सर्वजना: सुखिनो भवन्तु

THE MISCELLANY

Managing Editor: Dr. P. A. S. RAGHAVAN

MONTHLY JOURNAL OF THE SOUTH INDIAN PROVINCIAL BRANCH OF I. M. A.

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No. 1.

Sir A. L. MUDALIAR, B.A., M.D., F.R.C.O.G., F.C.A.I.,
Vice-Chancellor, University of Madras.

I am glad that 'The *Miscellany*' which was hitherto the journal of the Trichinopoly Branch of the Indian Medical Association will henceforth become the Journal of the South Indian Provincial Branch of the Indian Medical Association. The Journal will, I feel sure, reflect the work of the Provincial Branch. I trust it will serve as an incentive to members of the medical profession to contribute articles embodying their work and experiences.

7—6—'47

Col. S. L. BHATIA, C.I.E., M.C., I.M.S.,
Surgeon-General with Govt. of Madras.

It is gratifying to know, that the *Miscellany* is appearing again in an improved form. It is sure to prove very helpful to the members of the medical profession in giving them an account of the latest developments in the medical science. Since the introduction of the experimental method by William Harvey, Medicine has made marked progress; and in our own lifetime we have witnessed some outstanding achievements such as the discovery of Insulin, Vaccines, Sera, Sulpha drugs, Vitamins, Endocrine products, Penicillin and other Anti-biotic remedies, liver therapy for pernicious anaemia, the development of special surgical procedures particularly in abdominal, chest, cardiovascular and brain surgery. We who are privileged to practise the science and art of Medicine feel the necessity of having a convenient means of keeping abreast of this rapidly advancing knowledge. We also need a journal for recording our own observations and for exchange of views. In performing these useful functions, I wish the *Miscellany* the very best of luck and success.

23—6—'47

Dr. T. S. TIRUMURTHY, B.A., M.B. & C.M., D.T.M. & H.,
President, S. I. Provincial Branch, Madras.

"The *Miscellany*", the Medical Journal conducted by the Trichinopoly Branch of the I. M. A. for many years, though it was serving some useful purpose by the collection and dissemination of valuable information from the medical literature, had to cease publication, because it was considered not desirable that branch associations of the I. M. A. publish their own journals, which may lead to complications if divergent opinions being expressed in the editorials thus weakening the effectiveness of the I. M. A. as a whole from playing its rôle as a consultative body to the Central and Provincial Governments.

But without editorials, any I. M. A. branch, (Provincial or otherwise) may publish a journal, which may serve the objects for which I. M. A. has been established and which can stimulate greater interest among the members to write scientific articles, which can find earlier publication in the local journals than in the journal of the I. M. A. Moreover the activities of the branch associations cannot be published 'in extenso' in the journal of the I. M. A.

In view of the above considerations, it was proposed that 'The *Miscellany*' be revived and made the organ of the South Indian Provincial Branch. The proposal was accepted and the Trichinopoly Branch of the I. M. A. has volunteered to publish 'The *Miscellany*' without editorials and without any financial commitment to the South Indian Provincial Branch.

I wish 'The *Miscellany*' rebirth under the new auspices and steady physiological growth from year to year, so that it may serve to bring credit to the branches of the I. M. A. affiliated to the South Indian Provincial Branch. My hearty blessings and assured success to 'The *Miscellany*' and congratulations and good wishes to the enterprising and go-ahead spirit of the Trichinopoly Members of the I. M. A.

10—6—'47

Dr. K. S. RAY, M.A., B.Sc., M.B., CH.B. (Edin.), F.S.M.F., M.L.C. (Bengal),
Editor of the Indian Medical Journal

*** *** ***

I wish you success in your endeavour. The time has come when no medical practitioner should remain aloof from the Indian Medical Association. United we stand.

28—5—'47

Dr. S. C. SEN, B.Sc., M.B., D.M.R.E. (Cantab)
Hon. General Secretary, Indian Medical Association, New Delhi.

"I wish the Journal every success, and I hope it will help in the building up of the I.M.A. in South India, increasing the membership, promoting the activities of the branches and improving the general health of the Province in every possible way."

Lt. Col. AMIRCHAND, I.M.S., (Rtd.),
Lahore.

I have been asked to give a message for publication in the first issue of the Journal of the South Indian Provincial Branch of the I.M.A. Journalism is foreign to my talents but at the same time it is not possible for me to say no, to Dr. Raghavan.

The question of permitting Provincial and Local Branches to publish their own journals or bulletins, in addition to the Journal of the I. M. A., has engaged the attention of the Central Council for a considerable period. I frankly admit that I have been in the opposition camp, but the consensus of opinion has veered round to the grant of such permission provided that these puplications do not contain anything which is in conflict with the declared aims and objects and decisions and policies of the Central Council and which will not weaken the Journal of the I. M. A. in any way.

THE MISCELLANY

(JOURNAL OF THE SOUTH INDIAN PROVINCIAL BRANCH OF THE INDIAN MEDICAL ASSOCIATION)

Managing Editor:

Dr. P. A. S. RAGHAVAN, Z.M.R.E. (Vienna), TEPPAKULAM, TRICHINOPOLY.

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(Names of others will be included later)

Announcement

The Miscellany, the monthly journal of the Trichinopoly Branch of the Indian Medical Association, which was started about 15 years ago, and the publication of which was suspended last year, is reappearing again, but now as the official journal of the South Indian Provincial Branch of the Indian Medical Association, to cater to over 1500 doctors in Tamil Nadu, Kerala, Canara, and the States of Mysore, Pudukottai, Cochin and Travancore.

It will publish original articles, extracts, case reports, association notes and medical news. Doctors are requested to forward for publication, materials which might be useful to the profession. The Secretaries of the branches are requested to send full details of the meetings of the branches, any papers read and case reports presented, which can be usefully published in the *Miscellany*.

The *Miscellany* will be supplied free to all members of the I. M. A. and to other medical men who apply for it.

MANAGING EDITOR.

Dr. Raghavan assures us that the new journal will not reduce the value of the parent journal, that it will publish articles extracts, and case reports read by eminent members at the periodical meetings of their branches, that it will give publicity to the activities of the branches and that it will have no editorials.

The J. I. M. A. is not able to publish detailed reports of meetings of all the branches or most of the papers read at those meetings and it is believed that the publication of such material will not only fill a gap but will infuse life and enthusiasm into those branches that are not at alive and active as they might be.

The most pressing need of the I.M.A. for the moment is manifold multiplication of its membership at a very fast rate. In some of the more advanced countries more than 80% of the practising doctors are members of their respective national medical associations. Measured by that yard stick we, in this country, cut a very very lamentable figure indeed. No wonder then that our voice in the medical and health affairs of our motherland does not carry much weight with the governing authorities, and we are on every possible occasion, reminded of our weakness by pointing out to us that our membership is too small to be taken as sufficiently representative of the profession. The inaugural conference of the World Medical Association was held from 25·to 27-9-46, at the B.M.A. House, London, in which thirty three medical associations belonging to thirty one countries were represented. India was not invited to it. Our subjugation and other factors may be responsible for the conveners of the conference, ignoring us, but the relative smallness of members of the I. M. A. could conveniently be made an excuse for it.

Unity is strength and strength lies in numbers. The I.M.A., is a platform for all shades of qualified practitioners—be they in service or in private practice to work for the common goal of all. We must see that no internal weaknesses, personal and party jealousies, bickerings of little consequence, selfishness and individualism do not come in the way of our main objective, namely the uplift and welfare of the profession. We must eliminate these weaknesses and unite into a closely knit organisation.

There should be a regular, constant and well organised drive for membership. The most fruitful element in a drive like this is personal contact with the hesitant section of the profession. Such personal contact should be intimate, prolonged and supersaturated with patience and perseverance. Will the journal of the South Indian Provincial Branch, to which I wish an everlasting life of usefulness and service in the cause of the medical profession in India, and its readers, rise to the occasion and concentrate their energies on such a drive for membership?

12—6—'47

Dr. N. JIVARAJ N. MEHTA, M.D., M.R.C.P., F.C.P.S.,
No. 16, Altamont Road, Bombay, 26.

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I wish you every success in the Mission of our *Miscellany*.

MODERN TALES RETOLD WITH HOME TRUTHS

By Lt. Col. P. V. KARAMCHANDANI, M.B., F.R.C.P., B.S., I.M.S.,
District Medical Officer, Trichinopoly

WHEN the author gave a series of two lectures in June and July 1946 on "Some recent therapeutics in medicine" Dr. P. A. S. Raghavan the President of the Trichy branch of Indian Medical Association, remarked—"Ramayana re-read". Some one added "but with Valmiki touch". Nearly a year has elapsed and the author has been asked to recapitulate that Ramayana for the first issue of *Miscellany*; hence this article. As the heading shows the author has put down what he has found to give best results.

I. Malaria

The treatment of malaria has gone through many standardisations, from Quinine gr. x TID for 14 days to Mepacrine 2 tablets (0.1 gm. each) TID for 2 days, one tablet TID for next 5 days and then 1 tablet once a day for 6 weeks. I have found the following best.

Quinine gr. x TID for 1st 2 days.

Mepacrine 1 tablet (0.1 gm.) T1D for next 5 days.

Rest for next 2 days.

Plasmochin or pamaquin (0.01 gm.) 1 tablet twice a day for 5 days.

Following are the advantages:—

1. Fever is quickly controlled.
2. Relapse rate is lowest.
3. Convalescent case becomes non-infectious to others.

The following table explains why:—

Action of drugs on different phases of Parasites.

Type	Quinine	Plasmoquin	Atebrin
B. T. Rings (fever)	++	±	++
Asexual	+	+	+
Gamets	−	++	±
M. T. Ring fever	++	−	++
Asexual	±	±	++
Crescents	−	++	−
Quartan			
Rings fever	++	−	++
Asexual	±	+	+
Gamets.	−	++	±

Explanations: −means nil ± means doubtful or slight + marked ++ very marked.

Thus

for action on fever, Quinine & Atebrin is best

on Asexual, Plasmochin and Atebrin is best

on gamets, Plasmochin only is effective.

Black water fever, Atebrin only is effective.

Author cannot pass by, without mentioning the thumpings he received whilst still a junior member of I. M. S. for his observations in Pre-atebrin days.

Viz. 1. Destructive property of Plasmochin in respect of Gametocytes was the key note in prophylaxis.

2. To achieve this result it should be administered in the form of Plasmochin co *i.e.* with Quinine.

3. Rapidity with which plasmochin acts on gametocytes in blood is remarkable.

4. Quinine tends to encourage formation of sexual forms of parasites in the blood. What they now call "exo-erythrocytic forms" the author had called "Pregametocytes" (Karamchandani 1928, 1929, 1932).

Other principles:—

1. Bowels must be kept open.

2. Alkalis before quinine quicken the action of quinine seven times.

3. Adrenalin (1 in 10,000) m xx in oz. 1 of water controls vomiting of malaria.

4. If for some reason quinine cannot be given intravenous, quinine acid hydrobromide is the salt of choice by subcutaneous route (Karamchandani 1933).

Note:—During Plasmochin administration watch for possible toxic symptoms and no exercise to be allowed while taking the drug.

Toxic symptoms are:—
1. Abdominal pain
2. Diarrhoea
3. Blueness of lips

Since the author has no home truths to tell about Paludrine he has omitted same. This drug is given 1 tablet (.2 gm.) three times a day for 7 days.

II. Dysentry

(*a*) Amaebic

1-6th day Emetin Hydroch: gr. 1 daily by injection.

5-14th day retention enema yatren or M & B (693) 2½% solution. First wash bowel with an enema of soda bicarb one pint of 2% solution and then give retention enema slowly high up the rectum. Patient is to retain it for 6-8 hours. Raise foot of bed by 6 inches.

7th-12th day Emetine Bismuth Iodide or Kurchi Bismuth Iodide (gr. 3) at bed time. Give Laudanum gr. xv in 1 oz. of water half an hour before E. B. I. Tell the patient that if he vomits at 2 A. M. it is a good sign as he is absorbing the drug.

13th-25th day:—Amibiarson 1 tablet B. D.

20-25th day E. B. I. (3 gr.)

25-28th day Rest.

29, 30, 31st day stool examination for E. H. If positive even after the above and also in refractory cases, secondary infection in the bowel must be eliminated first.

For this a preliminary course as follows is required.

1-5 days Succinyl Sulphathiazol (Sulpha Succidine) or Sulphaguanidine 5 gms. *i.e.* 10 tablets 6 hourly for 4 days and penicilin 100, 1000 units I. M. stat and 33000 units 3 hourly till total of 1000,000 is given.

Follow this up with the anti-amaebic course of 25 days.

(*b*) Bacillary

Sulphadiazine 2 gms. (4 tablets) stat and 1 gm. (2 tablets) 6 hourly.

Or

Sulphaguanidine as follows:—

Weigh the patient in stones and give as many tablets stat, as he weighs in stones e.g. if he weighs 8 stones give 8 tablets. After this give half the number every 4 hours till number of stools is reduced to 4 in 24 hours. After this every 8 hours for further 2-3 days.

Note:—1. Every dose of Sulphadiazine or Sulphaguanidine to be given with 15 grains of Sodi bicarb.

ii. If nausea develops one tablet of pelonin (nicotonic acid) also to be given with each dose.

III. Plague

An epidemic of plague occurred in Trichy for the first time, and a plague ward was opened in the Govt. Hd. Qrs. Hospital. 7 cases were treated. None died, although two were moribund, when admitted.

Following treatment was given:—

Sodium Sulfadiazine (25%) 10 c. c. with glucose (10%) 10 c. c. and 5 c. c. celin were given all mixed together by intravenous route at once. After this sulfadiazine 4 tablets (0.5 gms.) stat and 2 tablets every 4 hours till T° came down to 100° F. In addition to above Vit. B1 (5 mgm.) 2 tablets twice a day and Nicotonic acid 3 tablets three times a day were given daily.

After Temperature came down to 100° F Sulphadiazine was reduced to two every 8 hours, till temperature reached normal. In all cases, except the two moribund cases, the toxicity disappeared after 48 hours and temperature touched normal about the same time. All were positive cases, B pestis positive from gland puncture. The M.O. in charge was Capt. Vankateswaran.

IV. Cholera

Sulphaguanidine vide II above with Roger's hypertonic saline. Latter is essential to restore and maintain circulation. Chlorides form 80% of salts of blood (normal 0.85%) Loss of chlorides Pari Passu with loss of serum occurs; hence-necessity of hypertonic. Raise the chlorides to 1% in blood. Normal saline contains 60 gr. to ℔ 1 i.e. 0.85%. This will dilute blood and restore circulation. Hypertonic has opposite effect i.e. too high a concentration might induce absorption from bowel with toxæmic reaction.

Therefore don't over do hypertonic transfusions and note importance of following:—

1. Quantity:—For 1st injection give 4 pints never less; subsequently 2 pints of isotonic.
2. Rate of injection:—1-4 oz. per minute depending on Sp. Gr. and pulse. If Sp. gravity-normal, but pulse not recovered, reduce rate to allow time for saline to pass to the tissues.
3. Strength.

First four pints hypertonic saline.	Sodii Chloride	gr. 120
	Cal. Chloride	gr. 4
	Pot. Chloride	gr. 6
	Aqua	ad 0i

N. B.—Repeated injections is the main thing. I have given upto 18 pints. When in doubt give alkaline isotonic

i.e.	Sodii Chloride	gr. 90
	Sodii bicarb	gr. 60
	Aqua	ad 0i

4. Temperature of injections.

If rectal T° 99° F injection must be 98°F
" " " 100°F " " be low 80-90°F

i.e. higher the rectal, lower that of injection, otherwise there is risk of hyper-pyrexia.

Note.—A. Author has laid no stress or Sp. Gr. of blood. The main thing in collapsed state is 4 pints hypertonic saline at once. Never wait. Later on attend to B P. and Sp. Gr.

If (*a*) B.P. 70 M. M. or below
(*b*) Sp. Gr. 1063 or over
means half total serum lost

B. For suppression of urine (i) I.V. alkaline solution, never hypertonic (ii) alkaline saline every 2 hours per rectum (iii) hot water bottles. Summary.

Basis of treatment.

1. In early cholera, Sulphaguanidine.
2. For collapse-Hypertonic saline 4 pints; when repeated isotonic saline.
3. Always watch for suppression of urine and treat actively.
4. Remember Atropine, inject 1/100 gr. Repeat if necessary twice

(Continued on page 21)

EXTRACTS FROM CURRENT MEDICAL LITERATURE

The Treatment of the Common Cold *Practitioner—October '47.* On the basis of the method of treatment of the common cold advocated some years ago by V.S. Cheney, which consisted in giving 60 grain (4 gm.) doses of Sodium bicarbonate every two hours for three days to procure abortion of an oncoming cold, R. J. Stratton (Pharmaceutical Journal, June 22, 1946, 156, 401) suggests the following recipe:—One table-spoonful of a mixture of potassium citrate, 30 grains (2 gm.) and chloroform water, (half strength,) to ½ fluid ounce (24·2 c. cm.) to be taken two-hourly during the day until the cold is checked. In order to prevent a cold it is imperative to start the treatment immediately the first symptoms, such as sneezing, or a tickling at the back of the throat, appear. The author of the original treatment recommended light diet and plentiful fluids (a large glass of hot water with each dose of sodium bicarbonate). Hot fruit drinks are suggested as a pleasant substitute, and failing fresh citrus fruit concentrated fruits cordials can be used. Another simple method of treatment for the oncoming cold is recorded by B. O. C. Pribram (Lancet, August 24, 1946 ii. 290); this consists in gargling two-hourly with a solution of 20 to 25 drops of dilute solution of ammonia B. P. in half a tumbler of water. The treatment should be begun as soon as the first signs of a cold are apparent.

C. R. T.

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Atypical Features of Rheumatic Fever in Adults—*J.A. M. A. April 5-'47.* The clinical manifestations may be divided into major and minor manifestations according to Jones.

1. Major manifestations: Carditis, arthralgia, chorea nodules, previous rheumatic fever.

2. Minor manifestations: Fever, abdominal pains, epistaxis, pulmonary changes and abnormal laboratory findings.

Chorea and nodules are very rare for any inclusion in criteria of diagnosis.

Cardiac enlargement, pericarditis, congestive heart-failure and cardiac murmurs were infrequent, at the time of admission in Jones series.

These were present in less than 10% if one interpreted clinically significant cardiac murmurs as either being a diastolic murmur or a long loud systolic murmur varying with respiration or position. Abnormal E. C. G. (Electro Cardiogram) is the main criteria for a diagnosis of rheumatic state.

Arthritis and arthralgia are common clinical symptoms. According to Jones, for diagnosis E. C. G. abnormalitis and major symptoms were required. Otherwise minor criteria were utilised.

In active Rheumatic state there is often elevated temperature and increased sedimentation rate though they are negative in a small series, who developed carditis.

Cardiac rate may be normal even in active Rheumatic carditis.

Leucocytosis and anaemia are not consistent signs though the former may be of short duration at onset.

Elevated sedimentation rate is the most consistent sign.

A history within about recent 6 to 8 weeks of Haemolytic Streptococcal upper respirators tract infection should focus attention on Rheumatic state and compel a thorough study. Arthralgia with recent strepto haemolyticus upper respiratory tract infection with elevated sedimentation rate and abnormal E.C.G. is conclusive of rheumatic state.

Clinical manifestation :—

1. Minimum or nil joint manifestation.

2. Monarticular involvement in the absence of trauma is suggestive.

3. Major manifestation of aches in hands and feet.

4. Prodromal vague aches prior to established arthritis.

5. Recurrent acute arthritis.

6. Absence of fever during acute manifestations.

7. Recurrent febrile course.

8. Initial manifestation in the shape of acute abdominal or precordial.

9. Onset with pericarditis and pneumonia.

Ambulation and convalascence indicated when activity of disease is negative as shown by normal laboratory and E. C. G. findings.

Comment regarding criteria of diagnosis.

1. Arthralgia.
2. E. C. G. Changes.
3. Fever.
4. Persistent elevated sedimentation rate.

A review of history for dyspnoea, palpitation joint pains, precordiac or abdominal pains should be elicited.

Repeated search for salloprythin dilatation, friction rule, eruptions and cutaneous nodules is important.

Line of investigation should focus attention on the following.

Blood Sedimentation rate during episods of arthralgia.

Persistent arthralgia of a single joint is rare. Classical shifting polyarthritis is often negative. Rest and salicylates salines. Other types of arthralgia also. Response to salicylas is not conclusive of Rheumatic state.

Summary. Manifestations of Rheumatic fever are very variable.

1. Most striking symptoms are minimum or complete absence of articular symptoms.

2. Monarticular involvement prodromal symptoms of vague. arthralgia of many weeks, onset with major manifestation in hands and feet, recurrent acute arthritis with interim complete absence of symptoms, absence of acute stage, absence of fever at onset with obscure picture, onset with pericarditis and pneumotitis.

3. Most valuable criteria are :—

1. Arthralgia
2. Carditis with abnormal E. C. G.
3. Fever

4. Persistent elevation of sedimentation rate.

5. The diagnosis is of major cardities chiefly depends on E. C. G. changes like Auriculoventricular block with inverted 'T' Waves in leads 1, 2 or 4 or in combination.

6. Continued fatigability, failure to convalesce completely, or continued or recurrent low grade fever or arthralgia however mild after an attack of haemolytic streptococcal upper respirators tract infection should lead one to suspect Rheumatic Fever.

T. V. Su.

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Potasium Iodide & Vitreous Opacities Mulock Houwer *Ophthalmologica—Oct. Nov. '46.* Many eye surgeons often prescribe potassium iodide in cases in which they do not expect much benefit from its administration but hoping that it may be useful, knowing at the same time that it is nearly always harmless. In many affections of the central part of the retina (with or without definite angiosclerosis of the retina) the improvement of the visual acuity is more than might be expected from a purely suggestive treatment.

One of the many eye diseases against which KI is advocated is opacities of

the vitreous. The author quotes Gifford who writes "The use of potassium iodide to aid the absorption of vitreous opacities following choroiditis rests upon time-honoured custom. While there is little evidence that it does this, it should probably be tried after the signs of active inflammation have subsided." The author then cites a case of vitreous opacities after cataract extraction in a Jap internment camp, which showed signs of definite improvement after potassium iodide administration.

G. J. G.

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Glycerine, Valued aid in Treatment—Georgia Leffingwell and Milton Lesser. *E. E. N. & T. Monthly—Feb. 47.* With an established place in the medical armamentarium, glycerine has proved to be a valued adjunct to the more efficient utilization of new drugs including penicillin. Its status as one of the most widely used medicinal ingredients derives from its ready adaptability. It is extensively used in eye washes. May recommends the following as an excellent eye wash:

Sodium Bicarbonate	15 gr.
Sodium borate	15 gr.
Sodium chloride	15 gr.
Glycerine	1 dr.
Distilled water	8 oz.

This solution will be found very useful for general and free employment in the various forms of conjunctivitis. It is especially helpful for washing out the eyes following exposure to wind, dust and other irritants. A similar wash containing a dram each of salt, soda, boric acid and glycerine to the quart is excellent for the purpose of cleansing the eye in the treatment of chronic catarrhal conjunctivitis.

In the treatment of 'flash' burns or actinic conjunctivitis caused by ultraviolet rays, the following is dispensed for honre use:

Pantocaine	0·25 per cent
Ephedrine sulphate	0·25 per cent
Menthol	0·10 per cent
Glycerine	5·00 per cent
Boric acid solution to make	100·00 per cent

Iodides in glycerine (Week's solution) have been used to retard the progress of incipient cataract.

For the use of penicillin in ocular infections, the following may be used as base:

Sodium lauryl sulphate	1·00 per cent
Stearyl alcohol	10·00 per cent
Cetyl alcohol	3·00 per cent
Spermaceti	10·00 per cent
Glycerine	15·00 per cent
Water	61·00 per cent

To 10 Gm. of this ointment base is added 25,000 units of penicillin dissolved in 0·25 cc. of distilled water.

G. J. G.

Copies of a resolution requesting the Government to retain the present labour ward in the old Head Quarters Hospital Trichinopoly, in the same place and run it as a Maternity Home, were forwarded to the Premier, Minister for Public Health and Minister for *LABOUR*.

ASSOCIATION NOTES

SOUTH INDIAN PROVINCIAL BRANCH

Proceedings of the meeting of the Pronvincial Council of the South Indian Provincial Branch, Indian Medical Association held on Sunday the 29th December 1946 at the Medical Conference premises, Madura.

Members present:

Dr.	T. S. Tirumurthy	*President*	Madras.
,,	Joseph Gnanadickam	*Vice President*	Trichy
,,	P. A. S. Raghavan	*Secretary*	,,
,,	T. V. Venkatesan	*Member*	Madura
,,	R. Varadharajan	,,	Chingleput.
,,	K. Balakrishnan	,,	Madura
,,	S. Chandrasekaran	,,	Cuddalore
,,	B. Rajagopalan	,,	,,
,,	D. V. Venkappa	,,	Madras
,,	R. Sankaran	,,	,,
,,	V. Krishnamoorthy	,,	Cuddalore
,,	M. V. Natesan	,,	Madura
,,	A. Visvanathan	(*Co-opted.*)	Madras
,,	U. Krishna Rau	,,	,,
,,	P. B. Anangarachari	,,	,,
Lt. Col.	T. S. Shastry	,,	,,

1. Adopting the minutes of the last meeting.

The minutes of the last meeting held on 16-3-1946 was read and adopted.

2. To recommend the writing off the arrears of Central fund contributions due by the Tinnevelly Branch and the South Arcot Branch.

The letters received from the Central office were read and it was resolved to recommend to the Central Council the writting off Rs. 183/- being the arrears of Central fund contribution by the Tinnevelly branch and Rs. 35/- being the arrears of the Central fund contribution due by the South Arcot Branch.

3. Resolution of the South Arcot Branch regarding the Ministry.

After a long discussion on this subject, it was resolved to drop the matter for the present.

4. Resolution regarding the removal of differences of the Civil Medical Officers.

Not taken as the matter has been taken by the All India Conference.

5. Letter of the Secretary, Madras Branch, regarding the Head Quarters of the Provincial Branch.

Resolved to circulate the present rules to the members and call for changes or additions, which will be placed at the next annual meeting.

6. Passing of accounts of the Council upto September 1946.

A statement of accounts upto the end of September 1946 passed subject to audit.

7. Recording the report of the Malaya Medical Mission, if received from Lt. Col. T.S. Shastry.

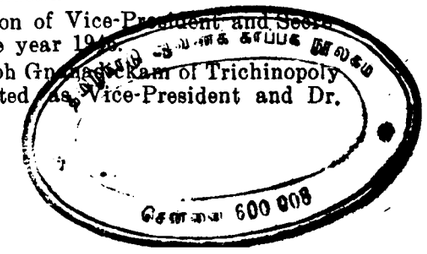
Matter not considered as no report was received.

8. Consideration about the election of President.

Dr. T. S. Tirumurthy who had secured the largest number of nominations was elected President.

