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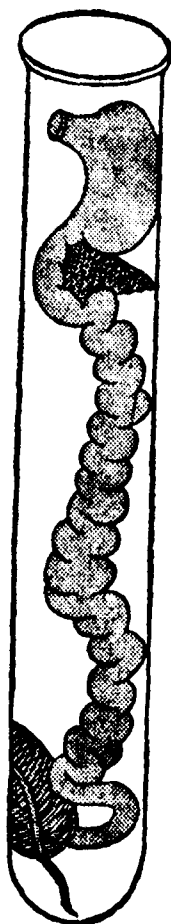
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PHYSIOLOGY OF THE NOSE & SINUSES, AND MANAGEMENT OF THE COMMON NASAL COMPLAINTS

BY

DR. V. S. SUBRAMANIAN, M.B., M.Sc., F.A.C.S.,
(References from Proetz Nasal Physiology)

I have chosen the physiology with special reference to the nose and sinuses, mainly with a view to rationalising clinical procedures upon a more sound basis. While in medical school, we learn very little physiology of the nose, and as practitioners there is scarcely an article in any of the journals, dealing with this subject. Therefore the general practitioner does not find any help in the management of the nasal complaints, though to him, the number of cases that come with cold and nasal trouble, are very great indeed. Therefore in this limited time allotted to me, I shall endeavour to give a broad outline, first on the physiology and then on the management of nasal troubles based on its physiology.

1. *Functions of the nose*—The prime function of the nose, as one and all of us know, is to prepare for use the "Breath of Life," but we must remember that this is not all. It serves in many more ways than as a mere passage for air and Oxygen. To enumerate them, they are—

1. as an airway, 2. for smell,
3. for protection of the lungs,
4. self-cleansing and protection
5. moistening, 6. heating, 7. filtration, and 8. as a chamber through which the sinuses get ventilated and

through which the sinuses drain their secretions.

1. *As airway*.—The nose is the natural airway in man, and the new-born must breathe through the nose. Complete obstruction of the nasal passages in the new-born will cause its death unless a rubber tubing is inserted. Mouth-breathing is an acquired habit and does not take place within the first two weeks of life. The main object why breathing cannot and should not be taken over by the mouth, is that the food particles may form foreign bodies to the respiratory tract.

2. *Sense of smell*. Following the primitive tactile sensation of animate organisms like the amoeba, the next thing to develop is the combined sense of smell and taste, both of which are recorded by minutest chemical changes in the environment. These two senses of smell and taste are essential to the animal for its nutrition and also for its safety, by recognition of the pleasurable and beneficial things as against undesirable, poisonous or dangerous things. But in man, who is a complex and highly intricate animal, sight and hearing play a greater part in the recognition of food or enemy, and so, the olfactory sense assumes a less important role, thus making us microscopic animals. But in the blind people,

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DEAR DOCTOR,

You have already been intimated that the above conference will be held on the 8th, 9th and 10th October 1949 at Annamalainagar (Chidambaram, South Arcot Dist.) May I request you to kindly intimate to Dr. D. I. D. Nath, M.B.S., Annamalainagar, by what train you will be arriving at Annamalainagar and whether you are coming alone or with family. If intimation is given before the 1st of Oct. 1949 regarding the return journey, accommodation in Railways may be arranged. Boarding and Lodging arrangements have been made in the University buildings. Special arrangements for families have been made. Due to rationing, there is considerable difficulty in making boarding arrangements, so, visitors are requested to intimate before hand about their coming. Visit to the famous Nataraja temple has also been arranged.

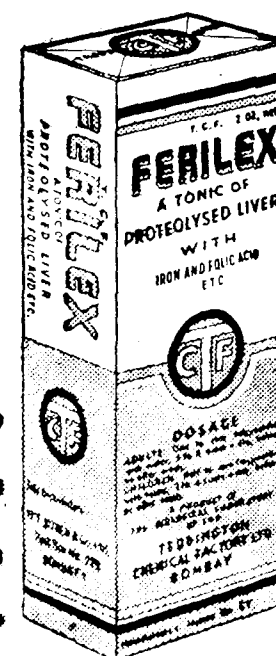
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the sense of smell plays an important part. In man, the olfactory area is distributed over the superior part of the nasal cavity on the septal and lateral walls and is supplied by the olfactory nerve.

3. *Protection of the lungs.* The next important role for the nose, is to make the inspired air acceptable to the lungs, so that proper gas exchange may take place through the very thin and delicate alveolar wall without causing damage to the same. Any slight change in temperature, humidity, or cleanliness of air, will bring about damage to the alveolar wall. The function of heating or moistening the air takes place only in the nose and naso-pharynx, as there are no structures below the larynx to do this work.

4. *Self-cleansing and protection.* While the nose is engaged in its duty of preparing the air for the lungs, it has the added responsibility and necessity of keeping itself clean and fit by getting rid of all the dust particles which it filters from the air. This work of self-cleansing and protection is carried out by

(a) the vibrissae in the skin-lined vestibule of the nose, (b) the ciliary action of the epithelial lining of the nose, and (c) by the blanket of mucus which keeps on moving as a stream by the action of the cilia; vital to this action of the cilia is a sufficiency of moisture, and any disregard to the action of the cilia or the part played by the mucus during the management of nasal complaints will do more harm than good.

5. *Moistening.*—Proper moistening is very important for the proper functioning of all the regions through which the air passes to the lung alveoli.

Firstly it is necessary for the mucus blanket on the soft palate which has a wiping action by which it completes the cleansing action at the pharyngeal end. In this connection, the

importance of moisture in cleansing action of the soft palate may be recognised by the fact that patients with Pharyngitis Sicca have difficulty in swallowing and also have a constant desire to do so. Further down in the larynx, improper moistening results in inspissated secretions, persistent desire to clear the throat, hoarseness of voice and even the piling up of the mucosal layer of the posterior commissure of the vocal chords, called Pachydermic laryngitis. Further down in the trachea, lack of moisture causes dry rosy secretions, brassy cough and tracheitis.

6. *Heating and Humidification.*—Heating the air to proper temperature is very important to proper humidification especially for people living in cold countries. This function is carried out by the Turbinates, especially the Inferior Turbinate, where the blood lakes are formed to accommodate large volumes of blood when required and to replace it as rapidly for proper radiation. Thus we may look upon the Inferior Turbinates as the radiators of the human automobile. Therefore we must respect the function of the Inferior Turbinate and not apply the Thermo-cautery unnecessarily. Normally the man with ordinary occupation breathes about 500 c. ft. of air per day and the small nasal chambers have to completely humidify it during its passage through the nose. For this purpose, the nose secretes about 1 litre of water a day, out of which 0.7 litre is used up for humidification of the air and the rest for the cleansing action.

7. *Filtration of the Air.*—This is a very important nasal function, especially for dwellers in big cities and industrial areas. The dust particles of the atmosphere are filtered in three ways.

(a) the coarse particles, by the vibrissae of the anterior nares (b) small particles such as smoke powders, dust and pollens, pass through and are got rid of, by the ciliary action. The air current passes through the moist mucosa

in curved pathways and when they strike against the mucus blanket on top of the cilia, they deposit their dust, and this dust is carried by the mucus blanket down to the pharynx to be swallowed into the alimentary system. (c) The nasal wall is also said to have some small amount of surface charge, by virtue of which absorption of particulate matter by the nasal walls takes place.

The cilia are from the ciliated pseudo-columnar epithelium which lines the nasal mucosa. There are 3 to 5 on each cell and they possess the power of forward and backward movements, called the effective and recovery strokes. The effective stroke is the propulsive phase and is much faster and more vigorous than the recovery phase. During the effective stroke the cilium is stiff and its tip curves in the direction of the beat, resembling a hook, while in the recovery stroke, it is limp and curved. The ciliary beat varies in frequency depending on the condition especially of the temperature. In a body temperature of 30°C. the beats are from 8 to 12 per second. Moisture PH value of the mucus and its viscosity are also factors influencing the ciliary activity. This ciliary activity is important to set the mucus in motion, and the speed of the mucus stream is of importance in carrying off the small dirt and infective organisms away. This speed of the mucus stream is faster in the posterior 2/3 of the nose, and is estimated to be from 2.5 to 7.5 mm. per min. while in trachea it is 10 mm. per min. and in bronchioles it is 2.5 mm. per min. The mucus blanket which overlies the ciliary layer is very important and plays the most important role in the nose. But, unfortunately, its importance has often been under-estimated and is often not even recognised. This layer of mucus film has four essential attributes which are of clinical importance. They are:

- (1) it is very thin, (2) slippery,
- (3) adhesive, and (4) tenacious.

It is so thin that it is not seen.

It is so adhesive that any foreign particle gets firmly struck to it.

It is so slippery that it is easily carried away by the ciliary action and it is tenacious, so that when pulled, it stretches till it snaps like a rubber band.

8. The 8th and last function of the nasal cavity is that it forms a chamber into which the sinuses and naso-lachrymal duct open and drain. Therefore any blocking up of the nasal cavity will cause improper drainage and improper ventilation of the nasal sinuses, with the resulting accumulation and infection of the sinuses.

II. *Function of the sinuses.* Apart from the nose, the sinuses are expected to have their own functions, and what they really are, is not quite well established. They are more speculative, and often the functions attributed to the sinuses, in addition to being hypothetical, often appear to be fantastic. In this connection, let me read out the list of functions enumerated by a great Philadelphian Oto-Laryngologist Dr. Skillern. They are,

1. The sinuses are the remains of the rudimentary structures, which in the lower animals serve as adjuncts to the Olfactory structures;

2. They assist in the olfactory functions, by evenly distributing the inspired air in the olfactory region. They are also supposed to retain the perceived smell for a longer time, which is an important factor in jungle animals;

3. They lighten the bones of the skull for better balance;

4. They add to the resonance of the voice by playing the same part as the air cavities in the Veena & Violin;

5. They secrete mucus for the purpose of keeping the nasal chambers moist; and

6. Perhaps they assist in moistening the inspired air.

In addition to the above mentioned 6 points of Dr. Skillern, if I may add

one more good point which I know, it is to help the E.N.T. Specialist to add to his income for keeping up his standard of living.

