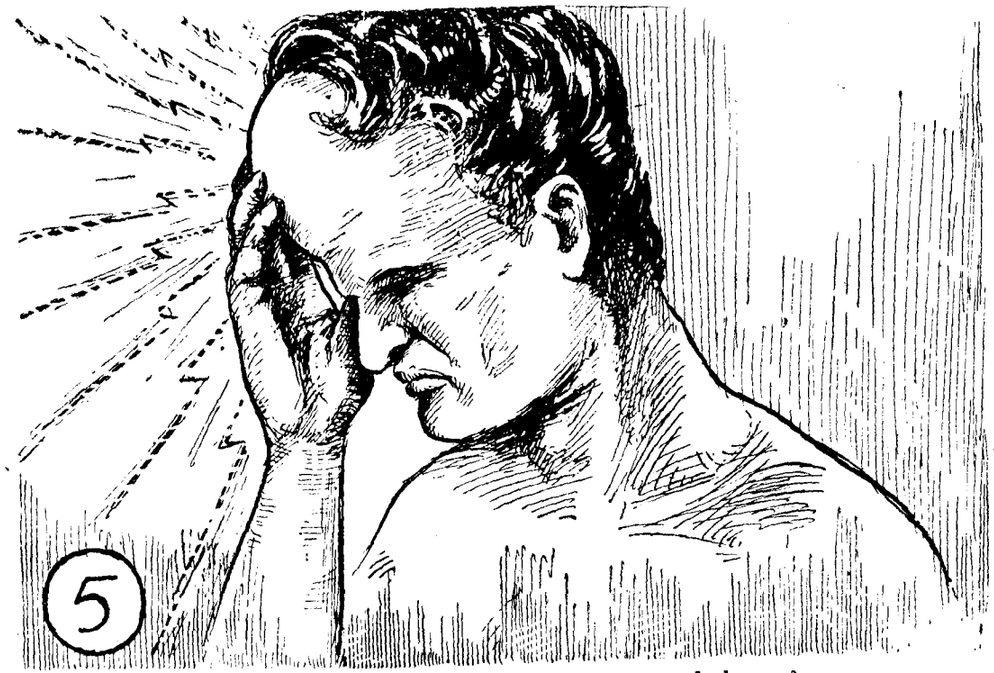
Spreading by carriers (5 'F's—Flies, finkers, etc.)



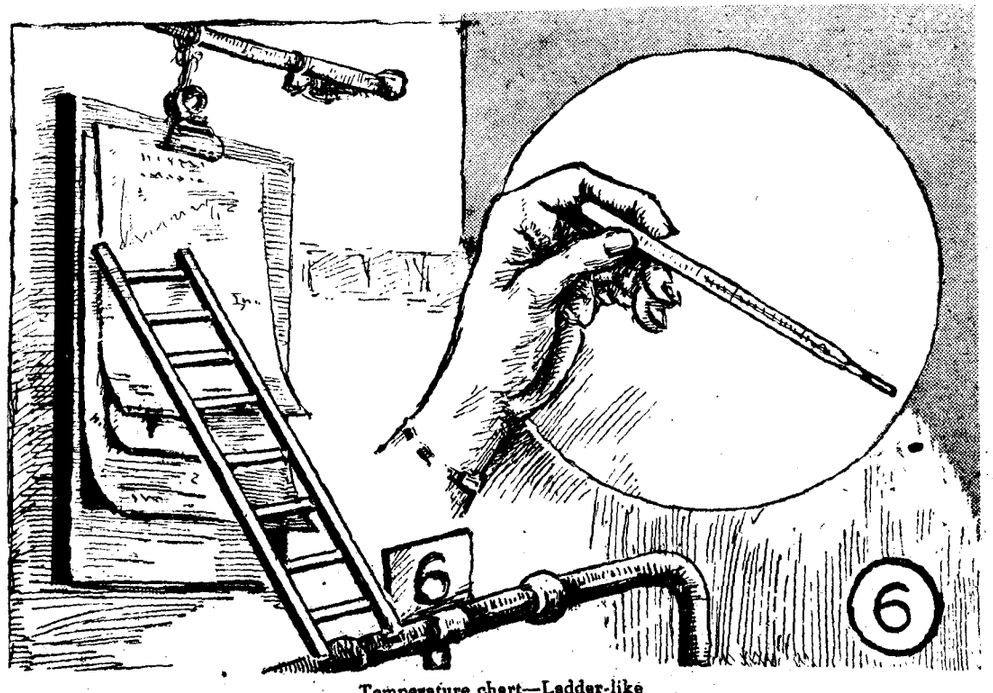
Blitzkrieg—Incubation—10 Days



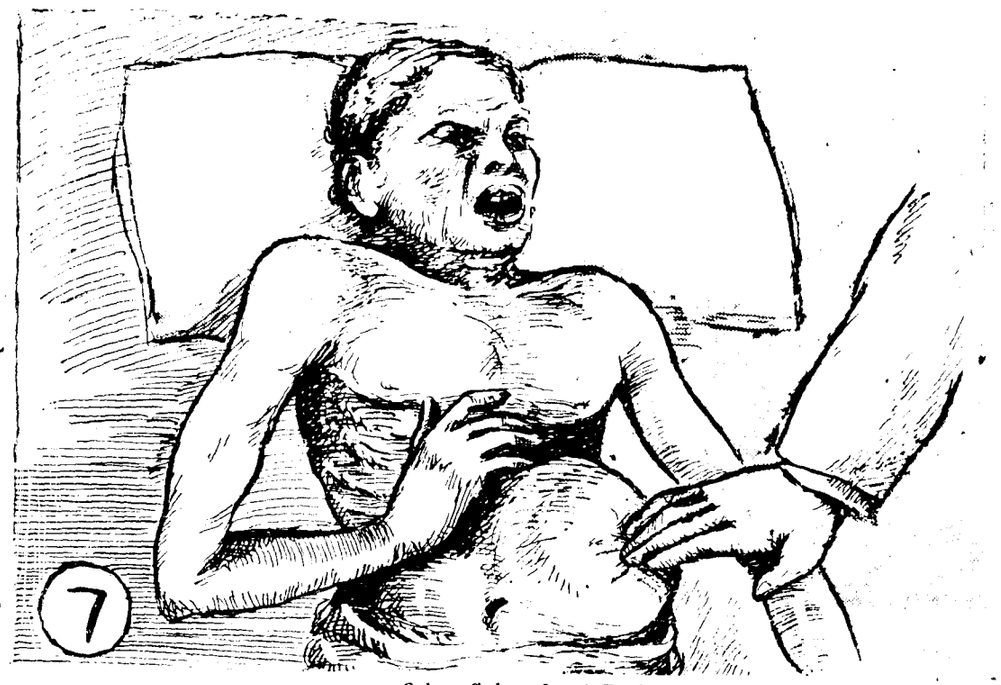
First week of doubt—Doc. at sea



Signs and symptoms—Headache, lassitude, nausea and what not?