9. Election of Vice-President and Secretary for the year 194[illegible].

Dr. Joseph Gnanadickam of Trichinopoly was re-elected as Vice-President and Dr.



P. A. S. Raghavan of Trichinopoly was re-elected as Hon. Secretary.

10. Election of 2 members to the Working Committee of the Indian Medical Association.

The President and Dr. M. V. Natesan of Madura were elected members of the Working Committee. If any of them are not able to attend, the President will nominate others.

11. Opinion regarding publication of local Journals, on the letter received from the Central office.

Resolved to recommend to the Central Council that local Branches be permitted to publish Bulletins or Journals without editorials.

The meeting terminated with a vote of thanks.

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Proceedings of the meeting of the Council of the South Indian Provincial Branch of the Indian Medical Association, Trichinopoly held at Perundurai on 4th May 1947.

Members Present :

Dr. G. Joseph Gnanadickam	*Vice-President*	Trichinopoly.
,, C. V. Ramaraj	*Member*	Coimbatore.
,, S. Subramanyam	,,	Karaikudi.
,, D. V. Venkappa	,,	Madras.
,, P. A. K. Nair	,,	Tanjore.
,, N. R. Subramanyam	,,	,,
,, S. Chandrasekaran	,,	Cuddalore.
,, R. Sankaran	,,	Madras.
,, P. A. S. Raghavan	*Hony. Secretary*	Trichinopoly.
,, M. R. Bhatt	*Co-opted.*	,,
,, B. S. Viswanathan	,,	Perundurai.
,, M. S. Natarajan	,,	Karaikudi.

In the absence of the President who was not able to come owing to unavoidable causes and who sent a letter of apology, the Vice-President, Dr. Joseph Gnanadickam took the chair.

Letter from Dr. A. G. Nayar of Calicut regretting inability to attend was recorded.

1. Confirmation of the Minutes of the last meeting of the Council held on 29—12—46.

Minutes are Confirmed.

2. Accounts of the Council upto 31st March 1947.

Audited Accounts for the Quarter Ending 31st March 1947 are accepted.

3. Letter from the Government of Madras on the conditions of recognition of the Indian Medical Association by the Government.

The Secretary is authorised to address the Surgeon-General with the Government of Madras regarding recognition, by sending a copy of the Rules of the Association which will explain the objects and aims of the Association.

4. Resolution of the Trichinopoly Branch offering to transfer the publication of its journal '*Miscellany*' to the South Indian Provincial Branch.

This Council authorises the Trichinopoly Branch to publish the Journal "The *Miscellany*" as a Medico-Scientific Journal on behalf of the Provincial Council without any financial commitment to the Provincial Council. As required by the Central Council, of the Indian Medical Association, there should be no Editorial.

5. Letter dated 19—1—47 of Dr. S. Subramanyam, M.B.B.S., M.L.A., of Karaikudi.

(*a*) In view of the fact that the doctors with D. M. & S. qualifications have put in 5 years of medical study and have had the same education and training as graduates, this Council recommends to the Government that they be taken in the Government service as Assistant Surgeons as Graduates.

(*b*) As the L. M. P. Class has been abolished, this council reiterates its strong opinion that there should be a unification of the different grades in the Medical service and the Sub-Asst. Surgeons in Government service should be all taken into the cadre of Asst. Surgeons as promised by the Minister for Public Health.

6. Next Provincial Conference.

The Secretary will address the different Branches and arrange to hold the Provincial Conference about October 1947.

7. Workmen 's State Insurance Bill.

Deferred.

8. L. I. Ms. and the Madras Medical Register.

This Provincial Council is of opinon that the Madras Medical Register should include only those with Allopathic qualifications. If the Government desires, they can open a separate Register for L. I. Ms.

9. This Council requests the Government that a certain percentage of admissions to the Medical Colleges should be reserved for the children of Doctors provided other conditions are satisfied.

10. Amendment to the rules of the Council.

It was resolved that the Secretary be requested to place the same before the Annual Meeting. It was further resolved to send copies of the Rules of the Council to the various District Branches and invite changes if any.

11. Resolved that a deputation do wait on the Government to represent the views of the Association especially on the following points :—

Unification of different cadres in Medical Service.

Salary grades in local Board Services.

Grievances of Rural Medical Practitioners.

D. M. & S. Qualifications for Government Service.

Preference to Doctors' children in Medical College admission.

The following doctors are requested to join the deputation.

The President.	...	Dr. T. S. Tirumurthi.
The Secretary.	...	Dr. P. A. S. Raghavan.
		Dr. S. Subramanyam.
		Dr. M. R. Bhatt.
		Dr. D. V. Venkappa.
		Dr. S. Chandrasekaran.
		& Dr. P. A. K. Nair.

12. Read the letter No. 597/46-47 dated 16th April '47 of the Central office regarding the Provincial Representatives to the Working Committee.

The Council is of opinion that the President should nominate a substitute representative only when the elected representative is unable to attend a meeting of the Working Committee.

MADRAS BRANCH

Proceedings of the Annual General-Body Meeting of the Madras Branch of the Indian Medical Association held at 6-30 P.M on Wednesday the 30th October 1946 at the Madras Medical College, Madras.

1. In the unavoidable absence of the president, the Vice-president Dr. K. C. Nambiar, took the chair.

2. The Annual Report and Statement of Account were approved.

3. The following Office-bearers were unanimously elected.

President :

Rao Bahadur Capt. S. Thambiah, M.C., M.R.C.P. (Ed.) D.T.M. & H., F.D.S. (Lond.)

Vice-President :

Dr. K. C. Nambiar, F.R.C.S.
,, U. Krishna Rau, M.B.B.S.

Hon. Secretaries:

Dr. K. L. Narayana Rao, M.B.B.S.
„ P. T. Raghavachari, M.B.B.S.

Hon. Treasurer:

„ M. R. Bail, M.B.B.S.

Committee Members:

„ P. B. Anangarachari
„ V. N. Chandrasekhar Rao, M.B.B.S.
„ C. S. Krishnaswami
„ P. Kutumbiah, M.A. M.D. M.R.C.P.
„ K. R. C. Hebbar, M.B.B.S.
„ K. Narayanamurthy, M.D.
„ P. Natesan, M.B.B.S.
„ (Miss) E. L. Rebeiro
„ R. Sankaran
„ A. M. Sivaraman
„ D. V. Venkappa
„ A. Viswanathan

4. The following members were duly elected to the Central Council and the South Indian Provincial Council of the Indian Medical Association.

Members of the Central Council of the I.M.A.

Dr. P. B. Anangarachari,
„ U. Krishna Raw, M.B.B.S.
„ A. Viswanathan,
Lt. Col. T. S. Shastri, I.M.S. (Retd.)

Members of Council of the South Indian Provincial Council of the I. M. A.

Dr. K. Narayana Murthy, M.D.
„ R. Sankaran,
„ D. V. Venkappa.

5. The General Body duly approved the draft rules and regulations submitted by the Committee, with two changes.

6. Dr. R. Sankaran, proposed a vote of thanks to the outgoing Office-bearers and Committee members for their valuable work during the year.

7. The following resolutions moved from the Chair were passed:

"This general-body meeting places on record the valuable services rendered by Lt. Col. T. S. Shastri, I.M.S. (Retd.) as President of the Association for the last term, and also for the great interest he took in the furtherence of the Association and for his untiring efforts for the enrolment of new members".

"This General Body thanks Dr. P. V. Cherian, for permitting the Association to hold their meetings at the Madras Medical College".

8. With a vote of thanks proposed by Dr. P. T. Raghavachari, Secretary, to the Chairman, the meeting terminated.

MADRAS, 1-11-1946.

MALABAR BRANCH

President: Dr. Mrs. M. M. Shepherd, B.Sc., M.B.Ch., B.F.R.C.S., (Eng.)
Vice-President: Dr. N. Achuthan, M.B.B.S.
Joint Secretaries: Dr. C. V. Narayana Iyer, L.M.P.
Dr. A. Govindankutty Nair, M.B.B.S.

A meeting of the Malabar branch of the I. M. A. was held on 25-1-'47 at 5 p. m. at the Women and Children Hospital, Calicut. Dr. Mrs. M. M. Shepherd presided. The members were treated to refreshments the host being Lt. Col. J. F. Shepherd. A condolence resolution on the demise of Dr. N. S. Venkatachala Iyer and Dr. M. Damodar Menon was passed all standing. The minutes of the last meeting were then read and passed. The following resolutions were passed.

"This Association is of opinion that the present T. A. allowed to L. F. Medical men is inadequate for professional men and requests that the same T. A. as is allowed to Govt. Doctors be paid to them also."

"This association views with great concern the attitude of the present Govt. towards the scientific system of medicine and requests the Govt. that any reforms contemplated in medical matters should be done in consultation with the Indian Medical Association."

A committee consisting of Capt. G.S. Rao, Capt. Ananthanarayanan, Capt. Subrahmanyam and Dr. T. Balakrishnan was formed to look into the question of pay and allowance of Govt. Doctors and to present their report to the Association for necessary action.

A few interesting cases were then demonstrated.

* * * *

A meeting of the Association was held on 8th March at the Women and Children Hospital, Calicut. Dr. Mrs. M. M. Shepherd presided. After social and reading the minutes of the previous meeting the circular from the I. M. A. was considered and replies passed. After this the report of the committee appointed to go into the question of salaries of Govt. Servants was discussed and its recommendations passed by the Association. Dr. Mrs. M. M. Shepherd then addressed the members on "Burns and Wounds." She touched upon the importance of treating shock and the choice of an anaesthetic. Then Lt. Col. J. F. Shepherd demonstrated the following cases.

Cancrum Oris., T. B. Hip., Gangrene Powel., Skin graft., Rupture of Ligament Battela., Cancer Stomach., Fracture Humerus and Sublaxation Hip.

* * * *

A meeting was held on 1-4-47 at the Headquarter Hospital, Calicut, to meet Dr. P. V. Cherian the S. G. with the Govt. of Madras. A Social was held in honour of the distinguished guest. After the Social, Mrs. Shepherd welcomed Dr. Cherian and then asked the Secretary to present the Memorandum. The Secretary presented the Memorandum wherein the need of a pucca Hospital for Calicut, and a Medical College for Malabar was stressed and requesting admission of children of medical men in larger numbers into Medical Colleges was mentioned. It was also stated that the present hall be named after Shepherd. The S. G. in his reply thanked the Association for the honour done to him and promised to do his best. He said he would not rest till a pukka hospital was sanctioned for Malabar. He suggested that the name of the new block be named as "Shepherds ward." After this the Surgeon General was introduced to the members and some time was spent in conversation.

* * * *

A meeting was held on 12-4-47 to bid farewell to Mrs. and Lt. Col. Shepherd. There was a social and a group photo. Dr. Achuthan, the Vice-president spoke about the good qualities of both, and garlanded them. An address enclosed in a silver casket was presented to Lt. Col. Shepherd in appreciation of his good work. Lt. Col. Shepherd in his reply thanked the Association and wished the Association greater success. There was a dinner the same night at the Beach Hotel, Calicut. Dr. Sundaram proposed the toast and Lt. Col. Shepherd replied.

RAMNAD BRANCH

President: Dr. K. S. Venkatachala Ayyar, M.R.C.S., L.R.C.P. etc., D.M.O., Ramnad.
Vice-President: Dr. T. S. Shetty, M.D.
Hony. Secretary & Treasurer: Dr. S. Sundaresan, L.M.P.
Asst. Secretary: Dr. M. Srinivasulu, M.B.B.S.

A monthly meeting of the Association was held at the O. R. C. High School, Manamadura on Saturday the 22nd Feb. 1947.

The members were entertained to a sumptuous tea by the hosts Dr. V. Ramakrishnan, Medical Officer, and Dr. Mrs. R. Mani, Woman Sub-Asst. Surgeon, Manamadura.

After Tea, the President Dr. K. S. Venkatachala Ayyar, M.R.C.S., L.R.C.P., D.M.O., Ramnad took the chair. He thanked the hosts of the evening and the authorities of the School. The minutes of the previous meeting was read and adopted. Accounts of the Association were read as they stood on 1-2-47 and passed.

The following Resolutions were unanimously adopted.

Resolution: 1. This Association notes with regret, the marked disparity in

Capt. M. G. Kini, F.R.C.S., Superintendent, Stanley Hospital, Madras, was proposed to the chair, as President of the day. The annual report for the year 1946 was read out by the Secretary and adopted.

Captain Kini then delivered his presidential address, exhorting the members to do all their best to the crippled humanity and narrated in detail the life history of great orthopaedic surgeons like Hugh, Owan Thomas etc.

Rao Bahadur Dr. Narasimha Iyer of General Hospital, Madras who was scheduled to address on 'Treatment of common fractures' could not be present due to unavoidable circumstances, and a letter of apology from him was read. Dr. R. Kalamegam, B.A., M.B.B.S. of Trichinopoly was kind enough to take the place of Rao Bahadur Dr. Narasimha Iyer. He gave a brief résumé of the treatment of various common fractures from head to foot. A short discussion followed. The President, Captain Kini gave a detailed account of the treatment of some of the fractures espscially of the supra-condylar variety. He stressed the importance of correct technique of plaster casing.

The members then adjourned for Tea provided by the association and contributed partly by the Indian Health Institute.

After tea, Captain Kini gave a short résumé of the methods adopted in the care of the cripple, such as providing them with suitable appliances and giving them vocational training suited to their defects and thus rendering them useful to themselves.

Following this there was a demonstration with slides on Magic lantern, exhibiting some of the common fractures especially around the elbow, and dislocations and the common complication or sequalae of myositis ossificans.

The meeting then terminated with a vote of thanks to Captain Kini, the president of the day, and to Dr. Kalamegham and to the other guests of the day and also to the Indian Health Institute, and to the D. H. O., Tanjore for having lent us the magic lantern.

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A monthly meeting of the Tanjore District Medical Association was held on Sunday the 23rd March 1947 at 5 P.M. at the Medical School buildings, Tanjore. About 40 members were present. After tea provided by Dr. Jeganathan of Shiyali, the meeting commenced with Major Palmer, I.M.S. the president in the chair.

The minutes of the last meeting were read out by the secretary and adopted.

Some communications from the Head-Quarters relating to the central fund and resolutions for the annual conference were read out by the secretary and adopted unanimously.

The resolution of the Ramnad Medical Association regarding the equality in the scale of pay between the Govt. Sub-Asst. Surgeons and the L. F. employees was also passed unanimously.

Following this there was the demonstration by the secretary of a case of a peculiar allergic manifestation in a girl.

Dr. P. K. Kalyanaraman, M.B.B.S., Hon. Asst. Physician, Govt. Hospital, Coimbatore, gave a talk on Hepatic Amoebiasis discussing in detail, the anotomy, pathology, signs, symptoms, radiological manifestation, differential diagnosis and treatment of Amoebic infection of the liver.

A lively discussion followed and several members took part. The meeting then terminated with a vote of thanks to Dr. Kalyanaraman for his lucid talk and to Dr. Jeganathan of Shiyali for his tea.

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The monthly meeting of the Tanjore District Medical Association was held on Tuesday the 8th April 1947 at 5 P.M. at the Medical School Buildings, Tanjore. About 65 members were present including guests from neighbouring districts.

After tea provided by Dr. G. A. Sundaram Asst. Surgeon, Pattukottai the meeting commenced with Major Palmer, I.M.S., the President, in the chair. The minutes of the last meeting were read out by the secretary and adopted.

The following resolution of the Ramnad branch of the Indian medical association was moved for consideration by the secretary and passed unanimously.

"This association requests the Provincial Government to defer the question of inclusion of the Indian system of Medicine in the common register with practioners of modern system of medicine, until the whole question is gone through on an All India Basis by the committee appointed by the Govt. of India."

Dr. K. Vasudeva Rao, M.D.,M.R.C.P., T.D.D., Superintendent Govt. Tuberculosis hospital, Madras, gave a brief talk on 'Principles in the treatment of Pulmonary Tuberculosis. After narrating a statistical survey of the mortality and morbidity of the disease in the presidency, and in Madras city in particular, he emphasised the need for the establishment of sanatoria in each district with a clinic attached to every district Head Quarters Hospital as addenda for the sanatorium. He pointed out that climatic considerations need not be emphasised upon in the treatment of acute cases. In discussing the treatment he explained in detail the principle of the artificial pneumothorax and its usefulness in these cases, supplemented by thoracoscopy and cauterisation of adhesions. The modern lines of treatment of Pulmonary Tuberculosis, he said, was surgical, based on thoracoplasty. Gold is of limited use in the treatment of Pulmonary Tuberculosis. There was demonstration of 'X' Ray films of some cases treated at the Madras hospitals.

A discussion followed and some members took part in it, after which the lecturer replied suitably.

The meeting then terminated with a vote of thanks to Dr. Vasudeva Rao for his lucid exposition of the subject and to Captain G. A. Sundaram for his "Tea."

TRICHINOPOLY BRANCH

President: Dr. P. A. S. Raghavan, Z.M.R.E.
Secretary: Dr. V. Enok, M.B.B.S.
Treasurer: Dr. K. Rangaswamy Iyer, L.M.P.

The 17th Annual Gathering was held at 10 a.m. on Sunday the 16th February 1947 in Bishop Heber High School, Trichinopoly.

Business Session:

1. Annual report read, discussed and adopted.

2. Dr. V. Enok proposed and Dr. K. G. Menon seconded that Dr. P. A. S. Raghavan be elected President. Unanimously carried.

3. Dr. Raghavan proposed and Dr. K. G. Menon seconded that Dr. R. Sambasivan be elected Vice-President. Unanimously carried.

4. Dr. Raghavan proposed and Dr. K. G. Menon seconded that Dr. V. Enok be elected Secretary and K. Rangaswamy Aiyer be elected Treasurer. Unanimously carried.

5. Dr. Raghavan the President announced that the rest of the following who had given assent to serve as Office Bearers would become members of the Managing Committee. *i.e.* Dr. Joseph Gnanadickam, Dr. K. A. Chidambaram, Dr. K. G. Menon, Dr. P.V. Sundaram, and Dr. T.V. Srinivasan.

6. Dr. M. Balammal proposed and Dr. K. A. Chidambaram seconded that the other office bearers (representatives) be re-elected:—*i.e.* the President and Secretary for the Central Council, The President, Secretary and Dr. Joseph Gnanadickam for the Provincial Council.

7. Dr. T. S. Balasubramaniyan proposed and Dr. Balammal seconded that the Managing Committee be empowered to dispose of the routine matters of the Association, particularly circulars etc. from the Central and Provincial Offices. Passed unanimously.

Open Session:

The President extended a hearty welcome to Sir A. Lakshmanasamy Mudaliar and hoped that he would help the cause of the Association in all matters. He also sought his help when the matter of new medical reforms comes up before the Legislature. He also appealed to all medical men to join the Association and thus strengthen its hands to oppose the move to put in the L. I. Ms. in the same Register as Allopathic doctors. The President also mentioned about the starting of a Tuberculosis Hospital in

the revised scale of pay of the L. F. Municipal and Govt. Sub-Asst. Surgeons, inspite of the qualification, the type of work and living condition remaining the same, for all categories. It is unfortunate that the present revised scale of pay for the L. F. and Municipal Doctors fall far short of the scale of pay that existed prior to 1933 revision (which was 75-5-175-200 selection grade, as against the suggested revision which is 80-5-150, whereas the suggested revision for Government Sub-Asst. Surgeons is 100-5-230). In spite of the fact that the living index has risen upto 210 points, the Govt. seems to have shown a partiality in the scale of pay only in favour of the Govt. Officers and have been unfair to the Municipal and L. F. Hands.

The Association requests the Govt. to order sanction of the Bonus to the Local Board and Municipal employees as was recently done in the case of Govt. servants.

The Association sincerely hopes that the Govt. will remove the disparity at an early date, and thus ensure a uniform standard of pay both for the Govt., Local Fund., and Municipal Doctors, as existed before the 1933 revision.

Resolution: 2. Resolved to appoint a committee of five with powers to co-opt. to devise ways and means of improving the finance of the association. The following were unanimously recommended to form the committee.

1. Dr. T. S. Shetty, 2. Dr. Muthia, 3. Dr. Sundaresan, 4. Dr. A. Jabbar, 5. Dr. S. Janakiraman.

The Secretary was authorised to communicate copies of Resolution 1 to the Surgeon General, Secretary to the Minister for Education and Public Health., District Medical Officer, Ramnad, Special Officer, Ramnad District Board, and to the sister Medical Associations in the Province.

After the resolutions were passed, the President had urgently to go to Ramnad, and the Vice-President Dr. T. S. Shetty took the chair.

Dr. V. Ramakrishnan spoke elaborately on 'Some aspects of Diabetes' which was followed by a discussion.

As it was late for the train the 2nd lecture could not be taken up. The Secretary with the permission of the President and the Lecturer, postponed the lecture to the next monthly meeting.

It was announced that Dr. S. V. Joseph, Civil Asst. Surgeon, Sivaganga had invited the Association to have its next monthly meeting at Sivaganga.

With a vote of thanks, the meeting came to a close.

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A monthly meeting of the Association was held at Sivaganga on Saturday the 22nd March, 1947.

The members were entertained to Tea by Dr. S. V. Joseph, Civil Asst. Surgeon, Sivaganga.

After Tea, the President, Dr. K. S. Venkatachala Ayyar, M.R.C.S., L.R.C.P., D.M.O. Ramnad took the chair. The minutes of the previous meeting were read and adopted.

The following resolutions were passed unanimously.

Resolution:—1. Resolved to increase the subscription of our Association from Rs. 7-8-0 to 12/- from 1st October 1947 onwards as the Central Fund Contribution has been increased from Rs. 3-8-0 to Rs. 6/-.

Proposer: Dr. T. S. Shetty.
Seconder: Dr. S. V. Joseph.

Resolution:—2. This Association requests the Provincial Govt. to defer the question of inclusion of the Licentiates of the Indian System of Medicine in the common register with Practitioners of Modern System of Medicine until the whole question is gone through on an All India Basis, by the Committee appointed by the Government of India.

Proposer: Dr. T. S. Shetty.
Seconder: Dr. S. V. Joseph.

After the Resolutions were passed, Dr. S. V. Joseph gave an interesting talk on "OBSERVATIONS ON SOME COMMON OUT PATIENT AILMENTS".

With a vote of thanks the meeting terminated.

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Minutes of the monthly meeting held at Pallathur on Saturday the 24th May '47 in the A. C. High School.

Drs. V. Muthia and M. Srinivasulu were At Home.

After tea, the President Dr. K. S. Venkatachala Iyer, M R.C.S., L.R.C.P. etc. D.M.O., Ramnad took the chair. The minutes of the previous meeting were read and adopted.

L. No. 7/46-47 dated 7th May '47 of the Indian Medical Association was read. It was resolved to communicate to the I.M.A. that the increased C. F. C. of Rs. 6/- shall be applicable to all, only from 1-10-47, as the subscriptions have already been collected and the C. F. C. of all the members have been remitted to the Provincial Branch.

Dr. M. Srinivasulu then read a short paper on "SPRUE" and its treatment with Folic Acid.

With a vote of thanks to the hosts and the authorities of the school, for giving permission to hold the meeting in their premises, the meeting came to a close.

SALEM BRANCH

President: Dr. B. A. Rajarathnam.
Treasurer: Dr. K. V. Dhanakoti Naidu.
Secretary: Dr. S. R. Raja Ram.

A meeting of the Salem District Medical Association was held in the "FOULKES HALL" on Saturday 31st May 1947, Dr. B. A. Rajarathnam presiding. After tea kindly supplied by Drs. Rajarathnam, C. S. Ramachandran and K. B. Hariharan, Dr. S. Rajaram opened a discussion on Amoebic Syndrome.

The Association resolved to address the Collector for the regular supply of Denatured and Rectified Spirit to the members of the profession.

The following were elected to the Provincial and Central Councils of the I M.A.

Provincial Council:

Drs. M. Subramanyam, S. R. Rajaram and S. Valeswaran.

Central Council:

Drs. M. V. Sethumadhavan, and K. V. Danakoti Naidu.

TANJORE BRANCH

President: Major T. E. Palmer, I.M.S.
Vice-President: Dr. T. M. Pillai.
Secretaries: Dr. N. Ramanathan, M.B.B.S., Dr. P. Narayana Rao.

The annual meeting of the Tanjore District Medical Association was held on Sunday the 26th January 1947 at 2 P.M. at the Medical School buildings, Tanjore. About 80 members were present besides a few guests from neighbouring districts.

Major T. E. Palmer, the President of the Association was in the chair. The minutes of the last meeting were read, by the Secretary and adopted. The following office bearers for the current year were elected unanimously.

President: Major T. E. Palmer, I.M.S.
Vice-President: Dr. T. M. Pillai
Secretaries: „ N. Ramanathan, M.B.B.S.
„ P. Narayana Rao

Committee Members:

Dr. N. R. Subramanian, M.B.B.S.
„ P. Appukutti Nair
„ L. T. Appadurai
„ V. P. V. Naidu
„ S. Narayanan
„ Mrs. K. A. Selvanayagam

Trichy, in which many medical men were taking an active part and of which Dr. Y. P. Vasudevan was the moving spirit. He also mentioned about the urgency of shifting of the Govt. Hd. Qrs. Hospital to the new building at Puthur and thanked Lt. Col. P.V. Karamchandani I.M.S.,F.R.C.P., the D.M.O. for working at it day and night.

Sir A. Lakshmanasamy Mudaliar in his reply said that Dr. Raghavan had touched on many points and that though he was not in a position to decide on some, he entirely agreed with the views expressed by him, and promised his whole-hearted support whenever occassion needed it. He also touched upon the post war schemes before the Country in the formulation of which he had a hand as a member of the Bhore Committee. He wished the Association all success.

Dr. R. Mahadevan, M.S., F. R. C. S., of Madura, then delivered an interesting and practical lecture on "Emergency Surgery." He explained that by improvising some simple things, many lives could be saved. He also demonstrated a number of skiagrams on various diseases.

With a vote of thanks to Sir A. Lakshmanasamy Mudaliar and the lecturer, the meeting terminated.

* * *

The 18th inaugural meeting was held at 6 p.m. on Saturday the 19th Apirl, 1947 at the premises of District Health Association, Puthur. Dr. P. V. Cherian, M.B.E., F.R.C.S., Surgeon-General with the Government of Madras presided. About 40 members were present. Dr. K. G. Menon, E. N. T., Specialist was "At Home" to the members.

The minutes of the last annual meeting held on 16-2-47 was read by the secretary and it was adopted.

Dr. P. A. S. Raghavan, the President of the Association in welcoming Dr. P. V. Cherian, said that this was the first time when they had the pleasure of welcoming an Indian Surgeon General of Madras. He hoped that as the I. M. S. was going, so there would be only one medical service for the Civil department. He also hoped that some thing would be done for War returned Medical men and that the disabilities of the Subsidised Medical Practitioners would be removed. He also extended a hearty welcome to Dr. E. S. Chellappa of Madura, the lecturer of the evening and visitors Dr. T. S. Shetty of Chettinad and Dr. N. R. Ramanathan of Tanjore.