Then from the above list, I must say that our knowledge of the physiology of the sinuses is still inadequate though a great deal of work and progress has been made regarding the treatment and surgery of the sinuses.

III. *Air current in the nose.* This is the next subject of interest to consider with reference to the nose. The air path in the nose depends largely on the size and shape and location of the nostrils and Choanna, and also to some extent, on the turbinates and the septum. It must be noted that the air does not pass from the nostril to the Choanna in a straight line, but passes in a wide curve starting from the nostril extending through the olfactory fissure and ending in the Choanna, thus particularly avoiding the Inferior Turbinate except perhaps at its anterior end. This is a factor to be borne in mind. Because very often, the Inferior Turbinate is unnecessarily cauterised when a patient experiences nasal block, a procedure in which the patient not only gets rid of his nasal block, but also suffers from inadequate heating and moistening of the air. During expiration, since the inlet (Choanna) is larger than the outlet, some of the air enters the middle meatus, and also certain eddies are set up. The biggest of the eddies occupies the entire nasal chamber. The nostril which is the most conscripted part of the nasal cavity, determines the principal character of the air stream, and the turbinates take little or no part in it though they take part in the valve action of the nose.

The respiratory excursions of the thoracic bellows, which is known as breathing, causes positive and negative pressures at the glottis, pharynx and the nasal chambers. The average pressure change at the glottis with the mouth closed, is 6-8 mm. of water. As

this pressure rises and falls, above and below the atmospheric pressure, the pressure at the Ostia of the sinuses vary between these two levels, depending on the position of the Ostia and free ventilation. When the Ostium remains patent, the pressure changes are almost identical with that of the nasal chamber, and on an average it amounts to about 5 mm. of water pressure plus or minus with an average total pressure fluctuation of 10 mm. water. Since these pressure changes are primarily responsible for the air that passes in or out through the Ostia, we can draw the following conclusion with regard to the air content in the sinuses.

For example if we take the Maxillary Antrum, it is 15 cmm. volume 1 Atmospheric pressure is 760 mm. = 10260 mm.

A fluctuation of 10 mm. water = $1/1026$ atmosphere.

According to Boyle's law, the volume of a gas varies inversely as the pressure when the temperature is constant.

Therefore the air volume in a sinus varies only by $1/1026$ of its volume.

Therefore the air exchange in a Maxillary Antrum of 15 cc. capacity is less than 15 cmm., or in other words, the 15 cc. of air in an antrum will be completely changed only after 1026 respirations.

Thus we see that the air in the sinuses are practically stationary. This fact will surely rule out the wrong idea that most of us subconsciously do entertain, viz. that the sinuses act as adjunct to respiration and to moisten the inspired air when there is interchange of air between the nose and sinuses, this theory does not hold the ground. It is perhaps more probable that the Oxygen in the air of the sinus may be absorbed by the blood of the mucus lining. Therefore, in frontal sinuses, when the Ostia gets closed by the nasal congestion or polyp, the pressure in sinus is supposed to be decreased by the absorption of Oxygen

by the blood circulation and thus resulting in Vacuum Head-ache, first described by Sluder. The vacuum in the sinus immediately causes distension of the Tunica Propria of the mucosal lining, as the connective tissue stroma of Tunica Propria is extremely distensible in the sinus mucosa. This distension and oedema of the Tunica Propria of the mucosa will at once cause hyperaemia and then oedema. Such changes occur very rapidly when there is any sort of stimulus to the sinus mucosa, whether irritative, or infective or allergic.

The oedema of the mucosal lining of the sinuses, causes

- (1) excess secretion in the sinus cavity, and
- (2) blocking of the ostia due to oedema.

When the ostium is closed, and when there is further mucosal oedema, accompanied with oedematous secretion, then the pressure in the sinuses become greatly increased, and thus causes the pain and tenderness.

From the above listing of the pathological occurrences due to closure of the Ostia, we realise that there are two important points to be remembered in the management of sinus infection.

- (1) Proper ventilation and
- (2) Proper drainage.

Treatment. When any treatment is decided upon, the Doctor must bear in mind, the 5 main functions of the nose—namely smell, heating, humidification, filtration and self-cleansing; and of these, the last two are of very great importance to us in the tropics, where the question of heating and humidification does not play an important role. Therefore, the maintenance of ciliary action, and of the mucus blanket is a great necessity, and any therapeutic measure must be selected with a view to preparing a favourable condition for the growth of cilia which are easily destroyed in the diseased conditions and to promote the formation and maintenance of the mucus

blanket. In addition, one must also remember that the treatment of nose and sinuses, must, as far as possible be on the conservative line, mainly by shrinking the nasal mucosa, thus providing proper drainage and ventilation. Bearing these broad principles in mind, let me next take you to the question of a common cold, which is perhaps the precursor of all the nasal and sinus complaints.

Common Cold. Aetiology of 'Common Cold' is a sudden chilling of the face and the body. As a result, there is an ischaemia of nasal mucosa and so an increase of breathing space with a reduction in circulation. This stage is shortly followed by congestion and partial nasal bloc, and a slowing of ciliary activity resulting in accumulation and stagnation of mucus favouring growth of bacteria. These bacteria, as they are not carried away by the stream of mucus blanket, stay long enough in the nose to multiply and penetrate into the cell walls. Then, the spread of the disease takes place, mostly by the lymph spaces into the depths of the neck and the blood stream. The extent of the spread of infection, as one and all of us know, depend on the virulence of the invading organisms and the immunity of the host. Therefore, in treating acute nasal cold the only logical thing to do is.

(1) *Locally*, by re-establishing good ventilation and drainage, by the least irritative vaso-constrictors which will not interfere with the ciliary action, and which will also stimulate the nasal secretion, and

(2) *Generally*, by elimination of toxins already absorbed, by means of mild cathartics, hot baths, inhalations and Salicylates. In addition to these above two, benefit is often observed by hot saline gargles, which diminishes lympho-vascular congestion in the pharynx. In this connection, I wish to impress another important factor which we must all remember, and that is the part played by Allergy.

The Americans have realised and rightly too, that 50 or more of nasal colds and nasal troubles are of allergic origin. I am inclined to think that even a much larger proportion of cases have an allergic background, exacerbated by some local condition. Therefore, in prescribing, it is worth-while to supplement a Vaso-Constrictor, with Ephedrine Hydrochloride or Benedryl capsules orally.

Sinusitis. Acute sinusitis is invariably an extension of acute rhinitis and has similar characteristics, differing only by its mechanical conditions and by the potency of the Ostium. The greatest danger in the acute infection of the sinuses, is the obliteration of the Ostium by the inflammatory process, and a resulting retention of noxious secretions which the lining epithelium cannot get rid of by its ciliary action as the Ostium is closed. Therefore, in the conservative method of managing sinus infections, we have to bear in mind the two principal factors namely drainage and ventilation. The best vaso-constrictor for this purpose is an aqueous solution of Ephedrine Sulphate or Hydrochloride, in physiological saline. This solution is best applied with the 'head-low' position, or by thin cotton swabs dipped in the solution and applied to the various parts, especially the meatus where the Ostia are situated. Spraying the solution with an atomiser is not so satisfactory, as the medicine does not reach the depth of the meatus or the deep parts of the nose which are blocked by the congested mucus membrane. Irrigation is to be avoided in acute stages for fear of spreading the infection, and when resorted to at later stages, the patient should be advised not to sniff in or suck in the solution.

Proetz' method. This is a displacement treatment called after its author, and is easily the best and the most useful method to be adopted in most of the sinus infections. It consists in putting the patient in the 'head-low'

position, with a pillow under his shoulder, and the vertex of his head resting on the table or cot, then filling the nasal cavity and the naso-pharynx with 1 Ephedrine solution in saline, and then applying suction to one anterior nares, while closing the other with the finger, and at the same time asking the patient to pronounce K. K. so that the soft palate closes the naso-pharynx from the pharynx. By this means, the air in the sinuses is sucked out and displaced by the solution. Then, when the patient is asked to sit up, the fluid flows out washing the sinuses. This is a simple and non-surgical method of washing the sinuses and also for introducing medicine into the sinuses which would otherwise be impossible.

Repeated fresh displacement method at intervals of 48 hours for sub-acute and chronic sinus infections is better than surgical intervention, which is likely to traumatise the mucus membrane of the Ostium, and the possibility of closing the Ostium permanently; especially in frontal sinus where the naso-frontal duct is tortuous, this is the method of choice.

Allergic Rhinitis. This is a condition very often met with, and should be recognised as different from the Infective Rhinitis. It is characterised by the discharge being watery, and is often accompanied with sneezing. The attack usually lasts for a couple of hours during the day, though the patient may suffer from it for some weeks, or months even. The mucus membrane is quite pale, unlike the congested red mucus membrane of the ordinary Infective Rhinitis.

Differential white cell count shows a certain amount of Eosinophiles ranging from 10 to 16 per cent usually, though occasionally, it may be above 20%. As in Eosinophilic lungs, only cases with very high Eosiniphilia respond to the arsenic therapy. But the remaining cases with a moderate

Eosinophilia do well with use of Ephedrine nasal drop twice a day, in the 'head-low' position, and 1 capsule of Benedryl at bed-time. I do not prescribe 2 or 3 capsules of Benedryl a day, because it makes the patient feel very sleepy and unfit for work. Regarding Antistine, I do not know if it is just a prejudice, but I have found it to be not so beneficial as Benedryl. But the Ciba Co. in the U.S.A. has a substitute for Antistine called Pyri-Benzamine, which is really good without the sleepy effect of the Benedryl. The Antistine ~~is~~ we get though prepared by the same Ciba Co., is somewhat different and comes from Ciba of Switzerland.

Cautery of the nose for this sort of Allergic Rhinitis is of no benefit whatsoever, though the patient is cauterised 2 or 3 times by different medical men. The good effect lasts only for 2 or 3 weeks. So also the submucous resection for these cases does not give any relief. I do hope our Laboratory technicians will soon evolve an Allergic Test Unit, by which we can test the exact substance for which the patient is allergic. In U.S.A., every Doctor has an Allergic Outfit consisting of one set of vaccines for group tests, and another set for individual tests. First with the use of the group vaccines, injected intradermally, the Doctor finds out as to what category the patient is allergic—whether dusts or pollens or food preparations etc. and then he uses the individual test vaccines to find out to what particular kind of pollen or food, the patient is allergic. In this way each patient is told that he or she should avoid 3 or 4 definite substances or the patient is given a series of injections for the particular pollen or dust during that particular season. Unfortunately these allergic outfits are not suitable to our country's life, climate and habits and so we cannot use them here with advantage.

