The Madras Medical college

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The Madras Medical College Magazine

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CONTENTS

Look to this day,
For it is life, the life of life,
In its brief course lie,
All the realities and verities,
Of your existence.

The bliss of Growth,
The splendour of beauty,
The Glory of action,
For yesterday is but a dream,
And tomorrow is but a vision,

But today well lived, makes,
Every yesterday a dream of Happi
Every tomorrow a vision of hope,
Look to this day,
Such is the salutation to the dawn.

—*K*

Editorial

WE proudly present to you this issue of our Magazine, which is the outcome of the continuous and sustained labour of many pepole, students as well as members of the staff. Our Magazine which was started 27 years ago, to serve as medium for expressing the thoughts and talents of our students, has served many generations of young men who have come in and gone out of the portals of our College. We are not blowing our own trumpets, when we say that our Magazine is really worthy of our great Institution, which is perhaps one of the finest of its kind in the world.

Many of you might be surprised at the small number of articles of academic interest which have appeared in this issue. No doubt, a Journal of a professional College should have a touch of professionalism in it, but it should not overshadow with its academic brilliance, those articles of general interest to the students at large, for which our Magazine was primarily intended. You will read in this issue, a varigated selection of articles, some written in a lighter vein, and some of a more serious character. You will read here, philosophy, fun, travel and ethics. These articles, written by different people are really a partial reflection of the personality of those who have written them. Thus from this, you can understand that there is no dearth of talent in our College; only that it needs sufficient encouragement to find its full expression.

Happiness is said to be a flower that blooms only on the soil of constant effort, the effort to achieve, the effort to construct, the effort to create. Today we are happy, that we have achieved something good, constructed something different and created something new. We were never driven by any ambition or desire to achieve results, but only because of our own innermost need, which everyone of you must have felt some time or other, through the close association with that Institution which is in our blood, in our faith, in our love. That unseen atmosphere of aspiration, which surrounds our College, has driven many people ever onwards, ever forwards and we hope that we shall also be able to continue to strive ever onwards, for the honour of our Profession and the glory of our College.

Beyond the Horizon

YEARS back, as a child, I used to delight in sitting and watching the clouds and sky over the wester nsea : storm clouds, billowy mountains and murky water during the monsoons, and on other days, fleeting summer clouds, golden sunsets and the clear air and the azure blue of the sky and sea. But at the limit of eyes' vision was the horizon where blue and blue met. What lay beyond, I wondered !

Today, at an older age though there is no mystery beyond the sea's horizon, the word horizon calls forth from half forgotten memories the spell and enchantment of the wondrous days of childhood. For even in the realm of scientific understanding and knowledge, there lies beyond our mental vision and intellectual grasp, a clear line of demarcation where the known and the unknown meet. Shades of the same wonder, chastened and sobred by a mature mind, still rise up; and one feels that it is the human capacity to comprehend what we understand and even also to recognize what we do not understand, which is at the foundation of the joy of intellectual life.

Let us betake ourselves to a tall vantage point where the student of modern science is perched, and look over the vast sea of knowledge. There are a myriad vistas on every side. Here let me turn your eyes only to one particular direction, the problem of the growth of shape and form.

The first example we will take is an instance from the world of inorganic matter, the so-called "inert" matter. Take a saturated solution of copper sulphate, suspend a knotted string into it and observe a crystal grow gradually; view it with the eyes of a Ruskin. How did the molecules know which should go to a plane facet, which to an angle, which to an apex, which towards the crystal's interior? Had these molecules a prevision of the ultimate beautiful thing that they were making; or was a magician standing by with uplifted wand, unseen, but none the less directing each molecule where to go for a resting place in accordance with his plan? Who is the magician? The answer to either alternative is beyond our horizon. We do not know how or why. There are some who pride on our modern scientific knowledge, who have a false conceit of our own wisdom. We have certainly grown wiser latterly, but the more wise one grows one has to recognize the extent of things yet unknown.

One of the commonest pitfalls into which the modern medical man stumbles with his highly refined apparatorial armamentarium is to regard the human being as a mere machine which he could repair when it gets diseased. The individuality of the multitudinous parts of a complicated mechanical contrivance strikes his mind, and as a worn out part can be readjusted or reconditioned or even replaced, so he tends to think that in men also any individual organ could be so treated. Histologically we see specific tissues, and see them combined to form particular organs, yet the body as a whole is really one unit, physical unit, not to speak of the mind.

To consider the conception of the physical unit, first, we will take a random example. We are apt to locate an anatomical thyroid gland in the front of the neck and to consider its physiological function as influencing growth and metabolism. But how few would take the mental outlook that I would present hereunder. Imagine for instance that the thyroid gland was coloured yellow and all the other tissues of the body were transparent. You would observe in your imagination that the gland in the neck would be a deeper yellow and all the tissues in the body would be diffused with varying lighter tints of yellow, some more and some less, depending on the affinity of the particular tissue to select and utilize the thyroid secretion. The whole human being would thus appear with a varying yellow tint only deeper in the neck; the whole human being would be an enlarged thyroid with the gland in the neck. Even so it should be for every tissue or organ that can produce a chemical hormone. And how do we know what tissues have not metabolic products that affect by perfusion the whole physical unit of the body?

Secondly, the mechanistic conception of the body presupposes an intelligent engineer who makes and gathers and selects the individual spare parts to rig up the machine. Do we guess at this engineer? Otherwise, which machine of its own accord produced and specialized its own spare parts and fitted them into itself? We know we build houses with bricks and finish them and furnish them and live in them. To use a handy analogy cited by Carrel: which house was first represented by a single brick that divided and subdivided into many bricks, some to form its walls, some its ceiling, some its plaster, some its electric wires, some its kitchen utensils and apparatus for warming and cooling, some for locomotion from one street to another, some to make a guard at the gate and others even for its reproduction to produce other houses!! How do the cells of the human body know in the growing embryo their form and function and the part each has to subserve in the total man? Had each cell a pre-vision of the human being? Or does an individualized ethereal spirit stand by, unseen, guiding the inert cells to make up a wondrous body? To these questions one can only answer, one does not know. The answer is beyond the horizon. I know it is certainly superstitious to believe in things unknown. But the sceptic who refuses to recognize the unknown appears to me to be equally superstitious.

I have been asking more questions than answering them. There is no harm in asking one more question. Is the human body only the physical unit? What is memory, what is forgetfulness, what is consciousness? What about the mind? The mind eludes scientific measurement as it happens to be at present outside the range of sensory perception. Because a thing is beyond our sensory perception, can it cease to exist? That radio waves exist in this room where I am writing; I am not aware of! They are beyond my senses of sight and hearing, smell, taste and touch. But semeone has devised an apparatus, a modified sense organ which could demonstrate the radio waves. It would be superstitious on my part to accept the presence of radio waves without knowing them. It would be equally superstitious on my part, if I were alive 60 years back, to say that radio waves could not exist. Likewise, the mind is not scientifically known at present for us to fully understand how it impresses itself powerfully on the physical body. Really the mind and the body work as a single unit.

Hypnotism is a fact. There is ample reliable evidence available from the time of Mesmer to the latest issue of B.M.J. How does Hypnotism work? You say, 'suggestion.' How does suggestion get an overflow channel from the mind to the concrete physical effect on the tissues of the body? We do not know. It is beyond the horizon.

In hysterical stigmata organic changes have been observed. To cite an instance: a hysterical woman can not only have aphonia while preserving what we medical men would consider a healthy normal larynx, but can have bloody tears. How the R.B.C appear in the tears, how the capillary walls in the conjunctiva or in the lacrimal gland in the subject become permeable to the escape of R.B.C by the action of "thought", conscious or unconscious, no one understands.

I personally have seen a yogi who by sheer willing went into a 'hibernating' state, remaining alive with suspended breath and slow pulse for a long time not possible for you or me,ordinary human beings. Perhaps the autonomic nervous system in his case has been consciously tapped by the voluntary nervous system.

The human being has to be regarded not as a physical machine or made up of individual spare parts that get ill, but as a unit of body plus mind. There is no suitable single word in modern medicine for such a conception of the total individual. I am coining the word "Somapsyche" to represent the entire human unit. We know some things about the somapsyche, but most of the knowledge about somapsyche is yet to be garnered, for it lies at present "beyond the horizon".

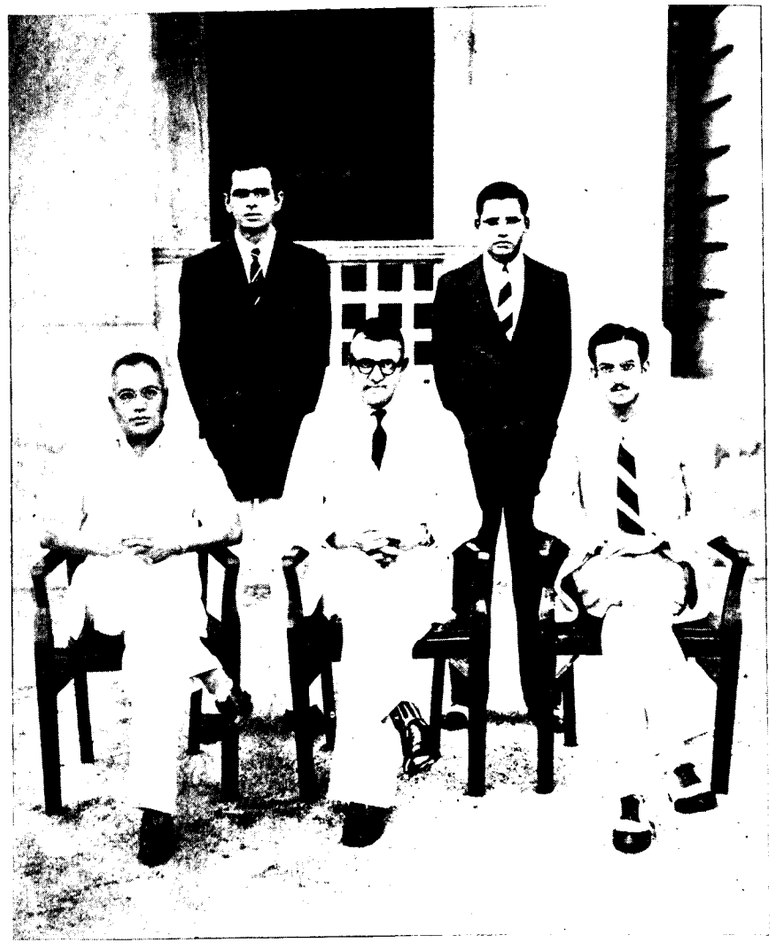
This is the ideal which a man has to set before himself. He must learn not to be attracted by the attractive, nor repelled by the repellant, but see both as the manifestation of the one and only Lord, so that they may be letters for his guidance and not fetters for his bondage.