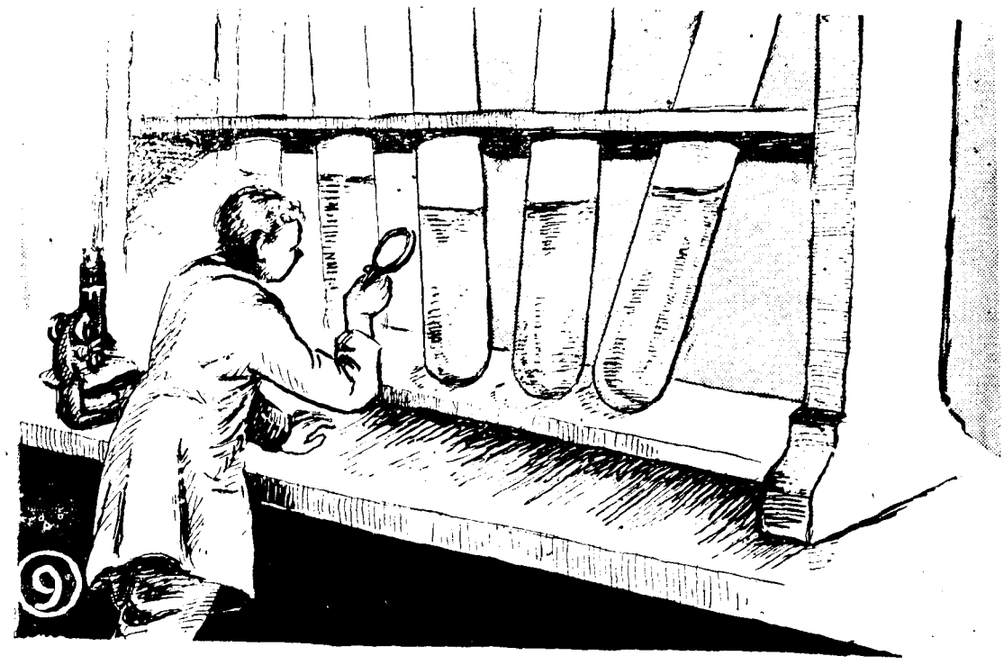


Temperature chart—Ladder-like

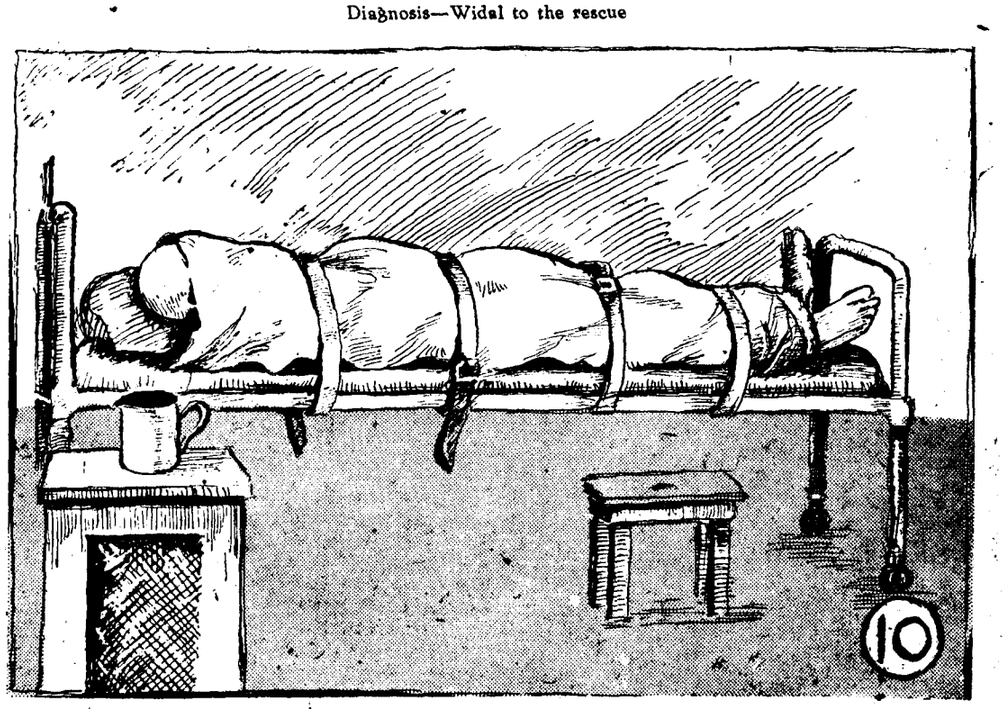


. . . . Spleen Enlarged and Tender

Inflated Abdomen—Rose-spotted surface



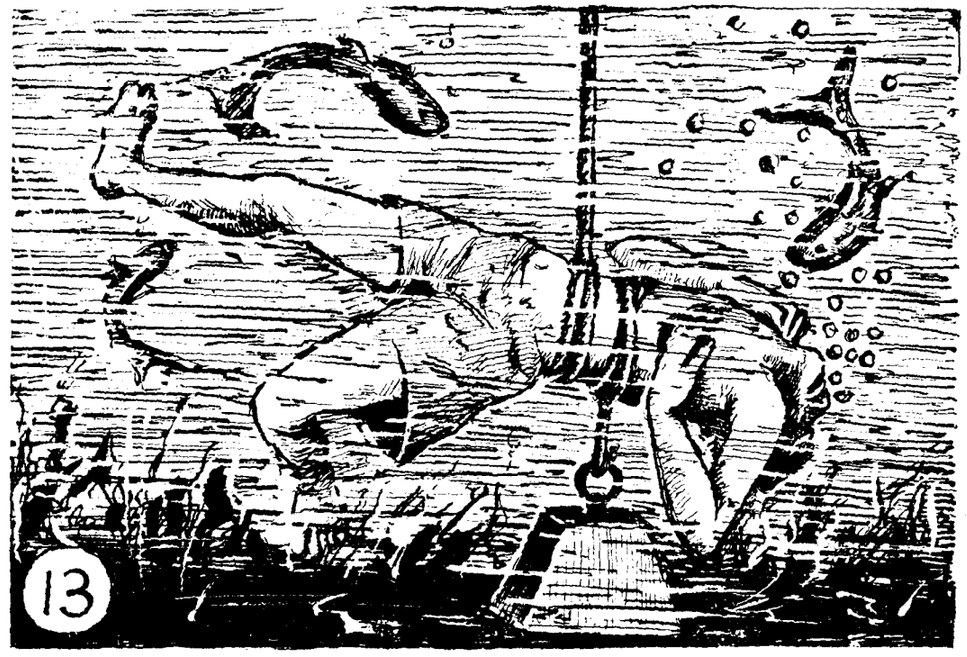
Diagnosis—Widal to the rescue



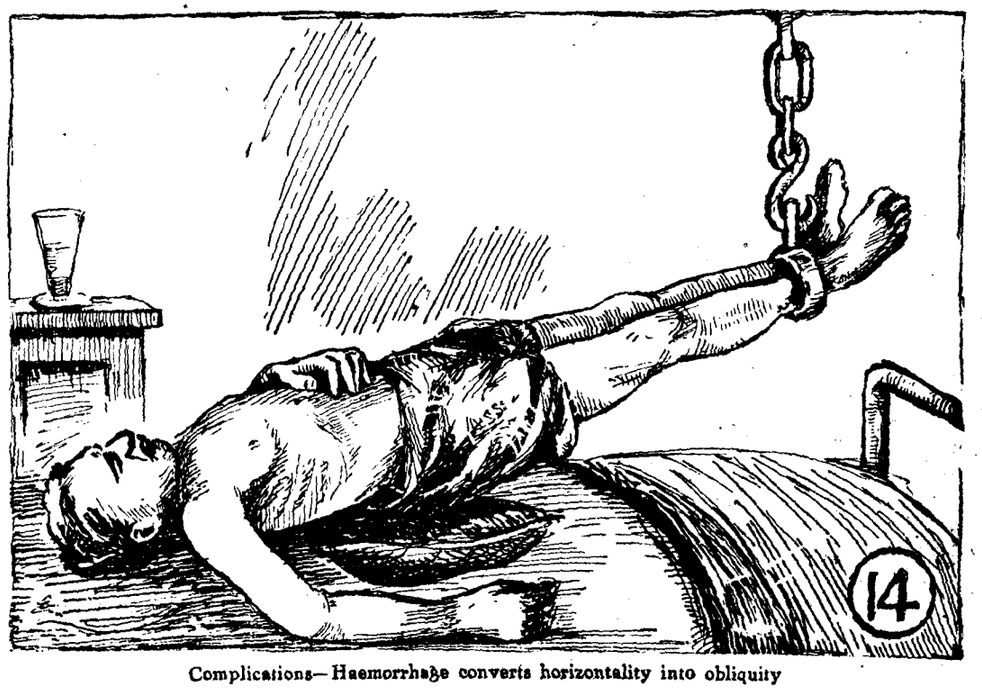
Treatment—Rest *ad nauseam*

Good nursing (1) . . . .

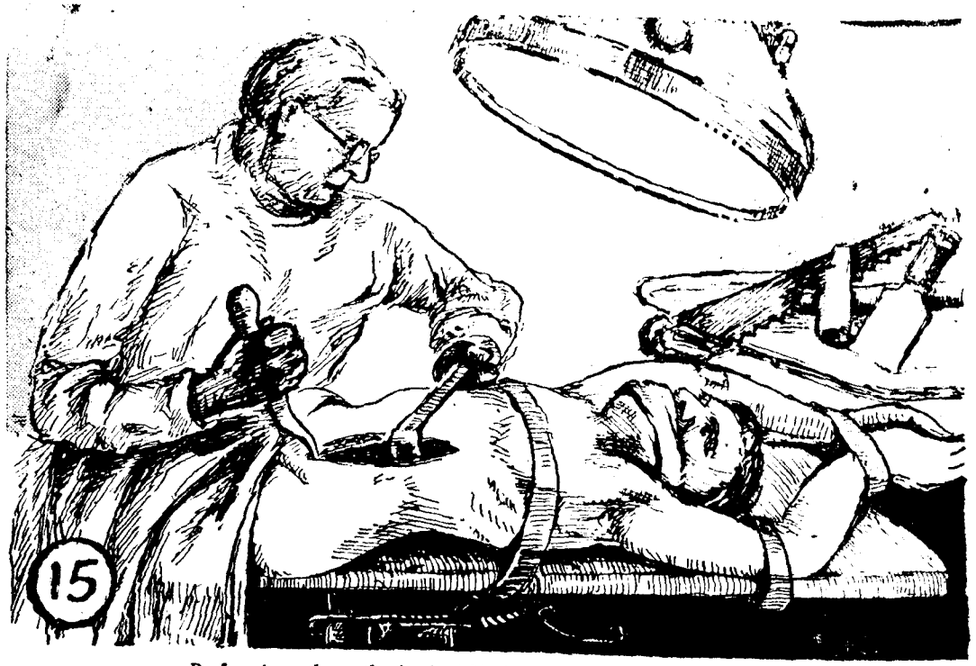
Milk being the essential diet



Hydrotherapy—Reversion to the aquatic

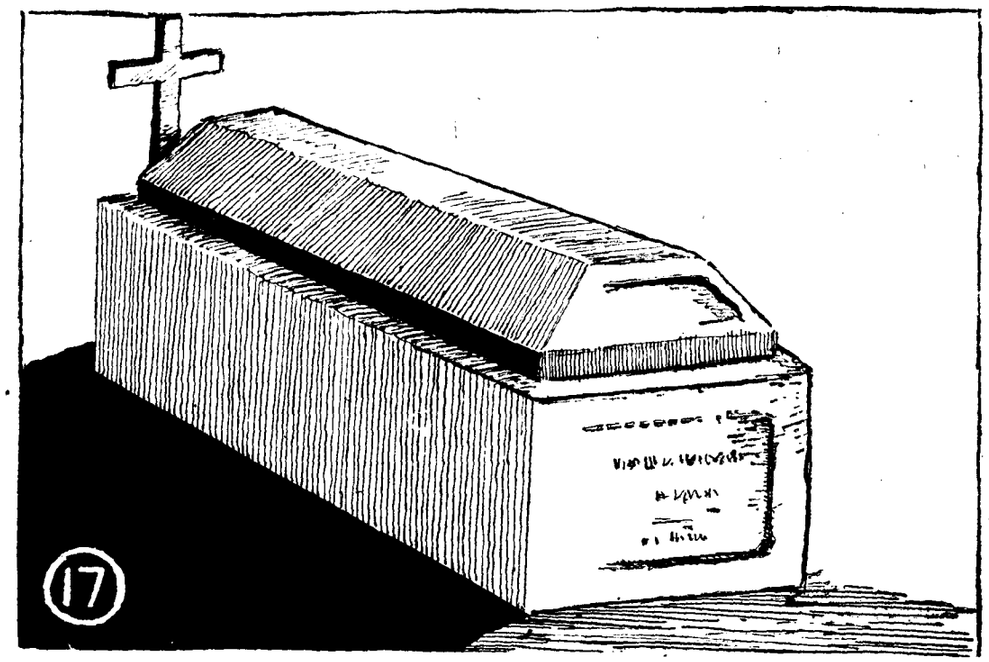


Complications—Haemorrhage converts horizontality into obliquity

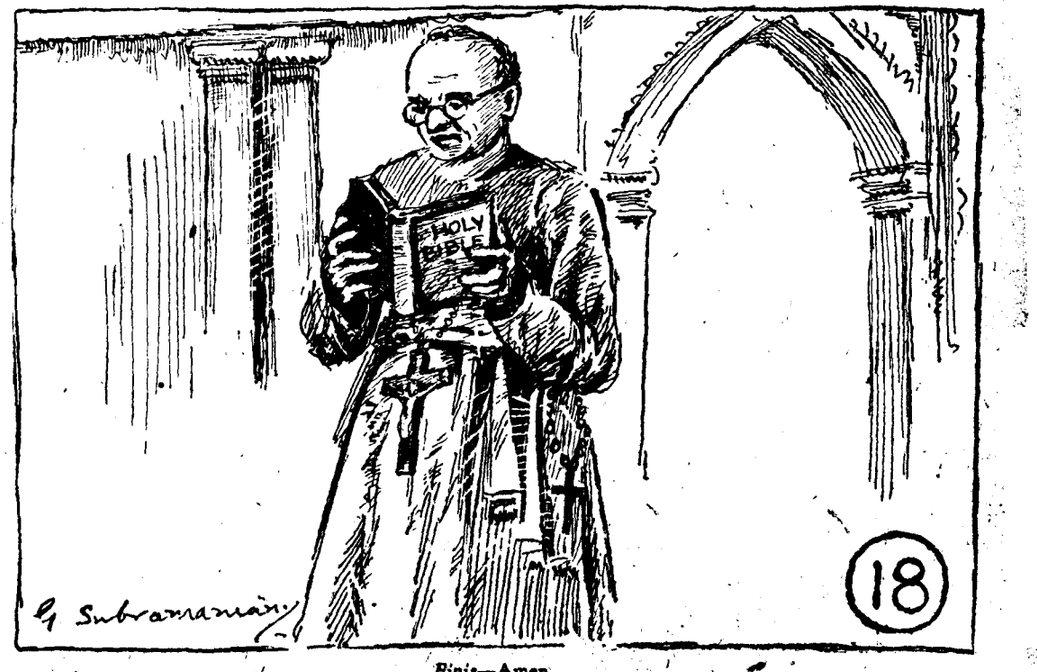


Perforation—the enthusiastic "S" jumps in—immediate laparotomy.

. . . . and Suturing



Prognosis—grave



Finis—Amen.

The Madras Medical College Magazine.

The year has dawned with all its hopes and fears. We are on the brink of our long awaited goal-Freedom. And yet, the problems that are the inevitable legacy of misrule loom large on our horizon and almost frighten us with their magnitude. The threat of famine is not yet overcome and may yet engulf us. The unrest, which must follow any great upheavel takes the form of country wide and crippling stikes.

Amidst these disturbing sorroundings it is difficult for the medical student to remain detached and "let the rest of the world go by"-and considering the circumstances we have had a quiet year on the whole.

For the first time in the history of the college, the magazine is edited entirely by students. We hope to do good work, and we know we have with us the good wishes of the staff without whose help and encouragement it would be difficult to carry on. We take this opportunity to remind the students that the success of the magazine depends on them and we hope for a good response to our request for articles.

We welcome the revival of the debating society and congratulate those who organised the first debate "That Birth Control should be Advocated as a Public Measure"-Being an important problem in the modern world especially India, the subject was animatedly discussed and found ardent advocates and opposers among the staff members, who responded generously to the invitation to participate in the debate. A little heat was generated-which was perhaps inevitable. It was a pity that the motion was defeated by a large majority.

We have been fortunate in having with us as speakers for our various functions, such eminent and popular figures as Sri C. Rajagopalachariar and the Hon. Mr. V. V. Giri. They were contrasts-the one clever, consoling and soft spoken, every inch a politician-the other a rousing orator whose passionate tones echoed and re-echoed through the hall. Last, but not least, was Mrs. Aruna looking sweet and gentle in her simple white garb, but speaking with a fire in her voice which will only be quenched at Freedoms spring.

We have been waiting patiently for many long delayed reforms in our college buildings. The demands for a better dining hall, a well equipped common room for the men-students and an hour's interval for lunch have been mentioned time and again in all the previous magazines. Another evil crying to be remedied is the ladies waiting room, which is almost a nightmare in the rush hours. An extension of the present rooms is an urgent necessity.

Ironically enough, the hygiene lecture hall is the most unhygienic

one in the college, in ventilation as well as in seating arrangements. We think that this ancient relic should be removed to a museum and a modern lecture hall be provided instead.

There have been many changes in the staff, especially in the hospital staff. While we are sorry to part with the "Old familier faces", we welcome the new comers-many of whom are not really new-comers at all. We are proud to have an Indian Major Sangham Lal, as our Superintendent. We also extend a cordial welcome to Lt. Cols. Pisharoty, Prasad Rao and Krishnaswamy. We will be much benifited by their experience and profound knowledge.

Several reforms are urgently needed in the teaching and administration of this and other hospitals in the city. It is our opinion that if a months internment at the women and children's hospital is necessary, a month's internment in the medical, and surgical wards of the General Hospital is of equal importance to the medical student. The practical experience thus gained would be invaluable and the new graduates will not be as helpless in the face of emergency as at present. We want the authorites to take a serious note of this proposition.

The conditions prevailing in the I. D. H. are scandalous and would put to shame any city claiming to be mordern. We demand that the administration of this hospital be taken out of the hands of the corporation whose funds are inadequate for the purpose and who refuse to hand it over to the government through mistaken notions of prestige. It requires more staff, better facilities and an extension.

As is well known the medical hostels are overcrowded private buildings. We think we are within our rights when we demand Government owned hostels run for the benifit of the students and situated as near the college as possible. The new nurses Quarters sprining up so quickly and efficiently shows what the Government can do if it has the will.

In concluding, we thank all those who have been liberal with their help and all the contributors of articles and cartoons, who have helped us to make the magazine a success-and of course the patient readers without whom it cannot be success.

Editors.

Things Around Us.