Comparison of drugs. Oily preparations, consisting of menthol, camphor etc., commonly prescribed by many of

the practitioners, should not be used, as it has been demonstrated that an oily drops interfere with the action of the cilia and the mucus blanket, and thus more harm than good is done. It is obvious therefore that oily patent preparations should not also be prescribed. The drug of choice for nasal vaso-constriction is a 1 to 2 per cent Ephedrine Sulphate or Hydrochloride in Physiological Saline solution, which accomplishes all that any other can do, and that too with the least harm to the nasal structures. Only if the concentration of the Ephedrine exceeds 3% then it slows the activity of the cilia.

Various forms of *Ephedrine compound* are in use and it is the best as its action lasts longest.

Privine does not belong to the usual Ephedrine, Epinephrine ring, and is a synthetic substance with completely different formula. Its use has been found to be of a rather doubtful advantage as its vaso-constriction effect is very transitory, followed by pronounced vaso-dilatation. Further, it is in a way, habit forming as the patient uses it very often, for the sake of its transitory effect. In an American journal it has been reported that Privine addicts suffer from Privine Rhinitis, characterised by boggy swelling of the nasal mucus membrane.

Cocaine solution should not be used as a mere shrinking agent, unless some sort of surgical interference is also contemplated, as the cocaine paralyses the ciliary activity for a short period.

Phenol or Iodine in oily base is to be discouraged, because the phenol or iodine is so closely bound to the oil that they cannot act by themselves.

Various *inhalants*, like Benzedrine, Tuamine, or Vick's may give very temporary relief, and if used repeatedly, may give rise to Epistaxis.

Women in their active sex life often improve from chronic colds by the use of female Hormones, locally and inter-

Penicillin by injection, 1 lac twice or thrice a day, in acute or subacute stage of sinus infections is really beneficial, and the incidence of chronic purulent sinus infection is less nowadays, due to the antibiotics.

Immunisation with vaccines prophylactic subcutaneous injections of vaccines, either stock or auto-vaccines have proven to be of doubtful value. Walsh and Cannon in U. S. A. have reported beneficial results with local application of these vaccines.

Heat by short wave or by inhalation or by fomentation is of definite value in sinus infections of acute or sub-acute stage, where there is pain as also malaise.

Surgery for sinus infections, should be the last resort, and need rarely be done except puncturing for irrigating the sinuses. The fashion in U. S. A., ten years back, was for radical surgery, but the modern tendency is a swing to

conservative means, because they found that any person who underwent a surgery for sinus infection usually remained a patient for the rest of his or her life, and what is more, they often turn out to be patients with sinus trouble plus psychic troubles.

Surgery is nowadays indicated only when all conservative methods have failed and only when radio-opaque substances fail to enter the sinus cavity by the Proetz's method of Displacement.

Summary. In conclusion, to summarise my paper today, we must

- (1) respect the normal physiology of the nose,
- (2) adopt only those treatment which do not interfere with the normal function of the cilia and mucus blanket,
- (3) be conservative in almost all the cases,
- (4) recognise the part played by allergic nasal complaints,
- (5) prescribe mostly the 1 to 2 per cent Ephedrine saline solutions in preference to any of the patent preparations, and
- (6) keep off the hand as far as surgery of the nose or sinuses is concerned.

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August, 1949]

MALE STERILITY

BY

DR. K. V. MATHEW, L.M.S.,

Karuna Hospital, Krishna Koil St., George Town, Madras

The range of sterility in the western countries is calculated to be about 15 per cent of all married couples. But in India it is only 6 per cent and in Travancore only 2 per cent.

Here, nobody has taken pains to investigate regarding the part males play in infertility, though the notorious American authoress Miss Mayo has made the absurd statement in her "Mother India" that 50% of the Indians turn impotent by the time they reach 25 years of age.

The causes of sterility in the male may be either congenital or acquired. The congenital causes may be anatomical or physiological and the acquired ones may be due to physical, psychical, due to internal diseases, drugs, sexual excess, complete abstinence or X-ray effects.

Congenital causes are due to abnormalities in development. Rudimentary penis is non-development of the male organ, which remains infantile and thereby unfit for sex-function all through life. Undeveloped testis, in which case the person remains an eunuch for ever and undescended testicles, are very common. Spermatogenic cells in the undescended testicles remain functionless, in as much as they do not produce any sperm while in the abdomen, the temperature there being a little higher than that in the scrotum. This point has been experimentally proved by covering the testicles of a ram with a teacosy. In eighty days the ram became sterile, the testicles had atrophied, and when the teacosy was removed the ram gradually regained its virility and all other male qualities. Epispadias and Hypospadias are cases in which the urethral passage in the penis, open either above or below its root, so much so, the pro-

per erection of the penis and deposition of the semen into the proper place is not physically possible. There are some very rare abnormalities in the penis, such as double penis, bifid penis, webbed penis etc., which impede sex function. Abnormalities in the semen are aspermia, azoospermia, oligospermia and necrospermia. Aspermia is complete absence of semen. Azoospermia is absence of sperms in the semen. Oligospermia is the deficiency in the number of sperms in the semen. Normally there ought to be a minimum of one hundred million sperms in one c.c. of semen. Lowest figure compatible with fertility is said to be 60 million per c.c.

Dr. Harvey, Lady Seminologist at the Exeter Clinic, having made a careful analysis of a number of cases, is of opinion that it is more the quantity of the semen than the number of sperms per c.c. that counts in effecting fertilisation.

Necrospermia is the presence of dead sperms or only sperms of a deformed nature, fatty, motionless or sluggishly motile ones. People with such defects are more numerous than we imagine. They pass for men of merit and grit, but only after causing serious disappointment to their wives and relatives for a long time that their deficiency will be made out by some doctor.

Physical causes of sterility in the male, are those by which the member that is involved in the act is mechanically disabled to function, on account of some diseased condition developing over it. Elephantiasis of the scrotum involving the penis is the most common cause of penile disability in South India. Large hernias, hydroceles, certain tumours and phymosis also similarly incapacitate the proper functioning of the member. In some, the penis

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gets indurated and turns out to be unfit for function.

Physical cause of sterility is impotence due to various reasons. Impotence is the inability to take an active part in the sex act. It is usually an inhibition, unrecognised by the person himself out of fear, hate or other causes of disturbance, kept in the subconscious realm.

A chaste man who is not used to sex indulgence may fear that he might disappoint his partner. Such fear might suddenly paralyse by suggestive action, the normal reflex mechanism of erection. This causes distress: further efforts make him more and more distressed; disappointment is doubled and redoubled in both partners; all for nothing. Similar inhibitions occur due to fear that some one is watching. Presence of light, noise, bad smell etc., often are cause of temporary impotence.

False modesty on the part of the woman often produces a disgust leading on to an aversion, which later on culminates in impotence towards the particular woman. This is quite common among newly wed couples where the bride is of a country type, untainted and pure, while the boy is of the town, cinema-going model. Contrariwise, a well-brought up boy might find repulsion in a town-fashioned girl, adorned and powered type.

It is not seldom that the utter disregard of the woman to her husband's sexual needs, causes inhibition in him. Full cooperation on the part of the wife is essential for the development of his sexual power.

Diseases like syphilis, gonorrhoea, mumps, scarlet fever, enteric influenza and constitutional diseases like T.P., diabetes etc., sometimes leave a man impotent, partial or permanent, with consequent sterility.

Sexual excess and complete abstinence are both causes of impotence. Interstitial cells in the sex glands

which produce the hormones are responsible for the differential sex characteristics of man and woman. Potency mainly depends on these hormones in the individual. Abstinence, when continued for long produces a disuse-atrophy in these cells and the consequent deficient production of hormones naturally decreases the particular qualities of manliness or womanliness in him or her. Prof. Steinach experimented on rats and found that middle aged normal male rats, if isolated in cages for some time, lose their sex-urge and become "Rust-eaten." Many of the prisoners who are confined for long periods turn out "Rust-eaten" and it takes some time for them to recoup their lost virility. "Solitary confinements for long duration not only inhibits the erotisation of the nervous system but it even causes a degeneration of the physical sex characters."

Intelligent, highly placed men who were in jails for political offences, have confessed to me that their potency had been considerably reduced by the time they came out. Fertility may not be impaired by long abstinence, as the spermatogenic cells are not affected by disuse. Potency is different from fertility, but fertility is futile if there is no potency.

X-ray:—might produce sterility in men who work in the department. It is said that the doctors and attendants who are in X-ray institutions are less fertile than others. You can verify this.

During the last two years, made a detailed study of 48 cases of males in sterile couples, where the females were considered normal. I found that 8 of them had gonorrhoea, 14 had hydrocele, 2 had diabetes, 12 were impotent and the remaining 12 were apparently normal of which one had no semen and five had no sperms in the semen. Examination of the semen of these people revealed that all cases with hydrocele had oligospermia; those with gonorrhoea had necrospermia and those

with diabetes and impotence were deficient in the quantity of semen; normal quantity of semen being 2 to 5 c.c. per ejaculation.

TREATMENT

The removal of the cause is the most important point in the treatment of any condition.

Congenital causes are the most difficult ones to be removed. Rudimentary penis may be improved by hormone treatment, but not so much changed as to be made equal to a normal one. I have come across a case in which about 2500 m.g. of Testosterone Propionate was given in about 200 injections without much of permanent improvement. Surgeons might enlighten on the point of surgical treatment of cases of Epispadias and Hypospadias. But to my knowledge none are very satisfactory.

Some of the deficiencies in semen may be considerably improved by hormone treatment. Firstly the fertilising efficiency of the sperms ought to be investigated thoroughly, whether they are normal or deformed, how far they are motile, how long they live to be motile.

After an abstinence for a few days, semen is collected in a sterile small wide-mouthed bottle and examined within an hour or two, keeping it warm in the meanwhile; an absolute count of the sperms is made by adding 1:20 sodi bicarb 5% solution and counting 5 blocks of 16 sqs. and adding 6 zeroes. Normal ought to be about a hundred million per c.c.