—*Annie Besant.*

Dr. J. C. DAVID, M.B.B.S., PH.D.

Professor of Pharmacology and Principal Stanley Medical College, who has been appointed as Deputy Surgeon-General with the Government of Madras.

The Magazine Committee.



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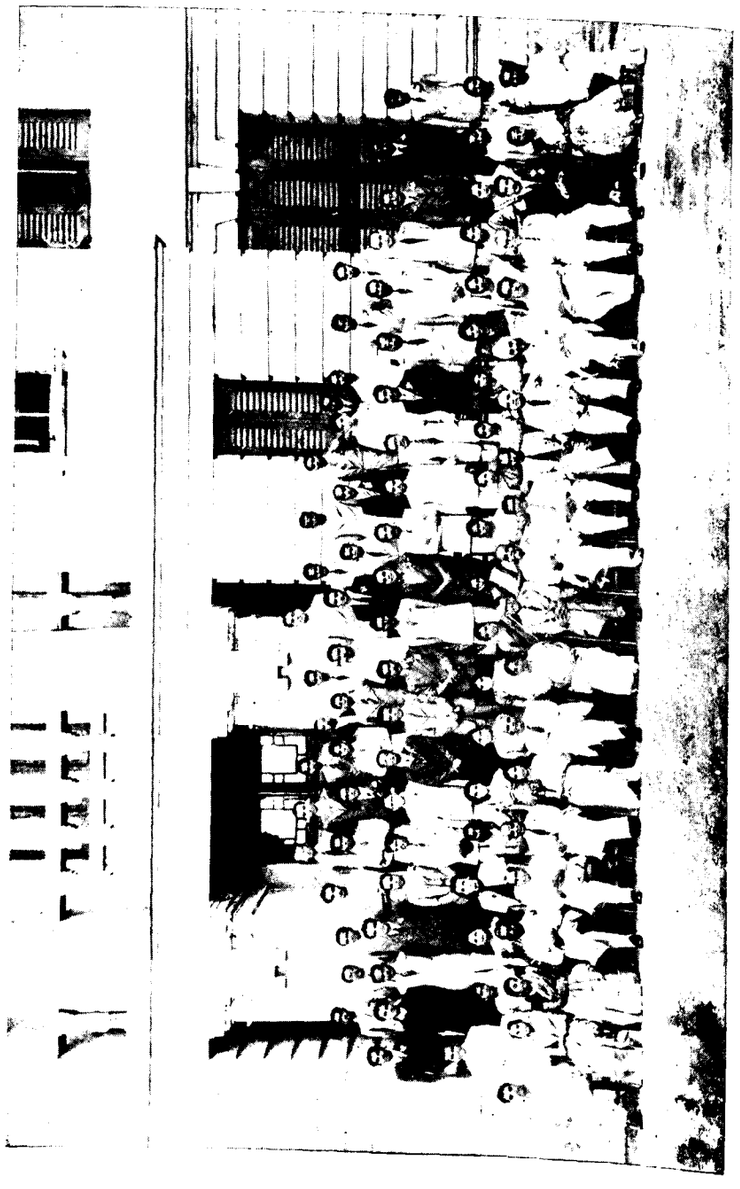


THE GRADUATE'S OF THE YEAR 1948—'49,

The Concept of Social Medicine

BEFORE I go into the subject of Social Medicine I would like to examine its background, that is Medicine itself. What are the aims of Medical Science? The chief aim in Medicine is to keep the individual and the population in optimum health. This function is fulfilled under three aspects, first the cure of disease—This is called curative medicine. Second, the modification of the course of established illness through favourable environmental and other factors—This is called Social and Preventive Medicine and lastly the prevention of illness by methods directed towards the protection of the community through the improvement of its external environment, this is called Public Health.

What is the present concept of modern medicine? The line of thought in all centres of medical education during the past half a century has been that medicine should be founded on the 'Exact', sciences, particularly on Physics and Chemistry. It is quite true that the extensive improvements that have been made in the understanding of body function and structure, the gains that have been secured in the recognition of illness and its alleviation have been achieved in great measure through the application of new knowledge that has been gleaned, from the fields of physiology, biochemistry, pathology, bacteriology and pharmacology. These applied sciences have their foundation for the most part in Physics, Chemistry and Mathematics. We have become so completely absorbed in this approach to medicine that many of us, have half forgotten the fact

that our subject of study—Man—is a social being, a unit of a family and a member of a community. He cannot be taken out of his environment and considered as a thing apart. He is subject to certain social laws and he is part of a social structure. If he is removed from this environment, then only a partial and incomplete understanding is possible. It is the realisation of this fact that have created unrest in the minds of the present generation of physicians and made them seek a new approach to this subject. As to the reasons for this ferment of interest I would suggest that it has been prompted partly in concert with our present tradition, as Julian Huxely has described it, "from the age of economic man" to the age of 'social man'; an age of increased social thinking and planning, and partly also in response to many dis-satisfactions born of specialisation and the dominance of technological over humanistic methods of instruction and study. It is also being realised how as a consequence of preoccupation with illness the associate problems of health and its etiology, its measurement, its promotion and its maintainance have been neglected. In the search for specific causes whether presenting themselves as bacterial invasions or nutritional defect, it is now realised that far too little thought has been given to the social conditions, without which, these agencies must fail to find their oportunities.

Ten years ago the term social medicine was not often used. Rene Sand in Belgium, was I believe the earliest European pioneer to use the word in the educational field. The word social medicine appears to have been adopted by English physicians about six years ago. The American writers do not use the word 'social medicine' but include it under the term 'preventive medicine.' How should social medicine be defined? The Goodenough Committee states as follows; "The term as used by us include the more restricted; though very important subject of disease prevention. It signifies the particular type of medicine, a conception that regards the promotion of health as the primary function of the doctor and that which pays heed to man's social environment and heredity as they affect health and which recognises that personal problems of health and sickness may have communal, as well as individual aspects. Prof. Ryle says that it embodies the idea of medicine applied to the service of man as 'socius' or a fellow-comrade with a view to better understanding and more durable assistance of all his main and contributary troubles which are inimical to achieve health and not merely to alleviating present sickness. It also embodies the idea of medicine as applied in the science of " societas" or the community of men with a view towards lowering the incidence of all avoidable illness and raising the level of human fitness, in other words—possitive health. Social medicine therefore includes within its purview, not only clinical Medicine but also Obstetrics, Psychiatry, much of Surgery

and certain aspects of Public Health. Its objective is to aid in the solution of social, economic and welfare problems of the individual and the community in relation to the sickness. Thus it will be seen that social medicine is the meeting place of clinical Medicine, Public Health and Social Sciences and its teaching involves the integration of all these aspects.

To repeat, and I am sure, it will bear reputation, Medicine is basically a Social Science. In recent years, our perspective of medical science has been lost, because of the very perfection of the tools with which we have been furnished. The microscope and the laboratory, focus our vision in one narrow field and the result has been that some single detail or a single observation has been made of disease as an entity. Oftentimes, we give scant consideration to the man who is suffering from sickness and fail to understand the effect that this illness will have on his family and perhaps on the whole community. If we conceive medicine as a social science, then we can observe the individual in the proper perspective, in relation with his family and with his community. However, by this I do not for one moment wish to suggest that we as physicians should minimise the value of the exact sciences in the proper interpretation of body structure and function; but it is also unwise to under-estimate the value of social service as a factor in the promotion of our whole concept of provision of adequate medical care to the person who is ill, to the family of which each one of us is a part and to the community as a whole.

I will now illustrate these general statements by two concrete examples. I will take up two diseases; Hypertension and Tuberculosis.

Hypertension.—We do not yet know the specific factor or factors, which produce the condition, but we know that heredity, constitution, occupational stress and strain of modern life, cause high blood pressure. It is the function of social medicine to investigate what factors are operative in a particular case and to suggest remedies (not necessarily medicines) with a view to prevent the condition from developing further, with disastrous results to the patient and to his family.

Tuberculosis.—Taking a case of tuberculosis, we all know that tubercle bacillus is not the only cause of tuberculosis; it is only one link in a chain of causes and probably a minor one. They are the other factors *i.e.*, poor nutrition over-crowding etc, that are far more potent in its causation. Social medicine investigates why, when, and how, these causes have operated on a particular patient and produced the disease; it suggests remedies that will ameliorate and prevent the root causes of this malady. It also outlines ways and means how best this disease can be prevented from spreading to the patient's immediate and remote contacts.

Training given abroad.—1) Uuder-graduate training in Columbia University in New York. Here, the third year student (the course for M.D. degree lasts for four years) who is working in the medical or surgical wards is assigned a case which lends itself for such purpose. The selection is made by the Ward Chief and the social worker. The student then works up the case in close co-operation with the social worker, who also arranges for him, home visits, interview with the relatives of the patients and follow-up visits. The students (two in number for each case) prepare the case-study under the following heads.

1. Medical statement 2. Social History 3. Personality, and they are guided and helped by the social worker and clinical Instructor.

Two such cases are presented and discussed in a small conference one day in a week, in which the Instructor, the social worker and the other students take part. It is in these "seminars" that practical training is given. The extensive development of social services in the American Hospitals make it easy for the students to be brought into intimate contact with social and environmental aspects of the patient. Students attend, as few as two or as many as twenty "seminars" depending on the school. Dr. Zeidberg of New York and others in America, who have studied the problem of teaching "Social Medicine" believe, that the teaching should be done by trained men in all clinical departments, in the ward and in the clinic, wherever a medical problem with social aspects presents itself. It is interesting to note that in some instances, one of the chief reasons for creating a social service department in a teaching hospital, was for teaching purposes.

The aim and the general pattern of these case conferences or special case-study projects have been summarised on page 33 of the book "The Widening Horizons of Medical Education", which is a report of the joint committee of the Associations of American Medical Colleges and the American Association of Medical social workers. It says (1) They are formally organised for the special purpose of emphasising the social and environmental factors in medicine.