In his reply Dr. P. V. Cherian, said that he was thankful for the cordial welcome extended to him and which enabled him to meet so many doctors both in service and in practice. He also said that his sole aim was to see that all members of the profession felt like brothers. He would also do his best to expedite transfer of the Hospital to new premises at Puthur. He was glad that the Association was taking active interest in public health activities and said that he would do his best to retain the maternity block of the old Hospital in the same place to function as a Women and Children Hospital.

Dr. E. S. Chellappa, M.B.B.S., of Madura, then delivered an interesting lecture on Hyperthyrodism, tracing the ætiology, pathology, signs and symptoms. Referring to the treatment, medically, Lugals Iodine still had its place in the treatment. Though Thiouracil was very much boosted, it had only a limited value and was very useful as a preparative measure, just as Deep 'X' Ray Therapy. The treatment of choice was only operative and with due care it was quite safe. He also said it was safer to err on the side of removing a little more than less, as in the former case slight hypo-thyroidism could by tackled by administering Thyroid gland, while in the latter case the operation will be apparently a failure.

In his concluding remarks, the President said that though he could not agree with the lecturer in placing Radio Therapy on a par with Lugals Iodine, the lecture was useful and thought-provoking and thanked the lecturer for his trouble in going over here and delivering the lecture.

In proposing a vote of thanks to Dr. P. V. Cherian, the Surgeon-General, Dr. T. S. Balasubramaniyan said that Dr. Cherian's present position was mainly due to his merit and hoped that in the admission of students to the Medical Colleges, merit abone would be taken into consideration. He also proposed a vote of thanks to Dr. K. G. Menon for the sumptuous Tea.

In bringing the proceeding to a close, Dr. P. V. Cherian said that though merit in passing examinations was not a guarantee for success in life or profession, he would do his best in the matter of admissions to Medical Colleges. He greatly appreciated the high level of the profession in the place and the sociability of the doctors.

There was a subscription dinner at night in the District Health Association premises to meet Dr. Cherian.

(Continued from page 7)

daily, while giving salines. Prevents pulmonary oedema.

5. Cardiac failure might cheat your efforts when all else is well. Forbid sudden exertion. I lost one case thus. Against advice the patient sat on the commode and collapsed.

V. Leishmaniasis

i. Kalazar.

Neostibosan was the best weapon in the armamentarium against Kalazar. It is no longer available. Urea Stibamine being available has been used widely during the war. Owing to severe toxic reactions which occur at times stibatin (sodium antimony gluconate) being a remarkably nontoxic pentavalent antimony compound and administrable intramuscularly, is preferred. 10 c. c. every alternate day upto 200 c. cm. for an adult weighing 8 stones, is a well tolerated and efficacious dose.

ii. Oriental sore.

Author analysed comparative value of various methods and found berberine Sulphate by local infiltration the best (Karamchandani 1927 and 1930). His technique has been described by Manson Bhar in the manual of diseases of warm climates (Karamchandani 1940) Instead of ¼ grain, he now gives ⅓ grain of berberine sulph. dissolved in 1½ c.c. of aqua distillata. It is boiled and injected without waiting by infiltration underneath the sore.

References :—

Karamchandani P. V. (1927) Ind. Medl. Gaz. 62, 10, P. 10
I dem (1928) I bid 63, 5, P. 249
I dem (1929) I bid 64, 11, P. 626
I dem (1930) Lancet 1 P. 78
I dem (1932) Bom. Medl. Jour. 1, 4
I dem (1933) Rec. of Mal. Sur. of India III 3, 6, P. 470
I dem (1940) Mansons Tropical Diseases 11th Ed. P. 207.

(To be Continued)

Memorandum submitted to the Hon'ble the Minister for Public Health and Medicine to the Government of Madras by the deputation appointed by the Council of the South Indian Branch of the Indian Medical Association

1. Status of D. M. S. Qualified Practitioners.

The Diploma in Medicine and Surgery "D.M.S." is a five year medical course and the holders of this diploma have undergone the same studies and the same training as the Graduates. In addition, many of them had passed the Intermediate Examination and some are even Graduates. Being desirous of getting into the profession and not being able to get admission into the Medical Colleges, they joined the D. M .S. Course. By the time these finished the course, the II World War had started and these D. M. S. qualified Medical Practitioners were offered Commissions in the I. M. S. on a par with Graduates. The Government in this period of Emergency did not make any difference between the D.M.S. and the Graduates. Many of them have distinguished themselves in different theatres of war and have been mentioned in the despatches and have won decorations for gallant and distinguished services. While recruitment was going on, these persons were given to understand that on demobilisation from the Military, they will be taken as Assistant Surgeons. We request the Government will not let these persons down when their necessity is over. And hence we request that these demobolised D.M.S. Officers should be taken into service directly as Assistant Surgeons.

2. Status of Existing Licentiates (L. M. P.).

It is long since L. M .P. Course has been abolished and all those in service have put in more than 10 years minimum service and it is but fair they should be absorbed in the Assistant Surgeon's Cadre. The L.M.P. with 10 years' service is certainly any day better experienced and more competent to handle cases than a raw Graduate, who is entertained in service as Assistant Surgeon fresh from the College.

In this connection, we take the liberty of reminding the Hon'ble the Minister that his predecessor in office, the Hon'ble Mrs. Rukmani Lakshmipathi and the then Surgeon-General, Major General Huban, have admitted the fairness of the above two requests of the D. M. S. and the L. M. P. and we hope that the present Minister will grant those officers' requests immediately.

3. Provincialisation of Medical Officers in Local Board and Municipal Services.

The profession has been incessantly insisting upon provincialisation of the above services. Any person, who now enters these services, becomes a slave in the long run to the President or Chairman of the Local Bodies. Gradually he loses his individuality and eventually, he is forced to identify himself with a particular group or party in the locality. This is a very unpleasant and unsatisfactory situation for the Medical Officer. If he does not join the party in power, the only alternative for him is resignation. If the services are provincialised, the medical officer will be able to represent his grievances to the Provincial Government and get redress,

4. Subsidised Rural Medical Service.

In the interest of the public, we would suggest that this scheme should be modelled on a different basis and implemented as recommended in the Bhore Committee Report. These Rural Medical Practitioners by their being stationed in far-off places and being under dual control would degenerate in efficiency by not being able to keep themselves up-to-date. Their present pay and prospects are such that there is no incentive for aspiring to higher professional standards of efficiency or to higher rungs of the professional ladder.

5. Reservation of Seats in the Medical Colleges to the children of Medical men.

We have often made representations to the Government that the sons of Medical men should have some seats reserved for them in the Medical Colleges. By the existing rules of selection, many of the sons of Medical men fail to get admission into the Medical Colleges. It is not unknown to the Government that many of the Medical men have invested large capital in their private practice. It is only legitimate that medical men should try to get their sons trained and qualified to take to their own profession. In fact, medical men hesitate to equip themselves properly with costly scientific appliances, or build up Nursing Homes, Clinics, Laboratories, etc., because they do not know what may happen to all of them, if they fail to get their sons admitted into the medical Colleges. Therefore, we request that the Government will be pleased to reserve a reasonable per cent. of the seats in the Medical Colleges for the sons of Medical men. It will indirectly help the public and the Government, because well-equiped private institutions will become available to the public and the rush and consequent pressure on Government institutions will be minimised.

6. Factory Medical Services.

It is high time that the Government bring in suitable amendment to the existing Labour legislation and factories, which employ more than 500 persons, should be compelled by law to have a dispensary with a few beds attached, under a Medical Officer of their own, who will be available for service at all working hours. In addition, factories which employ a large number of women should be made to employ a Woman Medical Officer to attend to the Women employees of the Factory concerned.

7. School Medical Service

It is high time that Government think of constituting a separate school Medical Service to attend to the needs of the pupils of our educational institutions in this Presidency. Every educational institution must have a medical officer on the staff who may be permitted to teach

1. Food and Nutrition.
2. Elementary Sanitation.
3. Hygiene (Personal, Domestic).
4. First Aid.
5. General Biology and elements of Anatomy and physiology.

Doctors are well qualified to teach these subjects. They will be in charge of the School Sanitation, Health Propaganda and Schools Hostels and Food arrangements. This arrangement will make the doctor keep an eye continuously on the health of the school children under his care. Prevention of spread of epidemic diseases will go a long way in raising the standard of health of the school children.

The School is regarded as the veritable source for the spread of infection among the children. Such diseases are measles, chicken-pox, mumps, whooping cough, ophthalmia, scabies, diphtheria, etc. Also Tuberculosis and Leprosy may be spread in the School conditions. The importance of medical inspection and consequent segregation cannot be overemphasised.

It is also necessary to ensure the best possible hygienic environments for the child while he is at school. Lighting, ventilation of the class rooms and water supply and conservancy arrangements in the school have to be carefully and continuously supervised.

It will be the duty of the Medical Officer to detect physical defects that prevent the child from taking full advantage of education. Enforcement of compulsory education necessitates medical inspection.

Physical training of children cannot be efficiently imparted except under Medical supervision.

8. Compounders.

The abolition of the Compounders' Class is a great hardship. It will take a very long time for the economic status of the public to rise to the status that they can afford to go to a Practitioner for consultation and prescription and then get medicine from a Pharmacist. Till that time comes, the practitioner must himself dispense the medicines. Most of the Practitioners, especially those in villages, cannot afford to employ a costly Pharmacist and it is, therefore, a great handicap to the new doctors especially to start practice without an useful assistant, they can afford to employ. In the interests of the profession and the public, the Government should re-start the compounder's class and continue it for some years more.

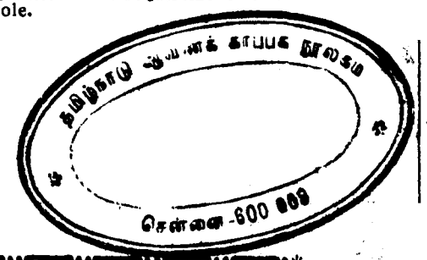
9. Male Nurses.

Till a sufficient number of qualified women nurses are made available, according to the needs of the population, the male nurses should be continued to be recruited. In addition, they should be trained in X-Ray technic and Laboratory work. This will facilitate their being employed largely in private and other institutions, which do not come sufficiently into existence at present, owing to the difficulties experienced in securing the services of such qualified assistants or technicians.

10. Advisory Committee to the Minister for Public Health.

It is very necessary that in the Advisory Committees for Hospitals, Medical Education and Public Health sufficient representation of the Provincial Branches of the Indian Medical Association and the All-India Medical Licentiates' Association, should be given.

11. The deputation urges on the Minister for Public Health the desirability of appointing a medical man as his Secretary, Private or Parliamentary, to assist him as a Liason Officer for interpreting the views, aspirations and requirements of the profession as awhole.



SOUTH INDIAN MEDICAL CONFERENCE, COIMBATORE

The second South Indian Medical Conference will be held at Coimbatore in the premises of Dr. C. S. Ramaswamy Iyer's New Hospital, Trichy Road, during the 3rd week of October 1947.

The conference will be a three days function and many eminent men are expected to participate in the same.

There will be a Medical Exibition during the period.

For further particulars please write to :—

Dr. C. V. RAMA RAJ,
General Secretary.

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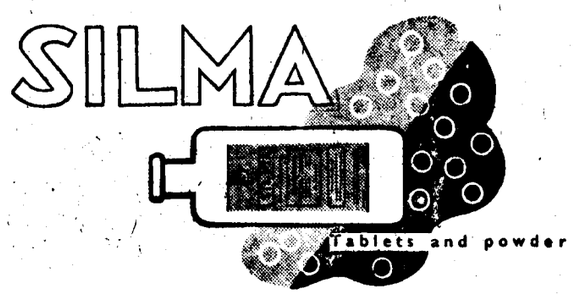
●

Manufacturers of the world famous specific for enlargement of Liver

"CIROBIL"

MISCELLANY—July 1947



Magnesium Trisilicate Sara, a valuable antacid, is the principal ingredient of Silma. Its strong antiseptic powers protect ulcer bases from destructive digestion. It does not render stomach contents alkaline and no gastro-intestinal symptoms are ever produced by it. It does not cause constipation and diarrhoea.

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THE MISCELLANY

(JOURNAL OF THE SOUTH INDIAN PROVINCIAL BRANCH OF THE INDIAN MEDICAL ASSOCIATION)

Managing Editor:

Dr. P. A. S. RAGHAVAN, Z.M.R.E. (Vienna), TEPPAKULAM, TRICHINOPOLY.

Registered No. M. 4839

MIS

Heard this Before?

Certain types of Migraine react favourably if a salt free diet is given for a fortnight.

***

The public of Manila's complaint seems to have had some effect. The Mayor, it is said, is making arrangements for the sprinkling of the city streets with oil, thus eliminating dust from the streets for at least seven days at a time.

***

In all cases of Eczema, the source of irritation or allergic reaction should be sought out.

A man developed an eruption on the outer side of his right thigh. No ointment or even Ultraviolet to X ray treatment would heal that. Finally, it was discovered that the patient carried a box of matches in his right trouser pocket and the sulphur had an irritating effect on his skin and caused the local eczema.

An attractive young woman developed a violent itching and burning on her lips. No amount of investigation into her lipsticks, cosmetics, etc, provided a clue as to the cause. After a series of elimination, the source of irritation was finally traced to the wax on her lover's moustache. That gentleman had not confined his kissing to this particular girl. Yet, no other girl had developed itching on her lips.

***

Doctor: I am afraid I made a mistake in filling a death certificate to-day.
Friend: How was that?
Doctor: I absent-mindedly signed my name in the space left for 'cause of death.'

***

ADMISSIONS TO MEDICAL COLLEGES

Madras Medical College

		Men.	Women
Non-Brahmins:	Tamil	23	6
	Telugu	4	5
	West Coast	7	2
Brahmins:	Tamil	10	2
	Telugu	1	0
	West Coast	2	1
Christians:	Tamil	11	3
	Telugu	2	1
	West Coast	2	1
Muslims:	Tamil	11	1
	West Coast	6	0
Scheduled Castes:	Tamil	0	2

Stanley Medical College

Non-Brahmins:	Tamil	17	5
	Telugu	1	0
	West Coast	4	2
Brahmins:	Tamil	5	3
	Telugu	3	1
Christians:	Tamil	4	3
	Telugu	3	1
Muslims:	Tamil	6	1
	Telugu	3	1
Scheduled Castes:	Tamil	2	1
	Telugu	2	0
Military:	Tamil	1	0

Andhra Medical College

		Men.	Women
Non-Brahmins:	Telugu	17	5
Brahmins:	Telugu	10	5
Christians:	Telugu	8	2
Muslims:	Telugu	4	0
Scheduled Castes:	Telugu	3	0

Guntur Medical College

Non-Brahmins:	Telugu	21	4
Brahmins:	Telugu	5	1
Christians:	Telugu	0	4
Muslims:	Telugu	3	1
Scheduled Castes:	Telugu	1	1
Military:	Telugu	2	1

Madura Medical College

Non-Brahmins:	Tamil	19	6
Brahmins:	Tamil	[illegible]	3
Christians:	Tamil	6	1
Muslims:	Tamil	7	1
Scheduled Castes	Tamil	1	0

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Announcement

Indian Medical Association—South Indian Branch

SECOND SOUTH INDIAN MEDICAL CONFERENCE, COIMBATORE

The Second South Indian Medical Conference of the Indian Medical Association will be held during the 3rd week of October 1947 in the premises of Dr. Ramaswamy Iyer's New Hospital, Coimbatore.

Members desirous of reading papers and participating in the Conference are requested to communicate Dr. P. K. Kalyanaraman who will supply any further information needed.

There will also be a Medical Exhibition during the Conference. Manufacturing firms and local agents can obtain further details from Dr. L. Muniswamy. M.B.B.S., Oppanakara Street, Coimbatore, the member in-charge of Exibition.

Dr. C. V. RAMARAJ,
Hony. Secretary, 2nd South Indian Medical Conference
Indian Medical Association.

The All India Medical Conference of the Indian Medical Association will be held in Bombay during the Xmas week of 1947.

The All-India Medical Licentiates Conference will held in Bombay about the end of December 1947.

The Indian Radiological Conference will held in Bombay at the end of December 1947.

The Ninth Conference of the All-India Ophthalmological Society will be held in January 1948 in Delhi.

There will be a Symposium on Non-Suppurative Inflamations of the Cornea.

सर्वेजना: सुखिनो भवन्तु

THE MISCELLANY

Managing Editor: Dr. P. A. S. RAGHAVAN

MONTHLY JOURNAL OF THE SOUTH INDIAN BRANCH OF I. M. A.

Vol. XIV AUGUST 1947 No. 2

(FOR CIRCULATION AMONGST MEMBERS ONLY)

THE MISCELLANY

JOURNAL OF THE SOUTH INDIAN BRANCH
OF
THE INDIAN MEDICAL ASSOCIATION

VOL. XIV] AUGUST 1947 [NO. 2

MODERN TALES RETOLD WITH HOME TRUTHS

By Lt. Col. P. V. KARAMCHANDANI, M.B., F.R.C.P., B.S., I.M.S.,
District Medical Officer, Trichinopoly

Concluded

SULPHA GROUP OF DRUGS

Certain factors may be recapitulated.

First Factor:—Activity—It is qualitative not quantitative (except marfanil i.e., Sulphamerazine).

The activity depends on ionic dissociation when in contact with body fluids thus:—

M & B 760 (Sulphathiazole) is 50% dissociated. Therefore it is 3000 times more active than Sulphanilamide. It will be seen that there is no specific action, but greater the activity, greater the effect on less susceptible organisms.

Following table gives rough indication of effectiveness of main drug against infection by different organisms.

	Sulphanilamide	Sulpha Pyridine (693)	Sulphathiazol (760)
Strepto Coccus			
Haemolyticus	+ + + +	+ + + +	+ + + +
Viridans	—	+	+
Faecalis	—	—	+ +
Staphylo Coccus			
Aureus	+	+ +	+ + +
Pneumococcus	—	+ + + +	+ + +
Meningo-Coccus	+ + +	+ + + +	+ + + +
Gonococcus	+ + +	+ + + +	+ + + +
B. Coli	+ +	+ +	+ +
Gas Gangrene	+	+ +	+ + +
Salmonella	—	+ +	+ + +

Second Factor :—Rate of absorption, diffussion, and solubility.

Sulphanilamide is readily soluble hence its greater use for local wound application. In blood stream it is distributed equally throughout body.

Sulphathiazol is less soluble but has greater bacteriostatic power.

Sulpha-pyridine accummulates in liver. Hence necessity of initial loading dose by parenteral route.

Sulpha-diazine has low excretion, therefore high blood concentration is achieved.

Sulpha-guanidine is very slowly absorbed therefore reaches lower regions of bowel in high concentration.

Third Factor :—Resistence. Does an organism becoming resistent to one Sulpha compound remain resistent to all Sulpha compounds?

Yes, but more active drugs like Sulpha-thiazol may succeed where others have failed.

I. Pneumonia and Cerebrospinal Fever.

Author had opportunity of treating thousands of cases of Lobar Pneumonia and hundreds of cases of Cerebro-spinal fever in the Army (Karamchandani) 1945 (*a*) 1945 (*c*).

The Author stresses the following points:

i. Begin with parenteral therapy with sulpha-pyridine, one gramme at once. The idea is to obtain 10 mgm. per cent concentration in blood immediately. It takes eight hours to obtain this by oral route.

ii. Oral therapy, two grammes at once and one gra[illegible] four hours, afterwards.

iii. Continue four hourly till symptoms appear to subside. This usually takes 24—48 hours. After this reduce to six hourly for another 48 hours and later 8 hourly for another 48 to 72 hours.

iv. Although 85 gms. of M & B 693 was the maximum dose the optimum was 31—40 gms. spread over 7—10 days.

v. Relapses occur if drug is prematurely reduced.

vi. Parenteral therapy must continue unabated in comatose patients, till they regain consciousness, when only should oral therapy be restored.

vii. Administration of eight pints of 5% glucose solution orally daily during the entire period of M & B 693 therapy must be enforced.

viii. Fifteen grains of Sodii Bicarb should be given with each dose of M & B 693.

ix. In case of nausea, nicotonic acid, 50 mgm. with each dose of M & B 693 gives relief.

Sulphamezathine also was tried in cerebro-spinal fever. Six gms. in 20 ccm. were given by intravenous route at once followed by three 10 ccm. injections at 6 hourly intervals. Then 2 gms. were given orally every 6 hours for two days and 1 gm. every 6 hours for further 2 days. Mortality rate was 7.7% as against 6.6% with M & B 693.

What applies to Pneumococcus and Meningococcus equally applies to other cocci (vide table above) except Gonococcus in which case the author prefers Sulpha-pyridine based on his study of 594 cases (Karamchandani 1945 *b*).

Six gramms	(12 tablets)	first day.
Five do.	(10 tablets)	Second day.
Four do.	(8 tablets)	Third day.
Four do.	(8 tablets)	Fourth day.

Thin discharge may continue upto seven days when it ceases. It should be ignored. It contains no gonococci. Average period of cure was as follows:-

Uncomplicated cases, cure period under seven days.

Complicated with balanitis, under seven days.

Complicated with Bubo, under ten days.

Complicated with epididymitis, under eleven days.

Complicated with metastasis (joints), under thirteen days.

Complicated with Prostatitis, under fifty days.

In cases which relapsed, the above treatment was repeated with mixed gonococcal vaccine in 4 graduated doses (20 mil, 50 mil, 100 mil, 200 mil) weekly, along with weekly milk injections commencing with 3 ccm. and increasing by one ccm. Thus during each week he received two injections one of vaccine and one of milk.

References:—

Karamchandani, P. V.	(1945 *a*)	Ind. Medical Gazette,	80, 6 P. 304
Idem	(1945 *b*)	Ibid.	80, 7 P. 399
Idem	(1945 *c*)	Ibid.	80, 11 P. 556

CORRESPONDENCE

DEAR SIR,

In the July Issue of the *MISCELLANY*, the following finds a prominent place. "Copies of a resolution requesting the Government to retain the present labour ward in the old Head Quarters Hospital, Trichinopoly, in the same place and run it as a Maternity Home, were forwarded to the Premier, Minister for Public Health and Minister of *Labour*."

May I know why a copy was not also sent to the Minister for Prisons, who is in charge of *Confinement*.—

INNOCENT

2. *In shock*: When this follows haemorrhage, it is probably most effectively treated by transfusion of whole citrated blood, but shock without much, or any blood loss, following burns for example, which is due to haemoconcentration and stagnation of the blood in the internal organs, is more effectively treated with plasma alone, fresh or reconstituted from dried plasma.

3. *As a prophylactic measure against shock.*— In weak or exsanguinated patients, even if their condition would not ordinarily demand transfusion, this is often a very valuable procedure to prepare them for a surgical or obstetric operation: blood or plasma is given according to the blood state of the patient.

4. *In anaemia.*—Blood transfusion is indicated to replace blood lost by haemorrhage or destroyed by other processes, to maintain life in the case of aplastic anaemia, and or stimulate blood formation. Whole blood, citrated blood, or resuspended corpuscles can be used. In anaemia, repeated small transfusions of 300 to 400 c. cm. are usually better than a single big transfusion or, say, 1000 c. cm.; in either case slow administration is to be recommended.

5. *For supplying other deficit elements, viz.,* platelets in thrombocytopenic purpura, leucocytes in agranulocytosis, or fibrin is some cases of clotting deficiency, transfusion of whole blood will sometimes be effective.

6. *For counteracting toxins or increasing passive immunity.*—This is a procedure that was at one time in favour, particularly in America; the bloods of convalescents or of others who had received injections in order to raise the antitoxic value of their blood, or to produce active immunity, were used as specific transfusions in certain cases. However, the new chemotherapeutic agents introduced in the last few years have put this procedure into the background.

(To be continued

CASE REPORT

7—6—47

A male of about 40 years of age presented himself with the chief complaint of a lump in the right side of lower abdomen present since 1 week. He had a low grade temp. of 100 F with no vomiting, nausea or any signs of Toxaemia. He was looking far from being ill in spite of a big abdominal lump looking like an abscess. Bowels were reported to be normal and was passing flatus too. Before admission he resorted to fomentation only and never took a purgative. No previous history of dyspepsia except some vague dysentry some years ago.

On examination a linear swelling of 6″ long and 2″ wide was seen over Rt. Iliac Fossa parallel to Inguinal ligament. It was slightly brawny, hot and tender. Aspiration revealed chocolate-coloured pus.

Investigations revealed
blood RBC 3.4 Nil.
Hbn. 10.79 Gms.
WBc: 9700
and 70 polymorphonuclears
Urinalysis negative
Sigmoidoscopy, non-contributory
Stools: no ova or cysts
Rectal Exam: led to a diagnosis of an appendicular lump.—Abscess?

8—6—47

The abscess was incised and drained. After incision a piece of appendix epiploica presented in the wound.

18—6—47

Wound discharging copious chocolate-coloured pus requiring several changes in dressing. Local ultra-violet rays were given into the wound in the hope that healing may be stimulated as we suspected Tropical ulcer from the look of the wound.

22—6—47

For the first time the idea of examining the pus, for amoebae struck us, only to be reported as negative for amoebae. Daily search was made. To our happiness on 25—6—47 amoebae were demonstrated in the pus from the abscess wall. An 8 day course of emetun with strychnine dramatically healed the wound and the patient was discharged 4—7—47 looking very well.

Summary and conclusion.

1. A case of caecal amoebiasis with abscess is reported.

2. The idea of an amoeboma of the caecum did not strike early and hence delay was inevitable in looking up pus scraped from abscess wall, for amoeba.

3. Dramatic response to emetine in healing.

4. Remarkable pick up in general nutritional look was seen.

5. Clinical signs were milder than warranted by a mass of that size of 6″ × 2″, in Rt. Iliac Fossa, looking like an appendicular abscess.

6. Abscess a complication of amoebiasis is present in this case.

Intestinal amoebiasis is of major surgical importance in the tropics.

Search for amoebae in tropical gastro-intestinal-disturbances-syndrome should include a special endeavour at a stool examination, sigmoidoscopy and biopsy.

Acute caecal amoebiasis and appendicitis simulate and a very one another thorough study of such episodes should prevail before surgery is decided, since operative interference is very grave and hazardous in amoebiasis.

NOTES ON SOUTH INDIAN DIETS.

By Dr. R. SAMBASIVAN, M.B.B.S., *Trichinopoly.*

Robert McCarison has demonstrated rats fed on different provincial diets. The group fed on South Indian diet was the snappiest and most contankerous of the species, while the group fed on North Indian (Punjabi) diet was placid, lethargic, and almost somnolent. It is well to remember that the Punjabi diet consists only of whole wheat whereas the South Indian diet is traditionally of a mixed variety which includes practically the three primary cereals, Rice, Wheat and Ragi, and also practically all the edible pulses. Among pulses used almost daily, Toor Dholl stands first. The biological value of the protein in Toor Dholl has been found to be almost equal if not superior to the biological value of the protein in whole wheat. But Toor Dholl cannot be used as a staple diet in the sense in which whole wheat is used as a staple diet in the North. That means to say, Toor Dholl can be used and is in fact added only as a supplementary item to the staple diet of Rice in the South. Nevertheless, the Toor Dholl protein that is obtained in the daily supplement of dholl which is added to Rice diet is sufficient biologically, especially in a mixed diet of cereals and pulses that is characteristic of South Indian diet.