Aspermia and Azoospermia (absence of sperms in the semen) cannot be cured by any known means except if it be due to occlusion of the vas, in which case the occluded portion may be removed and healthy portions connected. But Oligospermia and Necrospermia are amenable to treatment. Treatment may be dietetic, medicinal and hormonal; but a combined therapy might produce the best result.

From time immemorial, several methods of diets are prescribed for sterility. Among the aboriginal hill tribes in Travancore, childless couples are dieted with flesh and soup of black monkey for males and a decoction of the various spices for the woman. Livonians made the married couples eat the testicles of goats and boars. The Egyptians administered almonds, pomegranate and lettuce. The Australian aborigines give lizards. The ancient Celts used to give infusion of mistletoe. In British Colombia, gin prepared from white pine is given to make men and women fertile. In Sumatra and some parts of Northern India, coconuts are eaten with this express motive. Some eat spiders for this purpose. In the Andamans, frogs are given.

Investigation in dietetics has brought out the fact that there is a Vitamin—E which is responsible for influencing the promotion of the sex-factor in all living beings. Absence of it is supposed to cause atrophy of seminiferous tubules in which the sperms are manufactured. By correct analysis, it is discovered that the highest Vitamin E concentration is in the embryo of wheat, olive oil, onions, seeds, green leaves and in the fat of muscle. Viteolin of Glaxo Laboratories is a vitamin-E concentrate that I have used in many cases, with no mentionable results.

Gonadotropic hormones of the pituitary has been successfully tried in the promotion and development of the spermatogenic and interstitial cells in the testicles. Correspondingly as in females, the prolan-A factor stimulates sperm generation and prolan-B factor enhances the production of the testicular hormones. I have tried Gestyl of Organon Laboratories, in 21 cases of various types of supposed sterile men. There was notable general improvement of health and virility in almost all. In cases of oligospermia, sperms definitely increased in number, testicles and penis grew in size in those in whom they were under-sized; abso-

lutely no change was noted in the quality of semen in those who had azoospermia. In one case, an Engineer who had only below 40% count of sperms, after 12 injections of Gestyl 400 units each, got it to over 60% and was able to become a father. This improvement in the semen seems to be only temporary during the treatment period, so much so, one should make hay while the sun shines.

Undescended testis resembles the normal till puberty, after which it degenerates. Hence treatment of this condition must be done early enough either by hormones or by surgery. Injections of Testosterone propionate help to bring down the testicle to the scrotum. I have tried in a few cases, with immediate success in children below 5 years.

The presence of leucocytes or pus cells in the semen is indication of some infection in which case Penicillin treatment should be adopted. Ayurvedic physicians give garlic as an extract or infusion in such conditions, which gives good improvement.

Physical causes: by which the organ is mechanically incapacitated can be cured in most cases by appropriate surgical treatment at any hospital. Hernia, hydrocele, and elephantiasis involving the penis, tumours, phimosis, etc., can be operated and the member completely freed.

Psychoanalysis and proper guidance is the treatment to be adopted in psychological cases. It is impossible for a healthy man to be impotent unless his brain or spinal cord is injured. As such, any fear that is sustained and nourished ought to be dispelled. If one is a religiously minded sort of person, let him be made to understand that there is nothing irreligious in the sex act, and that it is quite normal, and in most cases strong reassurances must put him right. Being attractive to each other and having the best of secrecy and convenience are the most

important factors to make one potent.

Odours are powerful stimulants to the nervous system causing an increase of energy. Wives must be taught to select and use scents. Musk is the most erotic scent.

It is advisable never to use aphrodisiac preparations. After all, there are no specifics yet found out which are really effective in impotence. Those which stimulate sex function for the time being are not without reverse toxic effects, unless given in very very minute doses. It may be emphatically stated that diminished potency is only a symptom of some disease or senility and must be investigated and not treated by aphrodisiacs. Most cases of impotency will be brought back to normality by keeping on to rational and wholesome habits of life, regarding diet, exercise, bath, sleep, recreation etc. The magic touch of a loving and intelligent wife, at the proper place and time, is far more aphrodisiacal than all the advertised drugs and glandular injections for the cure of impotence.

Abstinence: eRgular normal sexual intercourse is essential to keep up health, strength, courage, clear vision and virility for long. One must not suppress normal erotic desires, but allow to have their course, with a certain amount of restraint. Regular normal sex intercourse does not undermine one's vital strength.

Sexual excess ought to be avoided. Results of excess can be mitigated by rest and tonics. However, weakness due to excess is only temporary and may be repaired by abstinence for some time, combined with general tonics and special nerve tonics like glycerophosphates. The old prescription of cantharidis with Ferri Perchlor and nux vomica gives far better effect, for impotence depending on sexual excess, than any of the new patents.

I do not know if there is any method of cure of sterility due to X-ray effects.

ASSOCIATION NOTES

COIMBATORE BRANCH

President: Dr. C. Nanjappa
Vice-President: Dr. N. Krishnaswamy
Secretary: Dr. A. G. Leelakrishnan
Associate Secretary: Dr. S. Ganapathy
Treasurer: Dr. T. V. Sivanandam

The Twentyfourth annual meeting of the association was held at 3 P.M. on Sunday the 19th June 1949 in the Govt. Arts College, Coimbatore. Over 150 members from the city and the mofussil as also a few members from our sister associations of Trichy and Madura attended the function. Dr. P. A. S. Raghavan President of the South Indian Provincial was also present.

The function commenced at 3-20 P.M. After prayer, the President Dr. N. K. Sampath welcomed the Hon'ble Dr. T. S. S. Rajan and other guests and expressed satisfaction of all medical men in having Hon'ble Dr. Rajan back as the Health Minister.

The Secretary Dr. A. G. Leelakrishnan then presented the Annual Report which made mention of the various activities of the association during the year, as also the forthcoming Silver Jubilee Session of the Association.

Messages which were received from the following persons were read by the Secretary: 1. Dr. T. S. Thirunurthy, Madras; 2. Dr. U. Krishna Rao, Madras; 3. Capt. S. K. Chaudhury, President, I.M.A.; 4. Dr. P. N. Ramasubramaniam, Madura; 5. Dr. R. Kalamegham, Trichy; 6. Dr. A. K. Rajagopalan, Madura; 7. Dr. G. T. Gopalakrishnan Naidu, Thirumalai Hills; 8. Dr. P. C. Nambiar, Assam; 9. Secretaries, Tanjore Medical Association; 10. Malabar Medical Association; and 11. Salem Medical Association.

Then Hon'ble Dr. T. S. S. Rajan delivered his inaugural address. He

appealed to the members for a sympathetic appreciation of the Government's view Vis'a Vis the indigenous systems of medicine and welcomed the co-operation of the qualified medical profession in tackling the health problems of the country.

The President Dr. N. K. Sampath thanked Dr. Rajan for his address after which the members adjourned for tea which was kindly provided by Messrs. Albert David Ltd. A group photo was taken and the members assembled for the business and scientific session.

The following office-bearers were elected for the ensuing year:

President:
Dr. C. Nanjappa.
Vice-President:
Dr. N. Krishnaswamy.
Secretary:
Dr. A. G. Leelakrishnan.
Associate Secretary:
Dr. S. Ganapathy.
Treasurer:
Dr. T. V. Sivanandam.
Committee Members:
Dr. Mrs. Saradambal.
Dr. T. K. Subramaniam.
Dr. P. N. Ramaswamy.
Dr. C. V. Ramaraj.
Dr. Chandrasekaran.
Members for the Central Council of the I.M.A.
Dr. N. K. Sampath.
Dr. Miss M. K. Saraswathy.

Members for the Provincial Council of the I.M.A.

Dr. B. S. Viswanathan.
 Dr. C. V. Ramaraj.
 Dr. K. V. Subramaniam (Path.)
 Dr. N. Krishnaswamy.
 Dr. M. K. Ramasubramaniam.
 Dr. L. Muniswamy.
 Dr. A. G. Leelakrishnan (ex-officio).

Members of the building Sub-Committee (Ex-officio) Dr. C. Nanjappa the President.

Dr. T. V. Sivanandam the Treasurer.
 Dr. A. G. Leelakrishnan the Secretary
 and Dr. P. N. Ramaswamy and Dr. Y. P. Vasudevan.

Dr. C. Nanjappa then occupied the Chair and conducted the proceedings. The association by a majority of votes nominated Dr. U. Krishna Rao of Madras for the ensuing election of the President of the Provincial Branch.

The President then requested Dr. N. S. Narasimha Iyer of Madras to deliver his address on 'Recent advances

in surgical treatment.' He talked about the treatment of fractures and the necessity to handle them as surgical emergencies, and about the use of Penicillin and Streptomycin as an adjunct to surgical treatment etc.

The President thanked the lecturer for his instructive address and then requested Dr. Mrs. Anna Vareed to deliver her address on 'The place of Endocrines and Sex Hormones in the treatment of functional disorders of menstruation.' She dealt with the physiology of the sex hormones and glands and of their inter-relationship and of the rationale of their use in therapeutics. After a vote of thanks to the learned lecturer for her address the members adjourned for dinner which was kindly provided by Messrs. E. P. B. Manian & Co.

After a film show on 'Intravenous Anaesthesia with Pentothal Sodium, by the kind courtesy of Messrs. Abbott Laboratories (India) Ltd. the function terminated at 9-30 P.M.

MADURA BRANCH

President: Dr. P. Vadamalayan.
Vice-President: Dr. K. Balakrishnan.
Secretary: Dr. K. G. Ramabhadran.
Treasurer: Dr. A. S. Annamalai.