2. The student is required to make a thorough study of at least one case in which he investigates to the fullest possible extent, the personal and social aspects, the home situation, the community resources and all other factors of a non-medical nature that have a bearing on the case.

3. Teaching is done by an Instructor in clinical Medcine or in Preventive Medicine and Public Health with the colloboration of the hospital social service.

4. The student is given individual guidance by clinical and social instructors during the preparation of the study and in his final evaluation of the significance of the data he has collected.

5. Seminar discussions are held to permit the presentation of case-studies to explore the implication of findings, and to give other students an opportunity to profit from cases they have not themselves studied.

Each medical school has its own methods and programme and we have to devise one, which will suit our needs and environment.

In Edinburgh the preventive side of social medicine is taught at the postgraduate level in the "Usher Institute of Public Health and Social Medicine", It is taught to the health officers as part of their course for the Diploma in Public Health. Instruction is given in Vital Statistic History of Preventive Medicine, Genetics, International Health Orgánisation, etc.

Training, at other centres like the Institute of social medicine at Oxford (Great Britain) and Harward Medical School (Boston) and Johns Hopkins University at Baltimore, are also provided.

The Function of Social Medicine in its Relation to the Patient and to the Young Medical Students.

1. **In regard to the patient.**—This department along with the closely allied department of Hospital Social Service, is primarily intended to help the poor and ignorant patients. First, it aims to educate the patient with regard to his illness and explains to him what adjustments in his life he has to make in order to live a useful and comfortable life under the changed circumstances of his health. It tries to explore for him what assistance is needed economically and environmentally and if possible, secure for him those helps, through the State or private Agencies. For example it may secure for him a job which is suitable to his present state of health so that he may not be unemployed and thus suffer an economic handicap in addition to his physical one. Instances of such help can be multiplied ad-infinitum.

2. **In regard to the young Medical Student.**—The future doctor is trained not to look upon his patient as a biochemical and therapeutic problem only, but he is prepared to look upon him as an individual, who has also a social and an economic problem to solve. He is educated to consider his patient not as an isolated individual but as a member of his family and in a larger context, as a member of his community. In short, the totality of

the patient is considered when any treatment is undertaken for him. The student is instructed to be a family doctor and a health adviser to the community. Thus he is trained both in the curative and preventive aspects of his science, which is the ideal to be desired.

Let me now pass on to examine the subject of social medicine in relation to Public Health. If the subject and its philosophy now under review, have their applications to all branches of medical thoughts and practice, in their bearing upon the individual and his family, the very name (Social Medicine), (Social Pathology) and (Social Hygiology) imply a concentration of interst upon larger groups of societies and populations. It is therfore pertinent to ask what are the distinctions between the concept of Public Health and the concept of Social medicine. The following would appear to be the main distinctions, according to Prof. T. Ryle.

1. In public health for evident reasons emphasis was placed on environment. Bad environments were a main cause of disease and called for urgent improvements Social Medicine extends the idea of environment to include economic, nutritional, domestic, occupational, educational, and psycological aspects.

Public Health, again for very good reasons, was chiefly concerned with communicable diseases. Social Medicine is concerned with all diseases, for example, rheumatic heart disease, peptic ulcer, cancer, chronic rheumatic disease, appendicitis, the neuroses and accidental injuries; all of which have their causes in some measure linked with social factors.

Where hospital practice is concerned, social medicine further takes within its ambit the special work of the medical social worker. Social diagnosis and therapeutics, pursued in parallel with the Medical ministrations of the clinic and having as itsfinal objective a more complete assistance to and a more final restoration of individuals and their families for effective work and living.

Briefly then, it may be said that "Social Medicine" extends the interest and redistributes the emphasis of the older 'Public Health'. Similarly 'Social Pathlogy' extends the interest, broadens the emphasis and advances the techniques of the older epidemology. Thus there is nothing implicit in the modern concept of social medicine which is in conflict with the work or motives of the public health services.

To summarize, the health and sickness of people are overdue for study by methods, than high power microscope and laboratory research. Nothing could so well renew the heart in medicine—itself the oldest social

science—as a renewal and extension of interest in men, women and children; in the way they live together; in the conditions of their work; and in their economic and educational opportunities. Socio-medical surveys and statistical studies must be accepted at least as valuable as new discoveries in the laboratories and new advances in dignostic or therapeutic methods.

To conclude; with the continuous increase in our knowledge, medicine and the teaching of medicine have tended to be compartmentalised in our medical colleges and schools. Disease has become a cross-word puzzle whose integral parts are scarcely ever put together by one person to obtain the whole. Specialists and corps of technicians are required for its solution. Is it any wonder then, that the instructor and student staggering together under the impact of the increasing and continuous flow of the new medical knowledge, have little time for the old etiological interest and humanism of our fathers? It is begining to appear that the more they learn the less they understand. The eminent specialist, the great worker in research, and the expert and dextrous surgeon have become the demi-gods of the students and specialisation their goal. It is in such a milieu that preventive and social medicine must compete for the student's attention and contemplation. Fortunately social medicine is not a speciality; it is a particular philosophy of the teaching and practice of medicine; its concept permeates every department of clinical medicine and can no more be separated from it than can the stethoscope from the clinician or the scalpel from the surgeon. It requires the co-operation of all the teachers, physicians, surgeons, obstetricians, etc. and it is in the measure of co-operation it gets, that will succeed in creating the right attitude in our students and future doctors towards their patients.

REFERENCES.

Neman. G. (1932) The rise of preventive medicine. London.
Perrin H.L. (1947) The Lancet April.
Ryle. J.A. (1943) Brit.Med. J. II 633.
Smille. W. G. (1943) J. Asc. Med. Coll. 18·281. The Goodenough Committee Report.
Widening horizons of Medical education (1948) New York (Common Wealth Fund)
Ryle J. A. (1948) The Practitioner July '48.
Smillie. W.G· Preventive medicine and Public Health (1947) (The Macmillian Company. New York.)

On being an "Additional"

T I WILLIAMS IV Year

This article written by Mr. Williams wins the first prize in our Magazine Competition. Everyone dislikes being an additional, but most of us have to undergo that bitter experience sometime or other. What you read in this article is truth and truth alone. It is the author's wish that this article should be dedicated to "all those martyrs who by self-sacrifice forced upon them have gone down in the past, and to those who may yet go down in the years to come, so that others might go up".

WHO is an 'additional'? An 'additional' is a genius who has refused to pass, brings additional misery to his parents (or in-laws), pays additional amounts to the treasury, does additional study; and is an additional nuisance to everyone. He is like a lonesome wagon shunted from the main train at a wayside station hoping to be picked up by the trains to come. Yes, I am one who belongs to that batch and if you are one too, shake hands pal, and if you are not one yet, just fail once and you are welcome; and if you want to continue as one keep failing, then they will knight you with an additional honour-'The Chronic.'

How does it feel to be an 'additional'? For the first time, it is the grandest feeling you can experience in life. You are no more a regular to regulate your life to the chimes of the College bell. Your postings are now at the canteen. Now you are a tough guy and you can say through the corner of your mouth "I am an 'additional'—no class to-day." You meet other tough guys like you and seasoned chronics in whose company you too feel wise. Now you know what exactly you are studying because you have seen those pages before and you can instruct, the then regulars with an air of experience, what all portions are to be left out as unimportant, what all the questions you are expecting this time and who are all the examiners who know to ask questions from portions which you just missed studying. Then you can relate to that open mouthed audience, how you so narrowly missed in the last examination by want of just two marks and watch their mouth close with a droop at its corners as if to say

Oct, 1969

'just bad luck and nothing else'. If in case you are an 'additional' with only one subject you are congratulated from all sides and envied as the luckiest person on earth, even by those who have passed.

The second time you fail, you begin to dislike being an additional as you are getting fed up of that kind of life. You are no more a hero who fought and lost in the good way, but classified as a 'dud' and loafer. Often your 'dear' ex-classmate friend who comes across you, only when you, for old times sake, force yourself on him, may choose to come down from the pedestal of success with a "Hello" soaked in sorrow, so that you have to feel sorry for him for feeling sorry for you; what else can you do, except buy him a cup of coffee and express your 'pancardium' felt sorrow and console him with. "Never mind-don't worry your big head with this". Now you don't feel like "gassing" on subjects, examinations and examiners as everyone knows that your 'gas is out.' You are treated in a 'stepsonly' way and you are beginning to feel like a prodigal. You can no longer stand in group photos and grin your face away. You are no longer invited for class socials and picnics.

Yes, now you believe in Fate and God and all those supernatural powers which are alleged to be responsible for your failures. Your youthful optimistic mind, at least in imagination, figures it out to be all for the better. If you hadn't failed and if you had passsed out earlier you would have landed on a wife, who would have caused you a life-time's misery, but now, because you failed; your getting the degree is delayed by a year or two or more and you will be getting a "nice wife". Which do you prefer brother, a pass in exam. with failure in life or a failure in exam. with a success in life?

So you are in the stream of life and just now it has marooned you in a stagnant pool and all the others are passing past you, being in the downstream current, and you—you try to swim yourself out. You cannot, so wait for the tides and waves and if they fail you again, you become the third time additional and so on. Now you know that "beggars are not choosers" and that "wishes are not horses". Yes you are tamed to sit where you are. You don't have ambitions to aspire to and there are no "dream clinics" to be built in your "pre-sleep period".

You are talked of by the juniors as some one who has joined this college in some pre-historic period and once in a way to a suitable audience, if you still feel like it, you can relate with your fingers digging through the thinning hair, that back in olden days, girls paid no fees and the man who takes your attendance was your junior. There may be

fictitious anecdotes about your academic career, on circulation. How at the Physiology oral examination, the examiner left you to choose any one of the instruments on the table and describe it, and how you with so much relief and confidence picked up the one instrument in the group of which you knew so well—the call bell—and how the examiner did not know whether to frown or to laugh. And in the same examination, on the examiner asking yon the difference between human milk and cow's milk, how you for a moment got confused and then remembered and said that human milk, cannot be contaminated by flies, cannot bea dulterated, cannot be stolen by cats, can be easily taken to picnics and it is in a cute little container. The examiner was so pleased that he shared his biscuits and coffee with you; and you passed your Physiology.

