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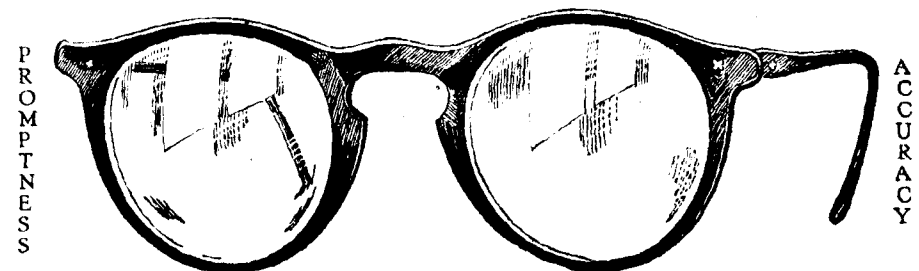
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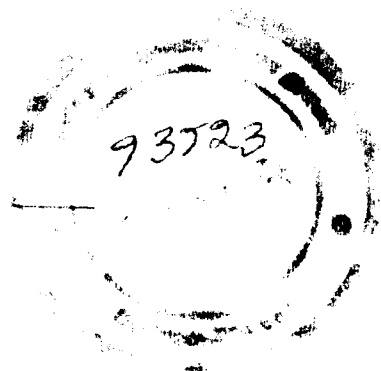
Editorial.

Comrades, only three months back we began with new fervour to produce the periodical regularly. Though circumstances were not very much favourable we have been able to stem those difficulties and here we are giving you the second number for this year.

October, November and December together constituted the fateful period of the year-engaging everyone in serious work with a hope of success. Many who hated to carry books began to carry them regularly and at all hours and books became their inevitable companions. Those who read and talked only of news-papers, rarely visited common-rooms; their rooms became their world of activities. We know some who recited complicated sentences of Gray and Boyd in the dead of night. Indeed here is the best example of man's remarkable ability to adjust to the changing times. The results must have been comforting to many but we do not have their statistics and we leave it to the authorities, the well meaning authorities, to study the results and the efficacy of their examinations. We wish to tell the University to lay more stress on the day to day progress rather than one examination at the end of the year. Independence can be preserved with approbation from all quarters if we improve our ways and means not only of living but also of learning.

Recently vice-chancellors of different universities met in conference; but to what end? We earnestly hope that these experienced and talented old men of India will draw us away from the present system of education and train us into better citizen; to work for truth. *We (the youth) have a zeal and ability, we are naturally talented, and above all we are ambitious. Only the state should give us proper attention to put us in the right path and help us carve noble career not for our selfish ends but to the glory of our motherland.*

Many things have happened outside the field of education. Congress held its annual conference at JAIPUR with the newly elected President Dr. Pattabhi Sitharmayya otherwise known as the historian of the congress. An important article on the duty of a congress man has been passed-once again we heard the eloquent discussions on the importance of a citizen's duty towards the state. A commission reported after a detailed



study recommending post-poning division of Madras into linguistic provinces. But this was against the principles with which the congress won freedom for the country. So the problem is again being discussed by three eminent men and we hope they will try to divide South India into four different areas. If they divide only Madras Province and leave the states as separate units, it solves no problem, it gives satisfaction to none, and may create more bitterness and hatred to the already existing discontent between the different linguistic groups. Anyhow we have begun this year with honest resolutions and let us try to live up to those ideals.

Much water has flown in the history of the world since last year. United Nations were meeting in conferences to establish peace for ever-but its own members seemed to violate the very principles. The Dutch waged war against the Indonesians and wrecked the sound government. We hope they will be made to retrace their steps and such things will be prevented from occurring in future.

East is now in an era of conferences and declarations and we hope we will soon be able to change it into an era of scientific industry and plenty--Practice is better than precept and so the sooner we practise the better we will be. At the end of this let us remind you of what great Pasteur wrote to his sisters: "To will is a great thing, dear sisters" he wrote "for Action and Work will usually follow Will and almost always Work is accompanied by success. These three things Work, Will, Success fill human existence. Will opens the door to Success both brilliant and happy; Work passes these doors, and at the end of the journey Success comes to crown one's efforts."