This is perhaps one of the few relieving features in the back-ground of certain serious defects in the South Indian diet. A little reflection will easily impress on us how woefully illbalanced and inadequate the so-called South Indian diet happens to be. In fact there is no particular standard by which we can understand and assess what a well balanced and adequate South Indian diet is. The components vary from house to house. They also vary from one town or district to another. They also vary considerably in the different communities and then again social and religious customs have introduced a good number of variations. Post-War economic factors have been recently responsible for many variations, inadequacy, and illbalancing in the South Indian diet. For Example households are going with little or no vegetables. Pulses and nuts are in such short supply that many households cannot simply get them or cannot get them in sufficient quantity or quality. The nutritional quality of rationed rice has not been standardised on any scientific basis. Milk shortage both in quality and quantity is so universal that it has become almost an insoluble problem by itself. The cost of egg, fish and meat is at such levels that many cannot afford it.

Under these circumstances, it should look rather curious and impractical to evolve a standard South Indian diet which should be fairly applicable and adaptable to all the sections of the population. Even so, I shall attempt in my next article to evolve a standard South Indian diet notwithstanding the present restrictions and handicaps in production, distribution and supply.

BLOOD GROUPING AND BLOOD TRANSFUSION

by Dr. V. IRAVATHAM D.L.Sc. D T.M. (Cal) *Trichinopoly.*

Historical.—After Harvey's discovery of the circulation of the blood, Sir Christopher Wren in 1650 injected opium, beer, etc., into the veins of dogs, using quills as cannulae, but the first transfusion of blood was given by Richard Lower, in 1665; he transfused blood from one animal to another of the same species, using dogs mostly as his experimental animals. The credit, however, for performing the first transfusion in man is usually given to Denys de Montpellier, physician to Louis XIV.

After this, transfusion was indiscriminately used as a curative agent in all diseases and in many cases animals were used as donors. So many deaths followed this indiscriminate use of transfusion that the operation was banned by the Royal Society in England and by the Academie de Medicine in France, and was condemned by the Pope as immoral. Blood transfusion then fell into disuse as a therapeutic measure for about 150 years, being revived in 1818 by James Blundell, an obstetrician in Guy's Hospital. For the first time, he gave transfusion through a syringe in cases of post-partum haemorrhage and claimed immediate success. In 1900, Landsteiner, an Austrian biochemist, made the crucial discovery of the presence of iso-agglutinins and iso-agglutinogens in the blood. On the basis of Landsteiner's discovery, Jansky, a Czechoslovakian, and Moss, an American, independently showed (1907-08) that the blood of the human race belonged to one of four groups I, II, III, and IV with this difference however that Jansky's groups I and IV corresponded, respectively, to groups IV and I of Moss; groups II and III being identical in the two cases. To do away with the confusion caused by the two different nomenclatures, recently an international committee of the Health Organization of the League of Nations introduced a simplified and rational nomenclature for the four main blood groups which they called AB, A, B, and O. The international nomenclature of the blood groups and those of Jansky and Moss are shown in the table below.

International nomenclature.	Moss nomenclature.	Jansky nomenclature.
AB	I	IV
A	II	II
B	III	III
O	IV	I

Haemagglutination and blood groups.—The transfusion of blood requires the use of compatible blood, that is, blood in which the corpuscles of the donor are not agglutinated, or haemolysed, by the plasma of the recipient (the patient), and the corpuscles of the recipient are not agglutinated, or haemolysed, by the plasma of the donor.

Transfusion of different elements of blood.

1. Whole blood.
2. Citrated blood.
3. Plasma.
4. Resuspended corpuscles.
5. Defibrinated blood.
6. Placental blood.
7. Cadaver blood.

INDICATIONS FOR TRANSFUSIONS.

1. *After acute haemorrhage.*—To make good loss sustained by an acute haemorrhage, the transfusion of whole or citrated blood, either preserved or fresh, is the most effective. The amount to be transfused will be dependent on the amount lost, but anything less than 500 c. cm. is unlikely to be effective.

During exploration for appendix caecum should be handled least and suspicion of amoebiasis should preclude removal of appendix unless the later is in a dangerous condition.

Unsuspected intestinal amoebiasis and post dysenteric conditions of non-appendicular type often gives symptoms suggestive of chronic appendicitis.

T. V. SU.

Amoebiasis is a medical disease unless complications like abscess and perforation occur.

GOVERNMENT OF MADRAS

ABSTRACT.

Madras Medical Service and Madras Medical Subordinate Service Unification of the Cadres of Civil Assistant Surgeons and Sud-Assistant Surgeons and questions relating to-Orders passed.

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EDUCATION & PUBLIC HEALTH DEPARTMENT.

G-O. Ps. 2711. P.H. *Dated the 4th Aug. '47*

Read the following:—

From the Government of India, Department of Health, No. F. 18. 3/46 M.I. dated 25 March 1946 and No. F3/29/46 dated 23rd May 1946.
From the Surgeon-General No 35229. Res. dated 12th June 1946.
From the President, All India Medical Licentiates' Association dated 28th June 1946.
From the Surgeon-General No. 60449. I.EL. dated 20th September 1946, No. 61358. EL. dated 22nd October 1946 and No. 49050 E2. dated 22nd October 1946.
From the Provincial Secretary, All India Medical Licentiates' Association, P. S. 136 dated 13th February 1947.
From the Surgeon-General, No. 5777 El. dated 11th March 1947, and 61358. El. dated 15th April 1947.
From the Committee of Action, Provincial Branch, All India Medical Licentiates Association dated 12th April 1947.

ORDER:—

The Government have had under consideration proposals submitted by the Surgeon-General and the Medical Licentiates' Associations, regarding the unification of the cadres of Civil Assistant Surgeons and Sub-Assistant Surgeons and the grant of uniform scales of pay to all officers (except those in the teaching line for whom a special pay was suggested). After a careful consideration of the proposals they have decided.

1. that Civil Assistant Surgeons should be designated as Civil Assistant Surgeons, Class I;
2. that Sub-Assistant Surgeons should be designated as Civil Assistant Surgeons, Class II and remain Nongazetted;
3. that promotion from Civil Assistant Surgeon, Class II to Civil Assistant Surgeon Class I shall be treated as promotion to a selection grade and be on the following conditions:—
   (i) 15 years satisfactory service as Civil Assistant Surgeon, Class II under Government Service for Licentiates, and (ii) not less than five years of service under Government for medical graduates.
4. that the posts of Civil Assistant Surgeons Class I in the King Institute, Guindy and the Senior Assistant to Chemical Examiner to Government, be brought under the scheme of appointment of Super-numerary Civil Surgeons.

(By Order of His Excellency the Governor)

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P. S. VISWANATHA AYYAR, I.C.S.,
Joint Secretary to Government.

DEPUTATION TO THE MINISTER FOR PUBLIC HEALTH WITH THE GOVERNMENT OF MADRAS

The Deputation that was appointed by the Provincial Council met the Hon'ble Mr. A. B. Shetty, Minister for Public Health on 24—7—'47 at the Secretariat at 12 Noon and discussed with him the Memorandum which was submitted to him in advance. (Published in the July issue of the "Miscellany" page—22).

As Dr. T. S. Tirumurthy, the President, had to be away to attend the I. M. A. Working Committee meeting in Delhi, the Vice-President, Dr. G. Joseph Gnanadickam led the Deputation which consisted of

Dr. M. R. Bhatt,
Dr. P. A. K. Nair,
Dr. S. Subramanyam,
Dr. D. V. Venkappa,
Dr. P. A. S. Raghavan, the Provincial Secretary.

Sri P. S. Viswanatham Iyer, I.C.S., Jt. Secretary, Education and Public Health Department was also present.

Unification of Service

The Deputation was assured that the question of having a unitary service is under the active consideration of the Govt. and that early orders may be expected. Order published elsewhere.

Provincialisation of L. B. Service.

The Govt. were anxious to provincialise all Local Board services but there were some difficulties in the taking over of the institutions from the Local Bodies, as regards financial matters, which were sought to be overcome by legislation.

Subsidised Medical Practitioners.

The plight of the Rural Medical Practitioners was stressed, and the Hon'ble Minister assured the Deputation of his sympathetic consideration.

Admission into the Medical Colleges of children of Medical Men.

As regards reserving a certain percentage of admissions in the Medical College for children of Medical Men, the Hon'ble Minister was not in favour of the idea of creating an extra caste or class for reservation of seats in addition to the various reservations existing at present.

Public opinion will have to be mobilised to convince the Govt. of the reasonableness of this request.

Factory and School Medical Service

As regards Factory and School Medical Service, the Govt. were already examining certain proposals and the deputation's point of view also would be given due consideration.

Compounders.

The deputationists pointed out that training for 50 compounders a year for the whole Province in a few HeadQrs. Hospital only was very inadequate and going out of the district for this training was very costly and delayed many from taking this course. To insist on a passed in S.S.L.C. with Chemistry as their optional to apply for this training when the pay and prospects were poor; would not draw many for this training. The Hon'ble Minister promised to look into the question carefully and pass suitable orders.

Male Nurses

The Deputation also expressed as their view that atleast for some time to come-till a sufficient number of women nurses were available-male nurses should be trained and that they should be given additional training in Laboratory work and X-Ray techneque.

Sales Tax

The Deputation also brought to the notice of the Govt. the fact that some doctors in Madura had been given notice by the sales tax department for the medicines issued by them. The Deputation was informed that the matter was under correspondence with the Revenue Department.

Non-Official Views.

The Hon'ble Minister agreed that there was need for consulting non-official medical opinion particularly for the moffusal. He offered to send a copy of his tour programme to the Medical Associations in the districts and wished their representatives to meet him and place before him their views and suggestions.

After thanking the Hon'ble Minister for his patient and sympathetic hearing the Deputation withdrew.

P. A. S. RAGHAVAN
Hon. Secretary, Provincial Council, South Indian Branch, I.M.A.

PUBLIC HEALTH PROBLEMS

The Following is the official account of the Conference convened by the Hon'ble Sri A. B. Shetty, Minister for Public Health, which met on the 27th, 28th and 30th of June at the Legislative Council Chamber and discussed various problems concerning the Medical and Public Health Department.

The following persons were present at the conference :—

Sir A. Lakshmanaswami Mudaliar, M.D., LL.D., D.S.C., F.R.C.O.G., Vice-chancellor, Universrty of Madras ; The Surgeon General with the Government Of Madras ; The Director of Public Health ; The Director, King Institute, Guindy ; The Principal, Madras Medical College ; The Principal, Stanely Medical college ; The Principal, Andhra Medical College, Vizagapatam ; The Superintendent, Government General Hospital, Madras ; The Superintendent, King George Hospital, Vizagapatam ; The Superintendent, Government Stanely Hospital, Madras ; Dr. P. V. Cherian, M.B.E., F.R.C.S. (Edin), etc., Dr. G. R. Dinker Rau, M.D., Dr. T. Satagopan, M.D., Dr. M. R. Guruswamy Mudaliar, M.D., Sri A, V. Raman, Editor: Peoples' Health ; The Assistant Directress of Public Health, Maternity and Child Welfare ; The Professor of Hygiene, Madras Medical College ; Dr. T. S. Tirumurti, President, Indian Medical Assoiation, South Indian Branch ; Dr. M. V. Krishna Rao, President, Indian Medical Association, Andhra Provincial Branch, Ellore ; Captain S. Thambiah. M.R.C.S., President, Madras Medical Association ; Dr. D. V. Venkappa, Provincial Secretary of the All-India Medical Licenciates' Association ; Dr. K. C. Nambiar, Secretary, Honorary Medical Officers' Association, and Joint Secretary, Education and Public Health Department (Secretary).

First day

Dr. Rajan could not be present owing to indisposition, but sent a message wishing the Conference success.

The Hon'ble Minister, inagurating the Conference, thanked the distinguished invitees for placing their time and experience at the service of the Government. Continuing he said that Madras which has a reputation for being progressive should take particular note of the vast developments that have taken place in the world at large in the field of curative and preventive medicine and move with the times. He also mentioned that some of the items put down for discussion at the Conference, had been covered by the Bhore Committee Report which is being carefully studied by the Public Health Department in consultation with the Surgeon-General and the Director of Public Health.

At the very outset it was decided that the Conference would only lay down the general outlines of policy, i.e., the fundamental principles to be followed in the various matters, and leave the details to be formulated by two sub-committees, one dealing with all subjects connected with medical education and the other with all subjects connected with Medical and Public Health Services.

The agenda before the Conference covered 36 items, beginning with recruitment to the Provincial Medical Service.

Recruitment to Provincial Medical Service.—After prolonged discussion the Conference recommended that in future all paid Medical Officers should be considered whole-time servants and they should be allowed no private practice. To implement this recommendation, it was suggested, the scales of pay in Medical Service should be revised so as to bring them in line with the best paid provincial service in other fields. Pending such revision of scales the existing incumbents are to enjoy the present privileges, and after revision they are to have the option either to accept the new scales or to have the existing scales and the existing privileges. New entrants are of course to be placed in the new scales.

Recruitment to the teaching cadre.—It was agreed that a special teaching cadre should be formed for the Medical Colleges. The back-bone of the teaching cadre should be a skeleton of paid men. All professors or heads of the departments are to be full-time men. Tney should be assisted by a reasonable proportion of honorary hands in the clinical subjects. The need for increasing the ratio of teachers to students was emphatically urged by all.

Honorary Staff.—The Conference recommended that the existing system of utilizing the services of Honorary men at the District Headquarters hospitals and Taluk Headquaters hospitals should be continued and extended under suitable conditions to be prescribed by the appropriate sub-committee.

Foreign training.—The Conference recommended that the Government should encourage sending qualified men abroad, not so much for the purpose of enabling them to go 'degree hunting' as for enabling them to visit the various institutions and study the latest developments in other countries. It was also suggested that professors should be deputed to visit periodically other countries and see for themselves how things were being done elsewhere in the world and to get the 'drains dusted.' In selecting candidates to be sent for foreign training preferably persons between 30 and 40, i.e., men who have had some experience and who have some years of service before them should be selected and the claims of honorary men should be considered.

Another measure recommended by the Conference was that in the teaching hospitals, a Dean should be appointed to co-ordinate the administrative work of the hospital and the attached college and that no professional or teaching duties should devolve on the Dean. It was also urged that a department of dietetics should be set up in teaching centres, special courses in dietetics instituted for the benefit of the nursing sisters and trained dieticians employed in large hospitals.

Miscellaneous.—The question of providing adequate staff for the teaching hospitals, regulating hours of work in the hospitals and Colleges, establishment of seperate hospitals for chronic and convalescent cases, starting of special departments in the hospitals, re-orientation of medical studies in the light of the Bhore Committee Report and post-graduate medical education, were referred by the Conference to the respective sub-committees to be constituted.

Second day

When the Conference resumed its sitting the next day, 13 more items on the agenda were disposed of.

A message of good wishes from the Hon'ble the Premier was read at the Conference in the course of which the Hon'ble the Premier said that the aim of the Conference should be to bring the benefits of modern science to the cottage of the humblest at the cheapest cost.

Refresher Courses for Doctors.—It was recommended that refresher courses of different duration lasting from 1 to 2 weeks and from 2 weeks to about 6 weeks or more should be instituted wherever possible. Short courses, it was suggested, would be particularly welcomed by busy practitioners, and such courses should be organized not only in the teaching hospitals but also at suitable District Headquarters Hospitals. If possible, specialists in the various branches of medical science should be sent to the District Head Quarters Hospitals on a short visit of about 7 to 10 days to conduct refresher courses. Their expenses in this connection, it was suggested, should be met by the Government. The details of the refresher courses scheme are to be worked out by the sub-committee.

Dental Education.—The Conference recommended that in the light of the Bhore Committee Report the establishment of a Dental College at Madras should be given top priority. Since qualified men to staff the College are not easily available, men should be recruited on a contract basis for a period of, say, five years.

Provision of adequate number of Nurses.—It was strongly urged that the number of nurses should be increased and that the number of beds per nurse should be reduced. To attract suitable candidates to the nursing professoin the terms of their service and the conditions of work and lodging and boarding should be improved. It was agreed that male nurses would be useful for certain types of work and certain Institutions like the Mental Hospital, the Jail Hospital, etc. The question of giving efficient training to the nurses was referred by the Conference to the sub-committee:

Health Visitors, Midwives and Dais.—The Conference was emphatically of the opinion that the Province needed many more midwives and health visitors, but was not in favour of continuing the system of dais. The system of training dais was at best only an emergency measure resorted to at a time when sufficient number of women were not coming forward for training as midwives. Now that there is no such dearth of candidates for training as midwives, there is no need for dais. It was also suggested that the term 'midwife' should be substituted by the word 'maternity nurse'.

Hospital Social Workers.—The need for developing the social side of medicine was agreed to by the Conference but since the Provincial Government have already deputed an officer overseas to study social medicine, it was decided that this question might be deferred pending the return of this officer.

Research.—The Conference agreed that research in medicine and public health was highly desirable and necessary, but that before any scheme could be usefully launched to encourage research, the Professors and other members of the staff in the teaching hospitals should have enough leisure and funds at their disposal to devote to research and the advancement of the science. It was decided to refer this question to the sub-committee.

Medical Libraries.—The need for good libraries for the use of students and professors as well as for the use of general practitioners was emphasized. In the course of discussion it was pointed out that a good librarian is the *Sine-Qua-Non* of any good library. Not only should the teaching hospitals be provided with good libraries but also the District Head-quarters Hospitals, and these libraries should be opened to the general practitioners as well.

Miscellaneous.—It was decided that the question of pharmaceutical education, public health engineering, manufacture and standardization of drugs, medicines and other hospital requirements should be referred to the relevant sub-committees.

Third day

On the third day of its sitting the Conference concluded its deliberations.

Selection of Medical Students.—The question whether admission to the medical colleges should be decided on the basis of examination marks, or what other tests and considerations should be applied, was, after considerable discussion, referred by the Conference to the sub-committee.

Supply of trained mecdical personnel.—While it was agreed that more doctors were necessary to cope with the requirements of the province, the general sense of the Conference was against instituting a shorter course of training to increase the production of doctors of the type of Russian "feldsher" for the rural areas. It was pointed out that rural areas, no less than the urban areas, required fully-trained and qualified doctors. However, the Conference suggested that it would be useful to give elementary medical training to Sanitary Inspectors and thus enable them to render first-aid and preliminary advice.

Planned Medical Relief.—In view of the fact that at present certain areas have a large number of medical institutions while other areas have only few such institutions, the Conference recommended that a systematic survey of each district should be made in order to find out the requirements of each locality. There should be a more reasonable distribution of medical institutions. Perhaps the best method of approach would be to divide the province into five zones or so, and make each zone more or less self sufficient in the sense that the

most up-to-date treatment would be available in each zone. Motor ambulance transport for serious cases should be available at the different hospitals in each zone. Hospitals must be divided into three grades A, B and C. There should be at least one or two 'A' grade hospitals in each zone where all facilities should be available for surgical, medical and obstetric work and for specialities. It was also suggested that the personnel of the medical department should be available for public health work in the remoter areas and the Assistant Surgeons to be newly recruited should be given three months' course in public health. The details about planned medical relief, the improvement of District Headquarters Hospitals and the coordination of medical and public health work were referred to the sub-committee.

Pharmocology.—The Conference recommended that the department of Pharmacology should be enlarged and scope should be given for the investigation of Indian drugs and plants. The creation of a research section in this department was also recommended.

School of Hygiene.—The Conference recommended that the establishment of a school of Hygiene should be given top priority and that it would be desirable to establish the school in the premises of the Madras Medical College. It condemned in very strong terms the location of the present department of Hygiene and insisted that the present building should be demolished and a new one constructed as soon as possible.

Private nursing homes:—While the Conference agreed to the necessity of controlling and registering private maternity and nursing homes, it sounded a word of caution with regard to the manner in which such controls were to be exercised. It was pointed out that Government's desire to control private nursing homes with a view to making them come up to the prescribed standard should not be allowed to interfere with the growth and development of private institutions. A draft bill on the subject that has been drawn up by the Director of Public Health was also referred to the committee.

Birth control:—The Conference recommended that the Government should not take any initiative in the matter of disseminating knowledge about birth control methods, though if any patient required such knowledge to safeguard her health, it might be given by the medical officer.

Medical buildings:—The Conference recommended that when new buildings are constructed for hospitals, etc., they should not be constructed to last more than 25 or 30 years. By that time, new designs might come in and new developments might take place.

Sub-Committees

The following members were nominated to the two Sub-Committees:—

Medical Education Sub-Committee.—Sir A. Lakshmanaswami Mudaliar, the Surgeon-General, Dr. P. V. Cherian, Dr. Kini, Dr. Bhaskara Menon, and Dr. Satagopan.

Public Health and Medical Services Sub-Committee.—Sir. A. Lakshmanaswami Mudaliar, the Surgeon-General, the Director of Public Health, Dr. Tirumurti, Dr. Pandit and Mr. A. V. Raman.

The Joint Secretary, Education and Public Health Department, will be the Secretary to both the Sub-Committees.

The Hon'ble the Minister at the conclusion of the discussion thanked the distinguished invitees for the most valuable help they had rendered and hoped that the two Sub-Committees would finish their work in a month's time.

Dr. A. Lakshmanaswami Mudaliar, Dr. Krishna Rao and Mr. A. V. Raman expressed their gratitude to the Hon'ble the Minister for giving the medical profession on opportunity—the first time in the history of Madras Government—to have a say in medical and public health matters.—"*Madras Information*" *July, 12th 1947.*

ABSTRACTS FROM CURRENT MEDICAL LITERATURE

SCORPION STING—*Dr. B. V. Ramaswamy. B. M. J. Nov '46*—In the Indian Medical Gazatte of Nov. '39 and Jan. '40, there were two small notes about scorpion sting (i) Fresh leaves of Acalypha indica when rubbed well at the site of the sting relieves the pain and cures the patient in about five minutes. (ii) A few whiffs of chloroform inhalation almost immediately cures the pain. about 2 dr. (7 ml) may suffice for nearly 50 persons, since then I have tried chloroform inhalations for scorpion stings with great success. There are two types of pain expereinced by such patients. One is a local, throbbing pain at the site of the sting and the other, a rapidly spreading shooting pain. If the patient gets the treatment within about 5 minutes there is instant relief. In cases where the treatment is begun after some time—more than half an hour after the sting—the shooting pain disappears in 5 minutes, but the local pain persists though in a bearable degree. To eliminate that pain I usually inject a local anaesthetic relief. Treatment: A few drops of anaesthetic chloroform are sprinkled over a small piece of cotton-wool and held near the patients nostrils. He is then asked to inhale deeply a number of times. Most of the patients if treated early find relief of pain in 2-5 minutes. I would very much like others to try this simple treatment and report their experience. I would also like to know how chloroform neutralizes the toxins of the scorpion.

C. R. T.

A METHOD OF PREVENTING CONTAMINATION OF SYRINGES:—*Practitioner, March, 1947*:—It is now well recognised that a syringe may become contaminated following a parenteral injection and that this contamination may be responsible for spreading infection from one patient to another. By experiments carried out on patients, R H. Hughes (Journal of the Royal Army Medical Corps, October 1946, 87, 156) has shown that even with the most careful technique, such contamination may be heavy and that three factors are responsible for it: (1) back pressure forcing fluid from the tissues into the needle (2) spread of blood by diffusion from the tip of the needle towards the syringe (3) Suction when removing the needle from the syringe aspirating the needle contents back on to the nozzle of the srying. It is clearly impracticable, when giving a large number of injections, to use a fresh syringe for each injection, and Hughes recommends the following techinque to overcome this practical difficulty and at the same time to ensure that contamination of the syringe should not occur.

The syringe having been filled with the solution to be injected, a two-way tap is fitted on the syringe and the needle is fitted to the tap. After the injection has been given, and before the pressure on the plunger is relaxed, the tap is turned off which results in the needle no longer being connected with the syringe. The needle is then withdrawn from the tissues, the tap and needle removed together from the syringe, and a freshly sterllised tap and needle are fitted for the next injection. The used needle and tap can be rinsed and rapidly sterilised by boiling.

Using this technique, no contamination of the syringe was found in a series of 99 injections, compared with a contamination rate of 34 , in a series of 114 intramuscular injections made with a needle and syringe without a tap. A two-way tap was used in this investigation because this is the standard issue in the Army, and it is suggested that for civilian use an ordinary single tap without a side-tube would probably be just as efficient.

C. R. T.

THE PROBLEM OF STERILLITY

THE PROBLEM OF STERILITY: ITS INVESTIGATION AND TREATMENT:—*By Margarat Moore White M.D, F.R.C.S.' M.R.C.O.G.*

The problem of sterility is of importance since ten to twelve % of the married couples are childless. Two persons are concerned in a fertile mating and an average of four to five factors militate against conception in every unfertile couple. In most cases some measure of responsibility rests on both sides.

Routine Examination:— To raise the standard of fertility both parties must be thoroughly investigated and treated. Any factor that lowers the state of health of the indivi-dual may lessen fertility. Excessive fatigue, a deficient diet, infection or intoxication or over indulgence in sex may adversely affect Spermatogenesis or Oogenesis. Inquiry should be made regarding habits of life and search made to eliminate any source of intoxication or infection. Contrary to what might be expected syphilis only rarely affects spermatogenesis and Gonorrhoea never except temporarily, Gonorrhoea can cause occlution of sperm conducting passages; but incidence of this involvement is reduced to a rarity by sulphonamides and penicillin. This applies in the cause of the female too. Inquiry should be made regarding normality of sex relations and examination must exclude physical causes for failure of impregnation such as hypospadias phimosis, undescended testicles in the male and an intact hymen, a cervical polyp and genital hypoplasia in the female. Retroversion of uterus is seldom a cause. The existence of endocrine disorders is to be excluded.

Investigation in the Male:— Following routine examination a series of investigations is made. *Semen Anyalysis.* It requires skill and experience to give an accurate report on a specimen of mesen. Sub fecundity in the male plays a more important role than was previously thought.

In assessing male fecundity factors such as densite (50 millions. cm) normal, morphology (65% normal) and Basic motility (percentage fully active after 1 hour) have to be determined. Thy semen of 60% of men falls below the approved standard. Azoospermia is occasionally due to bilateral orchitis with mumps, but is more often due to non-descent or late descent of tests. The testis must be in the scrotum within 2 or 3 years of the beginning of spermatogenesis which occurs at about nine years of age. Sub-fecundity may be evident by an increase in the percentage of abnormal spermatazoa especially abnormal headforms and in diminished vibality. The latter factor is of importance since the ovum does not survive for longer than twenty-four hours. In the majority of cases there is no apparent predisposing cause for defective spermotogenesis. The condition called 'congential aplasia' is caused by hereditary deterioration of poor stock, dietary deficiencies of the mother during foetal development or of the adolescent male or the unnatural concomitants of 'modern social conditions.