By now, your text books are underlined in tricolours and you feel you know so much from cover to cover that you are in a position to propound your own theories, though there is no Chancellor to award you with a Doctorate Nowyou think of the many great men who lived and died as ordinary men, uncared for and unrecognised in their life time, but to be adored and worshipped after their death, and "privately privately" you class yourself too amongst them. But the tragedy is only you and you alone know it! You walk about with buttonless coats, collars frayed due to constant rub against your neck and with a hole in the shoe. There is no desire to replenish your wardrobe as self-pity has replaced self-love, but look out, you may lose the Self itself. Even if you have a desire of owning the latest, "Choli cloth bush jackets" the 'home department' declines to sanction the budget till you pass out of the class.

So, life goes on. If Robert Bruce and his spider can be talked of so much, why not you and I too earn that name and if they did it, surely we shall do it too. These extra years you spent, perhaps you failed in exams, but you have learned a lot in the school of life. Defeat can never more defeat you, as all defeats you can have, you have already faced. Just because you managed to score two marks less than the one who have passed, it cannot make you inferior to him in anyway and who knows tomorrow, tho' it is unborn yet, when you are the Surgeon General with the Government, he may still be an assistant to a Surgeon. So chins up additionals, be proud of belonging to this extraordinary and illustrious group. It is true that you cannot get the Johnstone Gold Medal as it is, but those guys don't know what they are missing. So with Patience and Perseverance, and the snail that beat the rabbit as your ideal, run the race, but the goal is not thy concern. Yes!!! Tomorrow is Ours!!

Dr. D. SIVASUBRAMANIA MUDALIAR,
The out-going Vice-president of the Magazine Committee and Acting Principal, Madras Medical College.

Dr. R. SUBRAMANIAM.

The Vice-president of the Magazine Committee who has been recently appointed as The Director of Public Health.

"You do not know What you miss it"

FROM the dawn of medicine, it has been the aim of physicians to find out what is going wrong in a person who is ill. From the days when the world was young and when disease was diagnosed by feeling the pulse and looking at the tongue, to the days of invention of the stethoscope by Laennac—then on to the present days of the innumerable number of "scopes" the aim has been the same—to visualise the process of disease going on inside the human body so that if possible methods of relief could be adopted. With the modern advancement in physics and engineering, a large number of "scopes" for the various organs have cropped up - the cystoscope, urethroscope, proctoscope, sigmoidoscope, etc. and with the advance in asepsis and methods of local anaesthesia it is the fashion to introduce an endoscope into all portals of entry into the human body. In addition to endoscopies, the great advancements made in X-rays, have made it possible for us to see many processes going on inside the body. Recently successful attempts have been made to catheterise the various chambers of the heart and test the specimens of blood in them and thus diagnose the anomalies in the heart and the great blood vessels.

How wonderful it would be if we could visualise - in the literal sense - see with our eyes - all the morbid processes that are going on inside a diseased living human body, without injury to the patient! How much

can be avoided of worry and nightmares of systolic and presystolic, early diastolic and late diastolic murmurs! It would save you all the trouble of nodding the head wisely when a chap says he hears a mid-diastolic murmur, and you do not. It will make clinical medicine so much easier. It will make us wiser, even before the visit to the post mortem room in many cases. But alas the days are not yet to be. If we could pass an instrument into the heart and visualise the patency of the various orifices it would save us lots of bother. Similarly with the brain too; unlike the heart which is full of movement and noise, the "brain silent and motionless, traffics with the imponderable." Diagnostic problems are infinitely more difficult. If only we could look into the cranial cavity at the brain and know what is going on!

But this is exactly what you could do - in part at least - and what you are missing when *you do not use the ophthalmoscope.* You look into the brain straight when you use the ophthalmoscope. The optic disc is the head of the optic nerve which is embryologically and anatomically a prolongation of the brain substance. The retina is developed from the same source as the brain. Looking into the retinae and the optic discs, you are looking into the brain. By not using the opthalmoscope, you are missing a very easy and a very important device of having a look inside a chap's cranial cavity.

It is a great pity indeed that sufficient stress is not laid on the use and the importance of the ophthalmoscope. "The young physician should acquire an ophthalmoscope as early as a stethoscope and learn to use it as well." (Bailey.) It will be seen that this is not an exaggeration when the diagnostic possibilities of the ophthalmoscope are understood. It gives us information (a) about intracranial pressure (b) about the structures surrounding the two optic nerves (c) about the condition of remote intracranial contents (d) the condition of the vessels in the cranial cavity as well as the general vascular system (e) evidence of disease in the meninges, e. g., T. B. meningitis (f) evidence of general systemic disease - as reflected in the retinal vessels and (g) all about the eyes themselves.

Early diagnosis of diseases inside the cranial cavity is impossible without an ophthalmoscope. Intracranial tumours are not uncommon. They can be detected only if they are remembered. They are next in frequency only to tumours of uterus and stomach according to some authorities. In countries where surgery is advanced the cry is to diagnose intracranial tumours earlier than they give rise to the classical triad - headache, vomiting and papilloedema. If in our country we hope to catch them at least in the "triad" stage, the knowledge of the use of an opthalmoscope is essential to every doctor and every clinical student.

There is no need to diagnose headache as a cerebral tumour, but there is all the need to look into the fundus of every case of recurring or persistent headache.

In every patient examined, it is as essential to note down the condition of the optic discs as it is to put down, "P. A. present, no cyanosis, no jaundice, no clubbing of fingers." The use of the ophthalmoscope in a patient takes only a few minutes and causes the least disturbance to the patient. By using it as a routine, the art is acquired. In the West, one finds the clinical student using the opthalmoscope from the beginning of his clinical career. Almost every general practitioner in the country uses the ophthalmoscope. No wonder that intracranial diseases are diagnosed early in these countries.

In addition to diagnosing intracranial tumours, the diagnosis and prognosis of different types of meningitis can be formulated. The ophthalmoscope gives us an idea of the progress in a case of hypertension due to various causes; it is a good pointer to the development of ocular complications in diabetes; and of course it is essential to diagnose eye diseases. Hence, if one is keen on making an early diagnosis—if one is keen on having a look at the living brain—and in giving to his patient his best, one should know how to use the ophthalmoscope, and use it too.

Most probably you will not be in possession of an ophthalmoscope. It is best to run straight to your ward, get hold of the ophthalmoscope and use it on the nearest person. I would suggest that you do not begin by looking into the depths of the eyes of the nearest pretty nurse.

Life is too short to be little.

—*Disraely.*

There are two tragedies in life. One is not to get your heart's desire, the other is to get it.

—*George Bernard Shaw.*

Human Perspective

By "ONE AMONG YOU"

From hoary antiquity men ... to cultivate the proper perspective on Life. ... that if you look through ... you will see ... it would ... Here the author himself ... illustrate vividly this fundamental Truth. Trick ... but inspire. We ... a small ... stir up your ... and this ... something to your life's experience.

5th Sept. 1946.

THE DEVIL TEACHES A LESSON.

IT was past nine. In another three hours mid-night would usher in a new cycle of daily events. The majority in the neighbourhood were already slumbering. Kumar had just finished his dinner and thinking a walk would do him good before retiring, he strolled out towards the beach. As he left behind him his locality an exhilarating gust of cool breeze gave him the first promise of an enjoyable walk, and in a couple of minutes more he was on the sands.

The brilliant moon had thrown her silvery mantle over the entire surroundings so that the snow-white foam of the restless waves appeared intensely white, the endless stretch of sand appeared silvery, and it lent the atmosphere a quality of peace and repose, much welcome after a day's toil and strife. The fresh breeze, as yet uncontaminated, bearing the scent of salt and sand blew towards the city leaving in its wake a keen sense of well-being and vitality. The thundering waves crashing and re-crashing incessantly against the shore, kept up a constant roar, intermingled with a distinct musical hum, as if the waves uttered a dirge during their hours of toil. The darkness of the night overpowered by the brilliance of the moon, deepened the shadows under the trees and buildings, where a few had already sought shelter for the night. After a rest of half an hour in the

sands, Kumar got up and decided to take a walk along the shore. "Praise be to Him" he uttered as he commenced his walk "Not one of Man's most beautifully planned recreations is half as life giving as this". Exhilarated at the moment, his mind was absorbed in the thought of the Creator, thoughts regarding the Deity, thoughts about men and women, and talking aloud, he praised the Lord beyond doubt and condemned the "fools" for sinning against Him.

Thus in a contemplative mood, he walked on, his eyes directed straight ahead, his mind devoutly inclined to dwell upon the sublimity of Creation. Finding his way hard to plod in the soft sands he crossed over to the metalled road running adjacent, and continued at a brisk pace. In another minute or so, his eyes discerned a faint white cloud like spot about a furlong in front of him. Unable to make out what it was he began guessing, and as is usual at such times, he experienced a strange feeling of mixed fear and courage, which soon was replaced by an unmixed fear creeping over him rapidly. He thought it silly to turn back and straining his eyes in an effort to make out the identity of the cloud like object, he discovered suddenly and to his great relief that it was only a woman walking ahead of him.

His fear subsided and left him, but in its place crept up another feeling which Kumar himself could not understand. The thought of the night, the idea of the woman being alone and unprotected, stirred up from the bottomless depths of his mind, the filth and sediment of his baser element which had remained settled thus far. Kumar found himself overpowered by a desire. The "Mr. Hyde" had replaced "Dr. Jekyll". For a second time Kumar felt ashamed - only this time of his moral integrity. He continued his walk while a tremendous battle raged within him between the silent appeal of his conscience and the callous baser self, clamouring for gratification; between the honour and traditions built up in a lifetime and the vulgar attitude acquired in a moment of mental weakness; between the Gods of his heart and his temple, and the demons and Ogres laughing fantastically, a laugh of ultimate victory.

He forgot his surroundings, his own self, his walk, his home, and bewildered by the magnitude of the struggle that raged within him, started a kind of soliloquy. He talked incoherently, repeating for most of the time the debate of the elements, taking place within him, now assenting, now dissenting, now wondering, now denying emphatically. The laughter of the demons rang out louder and louder, the clamour of the baser elements rising up in unbroken succession to the surface, became

deafening-alas! the voice of the conscience was overwhelmed and drowned, the Gods of his temple and his heart faded into an airy nothingness, the traditions and honours shrunk into insignificance. The battle was over.

Kumar quickened his pace. The distance between him and the woman decreased rapidly. His face flushed hot, his teeth chattering with high-pitched emotion, his lips parched and bitten, he advanced falteringly and was about to give a grunt as he was within an arms length of her, when the lady suddenly turned around.....!