Epithelioma of the Buccal Mucosa.

BY

K. M. RAI,

(From the Barnard Institute of Radiology, Madras.)

In this discussion I propose to include carcinomas of the lip as well, as very often one leads to the other and their histological characteristics are also identical.

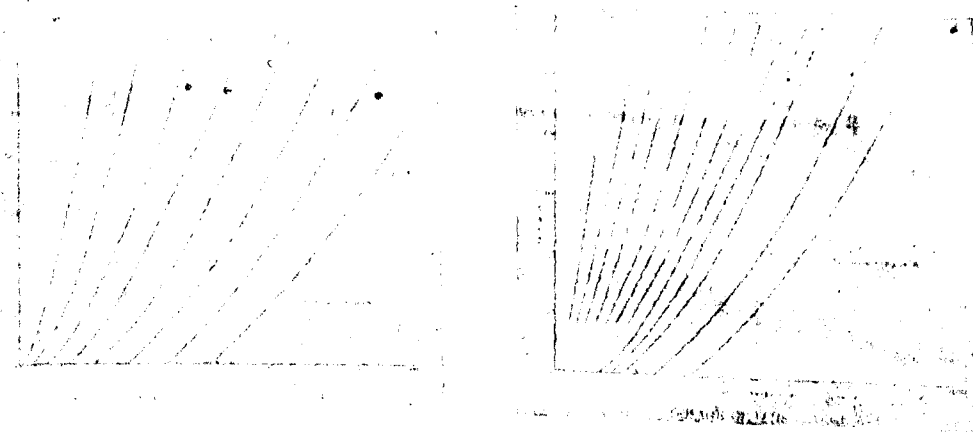
Cancer of the lip and cheek is a definite clinical entity. It accounts for about 10 per cent of all intra-oral neoplasms. It is a disease of the elderly and old patients and in my series of 733 cases a large percentage occurred in the fifth decade of life, on an average, about 10 years earlier than in the Westerners. This age incidence is in conformity with the occurrence of other cancers. About 88% of all the cases occurred in the age group 30-60 years; the sex incidence in the above series is about 75 per cent in men and 25% in women whereas in the Western countries the incidence is 85% and 15%. The majority of tumours are squamous-celled carcinomata, and the degree of differentiation shows variations similar to those in the tongue and the rest of the mouth from the keratinizing to the anaplastic type. Some of these tumours originate from the mucous secreting glands of the cheek and these form the small minority of adenocarcinomata. Benign tumours are rare and are most commonly met with in association with similar tumours of the salivary glands and belong to the group of mucous-and-salivary gland tumours.

DURATION

1. M.	2. M.	3. M.	4. M.	5. M.	6. M.	7. M.	8. M.	9. M.	10. M.	11. M.	12. M.	Over 1 yr.	No. Notes	Total
36	67	73	62	19	70	11	22	7	13	7	56	29	261	733
	14.2%	15.5%			14.8%									

Males	Females	Total
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dosage then nothing but calamity overtakes the patient. It has been conclusively proved beyond doubt that the rate of 5-year cure falls from 85% to 11% with regard to recurrence. Our technique for surface irradiation with radium is a system evolved out of the methods employed at the Royal Cancer Hospital, London and the Holt Radium Institute, Manchester. The technique adopted in treating a lesion is as follows. The lesion is first



Figs. 2 and 3.