We enthusiastically welcome the formation of the popular ministry in our province. The student community with other sections of people have borne the dead weight for the last six years of an irresponsible advisers regime. When India is on the threshold of freedom it is not enough if there are popular administrations in the Provinces; the establishment of a completely free National Government at the centre at an early date is an absolute necessity if a co-ordinated programme of country wide reconstruction for the benefit of the people at large, is to be carried out successfully.

We congratulate the ministry on their proposal to reintroduce prohibition and we are of opinion that the adviser's regime is rightly criticised for suspending it. We are strongly in favour of total prohibition subject to administrative convenience. We will suggest supply of Yeast tablets to the labour class in the dry areas.

We earnestly urge on the government and the minister for Industries to take over control and supervision of important industries in this province as in Assam (in particular the drugs manufacture and textile industry.)

It is painful to note the present ministry exhibiting a stepmotherly attitude to the Modern Medical Science. The controversy of Allopathists and Ayurvedists has become one of great importance and urgency in view of impending proposals of the present ministry to remodel our system of medical education.

The Health Minister is a lay person with an ardent desire to do her bit. The Ayurvedists claim the monopoly of "Nationalism" and condemn the Allopathic system as "Alien", Science is an integration of human knowledge acquired by man through his senses. No doubt as a result of growing National Consciousness the natural and legitimate tendency to glorify our past has gained considerable ground. But knowledge and science should have no national borders especially when possibility of interchange of ideas have grown to a great extent.

The present tendency to mix up the Indian and the Western system will not lead to any good. (Refer Bhore Committee report). We remind the Minister that little knowledge is dangerous and the Auyurvedists by learning a little of Modern Medicine will see in due course that quackery reigns supreme.

We like to quote few sentences of C. R. and Dr. Kudumbiah. C. R. remarked, "At the age of sixty seven I have my faith in Modern Medical Science fully confirmed." Dr. Kudumbiah said, "I have been studying Indian Medicine for the past twelve years. Once people make a scientific approach of the subject very soon Auyurveda will find it's grave."

What has the ministry done in the improvement of Health conditions in the villages. India requires more and more doctors. Will the ministry see that more hospitals are instituted for the needy poor and that more doctors

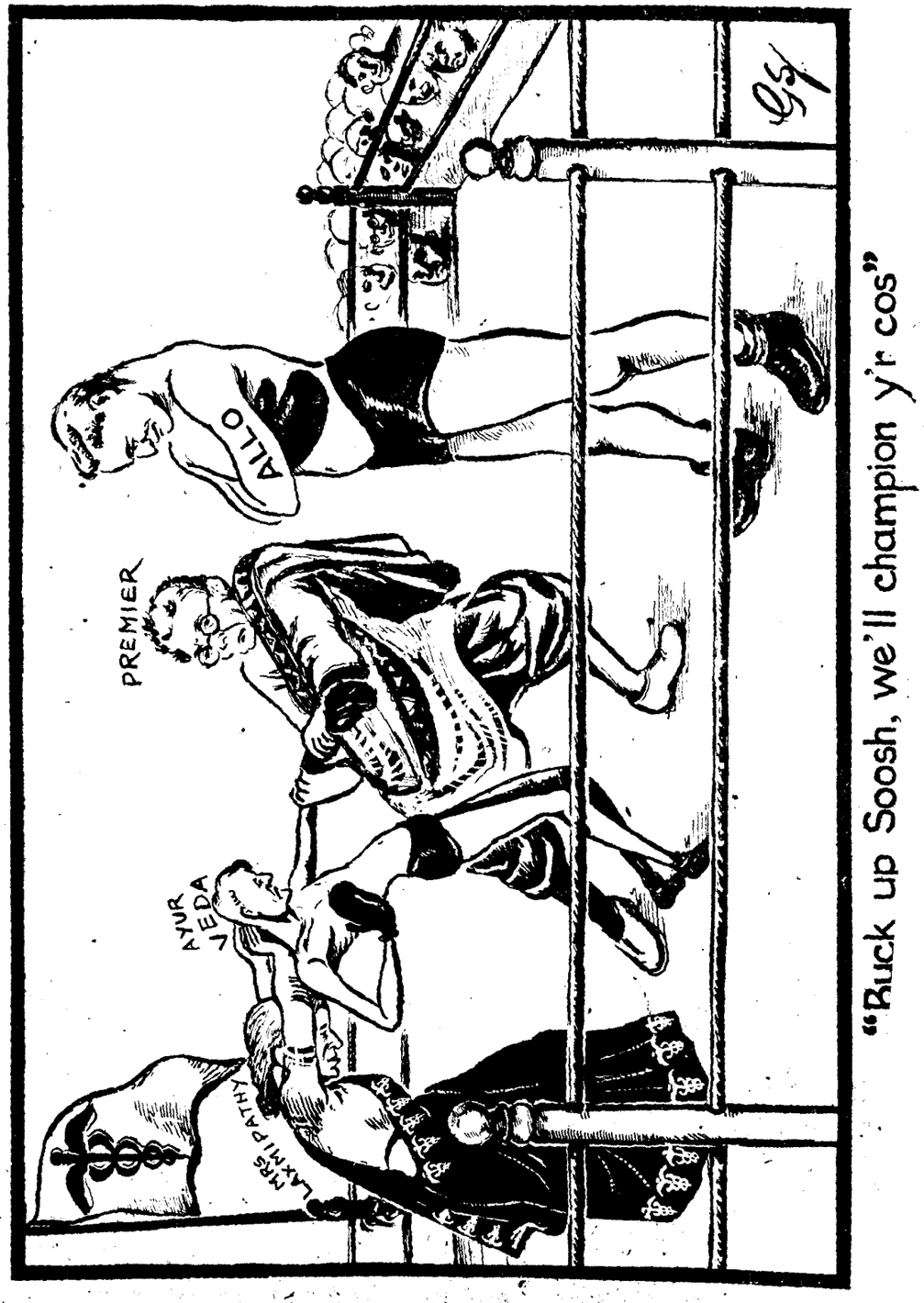
are absorbed into the service? (of course with better pay and better facilities.)

We regret much looking back to the riots of August 16th that reduced India's largest city into bloody shambles. In many areas Calcutta is like a town that has just known a heavy air raid. The city will be lucky if epidemics do not come from the accumulated filth and slaughter. The Government should at once give all its thought and attension to plans of relief. We appeal to discord communal feelings and be united. Our motto is 'No caste, creed or colour.'

Editor.

A certain sporting gentleman was not too friendly with the medical men in his village and he never failed when opportunity occurred to provoke fun at their expense. One day he was walking down the village street with a friend when he passed the gate of a house where two doctors lived. On the gate was a brass place giving the names of the physician & surgeon.

Turning to his friend he remarked "do, you know, this plate put me in mind of a double barrelled gun. If one misses, the other is sure to kill".



Jai Hind.

By

ANANTH, *II year*

Hail, O Brothers ! Hail on, ye Jai Hind !
Let your mighty voices tingle in the wind.
Challenge the Foreigners with your Jai Hind,
The battle-cry of our mother Ind.

Sing of great Netaji's fame ;
For ever an inspiration be his name,
To kindle in our hearts Freedom's Flame,
That none can quench, nor power tame.

Let gallant Subash be our ideal ;
His is an example so noble and real ;
Best is his method to tackle, and deal
With the Foreigners and their fate to seal.

Arise, O brave sons of mother Ind,
Gather all your strength and courage bind ;
Let your Jai Hind beat in the wind,
And portend disaster in the Foreigners' mind.

There is But one World.

BY

M. V. NARAYANASWAMI, *III year.*

My name is Isabella. I am the younger of two daughters of the Bennett household-a middle class family in Sussex. Even as a baby I was noted for my good looks. I was brought up and educated just like any other English girl. As years rolled by, I blossomed into womanhood. At Twenty-two I was tall and pretty-with glorious golden hair, a pleasant musical voice, and the perfect curves. My blue dreamy eyes decidedly threw me into the category of 'beautiful women.' My friends used to say that for my loveliness alone a wealthy man will come one day to claim me. I too believed in what they said and was waiting for what seemed to me then, a distant day.

Providence threw my man quite casually on my way. I met Mr. Abraham Brown in a party in London, He hailed from a wealthy family in the North of England. His grand-father was a Major in the Indian army and his father had bought a big tea estate in Nilgiris (South India) and settled down there. He was his only son and had inherited the estate on the death of his father a year before we met. Tall, well-built and with an imperious look, he must have been Thirty-five when we met. Perhaps he was not handsome, but he certainly carried himself well. He had all the polish of a well-bread and cultured gentleman. At our very first meeting he fell in love with me. I could not be unresponsive to his attentions, since he was so rich and human. Therefore when he proposed marriage after a few weeks, I readily accepted to the great delight of my parents.

It was mid-winter, we were quietly married in a church of the countryside. The days that followed were a merry round of joy and happiness.

In January my husband took me over out to India. We had high hopes of making a happy home there. Life was going to be sweet and carefree. We reached our estate in the highest spirits. Five miles to the South of Coonoor, it was a fine one shut out from the rest of the world by the rising hills of the Blue Mountain. Our bungalow stood in the centre of an extensive garden. It was an imposing two-storeyed building furnished in the elegant English style.

Soon after our arrival my husband introduced me to the inmates of our estate. Of these the only one who made a particular impression on me was Mr. Kumar, the private secretary to my husband. Join in the estate as a clerk when he was a lad of Eighteen, he had ascended many a rung of the ladder to attain his present level in just under ten years. His complexion was brown=he was a coloured Indian it was true. But what of that? He was extra-ordinarily handsome with his pair of intelligent black eyes, the determined chin and attractive features. I could only compare him to some Greek God—so handsome he was. By and by I realised that I was in love with this man.

Spring had imparted added glory to the garden. The air was heavy with the scent of many blossoms. The evening Sun was just setting behind the Western hill, painting the heavens with a carnival of colours. I was sitting all alone on a bed of soft pine leaves beneath a grove of pine trees. The romantic setting stirred up impossible thoughts in my mind. Suddenly I felt a human touch on my back. When I turned round, Mr. Kumar was towering over my shoulder. The beads of sweat that stood out on his forehead made his face more handsome than ever.

"Well, Mrs. Brown, I have something on my mind. I must tell you sometime. I cannot keep it back from you for ever," he said with great emotion. "You are only creature I live for in this world. "Here is a deity stronger than I who, coming, shall rule over me' says my mind as Dante's said of Beatrice. I love you. Could you return my love?" he ended with a far-away look in his eyes. Oh God, I could not restrain myself. I confessed that I loved him with all my soul. He held me in his arms and we were soon locked in a warm embrace. A White woman and a dark Indian—how repelling it would be to White men and White women! But our hearts beat against each other in harmony with the music of the Orbs.

That was our first intimate meeting. We met more frequently thereafter, when my husband was away in his club, He was quite unsuspecting. Mr. Kumar and I were walking arm in arm under the pine grove one evening, when my husband surprised us by his sudden appearance. The roses in my cheeks had fled in an instant. I was as pale as death. My husband was evidently shoked at finding me with Mr. Kumar. In a stern angry voice he told us that it would be fatal if we met again, and left us abruptly. We parted perhaps never to meet again.

Mr. Kumar was promptly dismissed, but he managed to find a job with another estate owner. I implored my husband to divorce me so that I may be free to marry the man I loved, but he would not listen to me. He would not have his wife go about with a coloured man, he said.

Days rolled by into months, but the flame of love was burning brighter than ever in our hearts. We secretly fixed up a meeting beneath the pine grove for 7 O' Clock one June evening. My husband would have left on a hunting expedition by 5 o' clock and would not be back before the next afternoon.

We met at the appointed hour. It was as if the fountain of our love had found an outlet after months. We rushed into each other's arms and in our joy forgot the world around us. Alas! We did not dream that our happiness was too glorious to last long. We could not sense the tragedy that was in the air. We were moving in a land of dreams.

A rustle of leaves behind us brought us with a start to the world of reality. Turning back, we were astonished to find my husband standing a few yards from us. Perhaps he had forgotten something and had come back for it. There was a strange fire in his eyes. He could not camouflage his anger inspite of his best effort to do so.

"Hallow, my coloured man," he roared, "You have the cheek to defy my order? Well, Mr. Kumar,

you have to pay the price for your crime."

With that he quickly drew out a revolver from his pocket. I was too dazed to do anything. I did not note Mr. Kumar's hand feeling for his automatic. I heard two reports, almost simultaneously one echoing the other and the two men collapsed. It was all too sudden. I myself must have fainted away for a minute or two. When I came to myself, the most horrible sight was before my eyes. Death was instantaneous for my husband. The shot from my husband's revolver had run into Mr. Kumar's abdomen, and he was lying in a pool of blood. But the lamp of life was still burning in him, though feebly. I was too stunned to speak. I offered him water to drink, but then, I knew that he was beyond recovery. I silently bent over his body and pressed my lips to his in a parting kiss.

"This tragedy holds a lesson for the West: It should teach the White races to treat the socalled Coloured people on a footing of love and equality," he moaned in a broken voice. "As for me-well-I was warned. But man's love of love is greater than his love of life. And therefore I go to meet my end happily. Farewell, my sweet's' he concluded.