Investigation of Female Feemdity:—The essential factors for reproduction in the female are:—

1. The occurance of ovulation.
2. Patency of one or both Fallopian tubes.
3. Receptivity of the cervix to spermatazoa.

Ovultation.—This occurs in the majority at regular monthly intervals. The early morning rectal temperature in women who have not passed the menapause is biphasic in character. During the pre-ovulatory phase the temperature remains at a lower level than during the post ovulatory phase. The rise of temperature at the initiation of the second phase indicates that ovulation has occured. The most common cause of lack of ovulation is the condition of general hypoplasia which can be recognised in its milder forms by delayed onset of

menstruation, scanty or infrequent menses, severe functional dysmenorrhoea and sexual frigidity. In physical examination one may find vagina narrowing at the upper end, cervix hard, long and conicular short and button like, the fornices shallow the uterus hard 'nonpliable' marked by anteverted or retroverted, the ratio of cervix to fundus of one to three being disturbed. It can only be assumed that some stimulus to normal development is lacking. If taken up early these cases respond to endocrine treatment.

Endometrial Biopsy. during the week preceding menstruation will indicate whether ovulation has occured or not. Using a special narrow type of curette a minute fragment of endometrium is taken out for microscopical examination. The apperance of stroma and glands in the Luteal phase is characteristic. This is useful in cases of suspected tuberculo-salpingitis.

Investigation of Tubal Patency:—*Abstracts from 'the Practitioner' April, 1947. Sex and its disorders special number.* This can be done by two methods 1. Utero-tubal in-sufflation (Rubin) 2. Injection of radio opaque oil into the uterus and tubes. Here two films are necessary, the second one taken from a few hours to twenty-four hrs. to ascertain whether peritoneal smearing with oil has occured.

Receptivity of cervix.—The secretion aspirated from cervical canal within a few hours after coitus if microscopically examined will contain masses of motile spermtazoa. Absence of sperms indicate either faults in the delivery of the sperm or absence or weakness or lowered viability. If cervical secretion is scanty, muco-purulent or acid in reaction sperms are repelled. The incompatibility of cervical mucus and spermatazoa can be demonstrated by the Invasion test. A drop of cervical mucus and husband's semen are placed side by side and cover slip applied and examined microscopically at the point of meeting of the two liquids. The rate of penetration and spear head formation of sperms provide valuable information.

Treatment.—The state of health of the husband and wife is attended to with eradication of foci of infection; A holiday with good food and out door exercise and a strychinine tonic if necessary, may work wonders. The couple must be instructed regarding the fertile period in the menstural cycle which is between tenth and sixteenth day of the cycle. Many may benefit from thyroid medication in small doses. If azoospermia is present it is due to bloackge of vas, Plastic reconstruction can be undertaken with fairly good results. Improvement will be noticed in many cases of testicular deficiency by following daily small doses of methyl testosterone taken sublingually for a month. Many cases of diminished libido and partial impotance improve on the above treatment. The obese male of the 'pituitary' type will respond better to gonado tropic harmones.

Treatment of female. As in the male treatment is first directed towards removal of adverse constitutional factors.

A woman who is not menstruating, rarely ovulates so that treatment of amenorrhea, may be required. In woman who are not ovulating a course of mixed gonado tropic harmones may incite ovulation. Follicle stimulating principle at mid menstrual period may stimulate ovulation. Tubal occlusion may be removed by repeated insufflation. A course of pelvic short wave therapy and oestrogans, the latter given during the follicular phase, is every helpful.

Cervical receptivity.—In cases of vaginal discharge trichomanas infections is to be treated if present. Cervical gonococal infection is treated and many other cervical infections respond well to a course of sulphonamides for seven to ten days and 1 mgm. stilboestrol daily for the first ten days of the menstrual cycle. Correction of uterine displacements such as retroversion is justifiable in the nulliparous woman. Pregnancy sometimes follows myomectomy in case of fibroids. In certain cases small doses of oestrogeus during the follicular phase and luteal harmone (synthetic preparations orally and the organic parenterally during the progestational phase assist conception. Small doses of thyroid assist in treatment. In obese women, efforts are to be directed towards reducing the patient's weight by dietary and suitable medication. P. V. S.

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NASAL HAEMORRHAGE—*H. E. Harris, E.E.N.T. Monthly Feb. '47.*—

To control serious haemorrhage effectively and immediately, it is very essential to know the origin of the bleeding. In about 10 of cases, bleeding originates in the posterior half of the nose. Fortunately most haemorrhages occur at the anterior and inferior portion of the septum where the septal branch of the sphenopalatine artery anastomoses with the superior palatine artery. This area is the Kiesselbach's or Little area very easily accessible for cauterization. Chemical cauterization is usually not very effective. In many cases it leads to tissue reaction, suppuration and perforation of the septum. Besides the procedures of ligating the external carotid or internal maxillary artery, the most effective method to control bleeding is by electro-cauterization.

It is very difficult to visualize the actual source of the bleeding in Haemorrhage in the posterior half of the nose. Common sites of bleeding are from branches of the sphenopalatine artery, and occasionally from a branch of anterior or posterior ethmoidal artery. Hence bleeding occurs in the upper posterior half of the septum, turbinates and inferior meatus.

Electro-cauterization. A curved metal suction tube covered with a tight fitting rubber cathetar with the metal tip protruding at the distal end is used. It is connected with a short-wave electro-surgical unit. With one electrode attached to the patient's skin the circuit is completed by touching the electrode on the exposed metal tip. In this manner blood is rapidly aspirated, bleeding points localised and electro-coagulated.

It is advisable to place these patients on chemotherapy, preferably Penicillin, to control nasal suppuration that may follow excessive trauma and obstruction to sinus ostia from previous packing and chemical cauterisation. If there has been intransal trauma from previous packing or attempts to control the haemorrhage with chemical cauterisation, penicilling is given for six days to control the severe infection. When the cautery alone is used, there is surprisingly little tissue reaction or Suppuration following its application.

ANTHALLAN—*E.E.N.T. Monthly.*—Student's Forum, March, 47.

Anthallan is administered orally. Not only can nasal allergy be treated simply and effectively with this drug, but the diagnostic problem can be ignored. The drug has a low toxicity. The improvement varied between 25 per cent and 100 per cent subjectively and objectively, as evaluated by a rigid schedule of numerical ratings of all the subjective and objective manifestations involved. Laboratory studies and clinical examinations did not indicate any harmful effect produced by the treatment with Anthallan.

"The results of the study show that Anthallan, when used in doses of 3 to 12 capsules daily over a period of 7 to 35 days by patients selected according to the diagnostic criteria suggested in this study, is a useful drug for obtaining relief in a high percentage of cases of seasonal and non-seasonal hyperesthetic rhinitis, and that Anthallan can be used with complete safety."

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SURGICAL ASPECT OF INTESTINAL AMOEBIASIS

—*Surgery, Gynaecology, and Obsterics, Vol-81-No 4 Oct. 45 By Philip Hawe*:— The surgical practice in the Topics demands a wide knowledge of this prevalent disease. The result will be hazardous if the surgeon does not focus attention on the persisting and relapsing lesions of this condition. Operative procedure is comparatively rare for the various complications.

Intestinal manifestations resemble lesions caused by a variety of surgical disease.

Inflammatory changes following infection by En damoeba Histolytica may be acute or chronic, of any intensity. Secondary infection produces several changes.

Pathology: In mild cases pinpoint ulcerations of mucosa and submucosa are present. In severe cases oedema of the wall with deposit of fibrin and surronding peritonitis exists.

The serous coat may be reddish and granular. When the appendix is involved it may be indistinguishable from non-amoebic condition. The acute attack usually subsides but may end in abscess and perforation.

In chronic manisfestations, diffuse fibrosis and thickening of the intestinal wall with selectivity of Caecum and sigmoid, predominates. Localised form is known as "Amoebic Granuloma." Or "Amoeboma."

In Rectum ulcerations may resemble malignancy or pseudopolyps. Stricture is rare and even long standing lesions heal without scar.

An amoeboma is a manisfestation presenting as a mass with chronic inflammatory thickening due to delayed resolution. Caecum is most often involved than any other part of the colon.

Appendix is involved by extension from caecum. It is often subacute. Apart from finding amoebae it is indistinguishable from nonamoebic type. Perforation is avoidable by Emetine.

Local complication of amoebiasis includes abscess and perforation. In retroperitoneal variety abscess tracks point in subphrenic, perirenal and pelvic areas. Fulminant attacks cause gangrene.

Haemorrhage is rare and manipulation during surgical procedure precipitates serious haemorrhage.

Intussusception is rare. Kinks, bands and adhesions as a sequealae are common.

The diagnosis of caecal amoebiasis from appendicitis is very important as it is hazardous to operate when there is amoebiasis.

If a suspected attack of appendicitis is mild it should lead the surgeon to a provisional diagnosis of amoebiasis till proved otherwise by the usual line of investigations and observation. Conservatism should be the rule if the course of attack is mild. Mild episodes should put one in bias against operation. When a localised mass presents surgery is never indicated and a therapeutic trial with emetine should be instituted. A chronic mass demands a differential diagnosis from ileitis, Tuberculosis etc.

Often, attempt at arriving on a conclusive diagnosis should be arrived at by resorting to biobsy, endoscopy, stools examination etc. All such investigations may be non-contributory and emetine should be given a trial.

After appendicectomy contents of appendix should be examined for amoebiae.

A few points in favour of amoebiasis are:

1. Previous history of dysentery.
2. Less constitutional disturbance than by physical signs.
3. Early thickening of caecum.
4. Amoebae in stools.

T. V. Su.

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SULPHADITAL—*Lancent 876 Jan, 21- '47.*

One of the chief danger of Sulphonamide Therapy has always lain in the tendency of these compounds to be deposited in the urinary tract and thus to cause blockage of the uriniferous tubules, the renal pelves or the urethral offices. Sulphapyridine, Sulphathiazole, Sulphamerazine and Sulphadiazine are all liable to be thus deposited if the dosage is high or the fluid intake if too low. 'Sulphamezathine' is more soluble and less dangerous; Sulphanilamide never causes this trouble. The danger can be considerably reduced by making the urine alkaline since these compounds and their derinatives are more soluble in alkaline urine than in acid for example the solubility of acetyl-sulphathiazole is only 7.3 mgm. per 100 m.b. at PH 6.4 but is 31 mgm. per 100 ml, at PH 7-6. The onset of urinary blockage is marked by one or more of the following signs or symptoms; pain in the loin (radiating to the groin) or abdomen, diminished output of urine preceding to anuria, and macrospic haematuria. The first step in treatment is to discontinue the sulphonamide. If some urine is still being excreted, fluids and alkalis are given to wash away the crystals; if blockage is complete only enough fluid should be given to balance the loss through the bowel, skin, and respiratory tract, and surgical measures should be urgently considered. In the prevention of sulphonamide anuria reliance has hither to been placed mostly on caution in giving large doses, on the administration of alkalis, and on the maintenance of large fluid intake. A new approach has been envolved in Sweden by FRISK and his colleagues on the principle that if two or more sulphaonamide compounds are administered in combination the therapeutic actions of the different compounds are additional but their solubilities

remain independent of each other. Accordingly it is possible to obtain a strong therapeutic action without the usual risk of urinary blockage. Apparently the same idea has been developed by Dr. David Lahr of NEW YORK. Frisketal recommended a mixture containing 37% Sulphathiazole, 37% Sulphadiazine, and 26% Sulphamerazine; this has been named 'Sulphadital'. In rabbits the greatest daily dose of the individual compounds which could be given without urinary concrements was only 0-4-0.6 gr. per Kg. whereas Sulphadital could be given safely in doses of lg. per Kg. The maximum tolerated doses of the three components produced a blood concentration of about 3-7 mgm. per 100 c. cm whereas the maximum dose of Sulphadital produced a blood concentration of 20, mgm. per 100 c cm. For the treatment of pneumonia the recommended course of Sulphadital is two doses of 2 g. followed by repeated doses of lg. all at four hours intervals. After 15 hrs. the mean blood concentration per 100 c cm. is 7-8 mgm. free and 8-5 mgm. total Sulphonamide. If desired these doses can be safely doubled. Sulphadital has been used in Sweden in hundreds of cases of Pneumonia and Gonorrhoea without any signs of urinary blockage. Lahr seems to have used a mixture of equal quantities of Sulphathiazole and Sulphadiazine with similarly favourable results. This simple scheme may prove a useful minor improvement in Sulphonamide therapy. But if a soluble but powerful Sulphonamide is all that is needed, it is surprising that more attention has not been given to the British drug Sulphamezathine either alone or as component of these mixtures.

A. D. R.

The Removal Of Foreign Bodies By Means Of A Dental Drill.—*M. C. Colenbrander, Ophthalmologica Apr. '47.* Fresh, loose foreign bodies can be removed by means of any object. If the object has been in the cornea for a somewhat longer time, there develops a demarcation-inflammation; some infiltration either or not impregnated with rust. Here the drill comes in useful. One chooses a drill corresponding with the size of the grit, disinfects its with alcohol or ether, removes the grit and drills out the infiltration by placing the drill vertically on the cornea in order to prevent slipping and to be able to turn it round between thumb and index. Healthy cornea is hard tissue; the infiltration is very much softer; nature itself is a help in seperating the diseased from the healthy part and not to take more away than necessary. Mostly some turns of the drill are sufficient. Should a brown ring remain behind, the drill should be replaced by a larger one; if only the centre is brown still, one should choose a smaller drill or hold the drill at an angle and drill doubly cautiously. The result is small, round, completely smooth-walled defect. The epithelium rapidly heals over it. Bandaging or asking to come again is mostly superfluous.

G .J. G.

2nd SOUTH INDIAN PROVINCIAL CONFERENCE

At a meeting of the working Committee of the Reception Committee held at 8 P.M. on 28—7—'47, the following resolutions were passed.

1. Resolved to hold the Conference on 17th, 18th and 19th October, '47.
2. Fees for patrons shall be Rs. 100/- and above and for Donars Rs. 50/- and above.
3. Sri N. C. Rajan was appointed as the Hony. Auditor
4. The Treasurer was authorised to open a Bank Account.
5. The Secretary was authorised to appoint a typist clerk.

A monthly meeting of the Reception Committee of the Provincial Conference was held on 3—7—'47 at Dr. C. S. Ramaswamy Iyer's Hospital, when the work done so far was reviewed. The Municipal and Dist. Health officers were co-opted to the working Committee. The rent for the stall at the exhibition was fixed as Rs. 100/- per stall and the rate for advertisements in the Sovenir/was also fixed. Since Dr. T. K. Narayanan who was elected to be incharge of the entertainments could not accept the same, due to some inconvenience, Dr. S. R. Srikantan was elected instead. A collection sub committee was formed to collect the subscribtions.

ASSOCIATION NOTES

COIMBATORE BRANCH

The Twenty-Second annual meeting of the Coimbatore District Medical Association was held on Sunday the 4th May 1947 at the C. D. J. Tuberculosis Sanatorium, Perundurai.

The business meeting commenced at 2-30 P.M. with Dr. J. K. Gnanaolivu in the chair. The annual report for the year 1946 was read by the secretary and was unanimously adopted. Messages received from Dr. T. S. Tirumurty, Dr. U. Krishna Rau, Dr. P. Rama Rau, & The Canara Medical Association were read. The Association Annual for 1946 was distributed to all those present.

The following office bearers for the year 1947 were then proposed and elected.

President:	Capt. T. K. Subramanian.
Vice. President:	Dr. C. Nanjappa.
Secretary:	Dr. C. V. Ramaraj.
Associate Secretary:	Dr. Ganapathy.
Treasurer:	Dr. T. V. Sivanandam.

Committee Members.

Major N. Krishnasamy
Capt. C. A. Vijayaraghavan.
Dr. L. Munusamy
Dr. N. Sakha Rama Rao.
Dr. L. K. Muthusamy (Erode)

Capt. T. K. Subramaniyam and Dr. J. K. Gnanaolivu were elected as representatives to the Central Council of the I. M. A. and Dr. C. V. Ramaraj, Dr. B. S. Viswanathan and Dr. N. G. Kandasamy were elected as representatives to the South Indian Provincial Council of the I. M. A.

As recommended by the working committee and on the grounds that the central fund contribution was proposed to be raised cent percent, the monthly subscription was raised from Rupee one to Rupees two per month for the resident members, and the yearly subscription from Rs. seven to Rupees Nine for the non-resident members. This was followed by a short speech by Dr. P. A. S. Raghavan, Provincial Secretary of the I. M. A. after which he wished to know if the Coimbatore Branch would invite the Provincial Conference this year to Coimbatore. After a brief discussion, the subject was put to vote and it was resolved to invite the Provincial Conference. The business part of the meeting then terminated with a concluding speech by the out-going President.

After Tea, the Scientific Session of the annual meeting started as a joint clinical meeting with the Trichinopoly District Medical Association and a few members of Salem Disrict Medical Association also attended. Capt. T.K. Subramaniyam presided and the following members read very interesting papers no several branches of Tuberculosis comprising a symposium. This was opened by Rao Bahadur Dr. Y. P. Vasudevan, M. H. O. Trichinopoly, a veteran on the Socio-economical aspect of Tuberculosis, with a paper on "PROBLEM OF TUBERCULOSIS." This was followed by the reading of papers by Dr. N. C. Subramanyam, B.A., M.B.B.S., T.D.D., of Trichinopoly "PROGNOSIS IN TUBERCULOSIS," Dr. P. V. Kesava Marar-"TUBERCULOSIS IN CHILDHOOD" Dr. M. G. Nair "IMMUNITY IN TUBERCULOSIS," Dr. R. Sundareswaran "TUBERCULOSIS OF THE EYE," Dr. R. Lakshmana Rao "CLINIC-OROENTGEN ASPECTS OF TUBERCULOSIS," Dr. S. V. Subramaniyam "DIABETES AND TUBERCULOSIS" and Dr. B. S. Viswanathan "ONWARDS FROM 1938" detailing the progress made in Perundurai Sanatorium from 1938.

Dr. P. V. Cherian, M.B.E., F.R.C.S. (Edin), D.L O. F.R.F.P.S. the Surgeon-General with the Govt. of Madras addressed the members and emphasised the need for co-operation among medical men, and also the necessity to tackle the deadly diseases of Tuberculosis on a wider scale. The scientific session concluded with vote of thanks by Dr. P. A. S. Raghavan on behalf of the Trichy Branch, Dr. Raja Ram on behalf of the Salem Branch, and Dr. C. V. Rama Raj on behalf of the Coimbatore Branch

The gathering was one of the unique occasions in the history of the Association in as much as three District Associations took part in the proceedings, and attendance numbered nearly 200.

A group photo was taken and there was a dinner at night.

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A monthly meeting of the branch was held on 28th June '47 in the Association premises. About 50 members were present and Dr. Mrs. S. N. Akila Bai was 'At Home.'

Lt. Col. P. J. Kelly I.M.S. presided.

Dr. S. Balakrishnan, B.A., M.B.B.S., D.L.O., spoke on 'Sinusitis.' He explained in detail the anatomy and pathology of various Sinuses and their common infections. The diagnosis of Sinusitis was made by clinical examination, trans-illumination and X-Rays. He explained the various methods of treatment both medical, surgical and radiological.

Dr. P. A. S. Raghavan, the Provincial Secretary, then explained in detail, the various arrangements that have to be made in connection with the forthcoming 2nd South Indian Conference. It was resolved that all the members of the Coimbatore Branch do from into the Reception Committee and pay a sum of not less than Rs. 15/- as Reception Committee membership fee. The following office bearers were then elected.

Chairman:	Dr. C. S. Ramaswamy.
Vice-Chairmen:	Lt. Col. P. J. Kelly.
	Capt. T. K. Subramaniyan.
General Secretary:	Dr. C. V. Ramaraj.
Joint Secretary:	Dr. G. S. Krishnamsway.
Treasurer:	Dr. T. V. Sivanandam.

Members in charge of

Accomodation	Dr. R. Sundarajan.
Boarding	Dr. C. Nanjappa.
Scientific Section:	Dr. P. K. Kalyanaraman.
Exhibition:	Dr. L. Muniswamy.
Souvenir:	Dr. K. V. Subramaniyan.
Transport:	Dr. N. Velappan.
Entertainment:	Dr. S. R. Srikantan (Dr. T. K. Narayanan who was originally elected was not able to accept).
Ladies section:	Dr. Miss M. K. Saraswathy.

The above will form the Working Committee for the Reception Committee.

With a vote of thanks to the chair, host and the Provincial Secretary the meeting terminated.

RAMNAD BRANCH

President:	Dr. K. S. Venkatachala Ayyar M.R.C.S., L.R.C.P., etc. D.M.O. Ramnad
Vice President:	Dr. T. S. Shetty, M.D.
Hony. & Treasurer:	Dr. S. Sundaresan, L.M.P.
Asst. Secretary:	Dr. M. Sreenivasalu, M.B.B.S.

Minutes of the meeting held at the S. M. A High School, Karaikudy, on Saturday the 21st June 1947.

Due to the unavoidable absence of both the President and the Vice-President, Dr. V. Rama krishnan was proposed to the Chair, and approved unanimously.

After Tea, provided by Dr. T. V. Appaswami, Medical Officer, Kandanoor, the meeting commenced.

A young boy of 4 years-Dr. Shetty's case-was demonstrated with an X-Ray of his scalp. He had protuberance of the right Eye-ball, and was said to be taking large quantities of water. A lively discussion took place in which all members joined.

Dr. V. Ramakrishnan demonstrated a case of suspected Cervical Rib. also He exhibited a Vesical Calculus weighing about 3 Ozs. successfully operated by him in his dispensary. He also mentioned the cheapest method of preparing oily suspension in wax of Pencilin Sodium for use in moffusil practice.

After a vote of thanks to the President, the host and the School authorities the meeting came to a close.

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Minutes of the monthly meeting held in the O. V. C. High School, Mana Madura, on Saturday the July '47 at 4 P. M.

The members were entertained to Tea by Dr. I. Devasirvadam of the Dayapuram Hospital.

After Tea, Dr. K. S. Venkatachala Iyer L.R.C.P., M.R.C.S. etc. D.M.O., Ramnad, presided. The minutes of the last meeting were read and adopted.

Then, Dr. I. Devasirvadam delivered an interesting talk on "CONTROL OF LEPROSY.'

After a vote of thanks to the authorities of the School for permitting the use of the premises and the host, the meeting terminated.

TRICHINOPOLY BRANCH

President:	Dr. P. A. S. Raghavan, L.M.R.E.
Secretary:	Dr. V. Enok, M.B.B.S.
Treasurer:	Dr. K. Rangaswamy Iyer, L.M.P.

The monthly meeting of the above Association was held at 5-30 P.M. on Thursday the 19th June '47 at the premises of the Dt. Health Association, Puthur. About 45 doctors were present.

Col. S. L. Bhatia, C.I.E., M.C., I.M.S., Surgeon-General with the Govt. of Madras, presided.

Dr. P. V. Sundaram, B.Sc., M.B.B.S., was 'At Home.'

Dr. P. A. S. Raghavan, the President, extended a hearty welcome to Col. S. L Bhatia, and said that Col. Bhatia had many academical qualifications being a M.A., M.D., Etc. he had also written a preface to the book on 'ASANAS.' He said that though Col. Bhatia was new to these parts and though it was not definite whether he would be in India or in Pakistan, he would always have a cordial welcome by the medical men of Trichinopoly. He hoped the new Surgeon-General will do his best for the Association and the members of the services during his term whether long or short.

Col. Bhatia in his reply, said, that he appreciated the sentiments expressed by the President, but corrected the impression that he was new to these parts, as he had been visiting Madras on and off as an Examiner for the M. D. etc. He was happy to be a midst them and assured the members that he would do all that is possible to help their interests.

Capt. C. S. S. Sarma, D. M. O. Cuddalore, then delivered a very interesting and humurous lecture on 'Some Problems in Obstetrics' at a Dt. Hd. Qrs. Hospital. He stressed the need for more trained personel, both doctors and midwives and the need for pre-natal and post partum care of patients. He also dwelt on the various prenatal precautions on which depends successful deliveries. After the lecture, there was an interesting discussion and the role of Blood Transfusion was specially discussed. Many members took part in the discussion.

Col. Bhatia in his concluding remarks, congratulated Dr. Sarma for his interesting lecture and the members on the high level of the discussion and the interest they took in the subject.

Dr. V. Enok, the Secretary, proposed a vote of thanks to Col. Bhatia, the President, the Lecturer, and the host of the evening, after which the meeting was terminated.

MALABAR BRANCH

President:	Dr. N. Achuthan, M.B.B.S.
Vice President:	Dr. V. I. Raman
Joint Secretaries:	Dr. C. V. Narayana Iyer, L.M.P. Dr. A. Govindankutty Nair, M.B.B.S.

A meeting of the Malabar Branch was held on Saturday the 31st May '47. Dr. K. Madhava Menon was At Home to the members of the Association. For the vacancy of the Presidentship caused by Mrs. Shepherd leaving for England, Dr. N. Acuhthan was unanimously elected. Dr. V. I Raman was elected Vice-President. Capt. R. Ananthanarayanan M.B.B.S. read a paper on 'Some observations on Peptic Ulcers'. Statistics collected from a study of 228 showed that Hindus suffer more than Muslims and X'ians, the percentage being 54.7. 39.7 and 5.6% respectively. It was also further found that labourers and destitutes suffer most, the ages incidence being from 21 to 40. There was some discussion among the members. Dr. K. N. Basu of Bengal and of the Chinese Medical Mission addressed the members on the activities done by the Medical Units in distressed areas. He said that he had come in connection with the distribution of drugs and food to the distressed people of Malabar.

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An urgent meeting was arranged on 16—5—'47 to meet Dr. S. C. Sen the Hon. General Secretary of the I.M.A. Dr. Sen addressed the members on the origin and growth of the I. M. A.

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A meeting was held on 28—6—'47 when Dr. K.S. Ramakrishnan read a paper on 'Some Beliefs' 'Old' and 'New.' Dr. N. Achuthan was the host.

TANJORE BRANCH

President:	
Vice President:	Dr. T. M. Pillai.
Secretaries:	Dr. N. Ramanathan, M.B.B.S.
	Dr. P. Narayana Rao.

A monthly meeting of the above association was held at 5 P. M. on Sunday the 27th July '47 at the Medical School Buildings, about 45 doctors attended.

Dr. M. S. Natarajan, Civil Asst. Surgeon, Mayavaram was 'At Home.'

Dr. T. M. Pillai the Vice-President took the chair. Lt. Col. Karamchandani, M.R.C.P., I. M. S., Dist. Medical Officer, Trichinopoly, delivered a lecture on 'Folic Acid.'

The President, after welcoming the lecturer Lt. Col. Karamchandani, and Dr. Raghavan, the Provincial Secretary, called upon the Secretaty, Dr. N. Ramanathan to read the minutes of the last meeting, which was read and approved.