Paterson and Parker's Dosage graphs for Surface Irradiation at different distances. The abscissae read the Miligramme-Hours per 1000r and the ordinates the area in sq. cms.

measured including a safe margin of apparently healthy area round the lesion. The appropriate quantity of radium to deliver the lethal tumour dose is then decided upon from the relevant charts. The next step is to determine the distribution of this selected quantity of radium according to certain physical principles so as to ensure a homogenous distribution of radiation throughout the tumour and its bed. After this is

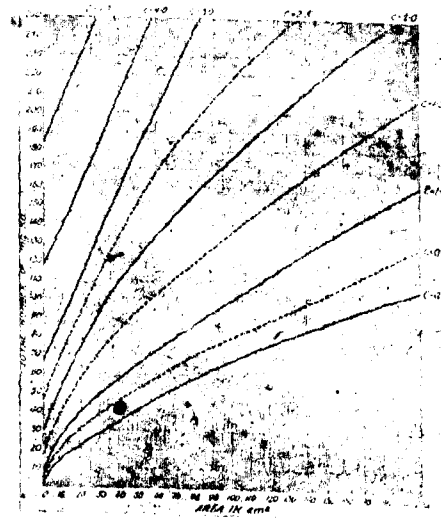


Fig. 4.

Mayenord's graph for determining the adequate quantity of radium to be used.

Epithelioma of the Buccal Mucosa

done, the irradiation is given intermittently, the average time being 12 to 14 hours daily. Most patients tolerate this fairly well, provided the whole treatment is finished in 8 to 10 days. Thereafter the treatment becomes more difficult as the reaction begins to start and the wearing of the temporary denture becomes uncomfortable. The greatest amount of radiation is no doubt received on the surface of the tumour and the least on the skin but the aim is to give about 6000r to the tumour. If this has not been possible, then supplementary radiation is given from outside either by means of radium in a sorbo-rubber pad or by deep X-ray therapy. The typical reaction that one obtains in such a case is a thin whitish membrane with red margins; this membrane becomes thicker and yellowish in colour in about a week due to the formation of fibrinogen, etc. and continues to be so for the next 8 or 10 days and then begins to get thinner and thinner until it finally disappears in about 4 to 6 weeks leaving a reddish, healthy area. Any attempt at removal of this membrane results in bleeding and the membrane again reforms quickly. Protection to the rest of the mouth from stray radiations is obtained by the incorporation of suitable thickness of lead foils on the oral side of the mould.

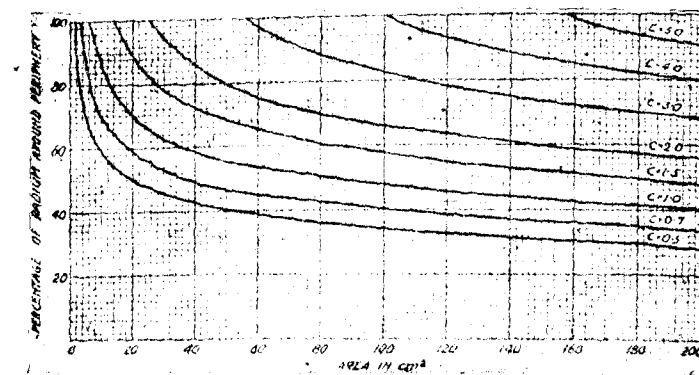


Fig. 5.

Dr. Mayenord's graph shows the quantity of radium to be distributed along the periphery.

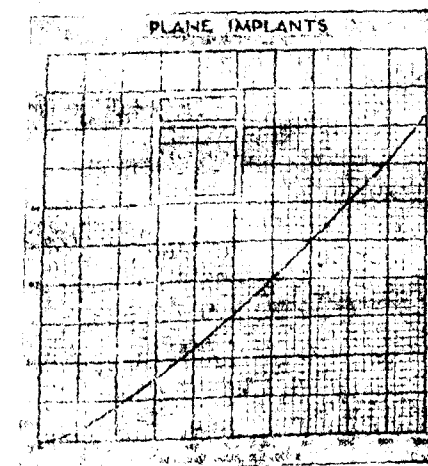


Fig. 6.

Poem

Why do we sleep?
Perhaps to make believe
We are children again!

Visiting the motherly corner
Where rainbows flower
Innocent in their childish pain!

Inviting the mad hour
When love and hate will lie together
Lovers-like in the dream's domain!

Now lost to each other
Tangled in a burning bower
Ruled by the busy day's mature reign!

—DUTTA TREYA.