I whispered 'farewell' into his ears. I could feel his breath ebbing away-he was dead, noble soul, for having loved a White woman. Tears were rolling down my bloodless cheeks, when I slowly rose and innumerable thoughts were pulling my mind to pieces. If it could find a voice at that moment, my soul would have cried," The Whites of the West must give up this hatred and colour-consciousness which they cherish against their dark brethren of the East. This division of the world into the West and the East is unnatural. THERE IS BUT ONE WORLD."

Love Sickness.

BY Mr. V. BALASUBRAMANIAN, IV YEAR.

History:—References to ancient literature shows that this condition was very well known even then. As a matter of fact even the Gods were not spared.

Definition:—A condition which is acute (or even insidious) in onset, which affects both sexes and is characterised by certain alterations in the body and mind and running a very variable course. (Worry, absent mindedness and loss of sleep etc).

Aetiology:—Incidence-Most common amongst students. Males most affected than females. May be due to his inability, to put up a show. Age, Between 15 and 25. (the so called college going age,) Attacks are not uncommon in persons of 50 and 60.

Pathogenisis:—The disease is caused by the influence exerted upon an impressionable person by an Impressive person of the other sex as a result of which either or both suffer. Originally it was thought to be due to an extraneous influence (eg., cupid's arrow) excited upon the hearts of both the parties.

Signs and Symptoms:—

1. During onset a sort of uneasy feeling and it presents itself whenever he sees that person, (general upset is common.)
2. Worry and anxiety.
3. Lack of concentration and general weakness.
4. Develops an irritable temper.
5. Loss of sleep and wed dreams
6. Extra care in his dress or make up; develops an unusual tendency to buy scented hair oils and creams.
7. Unrest as evening approaches; subsides by taking a walk.
8. Gradually loses his appetite.
9. Indulges in reading books like, "How to Impress." "The Personality That Wins." etc.

In a few cases his gaze may be observed to wander over the front benches and get glued to one person.

Physical Signs:—Are few. Palpitation and tachycardia. Intelligene below par. Jerks are exaggerated. B.M.R. is high.

Course and Complications:—The course is extremely variable. Often ends in a tragedy. Relapses are quite common. If it may end happily it may be with or without the consent of the parents. In some cases the patient becomes a mental and latter a physical wreck. May develop suicidal or even homicidal tendencies.

Diagnosis:—Fairly easy. The history and observation will help a lot.

Differential Diagnonsis—1. Examination fever. 2. Malignant disease of the Prostate. (E.P.)

Treatment:—

1. Careless attitude towards the other sex.
2. Advise to marry.
3. Legislation to avoid co-education in the mentioned age period.
4. What is needed is luck and courage.

Mr. S. C. Muthumani

By

S. KAMESWARAN, *Final Year.*

During our prolonged and boring academical pursuits in Our College, it is a truism to remark, that some queer and other than normal persons come amidst us, who by their never ending strange whims and idiosyncracies, not merely break the tedium but also keep us amply smiling. We ought to be indebted to the God-sent humorists, these entertainments on two legs, for imbued with a spirit of making others merry, they do so, at their bitter expense of course! If my readers agree to that, I will thank Mr. Muthumani first before proceeding further.

Known, as he is only too well by most of my readers, for the sake of a very few,* who fortunately or unfortunately would not have met him, let me describe him as a senior student in the fourth year class, who till April last belonged to the irregular April batch but however has corrected himself into the regular one mostly by his personal endeavour. A lean lanky individual, with no claims to corpulence, and bowed down a bit, thanks to the hairy bush on the top, his anatomy differs from us in only one single way, that his eyes are strangely capable of an extra bit of lateral movements; but then, why should he be worried at all, when in his own words, the squint is a greatly enviable sign of good luck! On reading this no wonder you are reminded of the fox that lost its tail. Anyway by the persuasion of some of his friends, he visited an eminent ophthalmologist cum examiner for fourth year, and dorned a specs at the grave risk of his good fortune. It was a lovely frame work with silver white rim and paved the way for one of my friends to get his ramshackle, dirty brown rim exchanged Conniving with a few of his friends, he approached Muthu, scolded him for his bad choice, volunteered to fit his specs on his nose and stood amazed,—Muthu looked so wise and smart enough to entice the fair sex, exclaimed. His friends corroborated the statement and a glance at the mirror really convinced Muthu, and it was not erelong before the dirty brown rim got changed to a very proud and deserving owner. Muthu really looked wiser now, if to look a bit of Mangolian, is to look wise, and between ourselves, what little elegance the rim lost by its dusky appearance, it amply made up by its weight and age! To celebrate the happy event, Muthu was at at home to a small party of friends, that night, and the number would have swelled far more, had it not been for Muthu showing his scanty purse in time and driving them away.

But there was a lurking sorrow in the heart of this proud possessor Won't the side dressings of his crop be not tampered with, by the projecting sides of the specs—the crop, a thing which he considered only second to his handsome physique in being a contributory source of his physical perfection and attraction. It was a very sorry crop indeed and many a sincere friend of his had approached him with a motive to correct him and hardly had they asked, when he started this kind of

* We are quite sure even the few would have come to known him as the busy and artful 'Fine Arts Secretary.'

crop, Soon came the very confident and proud reply "It was not half so good when I modelled it in intermediate. It was only in Medical College that it got perfected." The friends were frankly stunned, preferred to rather keep mum and preserve their friendship, than quarrel over a silly crop. Their fallen faces were attributed by Muthu to envy, and he felt very sorry for them. But a good thing about the crop—it was quite economical in as much as it kept him away from the hair dresser for a pretty long time and you could be quite confident that even a moment was a bit too much in making him up as a lady.

I am quite sure that some of my readers would have heard of him being mentioned as a misfit for the college. It is said not with malice of course, but because he happens to be a jack of all trades with more of a lenience towards the mechanical side and medical study is but a side show to him. A blooming wireless and radio amateur enthusiast, he would spend all his pocket money plus mess dues in collecting the various parts of a radio, assemble them with the aid of a paid expert and thus construct a radio all his own making! And with a sense of pride, do I say, that even before the Government thought of restricting the light owing to war, we had our periodical black outs, thanks to our Muthu's tampering with electrical connections in pursuit of Radio knowledge. Only trouble was, it was annoying and inconvenient during the examination days, and the moment the lights were out we would hurry up to his room to find it only deserted. We dare not enter it, for it was a regular maze of electrical connections and we could not be sure what we would be getting at the next step and life is too precious to experiment with. We had then not forgotten his, what was called cataract experiment. Reading somewhere that U.V. Rays cause juvenile cataract, he took one of those lovely kittens roaming in the hostel and subjected it to an exposure at his improvised laboratory, that was his room. The wise kitten chose to part with its life rather than live with a cataract.

Deeds of the above nature were accumulating in quick succession and making Muthu out of his own control famous. And finding his success in other spheres, he began experimenting on the romantic side. Midget that was the pet-name of his lady love, filled his mind completely, was behind his every action, denied him the taste of a good food and stole the happiness of a comfortable dreamless sleep. Wedded that his was to his adorable creation, the radio set, our lover the amateur Radio man, thought it but natural to baptize it by the holy and sweet name *Midget Vim Set!* Thus was a lady honoured, inspite of the troubles she had given-ways of a lover are mysterious! That was what we all felt when all in a sudden, one who had been never before forced to the telephone booth was too often found lingering near it. Phone calls were very frequent to our rival hostel and it should be said, in all truth, that our lover did receive much encouragement from the other side, for our lady used to say, 'Hello' before dashing down the earphone to the hook. He would promptly inform us in a word, that he contacted his 'girl' through a bashful twinkle of his eye, obviously implying the march he had stolen over us we knew it was but a march to the grave. And then the inevitable happened-as is won't to happen to all unfortunate lovers, who have been

crude in their tactics in stealing affection, and on whom fortune had forgotten to smile. It happened when the lady found some leisure to meet him face to face, and by those ways well known to exasperated and desperate members of the fair sex, relieved him of the botheration of a love affair. It was then that our retired lover, Muthu recrossed the rubicon and realised that grapes were really sour. And now he believes in the age old marital custom of Native land, the golden tradition as he calls it handed over from generation to generation—and wants to get at a father-in-law well placed in life, rich influencial who should give him money fame, luxury, further education plus a girl!

The romance did him lot of good, plenty of experience, and ability to stand against Vicissitudes with courage but diverted him of an enthusiasm to attend the college regularly. He has never corrected himself ever since. The day would be spent in slumber and his 'loafiing' rounds would begin in the evening at a time when others were returning from College. Absent marks would crowd inspite of the proxy from tired and fed up friends and the hero would appear on the scene only when the examinations were fast approaching. Strange that his face was to his professors, stranger still were his explanations in his desperate attempt to be allowed for the examination. The fortnight that he was absent, was, low, due to the typhoid, the succeeding one, to the inevitable recrudescence, and as for the intervening widely dispersed days of absence, there were always the eosinophilic lung alternating with dysentry. This woeful host of diseases would actually sit for the examination and wonder of wonders get through unscathed. Once the results came, the old page would be turned back and the viscious cycle continued till the next examination. If the examiner was uncomfortably particular about certificates for sickness a moving speech of his family disaster that never happened, served to soften that hard soul for even professors, are human. Sometimes.

Curiosity is youth's legacy and no wonder Muthu came to the perview of all our hostelers, thanks to his odd ways. The hostel took a liking for our hero named him 'Machan (*i.e.* cousin) and over night created him as the exalted gen. Secretary of noble institution. His tenure of office was without much incidents. The hostel day was one of the best of its kind and the fact that it emerged with flying colours through odds bore an eloquent testimony to our Machan's capacity to react at the eleventh hour with presence of mind. On the eve of that eventful day, the stage had not been erected and the necessary planks were not forthcoming. There was dearth of planks and then did our Muthu's Grey cells work. He got at an auction several beer casks and the Coarse wood work got transformed into a beautiful stage the next morn, which combined the strength of hard cedar wood, and the familiar aroma which no one could hate.

As he could ride over all difficulties so could our Muthu ride on horses too. It happened when a party of IV year students, sojourned on an excursion to Ooty. When the rest were interested in a dissection of rats, at the Market square, he with his three jolly friends took to riding. It was not his fault, that he got a horse which was not very ideal representative of its species. Added to this, his very humble attitude, while seated confused the onlookers, who

mistook the animal for its close cousin. But yet the hero rode undaunted, straight through the heart of the town, to the panic of the pedestrians and the discomfort of his companions.

Such is the life of Muthu, a harmonious blending of all varied habits, but at the back ground of all, is his selflessness. He may be fond of very queer and antiquated English songs, he may wear the same wellington shoes, year in and year out but they mean harm for no one. Even as a martyr, he suffers that others should enjoy. Was it known to many that long hours of his laborious work was the secret behind the magnificient stage on the reception day? Men have many flaws and one may, per chance, have a few more of them. Really it is no crime.!

We will cherish your memory, Muthu the pleasant memory for long. And in the palmy days to come, when practising as doctors in far off places, we may sometimes find time to relax and brood. The past, then unfurls before us—our successes and our failures, our mistakes and our penalties come one after another in succession. We sigh, pause a while and then chuckle. It is then, that we have thought of you, Muthu. You may be far away, but your pranks come close to us and serve to take us nearer our beloved Alma Mater. We begin living our old lives—Visualising those sweet things of by gone days, that old bell, the smoky canteen, the boisterous comon hall, and the smiling friends. The eyes become misty.

These memories, memories of our academic career, will ever be green in our minds.

The Dream

BY

Dr. T. R. PAI, M.B. & B.S.

1. Upon the soft and downy bed he lay,
His weighty book in his hand;
Again in the midst and shadow of sleep,
He saw his college grand.

2. Wide through the landscape of his dreams,
The sweet smelling Cooum flowed;
Beneath the portals of his college,
Once more a student he strode.

3. At noon he wends his weary way,
Towards that part of the college gay,
Where stands that dingry, dirty room,
Full of darkness and gloom.

4. Here mingle smell upon smell and make a whole,
Unperceived till now by the senses of man;
The sweet smell of cow yards, the sharp tang of urinals.
And topping it all the smell of gas at its birth.

5. There is rush and there is a crush,
There is hurrying and there is scarrying;
Voices and noises, groans and moans,
The babel of a fish market in the town.

6. Here mingle the beasts of the field and birds of the air,
Animals. birds and man partake of the same fare;
The sight is one to provoke mirth,
The moral is we are all God's children on this earth.

7. Leaves scattered here and there,
Food thrown about the place;
The dust of accumulated ages,
Filling all the nooks and crannies of the place.

8. The evil genius of the place,
Presiding over it all to give it grace;
Demanding bakshish every day,
To keep your vessels from going astray.

9. Up and down and here and there,
His fate it is to roam;
They want him here, they want him there,
He is sought after every where.

The student pauses!!

10. A look of surprise steals across his face,
He is all in a daze;
Straight in front of him he doth gaze,
With looks full of amaze.

11. Whence has vanished that dingy room,
Oh where has fled that tiffin room;
Oh what is this noble and artistic structure,
Situated in surroundings of such sweet lustre.

12. Through shady lawns and sweet smelling shrubs,
A delightful and soothing Zephyr blows;
No noises, no brawls, piercing animal eries,
Oh how quiet and peaceful it lies.