"Kunti! you!"—he burst out stupefied. For a moment he was paralysed as he looked upon his sister before him. Controlling his surprise, he asked "How so late out Kunti—is anything the matter—anything up at home?" "No, why", replied the sister," I am looking out for a lost jewel on the way—we are just back from the excursion on our way home and there is our bus with the girls—they are searching there," she ended pointing towards the level-crossing.

Kumar left without a word, with a contrite heart—humiliated but purified. He had been taught a lesson.

It is surprising to realise that it is not the object one sees that matters, but it is the mental attitude—the mental perspective, towards it that lends it different shades of colour, arousing in us different attitudes and emotions, ranging from indifference to zeal, from hatred to fervent love, from apathy to strenuous effort.

10th February 1947:

AT THE BOOK STALL

For every pursuit of Man there is a resort. The athtelete has his gymnasium, the artist his scenery, the philosopher his quiet corner, the lover of books his library, the collector of curioes his museum, the collector of rare books his old book shops. These sublimer resorts of Man rarely give up their treasures and secrets readily. They, having first allured him, try his patience for long hours, deluding him, disappinting him, cajoling him into wasteful labours, till at last, having tested his sincerity as it were, give up their delightful secrets one after one, often with a pleasant unexpectedness.

Our usual resort was the old book shop at the corner. It was as old as its books and its owner. Its interior resembling a long narrow corridor, was dimly lit by small lights placed at intervals, while its musty atmosphere lent a touch of antiquity to the records and books stacked on either side.

Without exchanging many words, my friend and I often carried on our search of the endless pile, taking up book after book for close scrutiny. One day we were thus busy, when a grunt from my friend diverted my attention to him, and I found him shaking his head sorrowfully over a book. "Waste—Rubbish—" He uttered, "use-less things." Then looking at me, he said "take this one for example" and showed me the moth eaten exterior of a red-bound volume, whose title, wiped away with age, still existed in tiny irregular golden specks. "What book is that?" I asked. With a disdainful look he replied, "Oh just one of those useless ones perhaps" and without even opening it, he tossed it aside with an unconcerned gesture, and proceeded to the next book. The red volume landed on a small heap below just near my feet and came to rest with its pages open at random. Glancing curiously as it lay open, and noticing a few elaborate decorative designs accompanying the written matter, I picked up the book, and found it to be an old copy of a book on religion, a prayer book in fact, which my friend followed as a routine for his daily worship.

On making him aware of this fact, my friend's entire attitude changed towards the book. His face expressed concern and repentance, his manner became uneasy, and taking the volume from my hand with the utmost reverence, wiped it clean, settled its pages, and with a slight bow that was hardly perceptible he restored the book back to a nearby shelf.

How surprising was the change!

Had it been some other volume not pertaining to his religion, would it then have received the same treatment? What was it that changed so suddenly? My friend was the same, the place was the same, the book was the same, the moment same.

What really did change was his perspective.

If a correct perspective can raise an old book to the dignity of a shelf, what love can it not raise between man and man, between community and community, between nations and nations? If a wrong perspective can defile to the ground a sublime collection of wisdom, then what virtue can it not defile? What discord and strife can it not raise?

A correct perspective would show to us, all men as brothers regardless of their caste, creed, colour or position. It would show us the underlying Truth in all religions no matter what they may be. It would teach us to regard with equal respect and deference the womanhood of the world. It would transform the purpose of art and science, and from mere instruments of money making, and self advertisement, these noble pursuits would be utilised for furthering the beauty of the Divine plan of Creation, and for weaving beauty and grace in everyday living.

We know of visual refractive errors being corrected by suitable glasses for the eyes. Can we do the same with "glasses" for the mind ——TRUE PERSPECTIVE?

News-papers are like women. Why?

Because they have forms, back numbers are not in demand, they always have the last word, they are worth looking over, they have a great deal of influence, you can't believe everything they say, there is small demand for the bold faced types, they are much thinner than before. Every man should have one and not borrow his neighbour's or lend his to others.

★ ★ ★

Tennyson has it that woman to man is as water to wine. But I feel that it should be as water to land. Women are in much more intimate terms with the water. Both alike babble and chatter and ripple and sparkle in the same simple and natural manner; both may languish and fade away under a scorching glare, yet both can take a blow without hopelessly breaking under it. The hard world, which but for them would be barren, cannot fathom the mystery of the soft embrace of their arms.

—*Tagore.*

THE GRADUATE'S RECEPTION.

Dr. Miss. Lazarus.

—Official.

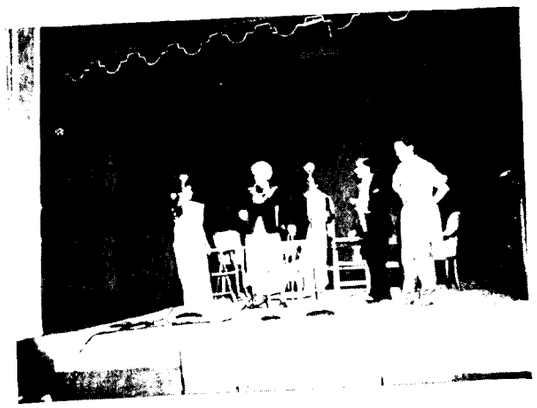
Veteran Doctors! lead the way to the villages.

Our Orchestra.

Official.

Sweet Symphony.

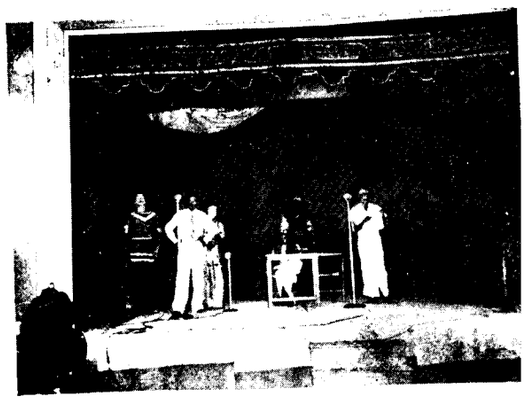
The English Farce.



Official.

The Dumb wife that talked. And how!

The Tamil Farce.



Officia

Pretty Girls? In Medical College?

Anarkali—A Tableau.

—Aluja.

Is Beauty a crime?

Official

Or Love a Guilt?

The Dance of Liberty—A Tableau.

Gopala Rao.

Dance, Oh Dance Thou Lovely Nymph!

Gopala Rao

Dance to the Tune He Played.

The Tea Party.

Official.

Under the Canopy of Heaven.

Official.

Under the Shade of the Trees.

Official.

In the Shadow of Greatness.

Official.

Shades of Pharmacology!

The Distinguished. —Official

The Alderman. Official.

Spellbound..... Official.

The Internationalist. Official.

The Surgeon. Official.

Glamour..... Official.

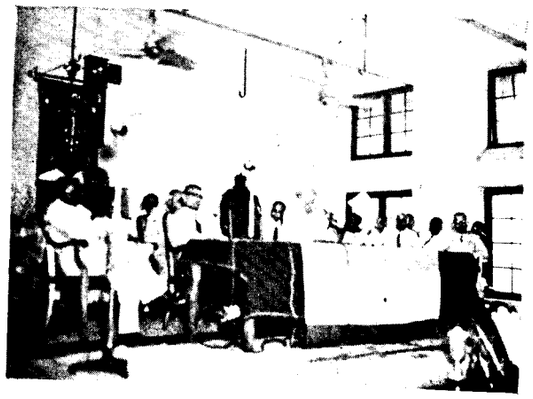
Many a slip..... Official.

Saline or Tea? —Official.

The Judge. Official.

Unstinted Service.....

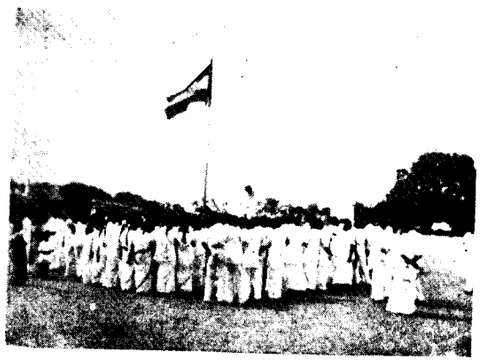
The Prize Distribution.



Ministerial Wisdom. — Official.

Practical Wisdom. Official.

The Independence Day.



— Sahi.

Fair Freedom we may hold thee dear...

Sahi.

The Compleat Student

The Compleat student 's a dangerous man
So keep him in sight as far as you can
Whatever he does, where ever he goes
He always kicks up a tremendous fuss.

His knowledge is pretty beyond any doubt
But that 's no reason for yapping about
The latest in LANCET of Adenosine and its fate
The pros and cons of Streptomycin sulphate.

He swings his steth in the best grace of style
And exhibits his torch, about once in a while
He spurns the book-worms, and I have no doubt
In his mind's-eye, puts Johnstone medallists to rout.

But not withstanding these strange little whims
Self-centered he is, and far beyond praise
So keep as distant from him as you can
The compleat student 's a dangerous man.

SHREEKUMAR
IV YEAR

A Case of Juvenile Essential Hypertension

M. JAI PRAKASH, Final Year

From Victoria Ward under Dr. B. H. P. PAI.

A patient named Adiammal aged 18 was admitted to the Victoria Ward with the following complaints:—

1.	Swelling of lower extremities	4 months
2	Breathlessness	1 month
3.	Pain in epigastrium and right hypochondrium	1 month
4.	Cough with Haemoptysis.	6 days

Family History.—Married. No children, one abortion 4 months back. No other family history.

Personal History.—Not relevant.

Previous History.—She was quite healthy four months back.

Present History.—Four months back she had an abortion at the time of 4 months pregnancy. This was her first pregnancy. After that she noticed discharge from urethra and developed pains in the legs and swelling. She had some indigenous treatment but it gave no relief. Later, one month back, she developed pain in the right hypochondrium and epigastrium. She passed some blood in sputum during last six days.

Physical Examination.—Patient in orthopnoeic position and restless. Conjuctiva pale, lips cyanosed, gums dirty.

Teeth—Tarred

Tongue—Pale, moist and coated.

Glands—In neck, axilla and groin not palpable.

Nails—Pale, no cyanosis, no pigmentation of hand.

Legs—Pitting oedema.

Pulse—100/minute.