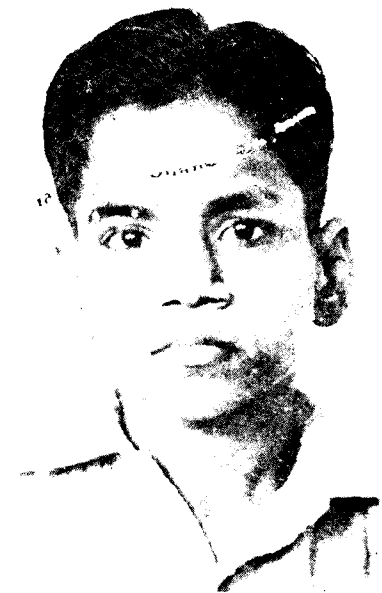
Typical Cases of Leprosy.

(From the department of Leprosy.)



Simple neural lesion.

Note the lesion is well defined with a definite edge. The patch is hypopigmented and is flush with surface. The patch is anaesthetic.



Neural leprosy. Minor tuberculoid.

Note raised patches. The patches well defined and anaesthetic. Subcutaneous nerves in the region of the patches are prominent.



Early leproma.

Note the lesions are not well defined though skin smears show very large number of lepra bacilli. This is the infective type of leprosy and difficult to diagnose. Lesions ill-defined and anaesthesia not present.



Late leproma.

Advanced lepromatous leprosy with nodule formation. This stage is too evident and is diagnosed even by lay-people. Each nodule will contain millions of lepra bacilli.

Proceedings of Madras General Hospital Clinical Society.

From Lt. Col. C. K. Prasada Rao's Unit.: 26th July 1947.

A CASE OF MEDIASTINAL LYMPHADENOPATHY.

(Presented by Dr. K. RAMACHANDRAN, M.B.B.S.)

Case Notes:--Patient R, aged 35 years, was admitted for fever and pain in the loins of a girdle-type, radiating down both legs, of four months duration. At present he is unable to walk freely and is confined to bed. While in hospital he developed pain in xiphisternal area and later a lump over the same area. He is complaining of pain in the chest for the past 10 days but has no cough or dyspnoea.

He denied history of venereal disease but gave a history of exposure two months back. He had no cough at any time, neither was there any history of cough in the family.

Patient is fairly well-nourished, not anaemic, teeth clean, tongue coated and moist; no clubbing of the fingers; no enlargement of lymph nodes; and no tenderness over spine. He looks drowsy and toxic.

Examination of the respiratory system revealed an impaired resonance in both interscapular regions upto D 6 spine with bronchophony over the same area. D'Espine sign is present but Eustace Smith's sign is negative. Breath sounds are broncho-vesicular and there are no adventitious sounds heard. There is no evidence of pressure signs on bronchi or lungs.

Examination of nervous system showed evidence of spastic paraplegia with exaggerated jerks; plantar response flexor both sides; hyperaesthesia over D 12 segment and all sphincters intact.

Examination of other systems showed no abnormality.

Investigations:

Blood:--R. B. C. 4.8 million per c.m.m; Hb: 80% W. B. C. 7,200 per c.m.m. Poly morph 70% Lymphocytes 22%. Mononuclears 2%. Eosinophiles 6%. No microfilaria in night blood. W. R. Negative. Kahn doubtful.

Urine:--Albumin trace; few pus cells, Cystoscopic examination nil abnormal.

Sputum:--No acid fast bacilli seen.

C. S. F.:--Total protein 50 mgms%; globulin present, W. R. anticomplementary.

Since the clinical signs in the chest were suggestive of enlargement of mediastinal glands, a radiograph of the chest was taken, which showed an opacity surrounding the region of the heart (vide Radiograph 1+2) thus confirming the diagnosis of the Mediastinal lymphadenopathy. The possibility of spinal syphilis with a gummatous degeneration of the mediastinal lymph nodes was thought of in view of the pains in the loin of girdle type but was excluded as the blood and C. S. F. serology were not in favour of syphilis.



X-Ray.

A case of Mediastinal Lymphadenopathy (Refer Page 22).