13. The Student enters!
A surprising sight meets his weary eyes.

14. The room is clean and spick and span,
Well lighted and with many a working fan;
Tables and chairs so neat and grand,
Sweet flowers in vases upon the tables stand.

15. No rush, no crush, no hurry, no worry, no sound,
Here ample space for all is found;
No dirt, no scattered leaves, no wasted food on the ground,
The appetising aroma of hot food all around.

16. Efficient servants with smiling face,
Serving with manly grace;
It is a real pleasure,
To dine in this treasure.

17. His book falling down from his hand,
With a loud and fearful bang;
Brought him back from the magic of dream-land,
And a death knell to all his dreams rang.

18. With a wœful sigh he picks up his book,
And retires to his favourite nook;
His exams, are approaching fast,
He must make up for time lost.

19. Thus ends a dream,
What is the moral;
Empty promises do not give satisfaction,

What is needed is urgent action.

Few Leaves From My Diary.

BY

CAPT. GHOLKAR.

I joined the army in 1940 from subordinate medical service and was recruiting A.M.O., Madras until Octr. 1941. Then I received orders to take medical charge of a unit proceeding overseas. I received this news with a mingled feeling of joy and anxiety. I wanted to see the world, but was anxious regarding my safety.

On 10th January '42 we left Calcutta for an unknown destination. I was toldlby my friends that I would have a jolly good time in the far eastern theatre of war compared to middle east, and I took with me, nice civilian clothes including my Tennis kit. But much to my cost I learnt that the middle east would have been better.

On January 14th we reached Rangoon. It was completely changed, shattered and barren. We were taken away from the city at once as it was a constant target of the Japs.

On I8th Jan. we were ordered to proceed to Moulmein, a city of our defence line after the loss of Tavoy. My unit 60 Fd. Coy. Madras Sappers and Miners were in charge of demolition, purposes in case the Japs conquered the city. Our H.Q. was in Martaban, on the opposite bank of Salween river.

On 21st I was making my rounds in the camp, when I saw an aeroplane flying majestically at a very high level. An Indian Officer who was with me, thought it was a British plane. British or no British, I decided to take shelter, call me a coward if you like. I also dragged the Indian Officer into the covered trench much against his wishes: Two soldiers were standing by the trench. I advised them to take cover, to which they turned a deaf ear. No sooner had we entered the trench, than the plane dived and machine-gunned the camp. We got out of the trench after the all clear was sounded, to find the two soldiers dead, due to bullets wounds.

On 23rd Moulmein was occupied by the Japs. Thousands of Japs infiltrated the city in the Burman's dress during the day and were allowed in, by our sentries, who did not know the real identity of these Brumans. No sooner had night fallen than all these Burmans turned into Japs and 24th morning a heavy fighting was raged. Moulmein was lost and we had to retreat according to plan; though under heavy shell fire.

In the 1st week of Feb. we were resting in Thaton, a beautiful small town full of life away from the front line. But the Japanese Bombers began to visit us and one day they dropped 100 Bombs in the town. It appeared as if Bombs were raining down. I was in an open trench with our soldiers when abomb fell 20 ft. away from us. It formed a huge crater and we were almost burried.

By 7th Feb Japs were 10 miles from Thaton & on 8th we were ordered to leave Thaton. While we were packing a few Burmans-we came to know

afterwards that they were Japs in disguise-were watching us. Our soldiers out of sheer joy of leaving the front line told them that we were leaving at 10 P.M. It was 9-30 P.M. and very dark. Half an hour more and we will be off, was our thought. Suddenly machine gun fire was opened on all sides by the Japs, and our soldiers went panicky and ran for their lives wherever they could go. The fire was coming mainly from the north where our Brigade H.Q, was camping. We also opened fire and this was going on for some time, when we came to know, the opposite fire was coming from our own soldiers of the Indian Brigade. The Japanese had opened fire from both directions and having engaged us in fighting among ourselves, withdrew. This was a typical example of jungle tactics at which the Japs were so good.

After a few reverses, we came to Shitong in March. the Japs at our heels. There was a huge bridge to be crossed—'the Shitong river bridge,' and blown up, before the enemy could cross it but unfortunately due to 5th Columnist activity the bridge was blown before we could cross it, and the two Brigades had to face the Japs. While the fight was raging, we entered the jungle at a safe distance from the bridge and prepared a raft to cross the river. That unfortunate handicraft when we had not crossed half the river, gave way and we had to swim the river to reach the other shore. One officer, who could not swim found relief at the bottom of the river. Alas! There was no time even to think about him. We reached the unit after 3 days walk through the jungle, dejected, without any food and with blisters on our feet, and mosquito bites on our body.

I had joined that army as a medical man, and through out these three months, I had never touched my stethoscope nor treated a patient. I thought I had enough experience of the front line, and asked for a change. I got a staging section and was happy about it. I was told by my C.O. if I would stick up to the front line unit, I might get the M.C. or the V.C. But there was a chance of getting nothing and meeting death, and I chose to remain behind at the base hospital treating the wounded.

By the end of April almost the whole of Burma was lost. I was in Myitkyina. evacuating the wounded soldiers by air. By 5th May we had evacuated almost the whole of the hospital in the ambulance trains that had arrived. On 6th May we were to fly to India, after evacuation of a few remaining patients. At 7 A.M. I reached the ærodrome. Two planes had already arrived and three more were coming. We loaded the planes and I was about to enter when my Colonel said, "Gholkar you come with me by the next plane, three more are coming". I got down with a sour face. In the meanwhile four planes were seen coming from a distance and we jumped with joy, even the old Colonel could not hide his joy and joined our jumping feat. But before we had any time to realise that they were enemy planes they dived and began to machine gun us. I ran for shelter and fell down half way and four fellows fell over me. After the planes had left, I found that two, of the four who had fallen over me, had bullets through them and were dead. God saved me, but the two poor soldiers lost their lives. I could do nothing but shed tears for them. That was a trying day. Until evening no British planes turned up, but the Japanesse planes visited the place almost every hour. Those two planes of ours on the ground caught fire. Fortunately we

succeeded in removing the patients to civil hospital.

At 6 P.M. it was decided that we should walk our way to India. We started on our long march that ominous night. I leave it to the reader to imagine, what an amount of hardship it must have been to walk 500 miles over the Myitkyina and Naga Hills, and through that notoriously malarial Hookong Valley and the Assam hills to reach Dibrugarh in Assam. It took me 33 days, I had to cook my own rice, there being nothing else but rice, to carry. I had to sleep in the jungle and carry my own Kit. I could carry only one blanket, 10 lbs. of rice and a pot to cook the rice and the water bottle. Thousands of civilians were marching that way and we met death face to face at every step. In the Hookong Valley, we sank in the mud up to our knees and we could only go six miles a day. After this hazardous journey we reached India on 8th June 1942.

The day I saw the rail lines in India, my joy knew no bounds. There were arrangements to receive us here and after a few days rest in the transit camp, we were sent home.

Next year in 1943 when the question of going overseas came again I volunteered for Italy, and was thus able to visit Rome, Naples, Florence, Venice, Jerusalem-some of the worlds' beautiful cities.

By joining the army I had a chance to see half the world but I paid a heavy price in Burma. I got grey.

Madras Medical College Greets the Legendary Hero of 1942.

EDITORS

As students of the Madras Medical College, we were really proud to have in our midst, the great Mrs. Aruna Asaf Ali, the legendary hero of 1942, while other colleges did not have the privilege. Thanks to the efforts of Mr. Balakrishnan and the general secretary.

Mrs. Aruna Asaf Ali arrived in time and was received by our principal. The hall was fully packed and the principal led her to the stage amidst loud cheers. The student president Mr. Balakrishnan presided over the meeting.

Mrs. Aruna Asaf Ali addressing the students said that they were peculiarly fitted for the task of alleviating suffering and rebuilding the nation because their profession related to medical relief, (i.e.) relief to the physical ailment. There was something in common between them and the political workers in that both were engaged in the task of relieving people of their suffering.

It might be inappropriate for them to take part in politics proceeded Mrs. Aruna. Neverthless by virtue of the profession they had chosen, they were endowed with the special advantage of dealing not only with the direct maladies of the body but with the indirect malady of hunger that was at the root of those diseases. There was no use simply taking an agitational interest in the political development of the country to achieve the final and absolute freedom of the nation, they had to consolidate all the forces in the country by mobilising and organising the strength of the workers. To this end, she suggested that Medical Students should go and work amidst them in factories, slums and villages. They should remember that they were also drawn originally from those section of poor people though the gradual process of social stratification had thrown a barrier between them. They should therefore, shed all their superiority complex and go and work amidst them in a spirit of humility and service.

Dr, Cherian, the principal exhorted the students to bear in mind the most practical and very very concrete advice given by Mrs. Aruna Asaf Ali as the future well being of the country depended so much on students.

Mr. Balakrishnan in his concluding remarks said that they should live up to the age long traditions of medical men who had always been in the forefront of missionary service.

Mr. Thangarajan, secretary proposed a hearty vote of thanks.

We suggest that the Association should call for Volunteers and arrange to go to villages for social relief work every week.

Editors.

Medical Specialists

BY

RAMRAJ MUDALIAR & IRENE PINTO —*I year.*

Though fear and laughter go hand in hand with the study of Medicine it cannot be denied that it is but a cloak easily cast off when occasion demands.

The doctor is a much abused man; he is expected to perform wonders in the world of to-day where miracles and marvels hold no place. The lay man insists on instantaneous cure, while completely ignoring the doctor's prescription. If he does not get rid of his malady, he says, "Ho, the doctor is a hopeless chap!"

As a matter of fact even eight months is quite insufficient for a complete cure. But Simon was not one of these. He had implicit faith in the doctor's word. He came to see me sometime ago. At that time Simon weighed not less than two hundred and seventy pounds. It was too much he wanted to reduce....I gave him the address of Dr. Belastur (Superficial Fascia was his line). His treatment produced excellent results. Simon was advised to walk regularly five hours a day. Six weeks later, he went down by 25 lbs.

But this drastic treatment resulted in weak ankles; he was unable to walk. He came to see me and I recommended him to Dr. Schitzance, an austrian, by birth who cured diseases of this kind by making his patients stand in wet clay. Simon followed this treatment for three months at the end of which time he was cured. Our friend was overjoyed. He was alright now, but those foot paths of his resulted in a sore throat. Poor fellow! He suffered very much indeed. I made him go to Dr. Cholanel. The latter diagnosed it as a case of bad circulation in the throat. Simon was successfully cured by electric treatment, which however brought about a nervous breakdown, as he came from a highly nervous family. He had fits three or four times a day.

I was sorry for him and recommended to Dr. Longlevent who prescribed Bromide. Bromide was good for the fits but not for the stomach. His digestion was upset and so was he.

Prof. Birid took his case and put him on a Nourishing diet-plenty of potatoes, plenty of peas, very little of mutton and water, no wine or beans. Simon was restored to health in a short time.

But as usual he had another grievance he had grown enormously fat! He weighed not less than three hundred and twentytwo pounds. He wished to grow thinner but was afraid of the complications involved in that tardy process.

Neverthless I assured him that it was never too late to mend and took him to Dr. Lercuchesy who decreed that nothing was as effective as horse riding; he wrote out a prescription twelve pages long, giving detailed instructions. Simon bought a very sturdy and vigorous horse. He commenced horse-riding three days ago, and his weight went down by 72 lbs. But I must tell you that he had a fall on the first day and they had to amputate his left leg which weighed exactly 72 lbs!

Behold, then, a boy who has always followed prescriptions to the letter and who has got from medicine all that he has asked of it.

The Student

BY

'A STUDENT'

"Education is a life long business"—Photo.

First let me assure the readers that the following are not magisterial in opinions, nor a dictator-like obstruction of conceptions but only proposals put forth to more ocular discerners. And therefore opinions are free, and open it is for any to think or declare the contrary. Next I crave pardon in the audacity of the attempt, humbly acknowledging the indebtedness that I owe to the works of Sir Thomas Browne and Cushing's life of Osler.

The student defied definition. The characteristics that are expected of him are 'an absorbing desire to know the truth,' an unswearing steadfastness in its pursuit, and an open, honest heart free of suspicion and jealousy. He is but a lover chanting a fickle mistress who ever eludes his grasp. The lunatic with his fixed idea, the poet with his fine frenzy, the lover with his frantic idolatory and the student aflame with the desire for knowledge are of imagination all compact". At the outset he should realise between striving after the ideal and the real. The idealist are considered as vague dreamers, striving after the impossible but in the history of science we find, that very often, those with fixed ideas succeed even under the most adverse and hopeless conditions. The study on which he has engaged is a life course, for which the few years at college is but a preparation. The success or failure depends on the training he has before the start. "It happens to us, as it happeneth to way faring men ; sometimes our way is clean, sometimes foul: sometimes uphill: sometimes downhill, we are seldom at a certainity ; the wind is not always at our backs, nor is every one a friend that we meet on the way"—Bunyan.