Cardio vascular system—Inspection. No bulging or retraction of precardial area. Apex beat 6th left space, 1 inch lateral to midclavicular line. It is not diffuse or forcible. Veins in neck prominent and pulsating. Pulsation in Epigastrium seen.

Palpation—confirms inspection. No thrill.

Percussion—

	3rd rib.
Rt. lateral Sternal Margin.	6th space 1" lateral to Midclavicular line.

Ausculation—In mitral area first sound is replaced by soft systolic murmur and second sound accentuated. Pulmonary area—soft systolic murmur and second sound.

Aortic area—Systolic murmur is heard but feeble, second sound accentuated.

Tricuspid area—Same.

Pulse—Rate 100/minute, regular in rate and rythm, tension high, volume low, walls not thickened.

Respiratory System—Movements equal on both sides. Diminishes on both the bases. V. F. decreases at both the bases. Trachea not deviated. Percussion note dull at bases. Breath sounds normal, distinct sounds at bases.

Blood pressure—180/110 Rt. Arm. 180/140 Lower extremities.
180/115 Lt. Arm.

Abdomen—Subjective. Appetite lost. Bowels regular. Micturition about eight times in 24 Hours in small quantities. Mensturation stopped for the last four months.

Inspection—No visible veins, moves with respiration.

Palpation—Liver three fingers broad, soft and tender.

Spleen not palpable—No other palpable mass.

Percussion confirms palpation.

Auscultation confirms palpation—Shifting dullness present.

Central Nervous system—No evidence of any involvement.

Investigations—Blood—Hb. 50% R. B. C. 3. 2 millions. Blood urea—40 mg.

Urine—Yellow, alkaline, no albumin, no sugar, pus cells and casts seen. Phosphates in plenty.

Stools—Anky ova present.

Fundus of eye—Vessels conjested. Rest of fundus normal. Physiological cup present.

Renal circulation test—Sp. gr. of all specimens above 1020.

Vital capacity—45 cubic inches.

X-ray chest—Basal conjestion of lungs. Heart is enlarged on right as well as left side.

Plain x-ray abdomen—no radio opaque shadows.

I. V. Pyelography—Both kidneys : ureters normal.

Progress and treatment.—She was given oxygen and her cyanosis disappeared. She was put on Tincture Digitalis and Mersalyl injections. In a few days her oedema subsided, pulse came down to 70/minute and basal conjestion of the Lungs diminished. Liver receded and tenderness diminished.

Her general condition improved. B. P. was still 180/110. She was discharged on 24—3—49.

Summary—This is a case of essential benign hypertension. Essential hypertension is a condition of chronic diastolic and systolic hypertension in which clinically or automatically kidney or any other system is not the cause of it. It is diagnosed solely by exclusion as is evident from the following points.

1. Causes due to Kidney diuresis are ruled out because :—

(*a*) Renal concentration test is normal

(*b*) Urine examination does not show any significant abnormality. Pus cells are from genital tract, because catheter specimen was free.

(*c*) Blood urea is a bit raised according to her age but not suggestive of kidney disease. It may be accounted for by the presence of conjestive failure.

(*d*) Pyelogram series—Normal

(*e*) Fundus does not show any change.

2. No evidence of involvement of C. V. S. as circulation, polycythemia.

3. No evidence of endocrine involvement.

4. No toxic factor is operating *i. e.*, lead toxaemia or toxaemia of pregnancy, etc.,

So by exclusion the diagnosis of Juvenile Benign Essential Hypertension was made.

Cardiac failure is probably due to sudden strain on heart due to pregnancy. Right heart failure may be due to general cardiac failure or very rarely it may be due to bulging of hypertrophied interventricular septum into the lumen of the right ventricle. This later is known as 'Syndrome of Bernheim'. This is very rare.

(I thank Dr. B. H. P. Pai for having given me the permission to publish this case report. I am also thankful to Dr. K. Baskaran for having helped and guided in the preparation of this report.)

Life in its perfection is love just as truth in its perfection is beauty.

—*Tagore.*

Dr. Yellapragada Subbarao, the man as I knew him

Dr LAKSHMINARAYANA
M.B. B.S. D.T.M. &H.

The lives of most men are determined by their environment. But there are certain others few enough in all conscience who take their lives in their own hands and mould it to their own liking. This is the story of one such man who by dint of his indomitable will power and his own Destiny, who by dint of his indomitable will power and his own of environment and circumstance and has succeeded in carving for himself a niche in the Temple of Fame. We thank Dr. Lakshminarayana for writing the reminiscences of one of his closest friend

I can only give some personal reminiscences of Dr. Y. Subba Rao, not about his great achievements in the field of research. Throwing back my mind to the days when we were students about 30 years ago, I can vividly recall the many little instances which throw light on the character of Dr. Subba Rao.

I remember several evenings we spent together sitting on the open terrace of the house where we were staying and each one studying. His tremendous grasp of detail used to impress me and to some extent frighten me; because I often wondered how compared to him I can ever manage to get through the examinations. But oddly enough some of us who could not at all compare with him, used to slip through, while Subba Rao with his profound knowledge used to come down. At any rate, he secured only L. M. & S. This is perhaps just another instance where genius does not seem to fit into the straight jacket of examinations.

Once in a way we would chat a while. Even now I can clearly remember the earnest determination of Subba Rao to engage in research, to advance knowledge and its practical application, to do something worthwhile and to serve the country. "But", he would say, "We all talk so much about these things; I wonder how many of us would ultimately keep up our resolve and actually turn out any research work." I must confess I knew that kind of thing was not for every body. It is only in the light of later events that I can realise what an impelling force this was, in shaping the life of Dr. Subba Rao.

I remember his mother; we were staying with our mothers in the same lodge. Subba Rao's mother was a wonderful manager, but I suspect they were not too well off. At the time Subba Rao's health was also not up to the mark. That his mind was working even at that time in only one direction I can make out by his violent disagreement with his mother on the question of his marriage. He had no use for it.

Then we passed out of the College and our paths divided. I knew that Subba Rao was, for a short time, with Dr. Lakshmipathi and perhaps through his good offices secured some monetary assistance from one or two Zamindars. He also married. But it took him no time to make a bee-line for what had been the main objective and purpose of his life. He did not waste a second thought on mother or wife or brothers, even left them high and dry and actually worked his way to America. He would not allow anything to divert him from his purpose. It is an indication of his iron will and determination. We had only heard how he worked his way up, the tremendous energy he devoted to his work, the ceaseless trouble he took, the long hours he spent in the laboratory, virtually making it his home. No amount of work would tire him and in fact, he lived for his work. And soon reports sped across continents of the great work he was doing.

There was a time when perhaps he would have preferred to come to India and serve the country but he would not be given a suitable and sufficiently well placed job for which tenth-rate men were often recruited. So, he stuck in America. It is no doubt true that perhaps he would not have had a fraction of the facilities or the encouragement which he had in that country. It is exactly this that we should look to and provide in our country so that our young men may at least in future have the fullest opportunities and achieve the highest that is possible. What we have lost in his person is a gain to America and to the world of Science. But there is the tragedy that notwithstanding all the glory of the achievement, he is lost to us.

For life in general there is only one decree, youth is a blunder, manhood a struggle and oldage a regret.

—*Desraeli.*

A Layman thinks Aloud

AZEEZ-UR-RAHMAN (9th Year)

DOCTORS! what dangerous people these doctors are! They not only inflict pain but also exort money. What to say of that syringe used for injection purposes! How to describe that terrible mixture which goes under the glorified name of prescription and which smells like anything between Phenyl and petrol and with which you are poisoned day after day? If doctors only know what their mixtures taste like! A wise man was once asked. "when will millennium come?"

The reply was, "Millennium will come when lawyers give what they take and doctors take what they give.

This is only one side of the picture. Swift has said that the world's best doctors are Dr. Diet, Dr. Quiet and Dr. Merryman. If the bulk of the population were to accept this invaluable advice of Swift, perhaps disease will not be as common and in all probability, poor doctors will find it a job to keep body and soul together.

But doctors are extremely lucky. No one has taken Swift seriously, so much so, that not only medical practitioners have a roaring business but even unlettered quacks command alround patronage.

The doctor has the unquestioned prerogative to cure or to kill the patient. It does not follow, that the doctor actually 'kills' the patient. It is seldom done. But when a patient kicks the bucket while under the treatment of a certain doctor the poor medical man is blamed as the villain of the piece --but not always.

Medical profession is considered to be the noblest, because it is the doctor's primary aim to relieve the pain and suffering of mankind. In fact the doctor lives more for others than for himself, his time is not his and hours are not his own. Not for him the cosy comforts of a club or the sweet luxuries of rest. His one concern is patients.

The success--financial of course--of a medical practitioner depends upon the number and class of patients he treats. The longer the clientele, the lesser the time at his disposal and the patients have to wait indefinitely at the drawing room, before they are ushered into the consulting room one by one. It is said that a man with a very serious ailment, went to a doctor and as the crowd was a big one, he sat on achair awaiting his turn. Seconds passed into minutes and minutes passed into hours and there was no sign of his turn ever coming. Completely exhausted and in utter desperation he got up to go home. When someone from the crowd suggested to him to wait a little longer, he muttered "No I can go home and as well die a natural death".

That is about the doctor who has too many cases on hand and who has--as they say—no time even to scratch his head. But the doctor who has no patient to call his own is equally dangerous. He wonders and keeps on wondering; where on earth have all the diseases gone?

The affluent doctor works like an automator. He is so busy that he talks in syllables and writes in codes. His hand-writing is a secret, shared between him and his compounder. Doctors as a rule are notorious for writing a bad hand. There is an interesting story of a doctor who had gone to a foreign country. When his first letter to his wife was completely undecipherable, she took it to the local compounder. Without a moment's hesitation, he took the letter inside and presently returned with a bottle of medicine. Much to the amazement of the lady, he handed it out to her saying. "Three times a day—two day's mixture"

The common man does not know the difference between a physician and a surgeon or a dentist and an E. N. T. expert. For him all are doctors, eddressed and understood as doctors. This has created confusion as certain doctors have specialised in certain diseases only. It seems that a certain old lady with a chronic complaint called on Dr. Sir Muhamed Iqbal and began narrating her tale of woe. The poet interrupted her, saying "I am not a doctor of medicine; I am a doctor of philosophy". The Lady was embarrassed, she begged to be excused and withdrew herself saying "I did not know that you are a specialist only in that disease."