The monthly meeting of the association was held at a picnic at Kumbakkarai, a delightful picnic spot with a fine waterfall, about 5 miles from Periyakulam on Saturday the 23rd July 1949. The members arrived before noon, most of them by a special bus from Mathurai visiting Peranai en route. The members of the profession at Periyakulam led by Dr. S. Pichumani, M.B.B.S., had made all the arrangements for the reception of the members and for the lunch and tea. About 45 members attended. After a pleasant bath in the falls and a sumptuous lunch the meeting began at 2-45 P.M. with Dr. P. Vadamalayan

the President, in the Chair. The minutes of the monthly meeting held on 18-6-49 were read by the Hony. Secretary and adopted. The Secretary then made some announcements regarding the next meeting etc. and read correspondence regarding the communication received from the Govt. and other associations. Dr. A. K. Rajagopalan proposed and Dr. K. S. Krishnan seconded that Dr. P. A. S. Raghavan be nominated for Presidentship of the South Indian Provincial Branch and it was carried unanimously. Dr. H. Shama Rao proposed and Dr. G. A. Naidu seconded that Dr. N. Sooryanarayanan be nominated as one of the

Vice-Presidents. Dr. Thirugnanam proposed and Dr. N. S. Krishnamurthy seconded that Dr. K. S. Krishnan be nominated as one of the Vice-Presidents. Both proposals were carried unanimously. The President then called on Dr. S. Pichumani to speak.

Dr. Pichumani traced in brief his enlistment in the Indian Army, as a King's Commissioned Officer, and then after the surrender of Malaya to the Japanese about his service as an officer of the I.N.A. for a brief period of two months and after resigning from the I.N.A. his work as a prisoner of war in Japanese hands, and as medical officer in charge of a concentration camp in the South Sea island of Rabaul. He explained the work he had to do to the civilians in Penang as a result of the bombing and said that after the Japanese occupation and the surrender of the army in Singapore there was a progressive deterioration in the medical equipment and attention. He joined the I.N.A. and worked for 2 months and resigned from it and refused to rejoin after the dissolution of the first I.N.A. He was therefore held as a prisoner of war and transported along with 150 others to the South

Sea island of Rabaul. The experiences of himself and his co-prisoners in the Japanese steamer that transported them was described by him in detail and he considered that it was nothing less than a regular hell. The usual diseases rampant in the concentration camp were heavy infection with Dysentery, Typhoid and Tetanus and Vitamin deficiency diseases. In Rabaul, as the Japanese rations were very poor and meagre they had to subsist mainly on cocoanuts which were abundant on the island. He found there by experience that a slow intravenous injection of pure sweet coconut water from 20 c.c. upto 100 c.c. was found very useful in weakness due to deficiency diseases. On the surrender of Japan, they were relieved by the Australians and life in the concentration camp was there-after more pleasant.

The lecturer then answered a number of questions. The Hony. Secretary paid a glorious tribute to the lecturer and his friends, and the members of the medical profession at Periyakulam for having made such nice arrangements for the conduct of the meeting.

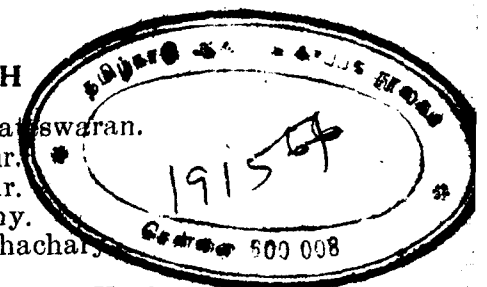
The members started their return journey at about 4-30 P.M.

NAGAPATTINAM BRANCH

President: Dr. C. H. Venkateswaran.
Vice-President: Dr. J. Y. Arthur.
Secretaries: Dr. S. S. Chariar.
 Dr. S. Ganapathy.
Treasurer: Dr. T. S. Varadhachari.

The second annual meeting of the association was celebrated on 24-7-49. Dr. A. S. Mannady Nayar, M.B.B.S. Ph.D. Surgeon-General with the Government of Madras, presided on the occasion. The proceeding began at 11 A.M. All the members of the local branch were present. Members from sister medical associations from Trichy, Chettinad and Tanjore were present, including the D.M.O. of Tanjore. After

prayer, Dr. C. H. Venkateswaran, M.B. B.S., Civil Surgeon, Government Hospital, Nagapattinam who is the President of the local branch welcomed all the members and the Surgeon-General. He appealed to the authorities to establish a General Medical Council for the whole of India with statutory and reciprocal powers to bring about a uniform standard of medical education throughout the country. He stressed



that since each provincial government had a different scheme for this purpose, the Centre should take up the subject on an all-India basis. The medical register maintained by this Council should include all the licentiates at present practising in the country and that the licentiates should be allowed to appear for the final M.B. examination without further study in a college. He also said that there should be only one provincial cadre in Medical Service and appealed to the authorities to do away with the existing class II assistant surgeons by promoting all the existing class II Assistant Surgeons to class I. He also laid particular emphasis on the following points. 1. Our medical men should take more interest in collecting statistics and publish their data and observations in the journals. 2. Medical men should take more holidays and take to post graduate study. He also said that more medical men should get into the local bodies and Legislatures.

Then the Hon'y. Secretary, Dr. S. S. Chary, read the annual report of the association which showed alround progress. Messages were read from Hon'ble Dr. T. S. S. Rajan, M.R.C.S., L.R.C.P. Public Health Minister with the Government of Madras; Dr. T. S. Tirumurthy of Madras, Major C. Raman, Civil Surgeon, Cochin, Dr. G. V. Hanumantha Rao, President Guntur Medical Association, Dr. D. V. Venkappa of Madras and other wishing the annual gathering success.

Dr. A. S. Mannady Nayar in his opening speech thanked the association for giving him an opportunity to address the association. He gave the assurance that there would be soon only one cadre in the Provincial medical service. He said that in India a good beginning was made in the matter of National Medical Relief long ago as the state is maintaining a large number of hospitals and the ideal to be aimed at was a National Health Scheme

as introduced in the United Kingdom in the year 1948. He pointed out that though the British Medical Association at first objected to this Nationalisation, all the younger members took to it and the scheme was working well. He was sure that eventually India also would have some such comprehensive scheme. He was not in a position to say how, as per the Chopra's Committee it could be possible to train indigenous with a course of six months course to give medical relief to the mass.

At 12-30 P.M. the members adjourned to Lunch given by the courtesy of Messrs. Albert David, Calcutta.

The business part of the meeting of the association was held at 2 P.M. and the following office bearers were elected, for the year 1949-50.

President:

Dr. C. H. Venkateswaran.

Vice-President:

Dr. J. Y. Arthur.

Secretaries:

Dr. S. S. Chariar.
Dr. S. Ganapathy.

Treasurer:

Dr. T. S. Varadhachary.

Auditor:

Dr. D. Narayana Iyer.

Committee Members:

Dr. A. Rama Rao.
Dr. V. D. Rajan.
Dr. Mrs. K. Daniel.
Dr. Miss T. K. Narayanaswamy.
Dr. S. K. Pillai.

Representative to Central Council

Dr. N. R. Thangavelu.

Representative to the Provincial Council

Dr. N. Radhakrishna Naidu.

The nominations of President and two Vice-Presidents for the South Indian Provincial Branch were done as follows:

President: Dr. P. A. S. Raghavan.

Vice-Presidents: Dr. J. Y. Arthur of Nagapattinam, Dr. Mrs. K. I. Vythilingam of Vellore.

At 2-30 P.M. Dr. R. Sambasivam, M.B.B.S., of Trichy gave an interesting lecture on "Review of Nutrition." This was much appreciated by all. Then Lt.-Col. D. K. Sabesan, M.S., F.R.C.S. of Madras gave an interesting and impressive talk on "Fistula in Ano" which was, like a post graduate lecture. The members adjourned to Tea in the evening by 5 P.M. supplied by the courtesy of Messrs. Unichem Laboratory, represented by Ganapathy & Co., Madras. A group photo was taken on the occasion and after a vote of thanks by Dr. J. Y. Arthur, Vice-President of the association, the meeting came to a close. The dinner arranged by Messrs. Associated Drug Co., of Yercaud was much appreciated and with a vote of thanks to all three host companies, the gathering broke up at a late hour.

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The monthly meeting of the above association was held on 28-8-49 at 5 P.M. 10 members were present. After reading of the minutes of the last meeting

by the Secretary, the election of President and Vice-Presidents for South Indian Provincial Branch took place. Dr. P. A. S. Raghavan was elected as President and Dr. J. Y. Arthur of Nagapattinam and Dr. Mrs. K. I. Vythilingam of Vellore as Vice-Presidents.

The following resolutions were passed unanimously:

1. This association is of opinion that it is not possible at present to integrate the scientific system of medicine with the indigenous systems.
2. The association protests against the proposal of the turning out of vaidyans after six months training to treat the village population and for maintaining a separate register for them.

Then Dr. R. Kalamegham of Trichy gave an interesting lecture on 'Surgical treatment—Orthodox and Hetradox.' A discussion followed.

After the vote of thanks by the Secretary, the meeting came to a close by 8-15 P.M. Dr. Y. G. Henry stood as host for Tea, and the association gave a dinner.

RAMNAD BRANCH

President: Lt.-Col. M. A. Parthasarathy.

Vice-President: Dr. T. S. Shetty.

Secretary & Treasurer: Dr. S. Sundaresan.

Jt. Secretary: Dr. K. Venkataraman.

The monthly meeting of the association was held at 4-30 P.M. on 23-7-49 in the St. Martins Hospital, Ramnad.

The members were entertained to Tea by the Supdt. and staff of the St. Martins Hospital, Ramnad.

The meeting commenced at 4-30 P.M. under the Presidency of Lt.-Col. M. A. Parthasarathy, F.R.C.S. President of the Association.

The Secretary read the minutes of

the previous 2 meetings and circulars received from the Central Office.

The letter from the Agriculture Department, Coimbatore was read. It was represented by certain numbers of the Association that the present price of the Malt Extract supplied by the factory compared unfavourably with that of the same products manufactured by other companies. This was in the way of their placing their orders for the same. The Secretary was

directed to bring it to the notice of the department.

Then Dr. S. T. Narasimhan was introduced to the audience by the President who then delivered an interesting lecture on 'Neurology' in General Practice. There was an interesting discussion after the lecture.

The meeting terminated at 7 P.M. after thanking the Superintendent and

the staff of the St. Martins Hospital and the lecturer of the evening. All members then adjourned to the Lathams Bungalow where the following pictures were screened:—

1. Development of Nerves.
2. Prefrontal Leucotomy.
3. Neurosynthesis.

After Dinner the meeting terminated.