The eye that interprets the falling apple always works from a brain that is fit to grasp the law of gravitation. It is said of a great medical pioneer that though we had no great lover of books, he possessed an absolutely insatiable appetite for facts gathered at first hand. He had the greed of an ambitious capitalist and yet it was a fortune which was always placed freely at the disposal of the needy. In the words of Osler: Humility, conscious of weakness, while seeking strength; confidence knowing the power, while recognising the limitations of the art ; pride in the glorius heritage from which the greatest gifts to man have been derived and in the sure and certain hope that the future holds still richer blessings than the past-these can best fulfill the high mission of the noble calling. He must play the game fair without selfdeception and shrinking from the truth. As Lincoln has remarked: it is impossible to fool all the people

all the time, unless he be one who can fool himself to his heart's content all the time.

Mental, moral and bodily death are the causes for the failure of so many promising minds to attain maturity. The fate of those who die prematurely can not be helped. As regards the other two cases, Osler summarises thus: One to improper feeding within the first five fateful years, scurvy and rickets head the mental mortality bills of students. The real tragedy is the moral death which, in different forms, overtakes so many good fellows who fall away from the pure, honourable and righteous service of Minerva, into the idolatory of Bacchus, of Venus, or of cuice.

The teacher plays a vital part in that he moulds not only the intellect but the conduct and character of his pupils. In the words of Arnold, his function is to teach, the current knowledge of the subject he professes, and to propagate the best that is known and taught in the world. That is not all. He also wields great respect by the personal influence but for which all the rest are insipid and lifeless. An academical system without the personal influence of teachers upon pupils is an Arctic writer; it will create an ice-bound, petrified, cast-iron university and nothing else. (Newman) The successful teacher is no longer on a height, pumping knowledge at high pressure into passive receptacles. He is only a senior student anxious to help his juniors.

Sydenham, the English Hippocrates, was called 'a man of many doubts' and it is the secret of his great strength. Credility that is, an easy asset to what is pretrused is a weakness in the understanding. The asset should be based on reason and sense, not the emotional belief that follows assertion. Neglect of enquiry even of matters we doubt, from a temperamental inactivity to execute the dictators of reason but live in a doubt of things, is an inexcusable part of our ignorance. Not obeying the dictates of reason, and neglecting the cries of truth, we fail not only in the push of our undertakings, but the intention of man itself. Lastly, the fatal enemy of knowledge is an undue adherence to authority. Our advanced conceptions are not to be built upon dictates but having received the probable inducements of truth, to be erected upon the surer base of reason. 'Not to take authority when he could take facts, not to guess when he could know' must be the watch word.

> "Knowledge is proud that he has learned so much,
>
> Wisdom is humble that he knows no more". (COWPER)

It is regrettable to note the serene satisfaction with the *statuquo*, a strong objection to change and a complacent conservation of the men in power. It is a pity that the study of an attractive science is made an intolerable burden. In the words of Osler: "The student needs more time for quiet study, and the incubus of examinations should be lifted from his soul. He should be enabled to seek knowledge for itself, without a thought of the end, tested and taught day by day, the pupil and the teacher

working together on the same lines, only one a little ahead of the other. Abolish a system which is a reproach alike to teachers and examiners, and worst of all a cruel perversion of mental values to the student at the very time of life when such values count." It is best to conclude with the pertinent remarks of Dr. Stokes —"Let us emancipate the student, and give him time and opportunity for the cultivation of his mind, so that in his pupilage he shall not be a puppet in the hands of others, but rather a self-relying and reflecting being." (M. V. S.)

A member of the British Parliment was shocked to receive a letter from a woman in his constituancy which read.

".....As my sister is coming down from Yorkshire for a short holiday, I should like to arrange for her to visit the House of Commons and watch an actual Sitting. I should appreciate it very much if you could arrange this. Yours etc.....

P. S.—If this will put you to too much inconvenience, don't worry. I can take my sister to the Zoo.

Farewell

(Lines written on passing the Final M. B. B. S. examination)

By

T. R. Pai, M. B. & B. S.

(1) That shadowy phantam called Regret,
With sad mein and eyes for ever wet;
Took me by the hand one day and to and fro
We wandered through those paths of long ago.

(2) Borne on the wings of a dream,
I saw before me stream;
Those years which seem so near,
And yet are gone for ever.

(3) That memorable day in July,
When with ambitions and ideals high;
Upon the threshold of a career proud.

(4) Chemistry with its sad old moan,
Biology with its soothing drone;
Physics with its discordent note,
Alas for these there was no antidote.

(5) The dead house with its horrid smell,
That unveiled the secrets of humanity's frail shell;
The living tortured before our eyes,
To provide food for our thinking cells.

(6) The hospital welcoming us with open arms,
And inviting us to view its charms;
Oh! what are those charms we wondered,
Only the woes of our fellow man.

(7) Drugs and doses, doses and drugs,
We had to know their actions and uses;
Here were drugs for all our ill,
They could either cure or kill.

(8) The study of disease in its most proper place,
Its final end in the necropsy room;
Preventive Medicine-Medicine of the future,
So well remembered because of the teacher.

(9) The first clinical exam, we face,
We were all in a daze;
It concerned that important organ the eye,
We sailed through as a lucky guy.

(10) Perusing the smallest book in the shortest time,
Under the greenwood's soothing clime;
We jumped the silliest
The examiners were so very queer.

(11) One month of carefree life,
Full of excitement and mischief rife
One single aim in life's sweet round,
To increase the birth-rate of the town.

(12) Darling babes and nurses sweet,
Made life a perpetual treat.
But alas how swiftly doth time fly,
Too soon we found our final exam, was nigh.

(13) Approached the dread three in full battle array,
with stout hearts and fond hopes we joined the noble fray;
Stout hearts and strong arms were of no avail,
Sweet faces, honeyed words and much guile,
Only these in the end gained the day.

(14) At last the weary battle is won,
The real battle of life has just begun;
The dim future before me lies,
The dear past has behind me fled.

(15) Well do I remember all those joyous years,
All the events both great and small;
Time shall not erase them from my mind,
For ever shall I treasure them in my heart.

(16) There are things of which I may not speak,
There are dreams that cannot die;
There are thoughts that make the strong heart weak,
And bring a mist before the eye.

(17) So, at last here has come the parting of ways,
Good old Alma-Mater-we have to part;
Oh! how sad solemn seem the words,
"Good bye! I am going away"!

Mirror Reflections!

BY

RAMKRISHNA PONDAY—*IV Year.*

We medical students live in a very narrow world of our own. The situation of the College and Hospital in the heart of the City and the long course of study, has failed to give us an insight into other realities of life. As we walk the corridors and wards of our hospital, we come across a number of patients, who mostly belong to the poor class, either to the peasant class (farmers), or to the hard-working labour class. To correctly feel the pulse of the patients, one ought to start, from the places they come from and in ninety percent of cases, they take pride in mentioning the names of villages.

Viewing this topic, from this angle, Madras Medical College Hostels are fortunate to have hostel buses to provide us with "Educative" *Excursions, which at the same time provide a little for our frivolous moods. I intend describing to you, the trip to Mahabalipuram, and Ennore in particular.

As we left the turmoils and dust of city life, peace began to dawn upon us. The green paddy fields, rustling in the breeze, bent low with weight; burdened with rich harvest; crowned with golden tufts, bowed lower, as if kissing the mother earth, which gives them the nutrition and support; and placed before us lessons that yet remain to be learnt. We "whizzed" along, and we saw villagers, move about, not dressed in multi-coloured robes, but in simple and cheap dhotie and shirt and sometimes even in torn cloth but in this simplicity of theirs, there was real grandness, which my pen fails to express, and my thoughts fail to reveal. Then the village maidens have got a habit of moving about in groups laughing, gossiping harmlessly and singing tunes or tuning songs. There a village maiden, with a pitcher on her head, "making" for the village "Panghat". She was artlessly tender and gentle in her looks, not artificial in her gait, and her face was audiant even without the help of cosmetics. There was no touch of artificial aid to her God-given beauty. What a world of difference from the "made-up" multi-coloured dolls.

We stopped near a temple. All of us rushed into the temple to have Darshan of "Almighty" and to get the "Prashadam" as the reward of boons. Then I came out alone of the temple, while others were busy engaged in their adorations I wandered along the streets of the village until I came to a place which was such a beautiful spot, that even Nature itself was playing hide to seek with her creation 'shyly'. There was a huge Banyan tree and under the natural canopy of boughs and leaves, through which

* Recently an excursion ended in a tragedy. Our readers will please see that the members do not take risks especially in taking Sea bath.
EDITOR.

the rays of the setting sun filtered through, there was an old dilapidated temple. Before the temple sat a small girl, half in rags and half nude, revealing to me that she was no better than a skeleton. In her tiny, weak hands was a kitten, leaner than herself, what she murmured was loud enough for any one to hear and I did not miss any word of it—for it still haunts my memory. She prayed, "O! God!!!,—Please give my "Pussy" little conjee to eat"—what a self—sacrifice. "What a kingly jest was it to open thy palm to a beggar to beg". My tears flowed unchecked and I gave what little I had in my pocket to the cat and also to that selfless celestial child.

My last prayer and wish and hope is that we all must realize that we city dwellers live on the sweat of poor farmers and what they suffer from will also make us suffer in the future. So let us be up!—and help our poor Brotheren, whose needs are many and cries pitiful, who represent simple and yet in the simplicity display real Great India.

A Medico Writes A Love Letter

BY

P. NARENDRAN III Year. M.B.

My Darling,

You have caused a sudden change in my metabolism. My respiratory rhythm is upset. My digestive system too. The corners of my heart are degenerating, the sympathetico-adrenal system is abnormal. My lachrymal glands work overtime, so that there is always a film of tears in front of my orbs.

I am unhappy.

And why?

Well the only diagnosis I can arrive at is that I am in love with you. Ever since the day I saw you, I have carried your image of the beautiful face in my angular gyri. And, sweetheart, everytime I form your name on my oris muscles, I feel a spasmodic pain in my left fifth intercostal space three and a half inches from the median plane.

So, tell me, will you be mine?

Yours stethoscopically,

NAREN,

Graduates Reception.

To the students and staff of the Madras Medical College the long awaited 14th August, 46 was a Red letter day when they met together under the auspices of the Madras Medical College Association to give a hearty reception to the graduates of the year.

Owing to the existing conditions that were obvious we were unable to entertain the distinguished guests in the traditional manner. The tea was served in the Pathology Laboratory by the co-operative directors with the help of volunteers. The arrangement though simple, was quite homely and was much appreciated.

For the first time in the History of the College the Hall was packed to its maximum before time. The principal of the College and the Hon. Mr. V. V. Giri accompanied by his Parliamentary Secretary went up to the stage amidst loud cheers.

The first Student president of the Association congratulated the graduates on their success and proposed our principal to the Chair.

The Secretary of the Association extented a warm welcome to the new graduates on behalf of the members of the Association.

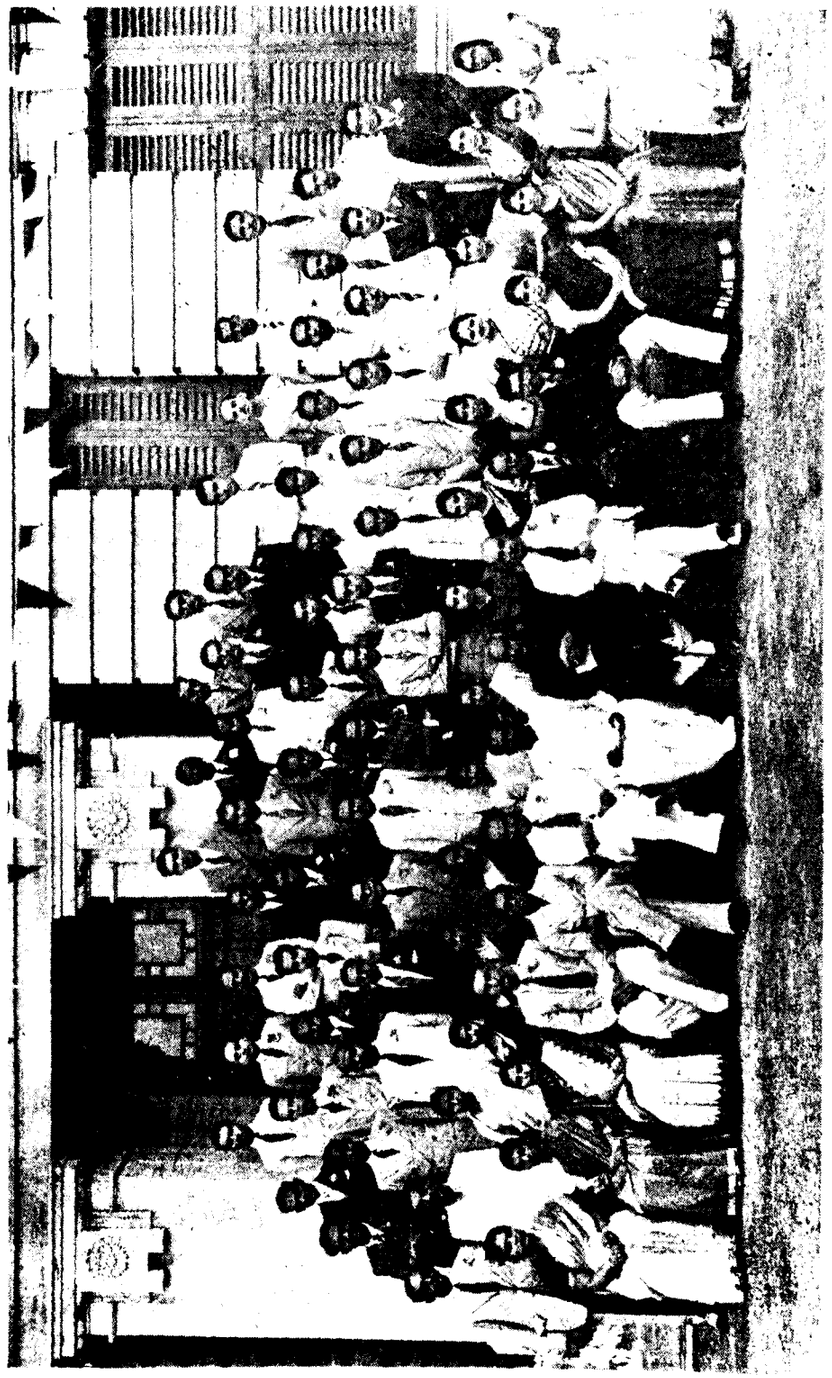
Dr. K. Ramachandra in replying said, they as graduates from the Madras Medical College can prosper well with all courage and faith though for the present batch the future looks gloomy. He pleaded for better pay of House-Surgeons and better facilities as they are now uncared, unhoused and ill paid.