If half knowledge is dangerous in any other walk of life, it is fatal in the medical sphere of life. You can't leave anything to chance in medicine because it may mean life or death of a man. Oliver Goldsmith was under the wrong impression that because he had studied certain medical books in Padua University, he was a doctor. Johnson used to ridicule him for this dangerous presumption. Once it so happened that

in the company of Johnson, Goldsmith waxed eloquent on his knowledge of medicine and boasted." I only prescribe to my friends "Johnson was quick to retort "Goldy", he said "always prescribe to your enemies." Not heeding Johnson's advice, Goldsmith, during his last illness, took to his own medicine, and half a dozen experts could not save him. He was soon gathered to his forefathers.

Quacks do not have even the little knowledge which Goldsmith possessed. All they know are a few time worn—prescriptions, handed down from father to son. The ridiculous part of it is that the treatment does not vary. It is the same for the adult as well as for the child, for fevers as well as, for stomach troubles, and what is worst, whether the patient is a man or an animal. The quack gambles with human life, and is best understood from the stories. In the Constituent Assembly of Pakistan Mr. Liaquat Ali Khan, criticising the move for nationalisation, narrated the story of a quack of Punjab. This is what he said. "In a little village of Punjab, there used to live a wise man, whom they used to call Bujbujhakkar". Whenever the poor villagers had any trouble or difficult problem to solve, they used to go to Bujbujhakkar for advice. It so happened one day, that a little boy who was learning to climb, got on the top of a tree but he could not come down. All these poor villagers gathered round the tree, they did not know how to bring down this boy. Therefore they went to the Bujbujhakkar. He came, looked up at the top of the tree, shook his head and said "It is indeed a difficult problem". Then he asked the villagers to bring a rope. When the rope was brought he asked to throw it up, to the boy on the tree. They threw one end of the rope and asked him to catch it and tie it round his waist. The poor boy did as he was told. Now the great Bujbujhakkar said "come out you three or four fellows and pull this rope". The rope was pulled and the poor boy fell down and died. They all got round him, this great wise man of the village in the Punjab. They said" Look, what have you done? He shook his head again and after offering prayers for the soul of the departed said "you know my dear friends, his time had come, and when death comes nobody can save him. I have pulled out hundreds of people by the same means from the well.

Here is another. In the good old days, a good for nothing quack left his native village for a neighbouring town in search of fortune. On the way he saw a big crowd. On going near, he found out that a camel had swallowed a water-mellon and the fruit had stuck up in the throat of the animal, neither going inwards nor coming outwards. A great Hakim who had been summoned to solve the difficulty dramatically kept two bricks on either side of the throat and struck them with such a force that

the fruit inside broke and went in. It was a triumph for the Hakim. The quack in the story, very much benefitted by the experience, reached the neighbouring town and proclaimed himself as a Hakim. On the first day itself there was a patient and as good luck would have it, exactly similar to the one he had seen on the way. The only difference was that it was not a camel. An elderly lady, while eating apples, got a big piece stuck up in her throat. As breathing was difficult, she was slowly sinking. Not to loose any time, the quack immediately advised the two bricks and one hit method. The pain was unendurable and the lady died in a few minutes. The relatives of the lady got so enraged that as a punishment, they made him dig the grave for her dead body. It was something he had not asked for and the whole of next day, he dug the grave all alone. At night fall without anybody's knowledge, he fled to the next village. Next morning when patients came to him for consultation, he said "I will give you medicine, but on one condition—I won't dig the grave."

Knowledge that drops into one's lap like a ripe apple seldom arouses enthusiasm or zest. The discovery of new knowledge however trivial, thrills. Most of the science that we learn to-day represents the accumulation of discoveries painstakingly explored by pioneers. In accepting it, we seldom give thought to the laborious searchings, the discouraging pursuits of blind trails, the disdain, even persecution suffered by those who announced the discovery of facts that were contrary to traditional belief. Yet each scout of Science who helped to blaze the trail made it easier for the next explorer. Some left no landmarks. Others established temporary stations, long since forgotten. A few built bridges of theory that enabled other explorers to reach new facts.

—*Kleinschmidt, New York State J. Med.*

Prolapse of the Intervertebral Disco

Dr. D. S. IYER, M.S. (Ortho.)

A brilliant surgeon, a teacher of high ability, and a man of great benevolence. Dr. D. S. Iyer has nothing of the Olympian aloofness about him, characteristic of a professor. Though he presents a simple and unobstrusive exterior, he has within him a mind irrigated with wisdom. We thank him for his kindness in contributing this highly instructive article.

TUMOURS within the vertebral canal pressing on the nerves, produce symptoms like sciatic neuritis or sciatica. A prolapsed, disc may press on the cauda equina or its branches inside the vertebral canal. It was first thought to be a chondroma, and later proved to be a prolapse of the disc. Most cases of sciatica, are due to a protruded disc between the IVth and Vth lumbar vertebrae or between Vth lumbar and 1st. sacral vertebrae, compressing the nerve roots.

Aetiology.—(1) History of trauma. There is always, a history of trauma to the back. The type of injury is generally, a severe physical strain, as of lifting a heavy weight in the stooping posture. These cases were originally called sprains, and treated as sprains.

(2) **Occupation.**—It is a very important point in the aetiology. Manual labourers, like gardeners and porters and athletes may get it by lifting heavy weights.

(3) **Softening of the sacral and lumbo-sacral ligaments.**—O'CONNEL observed, the relative frequency of prolapsed discs, in women after confinement or in the later stages of pregnancy.

N. B.—TRAUMA may be relatively a slight one and therefore forgotten. History of the trauma is not always obtained.

Symptoms are—(1) Attacks of lumbago. On rising from a stooping posture, the patient has severe pain in the middle of the back, lies in bed for about 4 days and is completely recovered at the end. This history repeats itself in recurring attacks. When the patient gets out of bed from such an attack he develops a pain of an aching character, referred to the sacro-iliac joint and the pain radiates down the buttocks and the intestines.

(2) **Pain**—It is aggravated by certain postures. One is a sitting posture, in a soft arm chair. It may be aggravated or relieved by standing, increased by walking and very much by stooping and intensified by coughing or sneezing. The pain is usually relieved by lying on bed.

(3) **Paraesthesia**—The patient may complain of pins and needles, (Paraesthesia) referred to outer aspect of legs and toes, depending upon the root involved.

Physical signs are as follows—Vth lumbar root is the common site of involvement, and when it is affected the patient does not put weight on the affected leg. The normal lumbar lordosis is lost, and the lumbar spine is flattened. Straight leg raising is also limited on the affected side by spasm and pain. (On the affected side it is 60° & normal side 80°). Pain on the lower back or in the root distribution is constantly present. Straight leg raising on the unaffected side, may be also diminished to some extent, by pain on the affected side. Motor disturbances are not much, some wasting of gluteal muscles and some wasting of muscles of leg are present. Dorsi-flexion of the great toe is diminished. This is the minimal motor sign and on the reflex side, weakness or diminition fo the ankle jerk is present. Sensory disturbances. Impaired sensation on the anterio-lateral aspect corresponding to Vth L.N., distribution is present. Points of anatomical importance are dependent, on the position of posterior protrussion between IVth and Vth L.V., If it occurs laterally it will affect the IVth root in the intervertebral foramen.

If more centrally, it will affect the Vth N. root.

If still more centrally it will catch, the whole cauda equina. Therefore, the prolapse may be, latteral, central and more central according to the roots involved.

Frequency of IV Disc prolapse. It is by far the commonest cause of sciatica.

Differential Diagnosis. From (1) vertebral disease. (2) Metastatic growths. (3) Malignant disease. Tumour, tubercle or inflammation of the spine; if it compresses the roots it will cause the same symptoms as

I. V. disc. protrusions. Inflammation of the sciatic N. This has never been satisfactorily demonstrated. Mechanical lesion is much more common than inflammatory lesion.

The most convincing evidence is, the presence of a prolapsed disc in every case of sciatic neuritis.

History of recurrent lumbago alone is a sufficient clue for diagnosis, if you go on it, prolapsed disc will be found.

In some the exploration is negative, because the operation is on a normal area, another possibility is that the protrusion is not always found, at operation, though it is the cause of symptoms. It might protrude sometimes, and sometimes not. (Dandy: called it concealed protrusion).

These protrusions are divided into two classes.

1. Annular fibrosis has ruptured, and the disc is a loose body which is extruded into the canal.

2. Annular fibrosis is weakened & stretched, so that a dome shaped eminence protrudes, into the canal, not always but in certain positions of the spine by manipulation of the patient's legs, a concealed disc can be made to protrude and reveal its presence.

Cases of root inflammation. *i.e.*, Radiculitis. Diagnosis can be made only on root exploration

Investigations—C. S. F. Protein content is raised, it is common with every space occupying lesion. It is by no means always the case.

Lipoidal injection into the sub arachnoid space. Look for filling defects in the sub-arachnoid space.

Sometimes it is very striking. But it is not always found. Absence of a filling defect does not exclude prolapsed disc. Exclude alternative possiblities and explore on the basis of history and physical signs alone.

Operation—Remove the loose body or flatten out the protrusion. In the latter procedure recurrence of protrusion, occurs on the same side or opposite side. Modern procedure is to remove the whole nucleus pulposus with a sharp spoon. Some surgeons remove a good deal of the arch and do a fusion operation. The general practice is to be content with enucleation of the disc alone.

(Posterior protrusion of the intervertebral disc was found at some level or other in 15% of P.M. examinations by ANDRE).

TREATMENT (*a*) Early stages, is mainly conservative.

Rest in bed for a few days.

(*b*) In Recurrent cases: Patient stays in bed, for some days after he ceases to have pain.

(*c*) Sciatica well developed and compression symptoms present. Put patient to bed and don't allow him to get up at all. Make a careful record of symptoms and signs and what effect, treatment is having. Measure the angle of straight leg raising daily. Patient's own observation as to how much and what he can do is also most valuable. He may say that he can cough without pain or get his bowels opened without pain. If by the end of 3 weeks definite progress has been made, go on with conservative treatment for another 2 3 weeks. If marked improvement takes place, get him on crutches gradually.

Rest in bed horizontally, 3 weeks. (strict bed rest) 3 weeks, conservative bed rest is the usual procedure adopted in these cases. For 3 weeks, avoid strain of back, *i.e.* stooping, & lifting. Result of conservatve treatment, is 30% are cured.