TANJORE BRANCH

President: Dr. Md. Ismail
Vice-President: Dr. P. Narayana Rao
Secretaries: Dr. N. R. Subramaniam
 Dr. P. V. Kalyanasundaram

At 10 A.M. on 3-4-49, the Tanjore District Medical Association held its annual meeting at the Medical School buildings, Tanjore. It was a pleasant and instructive day for about 92 members who had come from various parts of the district.

Dr. A. S. Mannady Nair, M.B.B.S., Ph.D., Surgeon-General with the Government of Madras, presided over the days functions.

Dr. Mohammad Ismail, President of the Association welcomed him and the members in a few well chosen words and conveyed to Dr. Mannady Nair the felicitations of the Association on the very fitting recognition of his services by the Government in appointing him as the Surgeon-General.

The President then delivered his address in which he dealt at great length on the "Nationalisation of Health Services in England. He pointed out how under that scheme every member of the profession is assured of a good living at the same time ensuring the medical well-being of the country at large and that no doubt the senior members of the profession vehemently opposed that scheme though it was very warmly received by the junior members. He said that in our

country when at present there are more urgent problems pressing, like food and clothing, this scheme may not be practicable and entirely possible at present though it is an ideal one to be wished for.

After the presidential address, the minutes of the last meeting were read and adopted. Printed copies of the annual report, statement of accounts and auditors report were distributed to the members. The annual report of the Association was then read out by the Secretary and adopted.

Dr. Mannady Nair then delivered a very interesting and instructive talk on "Vitamin Therapy" confining himself strictly to the practicalities of the science and by-passing the Chemistry of Vitamins, he classified vitamins as water soluble and fat soluble. He demonstrated the value and the necessity of the vitamins to the human system, detailing the manifestations in the human body by reason of vitamin deficiencies. He forcefully pointed out the curious feature how man depends on a very small, almost negligible, quantity of vitamins for his well being and now even that small quantity is denied to him in this world of plenty.

Dr. P. Ratnaswami, M.D., Professor

Auditor for the year:

Dr. S. Narayanan, L.M.P.

Representatives to the I.M.A.

I. Central Council

1. Dr. T. M. Pillai, L.M.P.
2. Dr. P. A. K. Nair, D.M. & S., T.D.D.

II. Provincial Council

1. Dr. N. R. Subramanyam, M.B.B.S.
2. Dr. N. Ramanathan, M.B.B.S.
3. Dr. P. A. K. Nair, D.M. & S., T.D.D. (Madras).

Collaborator of the journal of the I.M.A.

Dr. N. R. Subramanyam, M.B.B.S.

After tea at 4 P.M. the members were treated to a discourse on "The Modern conception of Anæmias" by Dr. F. Ysander, M.D., Superintendent, Swedish Mission Hospital, Tirupattur. The genesis of R.B.C's found an enthusiastic apostle in him. He emphasised how anæmia is not a disease but a symptom and how the cure of anæmia lies primarily in an understanding of the causes for it rather than treating merely its outward manifestations.

An interesting discussion then followed in which several members took part. The lecturer answered their points. The lecturer pointed out that the exact role of folic acid in the treatment of anæmia is not definitely settled yet and so he advised the members to keep an open mind on the same.

The President brought the days proceedings to a close by reverting to the "Nationalisation scheme" again, and appealed to all the members to have mutual exchange of thoughts and work for the good interest of the common man.

A vote of thanks was proposed by Dr. E. K. Menon to the distinguished president, lecturers and the visitors of the day. The meeting then terminated with the singing of the National Anthem "Jana Gana Mana".

* * * * *

of Social Medicine, Madras Medical College, then delivered a lecture on "Social Medicine". He pointed out that it was not a separate or specialised branch of medicine but a part and parcel of general medicine. Successful therapy does not mean only or stop with, the administration of a particular remedy for a particular disease as for example digitalis for heart failure and A.P. for pulmonary tuberculosis. The therapy proceeds to the investigation of the social condition of the patient with a view to save him from his environment, Physical, mental and moral which are the causative factors and which are equally the courses for its resurgence after a short successful symptomatic therapy. He pointed out how this branch of science held out vast promises of humanitarian work. At the same time he was realistic to admit that how it presupposes aids in men and money, which people of our poor country can badly spare at present.

Then the members adjourned for Lunch.

The members assembled again at 3 P.M. for the business meeting of the Association when office bearers of the Association were elected. The following office bearers were elected unanimously for the current year.

President:

Dr. Mohammad Ismail, M.B.B.S., D.T.M.

Vice-President:

Dr. P. Narayana Rao, L.M. & S.

Secretaries:

Dr. N. R. Subramanyam, M.B.B.S.

Dr. P. V. Kalyanasundaram, M.B.B.S., D.L.O.

Committee Members:

Doctors P. A. K. Nair, D.M. & S., T.D.D.
 N. Ramanathan, M.B.B.S.
 T. M. Pillai, L.M.P.
 S. Subbulakshmi, M.B.B.S., DGO.
 S. Visvanathan, L.M.P.
 S. Narayanan, L.M.P.

ASSOCIATION NOTES

[The Miscellaneous]

The monthly Meeting of the Tanjore District Medical Association (Branch of the I.M.A.) was held at Medical School Buildings, Tanjore, on Sunday the 26th June 1949 at 4-30 P.M., with Dr. P. Narayana Rao, the Vice-President in the Chair. 35 members attended the meeting.

After Tea provided by Dr. S. T. Rajamanickam, R. M. Hospital, Tanjore, the meeting commenced with a prayer. The minutes of the last two meetings were read and adopted.

The following message of congratulation to Hon'ble Dr. T. S. S. Rajan was proposed and the Secretary was authorised to communicate the same.

"The Tanjore District Medical Association conveys its hearty congratulations to Hon'ble Dr. T. S. S. Rajan, on his fitting appointment as Health Minister to the Government of Madras."

Then the following condolence resolution were passed all standing:

i. "This Association places on record the sudden demise of Dr. V. Narayanaswami Pillai, Eye Specialist, R.M. Hospital, Tanjore, a respected member of the profession and a member of our Association and conveys its sympathies to the members of his family".

ii. "This Association places on record its deep sense of sorrow on the untimely demise of Dr. B. Jayaram, Medical Officer, Local Fund dispensary, Perumpannaiyur, a member of our Association and conveys its sympathies to the members of his family".

The Secretary was authorised to communicate the resolutions to the members of the bereaved family.

Then certain communications and circulars received from the Head office were read out to the members:

As per communication for nomination for Presidentship and Vice-Presidentship of I.M.A. for 1949-50, the following names were nominated:

President:

Dr. P. A. S. Raghavan.

Vice-President:

1. Dr. P. Vadamalayan, Madura.
2. Dr. M. V. Krishna Rao, Andhra Area.
3. Lt.-Col. T. S. Shastri.

An interesting lecture was then delivered by Dr. A. Ramadoss, M.S., District Medical Officer, S.I.Ry., Villupuram on "Burns—its complications and treatment." He dealt at a great length on the recent types of classification of burns and their modern treatment.

The lecturer pointed out the importance of correct diagnosis about the stage of burns and how with modern adequate treatment, 90 of cases though of a major type should be completely cured. He brought to the notice of the members of certain additional complications of burns, like anaemia and hypoproteinaemia. In the treatment of burns, he pointed out, how good success could be achieved by least meddling, prompt treatment of shock, plain vaseline gauze and crepe bandage, combination of whole blood and plasma transfusion, adequate protein diet and hospitalisation of major cases of burns.

A short discussion then followed and the lecturer answered their points suitably.

The meeting then terminated with a vote of thanks to the lecturer Dr. A. Ramadoss and to Dr. S. T. Rajamanickam for the Tea.

August, 1949]

ASSOCIATION NOTES

TINNEVELLY BRANCH

President: Dr. T. K. Natesan
Secretary & Treasurer: Dr. K. Rama Ayyar

The monthly meeting of the Tinnevely Branch of the Indian Medical Association was held in the office of the District Medical Officer, Palamcottah, on Saturday the 30th April 1949. Members numbering 14 were present. Dr. A. K. Rajagopalan, L.M.P., Hony. Secy. South Indian Provincial Branch of the I.M.A. was also present.

After Tea, the meeting began under the Presidentship of Dr. R. V. Padmanabhan, M.B.B.S., Assistant District Medical Officer at 6 P.M.

The Hony. Secy. and Treasurer read out the minutes of the previous meeting held at Headquarters on the 26th

March 1949, and they were passed. He also read the letter from the Secy. Madura Medical Association regarding the Joint Conference of the Medical Associations of the Southern Districts at Kodaikanal on the 21st and 22nd of May 1949.

Dr. K. Ramachandra Naidu, L.M.S. Medical Officer, Municipal Hospital, Tinnevely gave a talk on 'Headache'.

There was a general discussion by the members present.

On behalf of the Association, the Secretary thanked Dr. R. V. Padmanabhan for presiding over the meeting and also thanked the lecturer.

TRICHINOPOLY BRANCH

President: Lt.-Col. R. K. Chettur
Vice-President: Dr. G. Joseph Gnanadickam
Secretary: Dr. V. K. Ranganathan
Treasurer: Dr. T. V. Sundaram

A monthly meeting of the association was held on Monday the 4th April 1949 at the India Coffee House, Trichy with Lt.-Col. R. K. Chettur, the President in the Chair. About 50 members were present. Major P. A. Menon, F.R.C.S. Dist. Medical Officer, Golden Rock was 'At Home' to the members.

After Tea a condolence resolution was moved from the Chair for the untimely demise of Dr. S. K. Sundaram M.D., of Madras and it was passed all members standing for 2 minutes. Then Dr. A. S. Mannady Nayar, the Surgeon-General with the Govt. of Madras delivered a lecture on Lab. Aids in Clinical Medicine and Surgery which was followed by a discussion in which many members took part.

The meeting came to an end with a vote of thanks to the lecturer, the host

and the Manager, India Coffee House for providing their hall for the meeting.

A monthly meeting of the association was held on Friday the 29th April 1949 at the Bishop Heber High School when about 50 members were present. After Tea kindly provided by Messrs. Philips Electricals (India) Ltd., in the unavoidable absence of the President Lt.-Col. R. K. Chettur, Dr. N. Vaidyanathan, M.D. of Madras was proposed to the Chair.