• Dr. Cherian said how the Minister for labour inspite of his multifarious engagements accepted the invitation and requested the new graduates to follow his spirited advice.

Addressing the new Medical Graduates, Mr. V. V. Giri, Minister for Labour said that doctors and medicine were of great value to this country. He stressed that a country like India needed more and more doctors. He also said that he knew fully well that the Government would encourage every Medical Graduate to make a good living and he was certain that there was a great future for them.

He adviced them to build up not only the individual character in their profession but also the national character as it was through the national character that the European nations had advanced. He believed that if only they developed the ideal of Nationalism and internationalism their mother land could as an independant power be equal to other common-wealth of Nations.

He refered to the various international conferences such as the League of Nations, U.N.O. and SanFrancisco conference and said that even these conferences would end in fiasco if the true spirit of nationalism and internationalism were absent in them.



THE NEW GRADUATES 1946

They were given a reception on 14th August, when The Hon'ble Mr. V. V. Giri, addressed them, our Principal, presiding.

He, in conclusion, urged that at least the Indians and 450 millions Chinese must build up this national and international character and organise them-selves so as to teach the world how best peace could be established.

"The entertainment was brilliant" were the words exclaimed by all the guests and members of the Association. Let us offer our congratulations to members who gave us a marvellous stage with modern settings. We cannot forget the item 'Liberty' which brought tears and determination to free Mother India.

A thrill passed through the hall when we heard the sad plight of our nation through the heart breaking tones of the commentator when India was brought in shackles before the other free nations on the stage.

The comedy 'Allo Ayurvedic' Dispensary provoked laughter even from the Hon. Minister, and one really prayed for safety of the professors when they went into convulsions of laughter. All other items were equally of high order and suited the taste of every section of the audience.

We congratulate our enthusiastic Secretary and his Colleagues for bringing up the function to such a high standard.

(*Editor*)

Inaugural Address of the Association.

This year we had the privilege of Sri. C. Rajagopalachari inaugurating the Madras Medical College Association.

Mr. Balakrishnan the first Student president, presided. While introducing the guest of the evening he told us that the out-look was dark for the present set of students. He said, people talked of 'going back to villages and the "absence of overcrowding" in the Profession; but to the professional man who had to make both ends meet the problem presented itself in a different complex.

Addressing the large gathering Mr. Rajagopalachari said he could speak to them neither as a medical expert nor as a man of authority. He was not a fire brand either for he was not one who "burnt" his "brand" at both ends. He was content with burning it at one end which was enough to light his path. So however much he wished be could not tell them of big programmes, Schemes or prospects of jobs.

He was sorry for the general anxieties prevailing in the minds of the young people to the detriment of all-round concentration in their studies. Girls were comparatively free from anxiety about their future, because theirs was a new kind of life in College. To them a profession meant a luxury. If it was available they could take to the luxury; otherwise it was always open to them to marry. (Laughter). To the boys the conservative duties of their wives and families were there. That was unfortunately the burden of the man still in spite of all the talk of the equality of the sexes. Equality of sex was a cover for superiority, and the woman merely wanted the superiority of the man without the burden. (Laughter). They wanted to remain superior with all the advantages of one-sided, lop-sided male responsibility in this world. There was also a better protection for girls because the natural shyness of women reduced their anxiety. By the same token the natural unbashfulness of men increased their anxiety.

In spite of all these difficulties, he would appeal to them to concentrate their minds on studies. They should not get confused by the popular talk about their status in future in the political streets. They should not get baffled whether allopathy was inferior to naturopathy or whether Ayurveda was superior to the Western system. They should not confuse their minds with half-baked popular notions, and if they had any doubts they should abandon their study altogether. They should not [illegible] it half-heartedly. Without [illegible] about what others said they should study their Science with reverence and earnestness, full faith, he was not a learned man. Though versed in the medical science [illegible] ing as an experienced man [illegible] long-time patient who had been an obedient disciple under [illegible] many a

NO ROOM FOR LOVE . . . . .
ON A BICYCLE MADE FOR TWO

First Prize (Photo by—Dennis)

ON THE GOOD SHIP LOLLIPOP

Photo by—Dennis

DRINKING RUM AND COCA COLA

Photo by Dennis

"THE GREY AND THE BALD"

Photo by—J. M. Khan

Photo by—

THE MINISTRY GAVE THEM A HAND

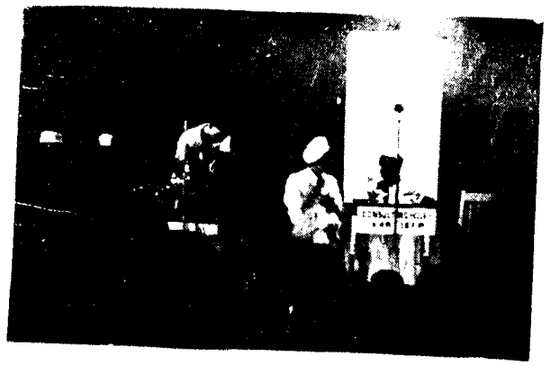


Photo by—Sivaganam & Co.

"TOO RAVISHING TO BE TRUE"

Photo by—Ranganatham

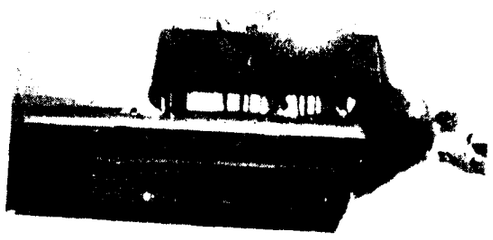
LIBERTY HOLDS HIGH THY TORCH

Photo by—Dennis.

"SANDWICHED BETWEEN TWINS"

Second Prize (*Photo by*—Mr. Ehan

ALLO—AYURVEDISTS AT WORK
CRUDE YET CONFIDENT



doctor, he was entitled to ask them to treat his opinion with some degree of respect. *At the age of 67, he had his faith in modern medical science fully confirmed..* (Applause).

Passing on to the other talk about the differences between the various classes of medicine, he would say it was all untrue. There were no different classes of medicine. But there had been progressive stages in the development of the same science and on the same line of investigation. He knew more about Ayurveda, not more than others but a long more than what other people thought he knew, His uncles and grand-uncles spread over two generations were Ayurvedic doctors. There was no difference in the approach to the science as it was known to their ancestors and as it was being pursued by modern practitioners. The difference lay in two respects. While the observation in the olden days was silent and secret and there was no exchange of notes regarding results, in modern times a new culture had been developed in science by which what was known to one was considered incumbent to be published for the benefit of the others.

But at the same time they would do well to remember that the old Ayurvedic doctor had hundreds and thousands of prescriptions made of rare herbs and roots hidden in the forests. Whether it was a perfect medicine or not, it was found to be fairly useful. That Ayurvedic doctor could not have discovered the medicinal properties of the hebrs by revelation. All that meant arduous research.

Just as a secret passed among "confidential friends" and became an open secret in the end, all the accumulated knowledge went abroad from this country in spite of the care taken to keep the secret. It had now come back to India re-dressed and improved. There was historical proof for what he said. The Greek Hippocrates owed his medical knowledge to India. And Avicenna, who was a Mussalman, was considered till to-day the father of medicine.

Students should not be carried away by the new flair for naturopathy. They should remember naturopathy was at work behind all systems of medicine, because nothing cures except nature. Modern allopathy as only an advanced system of naturopathy where the surgeon and his knife came into play.

Mr. Rajagopalachari told them that Mahatma Gandhi agreed with his view and simply because in naturopathy people seemed to take to it as a fashion without realising that what the Mahatma wanted was a true, vigilant, industrious and scientific type of naturopathy, and not the spurious one.

Concluding he assured them that in a free India there was bound to be fair and equitable distribution of wealth based on a proper evaluation of the services rendered by people and in that they were sure to be amply rewarded.

Mr. Thangarajan, Secretary, proposed a vote of thanks.

In honour of Mr. Rajagopalachari's visit to the college, the Principal declared a holiday on Friday. (Loud cheers).

Editors.

Our Date with Destiny

BY

V. V. V. MENON, B. Sc. *Ist Year.*

The day was yet young when three buses fared forth to explore the past glories of our stricken nation, carved in the immutable face of the granite rocks of Mahabalipuram. The variegated gaiety of holiday attire contrasted ever so vividly with the artificial uniformity of the work-a-day dress. And the reserves bred in the musty atmosphere of classrooms melted before the caressing warmth of the sun on the excelsior. The buoyant exhileration of spirits, the joyful camaraderie, the words of good cheer tripping from dancing lips, the brilliant wit and the flashing repartee, the delicate modulations of voice of accomplished songsters alternating with the huge laughing boisterous tunelessness of our chorusters—oh, how little did we reck as we annihilated space that day in our bounding bus that we were hastening in answer to the beckoning crook of the Finger of Fate! And with the keen wind stinging the face and tousling the hair, we sped on and on, eager and expectant, joyous and carolling; on and on to keep our appointment—our Date with Destiny!

Our Staff H. Q. was in Tirukalukundram. With a hearty appetite we fell to and did full justice to the well-appointed repast offered us Gastronomical needs appeased, we foraged forth to feast our eyes. Perched in the blue sky, the angled walls of the famous temple stood lofty and majestic, magnificently awe-ful in the region of the wind-swept heavens and even !, not particularly known for my piety, felt, an instinct of reverence moving within me. Certainly, I thought, our ancestors knew where to build our temples; and how. The scaling of the heights tested us, especially a particular "sex-ion" of us; and long before we reached the top, we could see amongst us perspiring tomato-red faces and drooping lilies of the vale. But we did make it at last, every one of us and hot, thirsty and triumphant, we gazed out on the plane-marked expanses below. We explored the intricacies of the rock hewn passages of the temple. And it was here that a certain member of the party, more pious and perhaps more premonitory than the rest, made his last offerings to the Temple God and had a special puja conducted for him. Oh, strange appeal, and stranger answer! The cruel irony of mocking Gods! And here we waited for those two eagles, reputed to come from Benares, to visit this temple to be fed out of the hands of the priest, whatever be the food situation amongst mere mankind. Only one obliged, to satiate the curious unblinking gluttony of the cameras. Perhaps, we thought, the other was not aware of the august company that awaited it below and so in the fullness of our hearts we pardoned it.

Scrambling back from Olympian heights to prosaic Terra Firma, we made a short trip to Chathurangakottai, to observe the crumbling ruins of the mediaeval fort. Shades of unsung heroes! The clamour and the shouts of gory strife stilled to this unearthly brooding silence now! —And for the first time that day, we saw the sea, gently lapping on the beach. The placid sea, the smiling, the treacherous sea!—And we went and washed our feet in it—

•

Back to Tirukalukundram for our grub, a little rest, a short siesta, and then, on to Mahabalipuram—on and on and always on, on to meet with appointed Destiny! Avaunt, thou blind sisters of Fate! Avaunt thou flint-hearted Yama that ridiculously rides bestride the monstrous beast of a buffalo! Avaunt, avaunt!—We saw the allegorical carvings on the walls of the caves, the engraven memorial of a past glory. With many a quip and jest, with little shrieks of faminine fear and mocking laughter of masculine bravado, we wended our winding way, past engraven pillars and ungraven granite masses. We came to that square mass of a building that towers opposite the light house, bricks built up on a worked-out boulder of stone. We clambered on to its square railed terrace and beheld around us a glorius panoramic spectacle of entrancing beauty. The lighthouse, just a stone's throw away, stood tall and smoothly cylindrical, indicative of Man's exploiting finger in Nature's exquisite pie; The sea was duly booming in distance, two-faced, half green and half-blue—the needle-like casuarinas a mass of dark dry green—the distant tank with its solitary bather—the canals winding along at the back, and boats, their sails idly flapping in the breeze, dreamily meandering along like placid cows complacently browsing.....How clearly each item stands separately engraved in my mind.....We proceeded to the Pagodas. In the burnishing light of the slanting rays of the slowly lowering sun, we could admire the work of the ancestors, the work into which they had tried to pour out their hearts, their loves, their aspirations, their joys and their tears.....and all in moulds of granite rock.