Dr. P. A. S. Raghavan, the Provincial Secretary in formed the members about the details of the Deputation that waited on the Hon'ble Minister for Public Health, according to which there will be unification of services, having one cadre, and that the other points were being favourably considered by the Govt. He also announced that the I.M.A. and its branches were recognised by the Govt. as representing the Alopathic Practitioners, that the Govt, would consult the Association on medical matters, and hence the need for all medical men to join the I.M.A. He was surprised that through Diarchy had disappeared a decade ago and even Provincial Antonomy was being replaced by Independence, it was surprising that Tanjore was still carrying on Diarchy, by having two medical associations.

Lt. Col. Karamchandani then delivered an interesting lecture on 'Folic Acid' for diarrhoea. He said that the new drug which was discovered in America was very effective in long standing diarrhoeas, which were not due to either Amoeba or Tubercle. He quoted the statistics of the cases he had investigated at the Govt. Head Qr. Hospital, Trichinopoly, and said that the action of Folic Acid was to throw into the circulation large numbers of red cells generated in the bone narrow, and that the action of liver extract was to mature the cells into useful elements of the blood. (Lecture on 'Folic Acid' will appear in a subsequent issue of the 'Miscellany.') There was an interesting discussion after the lecture and with a vote of thanks to the Lecturer, the host, and the members, the meeting terminated.

MADRAS BRANCH

President:	Capt. S. Thambiah, M. C., M.R.C.P., D.T.M. & H. F.D.S.
Vice President:	Dr. W. Krishna Rao M.B., B.S.,
„	Dr. K. C. Nambiar, F.R.C.S.
Secretaries:	Dr. K. L. Narayana Rao, M.B.B.S.
„	Dr. P. T. Raghavachari, M.B.B.S.
Treasurer:	Dr. M. R. Bail, M.B.B.S.

I. The first Clinical Meeting was held on Friday the 29th November, 1946 at 6 p.m. at the Madras Medical College. The President Rao Bahadur Capt. S. Thambiah, was At Home to the members. After Tea, Dr. C. R. Krishnaswamy, M.S., F.R.C.S., gave a lecture on "A few points about fractures". There was a discussion in which many members participated and the meeting came to a close with a vote of thanks to the Chair and the lecturer.

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II. Sir Heneage Ogilvie, F.R.C.S., F.R.A.S., Professor of Surgery of London University was in Madras during X'mas week in connection with the F.R.C.S. primary examination. The Madras Branch seized this opportunity and arranged for a lecture by him on 28th December, 1946. He spoke on "Surgical Lessons of the War". The lecture was well attended and was indeed much appreciated by the members.

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III. The following Clinical meetings were also arranged by the Madras Branch at the Madras Medical College. The lectures were much appreciated by the members and at all the meetings, there was a representative gathering of members as well as medical men in the city.

1. Dr. R. Subramaniam, M.D., M.R.C.P., on "Tropical Liver abscess"—Thursday 27—2—1947.
2. Dr. J. C. David, Phd., on "Recent Advances in Drug Therapy"—Saturday 22nd March, 1947.
3. Dr. P. Arunachalam, M.D., M.R.C.P., on "Medical Emergencies"—Friday, 28 March, 1947.

IV. **PARTY TO SURGEON GENERAL** Dr. P. V. Cherian

A party was got up on 3rd April, 1947, in honour of Dr. P. V. Cherian, F.R.C.S., C.I.E., who was the first Indian to be appointed as Surgeon-General with the Govt. of Madras. The party was held at the Madras Medical College grounds. Dr. S. Thambiah, the President of the Association, congratulated Dr. Cherian, on the unique distinction conferred on him by the Government and on being the first Indian to hold that much-covetted post. Sir Dr. A. L. Mudaliar, Kt., Dr. T. S. Tirumurthi, and Capt. P. Krishnaswamy, also associated themselves with the felicitations offered to the new surgeon-General and with a vote of thanks by Dr. P T. Raghavachary, the Jt. Secretary, the pleasant party broke up.

The following Clinical Meetings have been arranged to be held at the Madras College at 6-30 P. M. each day.

	LECTURE	SUBJECT	DATE
1.	Dr. S. K. Sundaram, M.D.	... "Some Liver Disorders"	Wednesday 23rd July 1947
2.	Dr. K. C. Nambiar, F.R.C.S.	... "Fallacies in Medical Practice"	Wednesday 30th July 1947
3.	Dr. K. Vasudeva Rao, M.D., M.R.C.P., T.D.D.	... "Recent Advances in the treatment of Pulmonary Tuberculosis"	Wednesday 6th August 1947
4.	Dr. R. R. K. Thampan, F.R.C.S., M.C.O.G.	... "Bleeding in Women after Thirty-Five"	Wednesday 20th August 1947
5.	Dr. U. Mohan Rau, M.S., F.R.C.S.	... "Minor Surgery of Rectum and Anal Canal"	Wednesday 27th August 1947
6.	Dr. Rao Bahadur Capt. S. Thambiah, M.C., M.R.C.P., D.T.M. & H., F.D.S.	... "High Blood Pressure"	Wednesday 3rd September 1947
7.	Dr. P. Venkatagiri, M.D., M.R.C.O.G.	... "Fear complex during Pregnancy Parturition and Puerperium"	Wednesday 10th September 1947

All members of the profession are cordially invited.

K. L. NARAYANA RAO,
P. T. RAGHAVACHARI,
Hony. Secretaries.

DR. JIVARAJ N. METHA,

M.D., (LONDON) M. R. C. P. (LONDON) F. C. P. S. (BOM.)

It is a happy augury that the Independence of India on the 15th August 1947 should find Dr. Jivaraj N. Mehta as the Director-General of Medical Services, in India.

Dr. Jivaraj N. Mehta was perhaps the youngest M.D. and M.R.C.P. (London) and had a distinguished career in Bombay which included the Deanship of K. G. M. Hospital Bombay. He is a well known figure in the Medical World. Though he was elected President of the Indian Medical Association in 1943, he could not preside over the Session as he was under incarceration due to his nationalistic views. As a protest for his detention and in recognition of his sacrifices, he was re-elected President of the Indian Medical Association although he was still in jail. Fortunately he was released early enough to preside over the Annual Conference of the Indian Medical Association in December 1944.

Dr. Jivaraj N. Mehta is well known in this Province also, for he presided over the First South Indian Medical Conference at Trichinopoly in October 1945 and has also visited most of the Districts in the South and has addressed the various branches of the Indian Medical Association. There is no doubt that the Medical Service in India, and the profession as a whole, will acquire added glory under his guidance.

DR. JIVARAJ N. MEHTA,
M.D. M.R.C P., F.C.P.S.

No. 16, Altamont Road,
Bombay, 14—8—1947.

DEAR DR. RAGHAVAN,

Ever so many thanks for your kind letter and for a copy of the "Miscellany". I have gone through it with interest and let me congratulate you for providing so good a form for the members of the Madras Provincial Branch of the I. M. A. Its get up appeals to me and its contents are praise-worthy. When one has a will, one finds a way alright. Your efforts have succeeded in bringing about a Provincial Medical Journal on the lines of the decisions of the Central Council of the I. M. A. in this regard, which other Provincial Secretaries will now try to emulate.

With warm greetings,

Yours,
(Sd.) JIVARAJ N. MEHTA,
(*Director-General,*
Medical Services,
Government of India, Delhi.)

AMBULANCE SERVICE

Ambulance cars are avilable at the following places and can be utilised to take patients to or fro the patient's residence and the Hospitals and Medical Institutions.

Where Telephone systems are avilable, the number is 99, otherwise message can be sent to the Fire Station. The Ambulance will not be available for removing dead bodies and infectious cases.

The service will be avilable free of charge for accident cases such as road accidents and similar accidents. The charge will be Rs. 2 per trip within Municipal limits, and As. 8 per mile outside Municipal limits, with a waiting charge of Re. 1 per hour of waiting.

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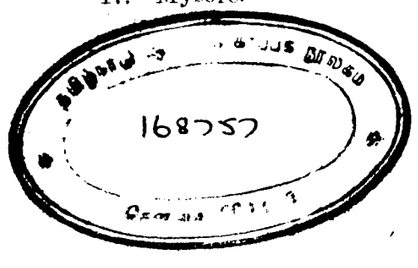

THE MISCELLANY

(JOURNAL OF THE SOUTH INDIAN BRANCH OF THE INDIAN MEDICAL ASSOCIATION)

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Members are requested to inform the undersigned any change of address if and when it occurs.

MANAGING EDITOR,
'The Miscellany,' Teppakulam, Trichinopoly.

Registered No. M. 4839

ODDS & ENDS

It is mildly infected person that is more responsible for spreading filariasis; for the mosquito dies when it sucks a heavily infected blood.

*** *** ***

Coffee should not be allowed to those who have glaucoma or predisposition to increased intraocular tension.

*** *** ***

Of all faults in diet, the commonest is over-eating.
Better an empty house than a bad tenant.

*** *** ***

Keep the head cool, the feet warm, the mind easy and the bowels open.

*** *** ***

A children's doctor requires to have some knowledge of parents as well as children; in fact, he sometimes finds that the real disease afflicting the child is the parent.

*** *** ***

The patients, he has treated, form a library of reference for the doctor of experience.

*** *** ***

It is what men say to one another about a book that counts; it is what women say to one another about a doctor that matters.

*** *** ***

The seller of a certain remedy for nervous diseases has got this unsolicited testimonial. "I cannot praise your medicine too much. My wife used to be so nervous that no one could sleep with her, but now, after taking your Drowsy Drops, any one can sleep with her."

*** *** ***

The profession of the parent was the subject of discussion. Remarked one boy "When my father works, you will simply sit open-mouthed.
"What is he?" asked another.
"He is a Dentist", was the reply.

*** *** ***

Edited and Published by Dr. P. A. S. Raghavan, Z. M. R. E. (Vienna,) Teppakulam, Trichinopoly, and Printed at St. Joseph's Industrial School Press, Trichy—Q. H. No. Ty. 1—1947

Announcement

The Second South Indian Medical Conference will be held on the 17th, 18th and 19th October, 1947.

Sir C. V. Raman, F.R.S., M.A., Ph. D. has kindly consented to deliver the inaugural address.

In addition to Scientific Sessions, there will be a Medical Exhibition. Boarding and Lodging will be free.

For further particulars please contact the following Office Bearers:—

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* * * * *

Blood Banks are located at the Head Qrs. Hospital of the following Districts:— Trichinopoly, Madura, Calicut, Cochin, Cocanada and Vizag, the G. H. Madras, and the King Institute, Guindy.

Donors will be paid Rs. 5/- each. It is available for transfusion at the rate of Rs. 20/— per bottle of 200 c.c. of whole blood, and Rs. 50/ for a bottle of plasma. To reduce the cost of blood, stocks must increase. Doctors can help it by recommending their patients, particularly those with high bloodpressure, real or imagined, to have blood-letting.

Blood-letting must become as fashionable in India as Nerve cutting is in America.

(FOR CIRCULATION AMONGST MEMBERS ONLY)

THE MISCELLANY

JOURNAL OF THE SOUTH INDIAN BRANCH
OF
THE INDIAN MEDICAL ASSOCIATION

VOL. XIV] SEPTEMBER 1947 [NO. 3

THE GENERAL MEDICAL PRACTITIONER AS A SURGEON

BY

DR. N. S. NARASIMHA IYER, F.R.C.S., Madras

Every General Medical Practitioner is a Surgeon and undertakes surgery of the non-operative kind on an extensive scale. The equipment of a General Practitioner need not be very elaborate to undertake surgery of this nature. The surgery which he undertakes is that which is more important to the state and the public.

Surgery of this kind can be divided into:—

1. Early diagnosis.
2. Advice of the practitioner in certain conditions which require operative treatment.
3. Prevention of certain conditions, which can only be done by the first practitioner who sees the case.
4. Prevention of conditions on a national scale.
5. Treatment of many surgical diseases for which eventually an operation is done but which are treated by the practitioner medically having a correct knowledge of the underlying surgical principles.
6. Treatment of certain conditions which must be undertaken by him to save life and limb.
7. Treatment of certain common conditions by himself.

Early Diagnosis :—The operating Surgeons who do hospital practice are often convinced that better results could be obtained if the cases reached the hospital at an earlier stage. The General Medical Practitioner is apt to be blamed, if his patient does not reach the operating surgeon early. Early diagnosis of most conditions can be arrived at only if certain safe rules are followed.

(*a*) **Early Diagnosis of Cancer :**—It has been the experience of surgeons that no case of carcinoma of any organ comes to the Hospital at an early stage. Carcinoma may be divided into those on the surface and those of internal organs. Thus cancer on the surface as in cheek, tongue, palate, external skin, breast, penis, etc. do cause disfiguration, discomfort and attract the attention of the household, bystander, and still people do not come at a stage at which effective treatment could be

given. It is the General Practitioner who will be consulted for a leukoplakia of the tongue or cheek or an eroded rough surface or a small nodule. It is at this stage that the patient may be directed to undergo treatment. In any cancer campaign it is the General Medical Practitioner who will play a prominent role. Skin Carcinomas are quite common. Any ulcer which does not heal in six week time requires to be investigated. There are only three varieties of ulcers, simple, specific and malignant and investigation should be done to find out to which group the ulcer belongs. A biospy is of great value and it is better done in a clinic or a hospital and the material sent for pathological examination and report. As regards Carcinoma of the penis most patients in European countries would be under expert treatment by the time the ulcer is of the size of a two anna bit. The large fungating growths which are seen in the country, have existed for over two years and thus very valuable time is lost. These growths are of low grade malignancy and if handled early, the longivity of life need not be curtailed.

Breast Carcinomas are not spotted early enough even in doctor's wives. The important thing to remember is that a carcinoma is not painful till the ulcerates or becomes fixed producing pressure symptoms on the nerves. Another important thing to do is to remember that any breast tumour should be removed. If this working rule is adopted many carcinomas may be detected early. It was expected that the treatment by non-operative measures as deep X-Ray and Radium will encourage timid patients to come forward for early diagnosis and treatment. This hope has not materialised even in the case of educated classes. So it becomes an imperative duty of the Practitioner to press the advice that every breast swelling should be removed. A breast tumour may be fibro-adenoma, papillomatous, cysts, fibro-cystic disease of the breast and chronic mastitis, sarcoma or a carcinoma.

The breast should be examined and all lumps of the breast should be removed for microscopic examination. Papillomatous cysts may be accompanied by a bloody or serous discharge from the nipple. There need not be a palpable nodule. The case should be kept under observation. A change in the size of the tumour associated with a bloody discharge from the nipple is pathognomonic of papillomatous cysts. Chronic cystic mastitis has several names and has given the greatest difficulty as regards advise of treatment. Single translucent cysts may me aspirated. Multiple cysts may harbour malignancy in a certain percentage of cases. If by local support the patient does not show improvement it should be removed by excision and subjected to a histological examination. In early cases a simple mastectomy will suffice. Chronic Cystic Mastitis should not be treated by administration of Oestrogens. There are very many benign lesions which simulate Carcinoma and may occasionally show one or more of the signs of Carcinoma such as skin attachment, nipple retraction, breast elevation and irregularity. Such conditions are traumatic, necrosis, plasmacell mastitis, gumma, deep abscess, a cyst within the areola, fibroadenoma, or a papillary cystadenoma lying within the areola with a discharge from the nipple in a woman over 40, is highly suggestive of malignancy.

The common benign lesions causing bleeding is duct papilloma. In cases of bleeding from the nipple which has occurred continuously or intermittantly for a month it is safe to remove the breast and all such patients should be kept under observation. It is important to get the case to the Surgeon before the occurrence of the so called signs of malignancy such as skin and nipple retraction, axillary lymph adenitis and

loss of weight. It is impossible to exclude the diagnosis of corcinoma by mere palpation. It is important that it is explained to the patient that a true excision of the tumour followed by an immediate pathological examination will only settle the diagnosis of these tumours and that the entire breast has to be removed if the condition is malignant. So a biopsy should be performed to have an immediate microscopic examination when one is prepared to do radical surgery soon after, if indicated.

While this is the stage at which we see cases of Carcinoma of structures at the surface, Carcinoma of the internal organs is still worse. It is a long established working rule that every hoarseness of voice of more than 6 weeks duration should be subjected to a laryngoscopic examination. No early case of Carcinoma of the larynx comes sufficiently early enough for radical treatment. They all come at a time when there are large masses of glands in the neck. The rule that a hoarse voice case should be subjected to a laryngoscopic examination should not be forgotten. Cases of Carcinoma of the Oesophagus come only when there is dysphagia to liquids at which stage they require a gastrostomy to keep them alive. To produce dysphagia by growth it will take at least a year. When there is obstruction to solids every doctor should realise that the case requires an Oesaphagascopic examination and biopsy. In one early case where the biopsy proved to be Carcinomatus the doctor in attendance, a relative of the patient, would not believe the diagnosis and the patient arrived at a very late stage and died 12 weeks after. It should be realised that radical operation on the Oesaphagus for extirpation of cancer is practised extensively in Russia, United Kingdom and America. This will only be possible with the help of the General Practitioner. Carcinoma of the stomach will baffle any doctor. The American Insurance Companies have thought it better to stand the cost of investigation of their insured persons so that they can catch cases of Carcinoma of the stomach at an early stage. If a man over 40 complains of loss of weight and loss of appetite, Carcinoma of the stomach has to be thought of. Surgery is the only hope for these patients. Carcinoma of the colon offers great difficulties in diagnosis, especially in a country where diarrhoea and dysentery are so common. The obstructive scchirous type may take one to two years before they produce symptoms. The proliferative growths will produce bleeding when they get ulcerated. Either type of dysentery should yield to treatment on modern lines in a week's time and if bleeding or diarrhoea persists, the case should be investigated with a Barium Enema and sigmoidoscopic examination. Most mistakes are made with Carcinoma of the rectum, when the patient will offer the diagnosis of piles. All "piles" cases should be examined carefully and a proctoscopic examination made to confirm the diagnosis. It is possible that a patient with piles may also have cancer in latter life. So a clinical analysis of the symptoms is necessary. "Carcinoma may stimulate and be associated with piles."

Regarding Carcinoma of the uterus it is remarked by gynaecologists that no cases of Carcinoma comes in a stage fit for radical hysterectomy. It should be brought to the notice of the profession that cancer of the bronchus is not being recognized quite commonly. The symptamatology will depend on the pathological effects produced by the situation of the growth and the effects produced by the growth on the bronchial tree, distal to it. The symptoms may simulate Asthma, collapsed lung, lung abscess, branchiectasis, or mediastinal tumour. The only symptom in early cases may be cough. The condition can be recognised by a bronchoscopic examination. An asthmatic

attack appearing for the first time in the fourth and the fifth decades of life should arouse a suspicion of Carcinoma of the bronchus. The treatment is either a lobectomy or a pneumonectomy. While these cases are being recognised and treated satisfactorily in the United Kingdom no such case has come to the General Hospital in recent years.

Diagnosis of acute intestinal obstruction, strangulated herniae, perforations of duodenal ulcer, internal haemorrhage from rupture of spleen, kidney or extra uterine gestation rests with the first doctor who sees the case. Colicky pain in the abdomen, a vomit or repeated vomitting, non-passage of flatus and faeces are the classical signs of acute intestinal obstruction. Many mistakes are done even in cases of strangulated external herniae and the mortality rate has not come down to below 20. Hence the importance of early diagnosis and avoidance of tax is to reduce it. Perforations of duodenal ulcer are now diagnosed much early by the Practitioner, the signs being sudden pain in the abdomen, followed by vomitting, board like rigidity of the abdomen, the patient usually quiet in bed but in a condition of shock. The operative results are very good, if done within 6 hours. Internal abdominal haemorrhage cases can be saved by prompt operation. A rising pulse-rate a sudden fall in temperature and pallor are the earliest signs.

Acute appendicitis is a very common condition. About 4,000 people die every year in the United States in spite of early diagnosis and expert professional service. It has to be realised that the temperature and pulse rate may be normal and yet the appendix may be obstructed or gangrenous.

Another common condition from which most probably a great majority of people suffer one time or the other, is back-ache or lumbago and Sciatic pain. The condition is so common both in men and women, that some time or other the Practitioner is consulted for this condition. If one keeps in mind that a back-ache case may sometimes turn out to be much more serious than a minor ailment and if it is not lightly dismissed with a prescription of an analgesic or a liniment then a great point has been scored. Every case of bach-ache should be subjected to thorough examination. Some of the more important causes of back-ache are tuberculous disease of the spine, malignant diseases, either primary or secondary and tumours of the spinal chord. The majority of cases of tuberculous disease of the spine come too late with deformity, cold abscesses, sinuses and paraplegia. The early signs of tuberculous disease of spine are local and referred pain, rigidity and tenderness over the spine.

Empyema Thoracis:— Every case, which shows a rise in temperature and a persistent high leucocytic count after an attack of Pneumonia must be examined with a view to exclude an empyema. The patient begins to lose weight and has a dry unproductive cough. There may be bulging of the intercostal spaces with pain and tenderness and oedema of the integuments. Dullness over the area with absent breath sounds with an area of tubular breathing above it, are signs of fluid in the chest. The diagnosis must be confirmed by aspiration. Microscopic examination, culture of the aspirated materials and radiographic examination are useful aids to treatment. The diagnosis may be missed and empyema may persist for many months, when the treatment becomes very difficult.

Acute Osteo-Myelitis is a condition which arises suddenly in children at the dia-physeal end of a long bone, often with a dramatic onset of high fever and signs of toxaemia. An X-ray will not show any change within the first 3 weeks. It is the Practitioner's capacity to elicit local tenderness, which would decide the diagnosis in

time. These cases are now treated by resting the limb in splint, administration of Penicillin and sulphanilamides and by incising the sub-periosteal abscess at the appropriate time. This time is the first three or four days.

Penicillin has not prevented bone changes and has not replaced operative treatment. Another advance in the operative treatment of this condition is the fact that the medullary canal is not exposed as it is the last structure to be affected.

(*Notes from a lecture delivered on 24-8-47 at the Trichy Branch of I. M. A.*)

(*To be continued.*)

DIAGNOSIS & TREATMENT OF ORIENTAL SORE

BY

LT. COL. P. V. KARAMCHANDANI, M.B.B.S., F.R.C.P., I.M.S.,

District Medical Officer, Trichinopoly.

Abinitio:—The author wishes to emphasise that this note covers an experience in diagnosis and treatment of oriental sore as encountered in N. W. Frontier Province of India, Baluchistan and Sind. This paper may appear to be dogmatic, but the experience gained during the last 30 years and original articles published by the author in the past, entitle him to lay some claim at originality.

Symptoms:—Oriental sore was found to commence as itching papule which soon inflitrated into the derma and became covered with dry, white, papery scales. Inflammatory changes set in and scales formed into a scale. When scratched off, sore underneath made its appearance, which kept on forming and shedding scabs. The sore had a shallow base, with scanty ichorous discharge, sharp cut edge, jagged margin and congested area around.

Diagnosis:—(*a*) Clinically following sores showed some resemblance.

(i) Veld sore. Here there was a history of acute inflammatory stage commencing with an intensely painful vesicle followed by a chronic stage. Therapeutically subcutaneous injection of anti diphtheritic serum and dressings soaked in the same serum cleared up the sore.

(ii) Ulcus tropicum (Naga sore). There was no demarkation of 2 stages. the whole process was acute from the very beginning i.e., a big vesicle (with considerable constitutional disturbance) which soon ruptured and rapidly developed into a sloughing sore.

(iii). Tertiary syphilitic sore. Clear punched out ulcer with history of syphilis and positive wasserman, presented no difficulty. Some cases who had both varities of sores caused some ambiguity, which fact is to be remembered.

(iv) Lupus vulgaris. Only when lupus vulgaris appeared on a child's face when ulceration had just supervened caused some confusion. Search for nodules of lupus and later extensive ulceration and destruction helped to distinguish this condition.

(v) Rodent ulcer. Only during the early stage when this ulcer presented itself on an oldish

person's face, before bony imvolvement had occured, it raised some doubt but peculiar rolled character of edges of pearly white colour in rodent ulcer were manifest enough to help the clear the diagnosis.

(*b*) Laboratory diagnosis.

The method which the author has found most helpful is as follows:—

1. Sterilize the skin at the edge of ulcer.
2. Pass a surgical needle through the skin at the edge to underneath the ulcer.
3. Take it out and pass a fine glass pipette through the puncture in the skin and then along the tract of needle.
4. Draw some serum and tissue cells.
5. Blow this on a few slides, make a film, stain with Leishman and examine for L. D. bodies.

Treatment:—(*a*) When sores are multiple.

The author prefers fouadin (Neoantimosan containing 13% antimony by intra muscular injection) to either Sodium antimony tartarate or petavalent antimony compounds.

following doses are recommended.

1st day	0.5	C.C.	(of 7% solution)
4th day	1.5	,,	,,
7th day	3.5	,,	,,
10th day	5	,,	,,

The author analysed the comparative value of various methods of treatment (Karamchandani 1927), where the details of treatmeut with antimony treatment were given. But subsequently when he commenced to use fouadin in Quetta (Baluchistan), he discovered that this drug was an improvement on antimony tartarate in this respect that (i) it could be administered to children and obese women in whom veins are not prominent.

(ii) No skill was required and even a novice could give injection intramuscularly.

(iii) There was no danger or fatality.

(iv) Results were better. Fouadin was also better than neostibosan which did not show nearly as good results.

(b) When the sore is isolated.

The author recommends local injections with berberine sulphate. His technique has been described in the Manual of the diseases of warm climates (Manson Bahr 1940). But in the light of some modifications it may be re-described here. 1/3rd grain of berberine sulphate is dissolved in 1½ C.C. of aqua distillata, sterilised by boiling and injected as follows:—

The needle is inserted 1/3" away from the margin of the sore and passed through the skin to underneath the ulcer near the edge where ½ C.C. of solution is emptied. The needle is withdrawn a little, and ½ C.C. of the remaining solution is injected a little above and ½ C.C. below the first point. Second injection is given a week later on the opposite side of the sore in the same way. Usually 2 injections suffice but it is necessary that hypertonic saline solution dressings should be given.

It will be of some of interest to note that author's procedure of infiltration of base of ulcer with berberine sulphate which he first described (Karamchandani 1927) was borrowed from his method of recovering L. D. bodies from beneath the ulcer through the tract made with a surgical needle.

It has to be mentioned that indolent oriental sores situated on indurated areas, on account of chronicity and secondary infection do not react so well to antimony parenterally and

therefore hypertonic saline fomentations which remove the septic element form more so an essential part of local treatment of these sores than those on plastic areas.

Five points which require to be considered and which the author has previously emphasised (Karamchandani—1930) may with advantage be recapitulated here.

(1) The drug should be fresh, because it seems to lose potency with age. (2) The solution should be prepared fresh each time for immediate use and prepared solution should not be kept in stock. (3) Hypertonic and isotonic saline solution dressings are very strongly recommended in conjunction with the injections. (4) No untoward effect whatsoever has been noticed from the use of the drug. (5) A dose of one-third of a grain, instead of one-quarter of a grain in 1.5 C.C. has been found to give better results.

References:

Karamchandani P. V.	(1927)	Ind. Med. Gaz., 62 P. 10
Idem	(1930)	Lancet I. P. 78.
Manson Bahr P.	(1940)	Manson's Tropical Diseases 11th Ed. P, 207.