Dr. A. Srinivasan, M.R.C.P. delivered a very interesting lecture on 'Chest Pain' followed by a discussion in which many members took part. This was followed by a sound film on 'Angina Pectoris' which was very much appreciated by all those present.

The meeting terminated with a vote of thanks to the lecturer, the presi-

dent, the host and the authorities of the Bishop Heber High School.

** ** *

A monthly meeting of the association was held on Sunday the 26th June 1949 in the premises of the Dist. Health Association, Puthur Trichy. About 40 members were present. After Tea kindly provided by the association, and as the President and the Vice-President were absent Dr. K. G. Menon, M.B.B.S. was proposed to the

Chair and was approved unanimously. Then the lecturer Dr. V. S. Subramanyam, M. B. B. S., F. A. C. S. of Madras was introduced to the members. He delivered an excellent lecture on 'Otosclerosis and Fenestration Operation'. After the lecture a discussion took place in which many members took part. Then a film on 'Otosclerosis' was shown to the members which was much appreciated. With a vote of thanks to the lecturer, the meeting terminated.

August, 1949]

ABSTRACTS FROM THE CURRENT MEDICAL LITERATURE

THE TREATMENT OF HEADACHE

—*The Practitioner* Sept. 1948.

The fact that headache is only a symptom and that its treatment is the treatment of the pathological process causing it cannot be overstressed. Only too often this obvious and elementary therapeutic principle tends to be lost sight of and symptomatic remedies are prescribed when only a careful and accurate assessment of the underlying disease holds any prospect of relieving the patients suffering.

Psychiatry. In the majority of cases the headache will be found to be of psychogenic origin. In the hysterical group, treatment may be one of the most difficult problems in medicine. An explanation of the mode of origin of the headache, together with sedatives and such adjustment of a provocative background as is practicable, may relieve a few, but in many cases it will fail or even aggravate the condition, producing a reaction characterized by the remark that "My doctor does not understand my illness." In such circumstances the patient often seeks the aid of the osteopath or the dietitian, and it is humiliating but understandable that in such hands they often obtain the relief that we have failed to give them. In those whom the general practitioner and general physician cannot cure and who do not stray from the fold or orthodox medicine the psychiatrist can often be of very real help. In the far larger group due to anxiety, firm reassurance regarding the absence of organic disease together with a careful and tactful explanation as to how the symptoms have arisen, sedatives, and the removal of mental and emotional stress, so far as this is possible, will relieve nearly every case. However, tension headaches usually arise in the psychologically inadequate and their symptoms tend to recur in the same or another guise whenever the easy tenor of their life is disturbed.

Migraine. In migraine it will often be found that the patient is over-conscientious and excessively hard working and has ambitions which are quite beyond the reach of his usually average abilities. An experienced doctor will easily recognize in

these traits potent factors in the precipitation of the patient's symptoms and in a few minutes of explanation may be able to point the way to relative freedom from attacks. Medicinally, phenobarbitone or Gower's mixture taken regularly for months or even years is of the greatest value in reducing the frequency and severity of attacks. For the relief of the actual attack ergotamine tartrate is the only remedy which holds any prospect of bringing dramatic relief. Given early in an attack, either by mouth in dosage of 2 mgm. or intramuscularly in dosage of 0.25 to 0.50 mgm., it often relieves in a matter of minutes, but when an attack is well established, oedema in the wall of parietal or intracranial arteries and prolonged spasm of muscles of the scalp and neck may reduce its efficacy. In some patients ergotamine tartrate either causes unpleasant side-effects or consistently fails to relieve. In the former group the administration of oxygen or atropine is often of value, whilst for the latter there is nothing better to offer than the older remedies of aspirin, phenacetin and codeine, and rest in a darkened room.

When headache is due to hypermetropia or astigmatism the wearing of correct spectacles will invariably relieve; and in a proportion of suggestible neurotics spectacles may also bring relief even when the refractive error is insignificant and unrelated to the symptoms.

Sinusitis. The management of cases of nasal sinusitis calls for much experience and judgment. Nearly every acute case will resolve completely without any treatment and there is rarely any justification for surgical measures, although headlight baths, menthol inhalations and instillation of nasal drops containing ephedrine and penicillin, as well as systemic penicillin and sulphonamides by mouth, may hasten the disappearance of symptoms, whilst aspirin will temporarily alleviate the headache. In cases of chronic nasal sinusitis when the nasal septum is grossly deflected, its submucous resection is a simple and minor procedure which is often of the greatest value, whilst radical antrostomy is occasionally necessary. Operations on the frontal sinus are usually

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therefore expect bilateral orchitis to cause sterility. But according to the records this seldom happens, and it has been claimed that the testicle which has atrophied after parotitis need not necessarily be put out of function.

PREGNANCY AND PEPTIC ULCERS

—The Practitioner—Sept. 1948.

It is well recognized that peptic ulcers seldom develop during pregnancy and that they rarely become active during pregnancy in patients who have previously had such an ulcer. The reason for this is still obscure, some ascribing it to diminished gastric acidity during pregnancy, others to hormonal influences. In reporting four cases of peptic ulceration occurring during pregnancy or the puerperium. S. P. Bralow et. al. (*American Journal of Digestive Diseases* May 1948) draw attention to the danger of misdiagnosis unless it is realized that, although relatively rare, such cases do occur. Of the four cases recorded, two occurred during pregnancy and two during the puerperium. The two patients in whom signs developed during pregnancy had a previous history of a peptic ulcer, whereas there was no such history in the two patients in whom the condition developed during the puerperium. In both these latter women a severe haematemesis occurred between the fifth and tenth postpartum day. It is concluded that "obstetricians should not feel safe in view of the reported rarity of the coexistence of

peptic ulcer and pregnancy, but should study carefully all cases of persistent heartburn, epigastric distress, etc. . . . in their patients, as peptic ulcers may produce serious complications during or shortly after pregnancy.

ORAL PENICILLIN IN PAEDIATRICS.—The Practitioner—September 1948.

The following are the main conclusions reached by J. H. Moseley (*Archives of Diseases in Childhood*, June 1948) from an investigation, in Birmingham, of the absorption of penicillin from the alimentary tract of forty infants:—"As a result of this work it is claimed that penicillin may be administered orally to any infant below the age of six months as reliably as the sulphonamides, provided a big enough dose is employed and mixed feeding has not been started. It is not agreed that injection is the route of choice in severely ill babies. It is just in these cases that the full advantages of oral administration are apparent. Where there is persistent vomiting or severe enteritis, parenteral administration must be employed. The relaxed undigested stools so frequently seen in the course of infection in infancy are not a contraindication to giving the drug by mouth. Further, it was found that the modification of the feed by lactic acid does not destroy the penicillin. The size of the dose must be based on the age and not the weight of the infant. This rule applies to premature babies as well. The doses employed were as follow:—

Age	3 hourly	4 hourly
0 —6 weeks	20,000 units	30,000 units
6 weeks to 3 months	40,000 units	60,000 units
3 months to 6 months	50,000 units	70,000 units

"These doses are given immediately before each feed. At night a double dose is given before the last feed. . . . In no case have any toxic manifestations been observed"

RICE IN THE FEEDING OF INFANTS AND CHILDREN—Archives of Pediatrics New York.

Dr. Benson and Marshall report that rice is a valuable and harmless source of carbohydrate in the diet infants and

children; especially if finely milled and enriched with vitamins. Its N free extract content is high and readily digested, its crude fibre content low and it rarely provokes any allergic reaction.

T. N. S. R.

TOXICITY OF CHENOPODIUM WHEN ADMINISTERED WITH CASTOR OIL—Jl. Philippine Medical Assn.

Oil of chenopodium is a well recognized anthelmintic; its active principle is ascari-dol and it is used for ascari and hookworm infections. In ordinary doses it paralyses but does not kill the worms; a purgative is necessary to complete the action. Castor oil is often used as the purgative. The combined administration of chenopodium and castor oil at the same time is considered to be a safe procedure and to halve

the toxicity of the chenopodium oil.

T. N. S. R.

ASCORBIC ACID, THIAMINE, RIBO-FLAVIN AND NICOTONIC ACID, IN RELATION TO ACUTE BURNS IN MAN—C. C. Lund et. al of Harvard University—Archive of Surgery—Vol. 55.

Large doses of ascorbic acid, thiamine riboflavin and nicotinamide are needed by severely burned patients, and smaller amounts in more moderate burns. The same is true for haemorrhagic shock, traumatic injuries and infective conditions, 1 to 2 grammes of ascorbic acid, 10 to 20 mg. each of riboflavin and thiamine and 150 to 250 mg of nicotinamide may be necessary in severe burns for long periods. A high protein, high carbohydrate diet and ample quantities of 'yeast, crude liver extract and vitamins A & D' are also required.

T. N. S. R.

NOTICE

The local branches of the South Indian Provincial Branch of the Indian Medical Association are requested to send the C.F.C. for 1949-50, to the Treasurer of the South Indian Provincial Branch of the Indian Medical Association, Teppakulam, Tiruchirappalli and intimate the undersigned before the end of December, 1949. Else, as per instructions from the Central Office of the Indian Medical Association, the supply of journals will be stopped. Members are requested to pay up their subscription without delay.

A. K. RAJAGOPALAN,

Hony. Provincial Secretary.

UNIFICATION OF CIVIL MEDICAL SERVICE

In the July issue of the Miscellany published a report of the deputation of the Committee of Action of the A.I.M.L.A. that waited on the Hon'ble Dr. T. S. S. Rajan. Dr. K. RAMA RAO of Madras was one of the deputationists but his name was omitted in the report by over-sight. The omission is regretted. Regarding the gazetting of Class II Asst. Surgeons, in view of the Government's promise to favourably consider the abolition of Class II Asst. Surgeons and have only one class, who will all be gazetted officers, the question of the gazetting of Class II Asst. Surgeons in the interim period was not pressed for.

Managing Editor.

most unsatisfactory and seldom to be advised.

Hypertension. The headache of hypertension, especially that associated with hypertensive encephalopathy is almost always relieved by venesection, although lumbar puncture, or pyretotherapy, or the intravenous injection of 50 c.cm. of 50 per cent glucose, or the rectal administration of six ounces of 30 per cent. magnesium sulphate solution may be necessary or even preferable if any anaemia is present.