Finally, last short item on the long programme, the Beach and the Sea. Rocks there were; but why go beyond them, we thought. The refreshing bath, the glorious breasting of the heaving waves, the white foam and the venomus cascades of the gaping breakers, the swirling sand and the smarting of the eyes when the brine got into them! Slowly, contentedly gloriously exhausted, at peace with the world and Nature and even Man, slowly I walked back to where I had left my clothes, to dry myself. Suddenly there was a shout, two shouts, a medley of shouts.....The knell had rung, the conch was blown; the Sisters of Fate suspended spinning to take up the soulless shears and Yama straggled his hideous mount! We did not, we could not, fail to keep our Date with Destiny! We could not, we could not!

While we were battling the engulfing waves, Dr. Reddy was sitting with a group of his friends and students, quiet and aloof but embracing

them all yet in that gracious benevolent smile of his. He did not know much of swimming; there was no call for him to risk a sea-bath But no, that could not be. The Finger of Fate was beckoning again now, furiously but quietly, with concentrated venom, peremptorily, inexorably. And so he rose, "to go and have a dip" as he said to the students whom he was to take the next morn—the morn he was never to see—they chose this opportunity to ask him for leave from that class. And quietly, like a benevolent parent giving into the capricious whim of his adored child, he assented. And they clapped in joy and cheer.....and he accepted it with his charming smile. And with it on his lips he went into the sea from which he never was to come out conscious.—The bathers were by this time returning. He went knee-deep into the water and linked hands with Ramachandra Reddy and Sath Pall Dhanda. Two, three, four, waves they stood in line and braved. The fifth—it was a huge one; it passed them by and they left hands while Sathpall turned for shore.....And then no one knows what happened. I suppose he forgot about the back-wash; when we heard him he was beyond the belt of rocks. Once, twice, thrice he called. At the third with daring courage, Ramachandra Reddy leaped into the surging surf. He called out to him not to give up and not to clutch at him when he came up. But a drowning man clutches at a straw; Ramu was the straw twice, thrice they bobbed up and down, unable to separate, amd Ramu freed himself with a kick in the stomach. He grasped him by the hair. Together they were dashed on the rocks, once, twice and yet again. The third time Ramu rose up without the Dr. .....he had got stuck in some insidious cleft. But, in spite of growing exhaustion, Ramu dived again and draged him out with tenacious grit. He tried to pull him up on the rocks and indeed got him up half-way, before a huge Leviathan of a wave came to suck them greedily back again. Up and down, rolling over and over like two playful porpoises, only tragically so now, they were the sport of the vengeful waves. And then another wave came. With a powerful kick on the rocks, holding on to the insensate form still, Ramu levered himself over the rocks, rising with the wave. They were swept on to the shore, where by now helping hands were ready to assist them on to the shore, when, at the end of his tether, Ramu collapssd insensate on the ground, to be revived later. But Dr. Reddy nothing could revive. Pulse there was none. The doctors, led by Dr. Warrier of Bengal fame, worked like Trojans. For two hours and more they continued, the body meanwhile growing bluer and bluer then colder and colder-for two minutes, the pulse seeemed to revive but flattered only to deceive. Suspense, grief, anxiety, hope and anger, yes, anger at this curiously callous inconsequential, illogical climax to a day of pleasant experiences and happy freedom from the various littlenesses of life, each had its way in my mind. The gloom deepened; the sun's rays seemed to hasten away to some more sequestered spot of peace. The skies went grey and leaden; soon they wept. And the

LEST WE FORGET

It is with regret we have to record the demise of Dr. Rajasekara Reddi. His untimely death was tragic indeed and one of the most regretted in the history of this college.

Sweet and amiable by nature, kind to one and all, he was aclaimed by all as the "perfect gentleman"

That the cruel hands of death should snatch him away from us so soon; just at the threshold of his career, it comes, as a great shock to every one who has known him.

We as hostel mates and friends mourn his loss but how much more painful it is to his mother, wife and relatives. To them we offer our deepest sympathy.

"Whom the Gods love die young"

"May his soul rest in peace"

Editor

IN MEMORIUM

Dr. Rajagopal

It is with deep regret we record the death of Dr. Rajagopal who was till recently a student of this college. As the physician in charge of the Leper Home, Saidapet, he endeared himself to his colleagues and patients.

We offer our heartfelt sympathy to the members of the bereaved family.

Editor

wind moaned over the sandy beach. We stood in little knots on the beach, watching the glimmer of the feeble flickering lantern by which they worked, appalled, stunned, trying to take it in, the whispered bits of phrases only serving to enhance the effect of the awe-some silence that ghoulishly enveloped the place..... The Doctor came; our worst expectations were realised.....only the sea shrieked, the sea of Mahabalipuram, shrieking, shouting now, gloating in unholy glee, triumphant at having claimed its victim--its "Bali"—! The breakers seemed to crackle out their horrible demoniacal laughter at us. The hungry cruel, crawling foam, that at noon had so gently lapped at our feet in servile sycophancy, now seemed to dart itself scornfully at us, only to withdraw and launch itself yet more decisively, grinning yet more sardonically, cruelly, hungrily. To my fevered imagination, it seemed as if Durga the Destroyer arose out of the waters and stood triumphant and victorious, frothing at the mouth blood dripping from her gory lips, the mad light of destruction glowing in her eyes. and radiating a look of satiated savagery!

And so we started back, late that night, in slow sad sombre solemn procession, through the long silent roads, under an orbed moon that shed its pale melancholy light on us, dog-tired and bone-weary, the hootings of the owl and the howlings of the jackals in the dim distance speeding us on the way. And as, with the wind blowing in my face again, we ate up the miles, the refrain of a verse echoed and re-echoed in my mind, a verse that softly and insistently throbbed through my brain with each beat of my heart, a verse that only could give me a clue to the pattern of the varied events of the day:.....

"Tis all a Chequer-board of Night and days
Where Destiny with Men for Pieces plays
Hither and Thither moves, and mates and slays
And one by one, back into the closet lays!"

And in the Divine Closet, may he find the Peace that all of us yearn for!

The Madras Medical College Association.

To day every one clamours for true democracy and here we are with the achievement of a democratic Association, the true representative character of which one and all of us are quite aware. The credit goes to my predecessor Mr. Sampath Loganathan who framed this progressive constitution and to our popular Principal who has been always ready to do anything for the betterment of us, students. We are really fortunate in that he promises and acts up to it.

The new constitution provides for the election of the President of the Association from one among our own fellow students. Fittingly enough, Mr. E. Balakrishnan, the first student president, has proved really worthy of the chair.

From the beginning of the new academic year, the Association had many notable occasions and I am sure it will remain active throughout.

At the General Body early this year, our members availed themselves of the opportunity of moving resolutions which require immediate attention. The main resolutions being, the need of a decent Hostel nearer the College and a better Dining Hall. Another resolution was to remove the ridiculous act of signing declaration forms both in the College and Hostel. For which, we waited on a deputation to the Minister for Public Health last month.

The Hon. Mrs. Rukmani Lakshmipathi took a very sympathetic attitude, and she promised to get us a New Hostel immediately. In the viscinity of our college she also said that she would remove the custom of signing declaration forms, which order is expected shortly. We are getting a new and well equipped Dining Hall with in a very short time.

We had the previlege of hearing Rajaji whose speech on the Inaugural day echoes and re-echoes still. Then came the Graduates Reception day when the Hon. Mr. V. V. Giri gave us very spirited advice. We also had the unique previlege of having the great Mrs. Aruna Asaf Ali in our midst.

The success of the Graduates Reception was entirely due to the hearty co-operation from all the members and in particular to those who took part in it. Every one came forward to extend his or her support in maintaining the high standard of the entertainment and of the function in general. I shall take this opportunity to thank them all for their invaluable services. I hope, I will be excused if I make mention of one name, Miss. Mary Thomas, the lady representative, whose untiring efforts were responsible for the success to a great extent.

The directors of the Co-operative Club deserve all congratulations for the Tea arrangements. I also thank all the Staff members who have donated generously for the Graduates Reception.

The Executive committee requests every member to co-operate in conducting the day to-day activities of the Association.

S. V. K. S. THANGARAJAN,
General Secretary.

'AMIDST ANCIENT GLORY'

Photo by—Shanker Sastry

'ALL THE WAY FROM BENARES'

Photo by—Sankararaman (*I year*)

The Madras Medical College Athletic Association.

President :
Dr. P. V. Cherian, M.B.E.

Vice-President :
Lt.-Col. Sanjivamlal.

Hony. Treasurer :
Dr. K. Manjunath Rai,

Staff Members :
Dr. Venkataramiah.
Dr. K. P. Sarathy.

Physical Director :
T. D. Parthasarathy.

Sports Secretary :
Joseph Antony.

Lady Representative :
Lalitha Loganathan.

The following were elected captains for the various games for the year '46-47.

Cricket :	Narayana Rai.	*Volley Ball :*	Ramalingam.
Foot Ball :	Govinda Menon.	*Basket Ball :*	S. A. Kabir.
Hockey :	D'Costa.	*Tennis :*	Akhthar Baig.
Track & Field	Balaram.	*Boxing :*	Ashe.

Foot-Ball.—With the inclusion of Madhavan, the 'Varsity player, our team is much stronger this year. Ours is the only team which has as many as seven or eight 'Varsity players. It is a pity that in spite of having such a strong team, we lost the very first match against Pach. Thereafter it has remained unbeaten.

Results of the matches so far played :

Vs. Pach	—	lost by	2—3.	Vs. Law	—	Won	6—0.
„ Stan. Med.	—	Won	2—0.	„ Eng.	—	„	4—1.
„ Teachers	—	„	8—0.	„ X'tan.	—	„	4—0.

Cricket.—The cricket team contrary to expectations, proves to be the best by their performance. In our match against Engineers who had the strongest combination in the inter-collegiate, we rose to the occasion, as true medicoes and beat them convincingly. Special mention has to be made of Bhaskara Rao for his batting and bowling.

Results of the matches :

Vs. Pach	Won.	We	121,	They	104.
„ Veterinary	„	„	80,	„	47.
„ Presidency	„	„	157,	„	95.
„ Loyolo	Lost	We	56,	They	67 for 1.
„ Engineers	Won.	We	162,	„	140.

Hockey.—Our hockey team, though not so strong as it was in the past, is I should think much better than most of the other college—teams. But its performance is below expectation. In this connection, may I in all humility offer a word of advice to them. For heavans sake, don't import all your misunderstandings and your petty quarrels into the hockey field. Let not the game suffer thereby.

Results of the matches:

Vs. Pach	— Won.	Vs. Engineers	— Won	3—0.
„ Stan. Med.	— Lost.	„ Christian	— Drawn	1—1.
„ Law	— Won.			

Volley-Ball.—With Mohomed Unni's inclusion in the team, the offence line is stronger than last year. In the Bertram Memorial tourney, we lost to the more formidable Y.M.C.A. in the finals. We have won all the matches played so far in the inter-collegiate league.

Basket-Ball.—This year's admissions contributing two new players, Ganesan and Ranganathan, has strengthened the team, both in defence and offence. Though we had a reverse in our very first inter-collegiate fixture against the X'tians—a definitely superior team—we have been able to beat all the rest so far.

In concluding this report, I wish the captains the very best of luck in all the coming matches.

Table-Tennis.—This year we won the doubles in the inter-collegiate Table Tennis tournament conducted by Loyala College. Our team consisted of Mr. R. Thaiman and Mr. Sathpal Dhanda.

JOSEPH ANTONY,
Sports Secretary.

TO OUR READERS

We have great pleasure in bringing out the first edition of the College Magazine for this year almost in time.

The response to the request for medical articles and case reports is not encouraging, literary articles being far more preponderant. We earnestly appeal for more medical articles from the staff and students and we remind the leggard of the prizes.

We are glad to announce the Silver Jubilee of the Magazine, which falls at the end of this year. It is proposed to bring out a special Silver Jubilee Number on the occasion. The success of the issue depends on the contribution from the members. Coloured Plates and many attractive Photos will find place in the Special Number.

We request the members and staff to co-operate with us in our efforts to bring out a grand Jubilee Number. May we remind the readers about the valuable prizes that will be awarded for the best articles.

Editors.

Prize Winners for the year 1945-46.

Best Medical Case Report "Pneumo Mediastinum"
By Mr. A. V. Shenoy Rs. 20/-.

Best Surgical Case Report "A survey of Peptic Ulceration Madras.
By M/s. J. D. Kanakaraj & T. Ramachandra Pai } Rs. 20 each.

Best General Article "The Bacillus and the Mould"
By Mr. T. R. Pai Rs. 15/-.

Note.—Our readers might know that we have increased the items Prizes for this year '46-47 apart from the valuable prizes for the contributio in the Silver Jubilee Magazine.