STANDARD SOUTH INDIAN DIET.

BY

DR. R. SAMBASIVAM, M.B.B.S., Trichinopoly.

A composite diet is generally standardised on the basis of optimum requirements in proteins, carbo-hydrates, fats, and in minerals and vitamins.

CEREALS. The *protein value* of *Bazra* (Cambu) and *Wheat* are the same, while that of *Ragi* and *Rice* is a little less. The *calorific value* is the same for all the four cereals. On the other hand, the *iron and mineral* content of rice is only half that of ragi and wheat and one fourth of what is contained in cambu. Again there is enormous variation in the vitamin content of these four cereals. *Vitamin A* is richest in cambu and next in order comes wheat and *then* ragi, and last in the order is rice. In terms of international units per 100 grams of these cereals, the figures for *Vitamin A* are respectively 220 in cambu, 108 in wheat 70 in ragi and 4 in rice.

In the content of *Vitamin-B complex*, *wheat* stands first with 180 I. U., with Ragi and Cambu containing 140 and 110 I. U. respectively and with only 60 I.U. in the best hand-pound *rice* and 20 I.U. in milled raw *rice*. With these figures before us it should be fairly clear that there should be a persistent effort among the South Indian population to first of all introduce the three cereals cambu, ragi, and wheat as a daily routine in their diet, to the extent to which these three cereals are available in the ration shops. The intake of rice should be reduced to the barest minimum with a corresponding increase in the quota of the other three cereals. There is practically no difference in cost by this subtitution. Wheat and Millets are in fact slightly cheaper than rice at its present day price and quality.

In 1916 the use of gum acacia obtained from acacia senegal was suggested by Bayliss but although the substance was shown to have a limited effectiveness in the treatment of shock, unfavourable reactions and an understanding of its fate within the body have largely discouraged its use.

At one time ordinary gelatin was proposed, but was discarded because of its antigenicity.

Pectin, which has been suggested by Hartman and his coworkers, is derived from citrus fruits. It is a colloidal carbohydrate of high molecular weight, which, together with the mother substance protopectin, is found in plant cells in combination with cellulose, from which the pectin can be separated by hydrolysis.

Recently as the result of the brilliant work of Cohn much interest has been aroused in the use of the albumin fraction of human plasma in the treatment of traumatic shock. Plasma consists largely of water, each lit containing about 900 cc. Next to water, the main constituents of plasma are the proteins with molecules which are extremely large and of high molecular weight. The functions of these proteins are diverse, having to do with the clotting of the blood, immunity from disease, and the maintenance of osmotic pressure of the blood and, hence, the water balance of the body; some are hormones and enzymes, of which the functions have not yet been determined. It is possible to separate this complex series of proteins by precipitation under varying conditions of temperature and hydrogen-ion concentration, so that separate fractions consisting of fibrinogen, gamma globlins, prothrombin, alpha and beta-globulins, and the serum albumins may be obtained.

The albumin fraction makes up approximately 65 per cent. of the proteins of the blood, and exetra 85 per cent. of the osmotic pressure provided by normal human plasma. By definition the albumins are water soluble; one hundred cubic centimeters of buffered saline solution which contains 25 gm. of human albumin exerts approximately the same colloidal osmotic pressure as 1,000 cc. of whole blood, or 500 cc. of normal plasma.

Attempts have been made by several investigators to use bovine plasma as a substitute for human plasma or whole blood, but the procedure has been found impractical because of the marked reactions which have occured in a considerable percentage of cases.

Numerous other agents have been tried some of which should be mentioned here only for the sake of completeness. Gelatin was among the first but is, of course, unsatisfactory since it is definitely antigenic. Crystaline hemoglobin has been tried in the search for a blood substitute for use in the treatment of shock which would not only restore the blood volume but transport oxygen as well. Although fairly large amounts may be administered without causing undue reactions the amounts needed in the treatment of shock are dangerous. Various cases in hydrolysates have received intensive study, but are merely an incomplete source of supply for the amino acids and polypeptides used in the synthesis of the plasma proteins, and are of little or no value in the treatment of an acute condition such as shock.

Prior to the advent of plasma, the transfusion of whole blood was used widely and frequently promiscuously. The results were often disastrous rather than beneficial and it is now generally recognised that the transfusion of whole blood should be limited to cases of severe hemorrhage, certain diseases of the blood in which there is a definite hemorrhagic tendency, and acute poisonings which decrease the oxygen-carrying capacity of the erythrocytes, such as carbon monoxide and nitrobenzol; it may be used as a palliative in various severe forms of hypoplastic anemias.

Plasma, on the other hand, has been found to be more effective than whole blood in the treatment of:

1. Shock, unless accompanied by extreme blood loss.
2. Severe infections, as a means of supplying specific and nonspecific antibodies.
3. Various conditions associated with hypoproteinemia, such as nephrosis, chronic infections, repeated paracentesis, severe burns, ulcerative colitis, and certain liver diseases.

(*Continued on page 16*)

ABSTRACTS FROM CURRENT MEDICAL LITERATURE

Testosterone Propionate in Angina Pectoris *M. A. Lesser; J. Clin. Endocr,-Internat. Med. Abstr & Rev. Apr. '47.*

The author treated angina pectoris in 92 men and 8 women with testosterone propionate. Twenty-five mg. of the hormone was administered twice a week for the first two weeks, followed by weekly 25 mg. injections, with an average of twelve injections in the whole series. No untoward effects were observed. Ninety-one of the patients improved for periods of from two to thirty-four months. No appreciable improvement was observed following control injections of plain sesame oil, although the same patients responded when placed on testosterone propionate therapy. Four patients were studied by excercise tolerance tests before and during the course of treatment. In each of these patients the amount of excercise which could be tolerated before the development of an anginal attack was vastly increased under testosterone therapy, and the severity of attacks, as measured by the duration of the pain was correspondingly diminished. In each case subjective improvement was reported before objective changes could be demonstrated by the test employed.

P. V. S.

Use of a new Vasoconstrictor-Penicillin Combination in the Treatment of upper Respiratory Infections—*L. D. Sulman Med. Times; Internat. Med. Abstr & Rev. Apr. '47.*—The succesful local use of any bacteriostatic agent in the nose depends upon the drug reaching the site of infection. A good vasoconstrictor will cause shrinkage of the swollen mucous membranes and opening up of the nasal passages. Paredrine hydrobromide is the drug of choice. It is less irritating and more effective than ephedrine. The author uses paredrine hydro-bromide 1 per cent to which 800 units of penicillin per c. c. have been added. This preparation is applied on a saturated nasal tampon for five minutes, subsequently using three drops in each nostril three or four times a day. The best results have been obtained in the acute nasal and nasopharyngeal infections.

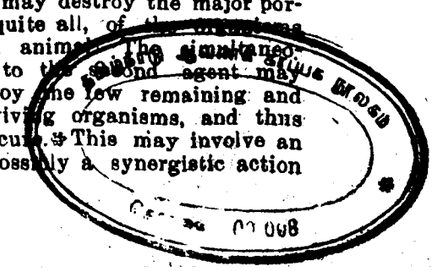
P. V. S.

The effects of Hyperpyrexia on the Therapeutic Effecacy of Penicillin in Experimental Syphilis.—*Harry Eagle, M. D. Harold J. Magnuson M. D. and Baltimore, M. D.-American Journal May '47.* An increased body temperature has been shown by animal experiments to have a strikingly favourable effect on the therapeutic efficacy in experimental syphilis of penicillin simaltaneously administered, resulting in at least an eight-to tenfold decrease in the total dosage necessary for cure.

The clinical significance of the present experiments is however, open to question. The combination of fever with penicillin is neither feasible nor desirable for the treatment of early syphilis. Even in those cases which are not cured by penicillin therapy, such as small doses of arsenic or bismuth which do not carry the risk of fever therapy, which do not entail so large an expenditure of professional time and care and which are consistent with mass treatment.

The situation is, however, quite different in the case of neurosyphilis. Here penicillin alone may not suffice and here the advantages of fever therapy are well recognised. Whether the hyperpyrexia acts as such or serves also to enhance the action of the penicillin, their use in combination may yield results equal to and perhaps exceeding those hitherto obtainable with fever and arsenicals. Penicillin does not interfere with the action of the fever-producing agents ordinarily used (Malaria, Typhoid vaccine, Hypertherm machine), and may thus be given concomitantly with the fever, as it probably should be for maximum efficacy.

Two possible explanations suggest themselves for the effect of high temperature in reducing the dosage of penicillin required to cure. Either penicillin alone or fever alone may destroy the major portion, but not quite all, of the [illegible] in the infected animal. The simultaneous exposure to the second agent may suffice to destroy the few remaining and otherwise surviving organisms, and thus effect biologic cure. This may involve an additive and possibly a synergistic action



PULSES. We shall consider here the four common pulses used in this part of the country namely Red Gram (Dhal), Black Gram, Green Gram, and Bengal Gram. The protein content of all these is about the same. The mineral content for the first three is also about the same. The calorific value is also about the same.

But the Vitamin values for these four pulses show marked variation. The figures for Vitamin A are: 220 for Red Gram (Dhal), 158 for Green Gram, 64 for Black Gram and 316 for Bengal Gram. The figures for Vitamin B value are: 150 for Red Gram, 155 for Green Gram, 140 for Black Gram, and 100 for Bengal Gram.

Other vitamins are non-existent. In the light of the above figures it is suggested that the daily diet should be of a mixed variety into which should go all the above four pulses in greater or lesser quantity according to the nature of the preparations.

In this connection, it will be interesting to note that the Green Gram and Bengal Gram can be sprouted and used in the daily diet. Sprouting generates Vitamin C in these pulses. Reference to sprouting is made only to Green Gram and Bengal Gram, for, you can sprout only whole pulses, (that is, whole grain). You cannot sprout split pulses. Red Gram and Black Gram are used generally in the split state; so they cannot be sprouted in the split state. On the other hand, sprouted Green Gram and Bengal Gram can be added to the vegetables and cooked in the ordinary way, or they can be lightly boiled or fried and salted and used as an adjunct to the staple diet.

Sprouting is generally done by soaking the whole pulse in water for 12 hours and then tying up the soaked pulse for another 12 hours in a piece of thin cloth and keeping it in the dark. The grains sprout in 12 hours and, if you keep it longer, the sprouts elongate. Long sprouting is not necessary.

Sprouted pulses should always be used in a cooked state. If they are used uncooked, they tend to cause Diarrhoea.

Nuts, Oil and Seeds. We will take for considerations only five items namely, the Almond, Cashew Nut Coconut, Gingelly Seed, and Ground-nut. The protein value for all these is about the same except in Coconut where it is negligible. The mineral content is highest in Gingelly seed. The calorific value is about the same for all the five items. Figures for Vitamin A are: 100 for Cashew Nuts, 100 for Gingelly seeds, 63 for Ground-nut and nil for the other items. Figures for Vitamin B are: 80 for Almond, 15 for Coconut, and 300 for Ground-nut, and nil for the other items.

From the point of view of cost, Almond and Cashew nut are certainly costlier than ground-nut, Gingelly seed, and Coconut. Therefore, Almond and Cashew Nuts may be reserved for light tiffins, whereas Coconut and Ground-nut and Gingelly seed can go into the daily food table and thus supplement the staple diet.

We shall review the position of Vegetables and fruits in the next issue.

(*To be continued.*)

BLOOD SUBSTITUTES *(Continued)*

BY

DR. V. IRAVATHAM, D.L.Sc., D.T.M.

The present international conflict has intensified the interest in agents which might serve as substitutes for whole blood in the treatment of shock, burns and hemorrhage, a triumvirate of acute emergency conditions common to both military and civil practice.

The studies of a large number of investigators during recent years have established the fact that plasma is a satisfactory substitute for whole blood, and that its effectiveness is equal and frequently superior to that of whole blood in the treatment of any condition in which transfusion is indicated, with the exception of impaired oxygen-carrying capacity of the red cell, and severe anemia.

Although stored citrated blood unquestionably has fulfilled a great therapeutic need, and has proved to be a technically acceptable substitute for unmodified blood, its potential field of usefulness is limited since study has shown that it is relatively unstable. Without entering upon a quantitative consideration of the nature of this instability, we summarize briefly some of the more important changes which occur with respect to qualitative trends. When whole citrated blood is refrigerated under optimum conditions there is a gradual drop in the total erythrocyte count which reaches from one to one and one-half million red cells per cubic millimeter, in about thirty days. The longer the blood is stored the shorter will be the survival time of the red cells in vivo following transfusion. On this basis, blood stored longer than seven days is relatively inefficacious for the primary purposes of transfusion. The total leucocyte count falls 50 per cent, during the first twenty four hours, and by the tenth day no intact cells remain. The most fragile are the polymorphonuclear leucocytes. There is a marked increase in erythrocyte fragility, which may be controlled to some extent by the type of buffered diluent which is used, dextrose citrate buffer solution apparently being the most satisfactory. The prothrombin falls off rapidly to a therapeutically ineffective level, and thereafter a gradual loss continues. Potassium diffuses from the red cells into the plasma at an initial rapid rate, and then more slowly until equilibrium has been established. Stored blood is, therefore, contraindicated in those conditions associated with hyperpotassimia, such as renal and hepatic insufficiency typhoid fever, influenza, pneumonia, parathyroid, tetany, Addison's disease, severe burns, and intestinal obstruction. As the potassium content of the plasma rises, the sodium content decreases, probably because of diffusion into the red cells. There is a gradual loss in total effective bactericidal activity which becomes most marked, after from seven to twenty-one days of storage. It would therefore appear that while stored blood is relatively effective in the treatment of acute hemorrhage it is inferior in the treatment of acute and chronic infections, hemorrhagic states, and the anaemias. When used for these purposes the storage period should not exceed seventy-two hours.

Taylor and Waters have outlined the properties of a transfusion fluid requisite to the restoration and maintenance of circulating blood volume as follows:—

"(*a*) The molecule of the dissolved substance must be of such a size that the fluid will not leave the vessels too freely.

(*b*) The solution must exert an Osmotic pressure and possess a viscosity approaching as closely as possible that of whole blood. These qualifications depend upon molecular size and shape.

(*c*) It should be as nearly as possible isotonic with the contents of the erythrocytes.

(*d*) It must of course be nonantigenic and innocuous in every respect. In addition it should be readily available, preferably cheap, and capable of being quickly and easily prepared for intravenous administration."

Differential Diagnosis between early acute Appendicitis and Enteritis—
E. L. Keyes and M. M. Cook—Archives of Surgery—April, '46.

Point	History	Acute Appendicitis	Enteritis
1.	Pain ...	Early stage Persistent in midline despite defaecation	Varying situation. Intermittent. Relieved by defaecation completely if temporarily.
2.	Bowel urge ...	Associated with pain Persists despite defaecation.	Associated with pain. Relieved by defaecation completely if temporarily.
3.	Diarrhoea ...	Uncommon subordinate to bowel urge	May dominate clinical picture.
4.	Nausea ...	Subordinate to bowel urge Occurs subsequent to pain	May exceed bowel urge. May proceed pain.
5.	Vomiting ...	Present in less than half the cases	Present in over half the cases.
6.	Tenderness ...	None in some cases. Epigastric, Perumbilical or rectal in others	None in some. Variable-Bowel sounds must be hyperactive.
7.	Fever ...	None or Slight	Same.
8.	W. B. C. ...	Usually over 10,000	Lower average.

In acute appendicitis the early pain persists often for many hours, sometimes for days.

In enteritis the pain is intermittent. Individual pains remit completely after lasting a few minutes only. The whole attack rarely lasts for more than 12 hours.

Pain which persists longer than 12 hours should be regarded as indicative of acute appendicitis unless proved otherwise.

Pain early in acute appendicitis and in enteritis is associated with bowel urge.

Pain during the early stage of acute appendicitis persists despite diarrhoea, defaecation or passage of gas.

Pain in enteritis is completely if temporarily relieved by defaecation or by diarrhoea.

In early acute appendicitis the bowel urge exceeds the bowel output. In enteritis the reverse may be true.

In early acute appendicitis the downward urge to defaecate exceeds the upward urge to vomit.

Vomiting is relatively rarer in early acute appendicitis than in enteritis.

T. V. SU.

Research Notes: (*From a lecture delivered by Sri M. Srinivasaiya, B.A., F.I.I.Sc., on 1-12-'46 at the Bangalore Branch of the I. M. A.*)

1. Vitamins—their physiological action, their influence on cellular activity—their synthesis, particularly of Thiamin, Riboflavin, Niacin, and Pantothenic acid.

Nowadays, the natural sources have become more costly than the synthetic.

2. Proteins—the germ or the nucleus—its constitution and function. All immuniological bodies consist essentially of proteins.

Next, the lecturer dwelt on the aspect of Biochemistry pertaining to the science of nutrition.

1. Carbo-hydrates. There are two types (*a*) containing amylopectin (*b*) containing amylose-e.g. Potato starch contains amylopectin in abundance. Rice not so much. The degradation products of carbo-hydrates are :—Lactose, Fructose and Glucose. From bio-chemical stand-point cane-sugar is as good as Glucose and experiments have shown that it is hydrolysed in the stomach-to glucose in five minutes after ingestion. Lactose is different from glucose and promotes calcium retention and absorption.

Proteins. All catalysts and enzymes are proteins. By hydrolysis these are split into a series of components. 21 amino-acids are recognised out of which only 10 are essential for life. They are now made available for enteral and parenteral administration. For purpose of injection all these must be pyrogen-free. It is advisable to separate the essential from the non-essential amino-acids e.g. the presence of glutamic acid which is non-essential produces vomiting, but this process is a costly one.

Next the lecturer touched upon Honey and Vegetable Ghee. Honey is valuable for its pollen and the venom vomited by the bee and not merely for its carbo-hydrate contents.

Crude honey is preferable to the refined one. Hydrogenation of Vegetable oils is a wasteful procedure. Because the unsaturated fatty acids contained in Vegetable oils are more valuable and easily digestable. They are related to harmones. Hydrogenation converts the unsaturated fatty acids into saturated ones. So the nutritive value of fat is lost and the cost of the product is increased.

Speaking on anti-biotic drugs, he said that the sulphadrugs kill the intestinal flora which are largely responsible for the synthesis of the vitamin B complex and put a heavy strain on the detoxicating function of the liver. Incidentally, he stressed on the value of Panchagavya which stimulates the growth of correct intestinal flora in man.

Finally he mentioned that Gramicidin and streptomycin are all polypeptides which contain the de-amino acids which blocks the metabolism of the bacteria.

Treatment of Leucoderma with Ultra violet rays. (*An abstract of a lecture by Dr. K. M. Rai, M.B., F.R.C.S. (E), D.M.R. (Lond.) at the First Radiolagical Conference*)

A total of 186 cases of leucoderma varying in size from small patches to very extensive lesions, were treated by U. V. R. therapy at the Barnard Institute of Radiology, Madras with a success rate of over 90%.

Choice of cases —1. Serological examination was done to exclude specific disease. 2. Cases already treated with local application of irritants were excluded.

Object and Technique of treatment :—The aim in the treatment is to produce a persistent erythema in the basal layer of the skin so that the melanoblasts are stimulated to activity. Of course the same could be achieved by employing superficial Xrays, and all the 12 cases that were treated by this method responded favourably with complete disappearance of the lesions. But obviously Xrays could not be employed where extensive areas are concerned, and where large number of cases are to be treated as a routine. Hence U. V. R. with its equally effective action is to be preferred as a safer method. Where there is no contra-indication, a course of myocrisin (·01G) or its equivalent is given at weekly interval upto a total of 10 injections.

between the therapeutic effects of penicillin and of high temperature on Spirochaeta pallida, analogous to the demonstrated synergistic action of penicillin and of trivalent arsenicals (oxyphenarsine hydrochloride; mapharside).

The in vitro experiments with spirochetes and penicillin previously reported suggest an alternative explanation. In those experiments there was a seven fold increase in the number of viable organisms after twenty-four hours incubation at 39·7 c. Clearly that temperatures alone did not kill the organisms faster than they multiplied, and the net rate of growth was even greater than that observed at 37·c. In the presence of penicillin, however, the organisms died several times faster at the higher temperature. The spirocheticidal action of the drug is obviously enhanced at the higher temperature, despite the favourable effect of the latter on the rate of multiplication of the organisms. The favourable therapeutic effect of penicillin in vitro at higher body temperatures may therefore be due to the more rapid spirocheticidal action of penicillin.

It should be emphasised, however, that the latter in vitro experiments involved a saprophytic organism, which is certainly net now S, pallida, whatever its original identity; and the pathogen may be more susceptible to higher temperatures than is the cultured saprophyte. Under such circumstances the favourable effect of combining penicillin and fever may have a dual basis: (1) an increase in the efficacy of the penicillin itself and (2) an additive and perhaps synergistic action between the harmful effects of penicillin and of high temperatures on S. pallida.

V. E.

Thiosulphate in Thyrotoxicosis—*The Lancet-May '47*—In a communication to the Lancet L. Biancalana describes his experiences with Sodium Thiosulphate in Thyrotoxicosis.

He bases the use of this drug on the fact that there is noted, a high Iodine content of blood in Thyrotoxicosis and he considers it the expression of the increased amount of circulating thyroid hormone. And he uses the Sodium Thiosulphate as a substance capable of combining with the iodine of the hormone and thus produce an effect comparable to that of Thyroidectomy in the condition.

In his clinical tests he has used a 20% solution of Sodium Thiosulphate. He has used both injections into the Thyroid parenchyma and also following up with intravenous injections of 2 c. c. of the solution. Later, he has been using only intravenous injections, since the Intra-Thyroid injections were painful.

He has noticed that in mild forms of Thyrotoxicosis the effect was very rapid and fairly lasting. According to him even with relonged treatment the treatment has never caused toxic disturbances. He finds the treatment has been useful, as a preparation for operation which is not rendered more difficult by the action of Thiosulphate.

T. V. S.

Smoker's Throat—*N. D. Fabricant-E. E. N. T. Monthly, June '46*—Since millions of people smoke cigarettes, the effect of cigarette smoke on the human throat is a subject of widespread interest. Despite this, however, most currently published nose and throat text-books either completely ignore the problem or touch upon the theme very superficially. It is not surprising, therefore, that among many physicians much unsubstantiated opinion prevails as pseudo-scientific belief.

The posterior pharyngeal wall is frequently the site of chronic inflammatory changes which give rise to the complaint of a sore throat. This chronic state results in irritation of the pharyngeal lymphoid nodules and dilatation of the associated blood vessels coursing between them. Among the etiologic factors responsible for chronic pharyngeal changes are such diverse factors as previous acute inflammatory episodes, the irritating effect of purulent discharges originating in the nasal cavity and the paranasal sinuses, the dusty atmospheres which are part and parcel of an occupational atmosphere, certain foods, alcohol and the abuse of tobacco. These etiologic factors also hold true for chronic laryngitis.

Evidence of chronic pharyngitis, chronic laryngitis and chronic tracheitis, characterized by symptoms of a sensation of

rawness, sore throat, occasional hoarseness, and the production of laryngotracheal secretions, is found either individually or collectively in smokers who abuse tobacco. Such individuals can become free of symptoms almost at will; conversely, they can reproduce their complaints also. The patient who will stop smoking for a period of five weeks can accomplish the former; the patient who will abuse his smoking habits frequently returns to the series of complaints which first brought him to the physician. In a general way, abuse can be defined only as that amount of smoking which will produce distress in the smoker's throat. Of necessity, the sum total of cigarettes smoked by one individual may be "light" for him and "heavy" for another. There are no hard and fast rules to be told to patients other than the suggestion that they smoke within moderation. Moderation will depend on what the throat tells the smoker.

Nevertheless, there exists pertinent data regarding which, physicians should be informed. First of all, the typical American cigarette consists chiefly of American tobacco, with an admixture of Turkish, Egyptian and other components, cured according to various processes. It is flavored with mixtures of volatile substance which impart to the individual brands their characteristic tastes and aromas.

The combustion products of burning tobacco leaves which constitute smoke depend not only upon the character of the burning material, but also upon the position of the cigarette while burning, the speed of the puff, the volume of the puff, the freqnency of the puffs, the number of puffs in the series, and the humidity of the tobacco and of the room.

The products of the combustion of tobacco include carbon dioxide, carbon monoxide, nicotine, ammonia and aldehydes, such as acrolein, formaldehyde, furfural, tars and formic acid. It is important to remember that despite many claims and counter-claims it has not been definitely established which of these various products of combustion is the major factor in a possible irritation of the mucous membrane. All investigators in the field of tobacco research are agreed upon this point. In general, the belief has been advanced that nicotine plays a small part in local irritation. However, if the last third of the cigarette is smoked, the nicotine and probably the other constituents of the smoke are greatly increased, which may or may not have an increased irritating effect on the mucous membranes.

In order to insure a satisfactory moisture content some hygroscopic agent is customarily added to the cigarette tobaccos. For this purpose glycerin has along been used. More recently, diethylene glycol has been utilized with the allegation that smoke from cigarettes containing this substance is less irritating than smoke of cigarettes made with glycerin or even devoid of any added hygroscopic agent.

Repeated investigations by a group of leading research men have failed to substantiate such claims. Preponderant investigative opinion openly asserts that there are no differences in the irritating properties of the various types of cigarettes now available to the American smoker. Further, there is no indication that cigarettes can be classified consistently as to the irritating quality of the smoke by supposedly normal human beings. In many instances, it has been demonstrated that the same kind of cigarette has at one time been called mild and at a subsequent period been pronounced irritating by the same person. In fact, a method for determining the irritating properties of cigarettes which relies solely upon the opinions of ordinary smokers cannot be called reliable.

Patients, including physicians, will continue to smoke because they gain some pleasure from the habit, actual or imaginary. The only advice one can give conscientiously is that of moderation. There is no scientifically valid "health" story when it comes to the subject of irritation.

G. J. G.

Application of a 15% solution of oil of Bergamot in rectified spirit before exposure to U. V. R. is found to produce the erythema in a shorter time and thus reduces the treatment period.

Depending on the extent of the lesion either the Kromayer lamp or the general U. V. R. bath is employed. The dose of the U. V. R. is gradually worked up so that a persistant erythema without desquamation is maintained. This stage is maintained day after day, when one of two things happen. Either spots of pigment appear scattered all over the lesion and grow bigger and bigger and coalesce or the natural pigment from the periphery extends in and covers the depigmented areas. This stage of pigmentation is reached in about 8–12 weeks when the treatment might be stopped, as even after stopping the treatment the process goes on either to complete or partial re-pigmentation. In the latter case a further period of treatment is indicated.

V. K. R.

(*Continued from page 10.*)

4. Many blood dyscrasias, especially those characterized by hemolytic tendencies or Fibrinogen deficiency.
5. Cerebral edema accompanying various injuries and toxemias.
6. Acute hemorrhage in emergencies until whole blood becomes available.