The Neuralgias. Migrainous, ciliary and trigeminal neuralgia are all best treated with simple sedatives and analgesics in the first instance, because in the latter disease long spontaneous remissions are common, especially in its early stages, and because in the former two conditions no therapeutic measure offers certain prospect of relief. The time may arise in all three conditions when alcoholic injection of the Gasserian ganglion should be carried out, and in trigeminal neuralgia it often brings the magical relief that the patient has prayed for. In ciliary and migrainous neuralgia its value is less certain, and in ciliary neuralgia desensitization with histamine or the administration of benadryl or antihisan is often more efficacious.

Injuries and Neoplasms. In post-traumatic headache, when the headache is due to traction on the dura by adhesions, encephalography may prove curative by separating the adhesions.

When headache is produced by space-occupying lesions within the skull causing traction on pain-sensitive structures, treatment depends upon the nature of the lesion. In subdural haematoma, abscess and many cases of tumour surgical treatment is indicated. However, in pituitary tumours surgical treatment is better avoided unless vision is threatened, and deep X-irradiation is usually the treatment of choice, whereas in metastatic cerebral tumours surgical treatment should never be considered. The headache of cerebral tumour is usually relieved temporarily by 50 c.cm. of 50 per cent glucose intravenously, or six ounces of 30 per cent. magnesium sulphate solution per rectum, and in some cases in which removal of the tumour is impossible and headache is

intense; palliative decompression may be justifiable.

THE TREATMENT OF BLEEDING PEPTIC ULCER:—Charles Baker (*Clinical Journal* Sept., Oct. 1948) sums up his experience of the treatment of bleeding peptic ulcers.

Tracing the history of the treatment of the condition as it has evolved in the past 30 years, he discovers three stages in the evolution of the treatment up to its present position. The old require used to be one of morphia and complete starvation based on the view that rest to the stomach and rest to the patient were the only objectives. Thus not even water was given to the patient even, if due to dehydration, he clamoured for it. This Spartan regime succeeded only in some cases, particularly in the isolated haemorrhages. But in recurrent haemorrhages, delay in his method proved unfavourable for the patient's survival.

The growing dissatisfaction with the results of such treatment resulted in a greater turning to surgical intervention in the treatment of these cases. And as surgical intervention in a patient in such a condition always implied administration of fluid and blood through a vein also, the success from these procedures were definitely greater. The main lesson from this phase was that it was blood and not necessary surgery that the patient needed.

And thus the third stage was one of recovery of the physicians' morale when Meulengracht (1935) showed a mortality of only one per cent in patients treated medically without starvation and with a full diet from the time of bleeding on admission to hospital. Other physicians however adopted a less drastic procedure, e.g. Witts who relied on blood substitutes like milk (which also give a high colouring value) in the feeding of these patients.

The present treatment of haematemesis is therefore the outcome of these three phases of opinion; rest to the patient physically and mentally; fluid replacement and blood transfusion for severe loss; early feeding; and if these medical methods fail or seems likely to fail, early recourse to surgery before the general condition deteriorates.

August, 1949]

For sedation, he considers morphia the best and it is used throughout the first 24 or 48 hours. As regards feeds, he finds the best results in cases which were treated with starvation for one day but given fluids, vitamins and blood replacement followed by a graduation from hourly milk feeds to a non varied diet. Fluid replacement is a most important point in treatment. The indications for blood transfusion are evidence of persistent bleeding or a low Hb. after bleeding has ceased, particularly if there is any danger of restarting bleeding by a transfusion which was stressed at one time, has been obviated by the slow drip method of transfusion. He says that an enema is seldom needed may provoke further haemorrhage and should be avoided. As regards surgical intervention it is realised that provided the full advantages of medical treatment—which include fluid, blood and nutritional replacement are available, the majority of patients recover from their bleeding; but in the minority where the bleeding vessel is unable to close either by fixity of its surrounding tissues or because of degenerative changes surgery alone may prevent death from continued bleeding.

T. V. S.

THE COMPLICATIONS OF PAROTITIS.—*The Clinical Journal* Jan. Feb. 1949.

It is hardly correct to regard meningitis and orchitis as complications of parotitis, for they are the common manifestations of an infection with a virus having cytotrophic and neurotrophic properties. The frequency with which meningitis occurs in association with parotitis seems to vary greatly. Thus during only 4½ months, beginning Oct. 1, 1947, as many as 29 such cases were treated at the Ullevaal City Hospital, Norway, whereas the same number of cases were treated during the 17 year period, 1930-1947. Per Hanssen points out that in up to 10 per cent. of all cases of parotitis it is possible by clinical means alone to diagnose meningitis. It is curious that while serous meningitis or meningo-encephalitis is a rare but serious manifestation of most of the acute infectious diseases, it is a common but seldom a serious complication of parotitis.

Among 57 cases of parotitis meningitis observed at the Ullevaal Hospital since 1930 there were approximately as many males as females, and while 24 patients were under 20, 33 were over this age. This condition seems to be more common in adults than in children, but this is difficult to verify, as only a fraction of such patients are admitted to hospital. The meningitis in Hanssen's cases appeared more frequently on the fifth day of the disease than on any other, but there were wide variations in this respect, and while some patients showed signs of meningitis before the swelling of the parotid glands appeared, others did not develop meningitis till as late as the 14th and 21st days respectively of the parotitis. In most cases the manifestations are limited to headache, nausea and stiffness in the back and nape of the neck lasting a few days. General convulsions with loss of consciousness are rare, but in one case, a man aged 31, showed a confusional state on the 7th day. He became unconscious on the 8th day, and his temperature was very high when he died. The meningitis of parotitis is always associated with fever which lasts few days, the temperature often falling by crisis. In one case meningitis was followed by a Meniere-like condition with deafness which became permanent, whereas the giddiness passed off quickly. No parallel relation could be established between the cerebro-spinal fluid cell count and the clinical manifestations of meningitis, a high cell count being often associated with insignificant symptoms and a low cell count with marked signs and symptoms of meningitis. The meningitis of parotitis responds to no special treatment. This matters the less as the meningitis is so brief.

In the period 1930-1947 there were treated at the Ullevaal Hospital 74 cases of orchitis, 7 bilateral. The signs of orchitis appeared most frequently on the fifth day, but there was a wide range of variation. Thus in 3 cases the orchitis preceded the parotitis by a day, and in 2 cases the orchitis and parotitis appeared simultaneously. The age group with the greatest number of cases was 21-25 years, but there were also many cases between the ages of 31 and 40. The considerable fever associated with orchitis entails atrophy of the testicle and one would

POST GRADUATE STUDIES IN FOREIGN COUNTRIES

Apart from the Government scholarships for the post graduate studies, in foreign countries arrangements are being made with a number of Universities in the United Kingdom, America and Canada to give post graduate training for a few members of the profession. In most of the countries, the post graduate courses alone will be given free, but in some Universities a small subsistence allowance may be available. In any case the to and from charges and living expenses will have to be met by the candidates themselves which may amount to Rs. 5000 to 6000.

The post graduate training will be in branches of Medicine, Surgery, Obstetrics, Radiology, Anesthesia etc. It is desirable that a team of 3 or 4 doctors from particular cities and towns go together and specialise in different subjects so that when they come back they might work as a team and organise poly-clinics.

Further details will be furnished in the Journal of the I.M.A., in due course.

P. A. S. RAGHAVAN,

President,

South Indian Provincial Branch, I.M.A.

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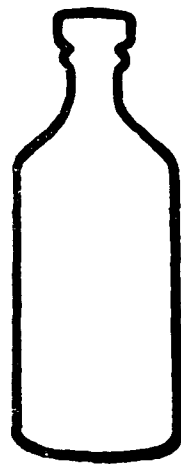
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Rapid relief from pain is claimed for Edrisal, an analgesic product with side-repressant effects.

Relastin sponge A & H has been prepared for use as a hæmæstatic in cases of bleeding which cannot be dealt with by ligature.

The eleventh annual conference of the Association of Surgeons of India will be held in Madras towards the end of December.

According to the JI. of A.M.A., heart disease is still an occupational hazard of the medical profession.

When your patient begs you to prescribe cigars and wants a latin name to give his wife, it is Tabaci fasciculum—meaning a bundle of tobacco.

The mother was boiling the plates of the father who had Typhoid. "Why are you boiling them, mummy?" asked their small son.

"Daddy is full of germs" the mother tried to explain and "we must kill the germs on his plates."

"Why don't you boil daddy?" was the innocent question.

Man in small town: "I had not been to our doctor for the last 20 years."

"You must have a splendid health."

"No, he and I are not on speaking terms."

Doctor: "Be patient my man, be patient. I had the same thing myself and am all right now. What more do you want?"

Patient: "I want the address of the doctor who cured you."

The small car went at full speed and overturned, people there salvaged the driver and took him to a doctor nearby.

"I am sorry" said the doctor, "I can't do anything, I am only a Veterinary Surgeon."

"That's all right" said the patient weakly. "I was an ass to run into a Veterinary Surgeon."

Registered No. M. 4839

RESO-CAL-VIT

(Calcium Lacto-Gluconate with Vit. D.)

An assimilable Calcium preparation with Vit. D. suitably sweetened and put in the form of convenient tablets. Indicated in all cases of Calcium deficiency. Reso-Cal-Vit gives excellent results in Menstrual dysfunction, Pulmonary Tuberculosis, Bronchitis, Eczema, Pregnancy and Lactation, Rickets, Urticaria, etc.

Each Tablet Contains

Calcium-Lacto-Gluconate	5 grs.
Vitamin D. (Crystallin)	500 units.
Acid Tartaric	0.25 gr.
Acacia	0.20 gr.
Saccharin Purif.	0.06 gr.
Lactose to.....	10 grs.

RESOTONE

An excellent Nervine Tonic containing Iron, Glycerophosphates of Calcium, Potassium, Manganese, Caffeine, Strychnine, and extracts of Dates, Figs, and Grapes and reinforced with Vit. B₁. In general debility and nervous break down RESOTONE has given very good results. If taken continuously for some time Muscular and Mental Fatigue vanish and bring Vim, Vigour, and Vitality to the Individual.

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