At the present time plasma is available in three basic physical states, each of which has its advantages as well as some disadvantages with respect to the particular circumstances under which it is to be used. The first is plasma which has been stored under refrigeration as a simple liquid; this form has proved useful in hospitals which operate blood banks and hence have a relatively low cost and readily available supply of raw material. Liquid plasma, prepared by means of a closed system and scrupulous aseptic technique, is both safe and satisfactory over limited periods of time. While this method is undoubtedly economical when operated in sufficient volume by large hospitals, it has been stated, "To operate a successful blood bank the hospital must do at least 750 to 1,000 transfusions a year, otherwise, it alternates between an excessive supply of blood which goes to waste and shortage."

[*To be continued*]

We regret to announce the demise of Dr. K. Narayanaswamy Iyer, L.M.S. who was a lecturer in Ophthalmology in the Tanjore Medical School, and retired as D.M.O. afterserving in several districts and also of Dr. S. Kasthuri, L.M.P., Medical Practitioner, Srirangam, on 31—8—47.

ASSOCIATION NOTES

BANGALORE BRANCH

President: DR. M. V. KAMATH.
Vice-President: DR. R. SUSAINATHAN.
Secretaries: DR. J. I. SUBRAMANYAM.
DR. M. KOTHANDARAMAN.

A clinical meeting was held on 12-6-1947 with—Dr. M. A. Narasimhachar. B.Sc., M.B.B.S., in the chair. 21 members were present. Dr. K. S. Ramanna stood tea for the evening.

Dr. B. V. Ramaswamy read a paper on Anæmia in infants.

The lecturer said that infantile anæmia was characterised by pallor, megalocytes in blood picture and it was not a single disease entity but due to latility of the R. B. C. His personal observations were:—(1) Increase in the incidence of infantile anæmias (2) Increasing lethargy, frequent fever and cough though infant is plumpy, ashy colour of skin, brownish or reddish hair which is characteristic, pigmentation over knuckles, severe pallor, salivation, protuverant abdomen with enlargement of liver and spleen, Bronchitis, hæmic murmur in the heart and Megloblatosis and Leucocystosis. Most of these infants were fed only on mothers milk.

Cause:—Lack of nutritional factors in mothers' milk, possibly containing even injurious elements and lack of Vitamin B complex.

With liver extract injections all the children made a good and rapid recovery.

Dr. T. K. Dayalu opined that the condition is more due to Hypoprotinemia and lack of essential amino-acid and opined that liver extract by mouth acted quite efficiently, in his experience.

The President in his concluding remarks said that in such cases, excessive salivation was in his opinion due to Vitamin "C" deficiency.

Dr. T. Sreenath demonstrated some interesting Radiograms such as Eosinophilic lung before and after treatment, congenital heart, psendo-arthiosis, Dextrocardia etc.

On 22-6-47 the executive Council was at "Tea" to Dr. S. C. Sen, the Honorary General Secretary, I. M. A. and discussed problems of local branch.

The secretaries and Dr. M. Shivaram met Dr. Jivaraj Mehta during June 1947 and discussed some local medical problems.

* * * *

24—6—1947.

Dr. S. C. Sen, Honorary General Secretary delivered a lecture on "Problems of the Profession and the I.M.A", with Dr. N. G. Prahallad in the chair. 41 members were present. Dr. K. R. Pai, Dr. M. Sivaram and Dr. B. Chokkanna, stood tea for the evening.

The lecturer discussed whether the existing order was good for all. He dealt at length on the Indegeneous system of medicine and opined that it was not so good as the western system in so far as it should help to attain positive health, prevention and cure of diseases. He also stressed the importance of medical Education and Research.

Next he traced the growth and development of the Indian Medical Association and gave advice about ways and means of future development of the Indian Medical Association in Mysore State and Bangalore. A number of questions were asked about the problems and he suitably answered.

* * * *

9—7—1947.

Capt. L. S. Doraiswamy gave a very interesting lecture on "A few experiences of an army medical officer", with Major L. R. Sharma, M.B.B.S., M.R.C.P., (Edin.), D.P.H. (Camb.), D.T.M. & H. (Camb.), Pathologist, Bowring and Lady Curzon Hospital, Bangalore, in the chair. Dr. M. A. Rao, and Dr. R. Subarayan stood tea for the evening. Inspite of very inclement weather 30 members attended the lecture.

The lecturer dwelt on how army medical officers conducted Malaria work, types of Anti-anas-thesia, Blood transfusion, Acute infective Hepatitis, malengering as met

with in army practice. The lecturer stressed the importance of having a disciplined army of medical men.

The President gave his personal experience in army practice, and stressed that the medical men should have the same training in civil life as in military life.

* * * *

23—7—1947.

Messrs E. G. Krishniah Chetty, Photographers, Avenue Road, Bangalore City, gave a demonstration of a cine-show of the following subjects :— (1) Confessions of a cold. (2) Told by a tooth. (3) Your Health Department. (4) Miracle drugs of the century. (5) How to live long and well.

These films are of great educative value and must be demonstrated in all educational institutions from time to time.

Contribution to the I. M. A. Distress Relief Fund was made by way of medicine (by Dr. P. T. A. Chatte) and Rs. 191/- collected from other members of the branch.

* * * *

NORTH ARCOT BRANCH

President : DR. R. G. COCHRANE.
Vice-President : DR. E. J. KOSHI.
Secretary : Major P. S. DORAIRAJA.

A meeting of the above branch of the I.M.A. was held on 2-8-47, at 5·30 p.m. in the Mission Hospital, Vellore.

Dr. Miss H. Lazerous F.R.C.S., presided. The minutes of the last meeting were read and approved.

An appeal was made by the Secretary requesting all the medical practitioners in the district to become members of the Association, pointing out to them also that the Govt. has been pleased to recognise the Association.

Dr. C. E. Jameson M.D., F.A C.S., F.R.C.S., gave an illuminating lecture on 'Ectopic Gestation'. Being an entirely recount of her personal experiences, the talk was an extremely practical one, and specially interesting to the general practitioner.

The ætiology of the condition was outlined in brief and the special relationship of a previous local infective process in the causation of the condition was stressed. Case notes were read where the condition has occurred in those who had a previous salpingitis.

The following practical points were dealt with in diagnosis.

1. Pallor. The most striking symptom. A hæmoglobin estimation at this stage may be deceptively high, lower hæmoglobin values being obtained only after about 24 hours.
2. Shock is often present, but in certain number of cases, it may not be present.
3. The *onset* may be sudden. In a few cases it may be gradual, putting one off the track.
4. Pulsation at fornices in not reliable.
5. A right total W. B. C. count is often met with due to reaction of peritoneum.

Treatment. Operative—Auto transfusion and legature of arteries.

After the concluding remarks by the president the meeting came to a close.

SOUTH ARCOT BRANCH

President : DR. C. S. S. SARMA
Vice-President : DR. S. CANDRASEKARAN
Secretaries : DR. V. KRISHNAMURTHY
DR. A. SATHYANADHAN.

On the 25th day of January, 1947 the members of this Association met at the Government Headquarters Hospital under the chairmanship of Dr. C. S. S. Sarma.

The president addressed the gathering on the Ayurvedic teachings of Personal Hygiene and Healthy Living. Comparative study of the old teachings and modern lines were observed in the course of his talk. The talk was comprehensive and many members took active part in the discussion.

The secretary thanked the president and the members and the meeting terminated.

* * *

The members of this Association gathered at the Government Headquarters Hospital at Cuddalore N. T., on 22nd February 1947 with Dr. C. S. S. Sarma in the chair.

The secretary read the correspondence received from the Provincial and Central Association and the Hon'ble Minister for Public Health with the Government of Madras.

Dr. S. Chandrasekaran, M.B., B.S., spoke on the Uses and Abuses of Morphia. Importance was laid in the judicious usage of the drug. Very many members took active part in the discussions giving out their own experience.

Later Dr. V. Krishnamurthi gave the members an account of the 23rd all India Medical Conference that was held in Madura in December '47. He requested the members to join in the activities of the Association both on the social and scientific section so that this profession can have a good representation through such organisations like I.M.A.

The president after narrating his own experiences in the usage of morphia appealed to the members that it should be the endeavour of all the members of the profession to attend such conferences every now and then.

With a vote of thanks, the meeting came to a close.

* * *

The Managing Committee of this Association met on 9-3-47 at 11 a.m. at the District Medical Officer's room with Dr. C. S. S. Sarma in the chair.

The letters 4/46-47, 5/46-47 from the Central Association were discussed.

The resolution of the Ramnad District Branch Association was considered.

The Committee resolved to redeposit the sum of Rs. 500 in the Cuddalore Co-operative Central Bank for a further term of 2½ years at 3% fixed deposit and the Secretary Dr. V. Krishnamurthi was authorised to transact on the same. The Committee approved the idea of acquiring some decent furniture and equipments for the Association at a cost of Rs. 200 and the Secretary was empowered to incur this expenditure as and when the funds were available.

* * *

For March 1947 the members had an excursion and met at the Danish Mission Compound, Kallakurichi on 29-3-1947 with Dr. S. Sundararajan M.B., B.S., in the chair.

The practitioners of Kallakurichi Taluk were at home to the members. After tea the meeting considered the recommendations of the Managing Committee. The proceedings of the Executive Committee dated 19-3-47 were adopted by the general body excepting that sanctioning the furniture and equipments for the Association. The general body deferred these items for such time as an accommodation is secured for the Association and allowed the purchase of a blackboard and an almirah first at a reasonable cost.

Captain K. S. Ganesan, the lecturer of the evening gave an exhaustive talk on his personal findings in the cases of 'Plague in Kallakurichi'. His accounts were collaborated by the reading of case sheets of those he had treated in the hospital. Active discussions were the offshoots and every member enjoyed that evening.

The following resolutions were adopted by the general body :—

"The Association resolved to congratulate the Hon'ble O. P. Ramaswamy Reddiar, Premier to the Government of Madras, on his assuming the Premiership and prays for his long life, continued health and prosperity for a successful leadership in the province."

"Resolved to congratulate Dr. P. V. Cherian, M B.E., F.R.C.S., D.L.O., the Surgeon General with the Govenment of Madras on his elevation to the post and wishes him long life and prosperity and health."

The Secretary was authorised to communicate the same to the respective persons.

The meeting came to a close with the Secretary thanking Miss. Howgay of the Danish Mission Bungalow, the president and the practitioners of Kallakurichi Taluk.

* * *

On Saturday the 26th April 1947 the monthly meeting of this Association was conducted in the Government Headquarters hospital premises with Dr. C. S. S. Sarma in the chair.

Dr. C. Seshachalam, L.M.P., L.P.H., of Cuddalore O. T., spoke on 'Pit falls in practice'. He traced up certain cases where the symptoms muffled the diagnosis and how inadequate are our facilities as X-Ray, Laboratories and other diagnostic appliances for arriving at a scientifically correct diagnosis. Frank talks about one's own errors in practice was the subject of discussion in the later part of the evening.

Dr. S. Chandrasekaran, the Vice-President, proposed a vote of thanks after the president's concluding remarks.

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The South Arcot Branch of the Indian Medical Association had its monthly meeting on the 24th day of May 1947 with Dr. S. Chandrasekaran in the Chair.

The resignation letter of Dr. K. A. Subramaniam from the Secretaryship was accepted and Dr. R. Narasimhan was elected to the same office.

Lt. Col. Ramana Rao I. M. S., delivered an interesting lecture on 'Whither medicine' some facts about health, diseases and cure. He traced the roll of medicines in the treatment of diseases and how occasionally even all the scientific systems of treatment available in certain diseases go futile. The roll of destiny in the treatment of ailing persons were the great observations in his ripe experience and he said that these cures are only to help nature in relieving the distress of humanity.

One Mr. Sundara Rao gave a demonstration of Asanas and explained the scientific application of the same in the cure of diseases.

The president gave his concluding observations and congratulated the learned lecturer and Mr. Sundara Rao. The meeting came to a close.

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The Association Meeting was conducted on 18th July 1947 at the Local Fund Dispensary compound at Panruti, Dr. C.S.S. Sarma presiding.

Dr. C. S. S. Sarma spoke on 'X-Ray and its uses in General practice'. He first appealed to the members to co-operate and promote the scheme launched by the South Arcot District Branch of the Provincial Welfare Association in planting an X-Ray institute at the Headquarter town of this District. He pointed out the importance of the equipment for this District which will be of great help in the diagnosis of the various conditions as fractures; tuberculosis Osteal and Periosteal necrosis and suppuration, and crushed injuries of the foot, palm etc. Lack of this facility has also impeded the affording of the most modern methods of treatment with deep rays and superfical rays and in the treatment of high blood pressure and certain gynæcological conditions.

Dr. Stephen Lucas stood the tea for the members. The meeting came to a close after thanks.

* * * *

The Managing Committee of this association met on 14—8—47 at 5-30 p.m. at the Government Headquarters Hospital, Cuddalore with Dr. C. S. S. Sarma in chair to discuss the following subjects:—

1. To waive off the arrears due from Drs. Sarama Baboo, Miss Bernadetta and A. Satyanathen in as much as they have been transferred and they did not pay off even after reminders.

The committee authorised Dr. S. N. Jegadesa Aiyar to audit the accounts of the year 46—47.

For the nomination of the presidentship of the South Indian Provincial Association the committee proposed the name of Dr. Joseph Gnanadicam of Trichy and for the Central Association Dr. T. S. Tirumurthi of Madras. For the three vice-Presidents of the All India Medical Association the following names were suggested by the committee. 1. Dr. P. A. S. Raghavan of Trichinopoly. 2. Dr. M. V. Natesan of Madura and 3. Dr. P. S. Srinivasan of Conjeevaram.

Resolved to congratulate Dr. Jivaraj N. Metha on his assuming the Directorship of Medical Services of Indian Dominion.

Resolved to conduct the annual meeting of the Association in the month of September '47 in a fitting style.

All these are to be taken action on subject to the approval of the General body. The meeting came to a close.

* * *

On 18—8—'47 the members of this branch assembled to have the monthly congregation. The meeting took place at the Government Headquarters Hospital Compound, Dr. C.S.S. Sarma presiding.

All the recommendations of the Committee meeting held on 14—8—'47 were read out for discussions. The General body adopted the proceedings even though regarding the chairmanship of the conference and the Presidentship of the South Indian Provincial Branch few others were suggested one placing it for voting. All the names suggested by the Committee carried the day.

Dr. V. Krishnamurthi was the host for the evening's tea. After tea he delivered a lecture under the head line as 'Where are we?' He discussed in particular the problems affecting the profession and the professionalist as on to-day. More of politics in medicine was the subject matter of the evening. He observed how the facilities lack in our country for the practice of this modern scientific system of medicine, even though the practitioners are well trained. The intelligentia, who have the aptitude to do this service conscientiously and correctly must not be stumped on the score of communal or caste systems. Even from the admissions into the medical colleges to that of the practice of the profession encouragements must be given for the betterment of the system of medicine, service to the State and people.

Importance was laid in the course of the talk for the need of team and cooperative work amongst the medical men in as much as this will bring up individually the status of the medical men and more contribution can be made on the research advancement of the Science.

He observed that the compulsory refresher's training must be afforded to every medical man borne on the register at periodical intervals. The defects due to the incoordinated curative and preventive medicine were brought by the lecturer and he suggested the means to improve them.

In conclusion he expressed that with the dawn of the freedom of this country everyone must contribute his share individually and collectively to remove the black spots of this profession and improve the ethics. Only one medical science, one system of medicine and one medical profession will improve the health of the nation which had been already devitalised by constant subjugation, famine, malaria, leprosy, tuberculosis and other infectious diseases. He said that it must be the aim of every one of us and everyone who goes to us and we will strive for this goal unmindful of the impediments and there we are.

PUDUKOTTAH BRANCH

President: DR. M. G. RAMACHANDAR RAO
Vice President: DR. N. G. KAMALAMMA
Secretaries: DR. R. NARAYANA RAO
DR. N. THIYAGARAJAN

The monthly meeting of the above association was held under the Presidentship of Dr. V. Sadasivam, M.B.B.S. at the General Hospital, Pudukottah on 22-8-'47. Major V. Hariharan, M. B. B. S., Dist. Health Officer, Ramnad, delivered a lecture on "The Problem of Nutrition in South India". The lecture was followed by a healthy discussion in which several members took part. After the discussion the following resolutions were moved by the Secretary and seconded by Dr. T. A. Krishnamoorthy and passed nem com.

1. Resolved to suggest the name of Dr. T. S. Tirumoorthy for the Presidentship of the I.M.A. and Dr. Joseph Gnanadickam for the Presidentship of the South Indian Provincial Branch.

2. Resolved that the subscription be raised to Rs. 10 per year in view of the enhanced contribution to the Central Fund.

Dr. V. Subramanyam, M.B.B.S., Ramachandrapuram stood 'Tea'.

With a vote of thanks by the Secretary the meeting terminated in the night.

SALEM BRANCH

President: DR. B. A. RAJARATNAM.
Treasurer: DR. K. V. DHANAKOTI NAIDU
Secretary: DR. S. R. RAJARAM.

A meeting of the above association was held on 30—8—'47, when Dr. B. A. Rajaratnam presided. There was an Echo of the Independence Day Celebration which was followed by a very interesting speech by Dr. D. Joseph, Municipal Health Officer, Salem on "School Hygiene."

A Resolution was passed unanimously requesting the Government to acquire the existing Military hospital buildings near Golapatti for a Tuberculosis Sanatorium.

TRICHINOPOLY BRANCH

President: DR. P.A.S. RAGHAVAN,
Vice-President: DR. R. SAMBASIVAN,
Secretary: DR. V. ENOK,
Treasurer: DR. K. RENGASWAMY IYER.

A monthly meeting of the Association was held at 5-30 p. m. in the Clinical Laboratory, Williams Road, Trichinopoly.

About 25 doctors were present. Dr. V. Iravatham was "At Home". Dr. P.A.S. Raghavan, the President in his opening remarks said that though Dr. Iravatham was not doing quite well, still he undertook to fulfil the engagement that evening. Dr. Raghavan also announced the results of the deputation to the Minister for Public Health according to which there would be only one cadre of Medical Service irrespective of qualifications. The other points of the memorandum were being favourably considered. The president also announced that the I. M. A. and its branches were recognised by the Government of Madras as representing the profession. He also exhorted all to take interest in the association and in the *Miscellany*, the journal of the South Indian Provincial Branch.

Dr. V. Iravatham, DL. Sc., D.T.M., then gave an interesting and instructive lecture on "Laboratory diagnosis of fevers". He dealt especially on the diagnosis of Enteric group of fevers and exhaustively dwelt on widal reaction and its interpretation. Later, he also mentioned about Gel test for Kala-azar, and its significance in the early part of the disease.

After the lecture, there was an interesting and humorous discussion in which many members took part.

The meeting terminated with the usual vote of thanks by the Secretary.

* * *

A monthly meeting of the Association was held at 5-30 P.M. on Sunday the 24th Aug. '47 in the premises of the Bishop Heber High School, West Boulevard Road, when Dr. N. S. Narasimha Iyer, F. R. C. S., Madras, delivered a lecture on 'Surgical Emergencies in General Practice.'

About 60 doctors were present.

Dr. M. K. Sahadevan, L. M. P., was 'At Home.'

The President explained the recent G.O. on unification of Civil Medical Service and suggested that the following resolutions might be passed and forwarded to Govt. and this was unanimously approved.

1. This association welcomes the proposal of the Govt. to abolish the cadre of Sub Asst. Surgeons in Govt. service, but it does not approve of the creation of two grades in the cadre of Asst. Surgeons, as that is likely to perpetuate class distinctions.

2. Should there necessarily be two such grades, (*a*) This Association is of opinion that both should be of Gazetted rank. (*b*) The difference in service between Licentiates and Graduates for promotion to grade I should not be more than 5 years. (*c*) No mention is made of what will happen to the existing Sub Asst. Surgeons in Govt. service. This association urges the Govt. to place them in Grade I straightaway as all of them have put in over 12 years of service.

3. The classification of Sub Asst. Surgeons in L.F. and Municipal service should cease and the same principle of uniform recruitment and treatment as in the Govt. proposal should be applied to medical men in these services also.

4. The Licentiates, who have put in War Service and have attained the rank of Capt. and above, should be recruited to Grade I with suitable ante-date according to service.

5. The Govt. of India is requested to adopt this principle of uniform treatment to medical men of different qualifications, in Railway Service.

6. This Association emphatically protest against the Government Order No. Ps. 2711 Public Health dated 4th August 1947, wherein, instead of elevating the Licentiates in service, the graduates are pulled down and are to be recruited to a non-gazetted rank which has been the rule in the Civil Medical Service.

7. The Provincial Council is requested to arrange for a representative deputation to the Govt. and the S.G. and make strong representation on this matter immediately as the new proposals of the Govt. may take effect any time.

Lt. Col. P. V. Karamchandani, and Dr. T. S. Balasubramanya Iyer, exhorted the office bearers and the members to carry out an intensive membership drive and see that all medical men in the District do become members of the I.M.A.

The President in introducing Dr. N.S. Narasimha Iyer the lecturer of the evening, traced his acquaintance with him during the last thirty years and said that one characteristic feature of the lecturer was his gentleness, industry and up-to-date thoroughness professionally and on medical matters.

Dr. N.S. Narasimha Iyer after thanking the association for giving him the opportunity of meeting a number of his old friends and students, delivered a very interesting and useful lecture on 'Surgical Emergencies in General Practice.' He explained the various conditions in which the general practitioner could save many lives or facilitate the work of the surgeon. (Details of the lecture are published elsewhere in this issue of the '*Miscellany*').

The President in thanking Dr. N. S. Narasimha Iyer for the classical lecture delivered by him, hoped that the recent resolution of the Health Committee appointed by the Govt. of Madras, will be given effect to, whereby eminent medical officers from the city will be deputed to visit Dist. Centres once a year or once in half a year, to deliver a series of post-graduate lectures for the benefit of the general practitioners in the mofussil.

With a vote of thanks to the lecturer, the host, and the members present, the meeting terminated at a late hour.

The following change of address has been notified to us :—

Dr. R. L. Swamy, L.M.P., from Avadairkoil to Adirampatnam.)
Dr. P. K. Raghavan, D.M. & S., from Perungalur, to Annavasal.)

(Doctors who are transferred or change their address, are requested to intimate it to us for information and publication here.)

Announcement.

Miscellany will accept publication of short announcements by doctors of their needs, or of any sale of their appliances or medicines. This free service is for doctors only, and only for medical goods which are their personal property and which they want to dispose off. This concession cannot be availed of by firms or doctors dealing in patent medicines.

The Managing Editor reserves the right to refuse publication of any such announcement without giving reason.

WANTED a compounder for an eye clinic with or without nursing qualification. Capable and honest men may kindly be recommended. Medical Officer c o The Managing Editor, The '*Miscellany*'.

*** *** ***

WANTED a mobile Xray diagnostic machine in good condition. Please state make, capacity and age. Machines fit for the scrap heap need not be recommended or offered. Roentgen c/o The Managing Editor.

*** *** ***

Any doctor who wants to sell a microscope (in good condition) may correspond with "X" c/o The Managing Editor.

Doctors!

You have received three issues of the '*Miscellany*' till now. May I request you to kindly let me have a reply to the following questions.

1. Do you find the '*Miscellany*' useful to you?
2. Would you like to have more original articles or extracts?
3. Would you like to have more pages than now?
4. To what subjects would you like the '*Miscellany*' to give more pages taking into consideration the fact, that 99% of its readers are general practitioners.

MANAGING EDITOR.

MEMORANDUM.

Presented to the Minister for Public Health

***re.* the G. O.**

1. It is not clear in the G. O. that there will be a uniform recruitment for Licentiates and Graduates to Grade II in future. If most of the Graduates are to be recruited to Grade I straightaway and Licentiates to Grade II only then in practice, there will be no benefit at all to the Licentiates by this G. O.

2. If Graduates are to be initially recruited to Grade II only, then making this grade a non-gazetted cadre is certainly, a great injustice to them, because at present a graduate is recruited to gazetted rank straightaway. When endeavouring to equalise the difference, between the Licentiates and Graduates, the Government should not pull down the latter but the former should be lifted up.

3. Another anamolus position in keeping grade II, a non-gazetted cadre, is this:—

Nursing sisters are of gazetted rank. Doctors who are expected to give orders to nurses, should not be of a lower rank.

4. Difference of 10 years between a Licentiate and a Graduate for promotion to Grade I is too glaring. It will be a great hardship. What is given with one hand is taken away by another. 5 years difference, as observed in the recruitment to I. A. M. C., would be sufficient. Moreover, there is no Licentiate of not less than 12 years experience.

5. There is no mention in the G. O. regarding Sub Asst. Surgeons now in service. The Sub Asst. Surgeons of over 12 years Govt. service are certainly qualified to be all promoted to Grade I straightaway (except of course non deserving cases). The G. O. is of no use of help if only a few of the existing Licentiates are to be promoted (as a matter of grace) to Grade I.

6. The Govt. should pass orders that the class distinctions in Municipal and District Board services also should cease and hereafter there should be a uniform, common selections from Graduates and Licentiates for such appointment.

7. We request the Madras Govt. to address the Govt. of India on the advisibility or removing the class distinctions in the Railway Medical Service also.

THE MISCELLANY

(JOURNAL OF THE SOUTH INDIAN BRANCH OF THE INDIAN MEDICAL ASSOCIATION)

Managing Editor:

Dr. P. A. S. RAGHAVAN, Z.M.R.E. (Vienna) TEPPAKULAM, TRICHINOPOLY.

Members are requested to inform the undersigned any change of address if and when it occurs.

MANAGING EDITOR,
'The Miscellany,' Teppakulam, Trichinopoly.

Registered No. M. 4839

ODDS & ENDS

A breast tumour, whatever its nature, is better out than in

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Hoarseness of voice in one of over 35 years of age should suggest an immediate laryngoscopic examination.

***

Small doses of insulin given two or three times a day can cure a chronic alcoholic twice as fast as the usual deprivation method.

***

Minor cases of hiccoughs may sometimes be stopped by breathing into a paper bag to get the necessary carbon dioxide from the exhaled breath.

***

For the thorocoplasty operation, when several ribs are removed to collapse a lung affected with tuberculosis, there is a new anaesthetic, cyclopropene gas. It is given by Mc Kesson machine, which acts as an artificial respirator for the patient during the operation. It saves the patient the exertion of breathing.

***

A New Zealand dentist is reported to have supplied a child of three months with a set of artificial teeth.

***

Sir Alexander Fleming and Sir Howard Florey have been awarded the Gold Medal of the Royal Society of Medicine. As a rule, only one medal can be awarded once in three years, but the Society felt that the discovery of Penicillin by Fleming and its elaboration by Florey justified them in breaking their rules by the presentation of two medals.

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As a tribute to the doctors of America, a well known British painting, entitled "The Doctor" has been taken as the design for the United States three cents postage stamp.

***

New York University announces a B.Sc. degree course in Xray technology.

***

The Madras Government has published a bill to provide for the control of the construction of buildings in the neighbourhood of tuberculosis sanatoria in the Province, and for the exclusion, modification, or restriction of enactments relating to public health in such a neighbourhood.

***

America, they say, has more motor cars than bath tubs.

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