A great many patients, after surgical removal of prolapsed discs have, painful stiff backs and restricted movements. Results of operations are not therefore uniformly successful. Various recurrences of the symptoms occur.

Indication for Operation.- (1) Failure of conservative treatment. Proper bed rest was given and there is no improvement.

(2) Frequent recurrence of lumbago or recurrence after short intervals of freedom.

(3) Patient's occupation forbids avoidance of stooping or lifting

Operation: In the early cases quite good, 50% good result, late cases not so good.

Other forms of treatment: Enforced rest in plaster spica or beds with long fixations in splints. These are given up, as they dont give relief.

The optimum portion for rest in bed is the one in which the patient is most comfortable without pain.

Another method of treatment is the ambulant plaster jacket. It is not of much good, and is now not popular.

The centrally placed disc may compress the cauda equina. It does not give symptoms of sciatica, but loss of sensation and motor weakness. The second common site of prolapsed discs is the lower cervical region. Here it gives rise to compression of the spinal cord and Brachio-neuritis syndrome, when the disc is laterally placed. Spurling has described a mancevure which is very useful. Have the patient sitting with the neck a little flexed and tilted to the side. Press down on his head for 10-15 seconds. It will cause a great intesification of the pain, if there is disc protrusion.

The opposite test is that of lifting the head by traction when some patients will experience great relief.

Lipoidal injection is also used to identify the level of prolapsed disc. Absence of narrowing does not exclude prolapse. Diagnosis is therefore on symptoms and signs only. Vth and VIth cervical roots are commonly involved.

Diagnosis is most easy from the history of trauma. Very few discs at this level have been operated and confirmed.

Treatment Conservative—Rest. Traction to the head, with the head of the bed raised. This affords good relief.

A poroplastic support is worn after traction is removed.

A good book is the precious life blood of a master spirit, embalmed and treasured up on purpose, for a life beyond life.

—*Milton*

Picnic at Ennore.

Dandu.

The Gay Gang.

V. V. V. Menon.

The Big Guns.

Dandu.

Petite Guns.

Sailing Ever Smooth.

Dawn Breaks. Ahuja.

Bouquet of Heads. Saboo.

Phadkar in our College.

—George Mathew.
.....And They Mobbed Him.

Ahuja.
Who said no Beauties in Medical College?

George Mathew.
Our Alma-mater.

—Saboo
Beware! the feminine tongue.

Menon&itis.

Dhanda

Arboreal Tendencies.

Dhanda.

Row, Row, Medicoes.

Saleem

Talent.....And sister of Talent

Dhanda.

Ever read Darwin?

Dhanda.

Slow Motion Boxing.

On Acceptance

T. V. V. MENON IV Yr.

PHILOSOPHERS might wrangle and spiritualists might declaim but I, at present, am aware of only one Life—this, my terrestrial life on this mundane Earth. Enough unto the day the Evil thereof; Enough unto me this one Life vouchsafed me. It is a burden enough; I am yet to know what to make of it. The criss-cross currents of this shifting world perplex me, the sorrows petrify me into tearless despair. On the one hand is the noble grandeur of Man's illimitable imagination, and on the other the puny insignificance of Man's pigmy efforts in the face of the eternal roll of inexorable Time Where do I stand, I ask—and ask; but find little answer.

But answer I must have. It is essential to my being to know how I stand in relation to all these mixed forces that toss me hither and thither, without even the common politeness of asking my permission first. I close my eyes and extend my right hand—and automatically it knows where it stands in relation to the rest of me. Should not I, a limb of this world, projected into Universal space, I know not at what angle, I know not in which direction, should not I know where I stand, in what relation to the rest of this World? Then, let me take stock of myself and through myself, the rest of this world that I, willy-nilly, inhabit.

Firstly, I was projected into this world, I know how, (thanks to Dr. M. K. K.) but I know not why, on some fateful day almost a quarter of a century ago. I wish I had been consulted but I was not. In that most important event of the laying down of the very foundations of my existence, I was not consulted. And so at the very outset I am disappointed. And I find myself hedged in with limitations and disabilities,

of all kinds and of all degrees, against which I have no appeal and which will perforce have to accompany me right down to my grave. For example, my nose. But then, I find myself blossoming in various directions and I find myself also endowed with exalted aspirations and limitless possibilities. As for instance, an unquenchable and chronically persistent desire to look at pretty girls—the dearth of these latter only makes my aspiration to see at least one really pretty girl before I die, the more emphatic. And so I learn to accept. And I find that acceptance is not just lazy indifference to the qualities and quantities that go to make me up. I find t a very vital thing, this acceptance. It presupposes firstly an understanding and secondly an intelligent realisation of the implications. Acceptance is not easy; it is not by any means complete. But the will to accept is there—and I am sure that one day, I shall learn the meaning of it in full.

And logic led me to the thought that if I myself must learn to accept myself, how much more should I learn to accept others—others over whom I have little control and little influence; others born in entirely different and differing circumstances; others brought in different and differing environments, actuated by different and differing motives, hankering after different and differing ideals. Should not I learn to accept them, the product of all these vital, various forces, to understand these forces and thus their varied products and accept them. In all verity, I should. And I shall. It is far from easy. How they tease me, these others, how exasperating they can be! How fatally easy is it to relax into the arm chair of the critic, warmed by the glow of satisfied self-esteem, fanned by the fire of a delusive objectivity and pontifically sit in judgement over humanity. How fatally easy and how fatally absurd. How absurd that I, harbouring a hundred sins within me, labouring under a legion of disabilities, should sit in judgement over even one of my fellow-friends. They say, Judge not' lest Ye be Judged! Yea and I add Accept them, if Ye have the hope of being accepted.

Acceptance is not easy. Far from it. How can I accept and with equanimity, when all the while I feel, I failed my exam through but a feeble fault of my own? How can I accept when my friend and favourite foot-ball star muffs an open chance? How can I accept with nonchalance an undeserved word of scorn, an unwarranted criticism? How to accept the girl who looks at me wit.. a world of unclean meaning when I chat harmlessly with another of her species? But I must, I shall accept. And so learning to accept, leads me to learn the difficult lesson of objectivity, that power of detachment with the mind even while all your heart is athrob with the excitement of personal achievement. This detachment,

I find, is absolutely essential if I want to accept. Only a mind, free from the foamy clouds of prejudice, can evaluate events and men, in proper perspective and understand and assimilate and accept. I must cultivate this objectivity, this detachment and freedom from passion and prejudice, from cutting sorrow and heady pleasure alike, from dislike and despair if I am to learn to accept.

But accept I must. Accept I shall. For only an attempt at acceptance will lead me to an attempt at understanding and that in turn to the effort of realisation. And I do want to realise myself in relation to this conflicting, compelling, cosmos of ours. And I so shall learn to accept. And acceptance seems to me to be wonderful, exquisitely wonderful.

India will be raised, not by the power of the Flesh, but by the power of the Spirit; not by the Flag of destruction but by the Flag of Peace and Love.

—*Swami Vivekananda.*

My idea of an agreeable woman, is a woman
who agrees with me.

—*Disraeli.*

Text-Books

Specially Written and printed in XIX century for Madras Medical College Students

Dr. SUBBA REDDY

Dr. Subba Reddy, the recognised authority on "The H[illegible] [illegible]

IN the course of previous articles in this journal, I have briefly described the circumstances that led to the foundation of the Madras Medical School, in 1835, for "affording better means of instruction in Medicine and Surgery to the Indo-British and Native Youths entering the Medical branch of the service in this Presidency". There were only two Professors, one for Surgery and one for Medicine. The professor of surgery was expected to teach Anatomy including a few bits of Physiology. In this article, I propose to mention the text-books in use in the early decades of the school and the laudable attempts of the professorial staff of the college, to prepare and publish text-books for the benefit of the Madrassee students.

The text-books brought into use in the first decade of the school were as follows.

Mortimer's "Printed Notes on Anatomy."

Thompson's "Conspectus".

Gregory's "Medicine".

Cooper's "Surgery".

Of these books, a special mention must be made of the first book Mortimer's Anatomy. The text-books on the subjects imported from Europe were too costly and far above the standard required for the students

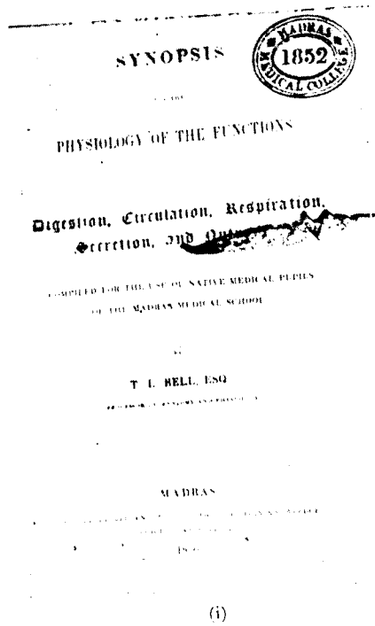
of the School, especially the local section. Before the opening of the School, Fyfe's Anatomy was the source of information for the preparation of models and for the dictation to class, about bones and muscles. It was from this source that the first text-book in Anatomy in Madras was compiled by the first teacher of the subject, Mr. Mortimer, Superintendent of the General Hospital and the newly opened Medical School. This book was published at public expense. Two hundred and fifty copies were struck off at a cost of Rs. 937/- and were supplied to the students free of cost. I have not seen a copy of it till now. What is still more surprising is that there is no such book in the catalogues of the British Museum, Edinbourgh University, Imperial library Calcutta and Madras Medical College Library. Most unexpectedly, in the course of my examination of old Medical books in European Languages, in the famous Saraswathy Mahal Library in Tanjore, I noticed "a second edition" of the same manual. Why the first edition is not there is still a mystery. But the printing of a second edition testifies its popularity in South India. If any library, institution, family or person possess or come across a copy of the first or even the second edition, they will do a service to History of Medicine and to our college, by securing a copy of it for our College Historical Museum and Library.

In 1848, a third chair designated the Professor of Chemistry and Materia Medica was sanctioned for the Medical School. Dr. T. Key was appointed to this post. He also felt very soon the need for a hand-book, a simple manual of Chemistry and published one (about 1848). The book with the title "Chemistry Organic and Inorganic" long continued to be the text-book in chemistry in the Province. But no copy of this book is available in the Madras Medical College library.The library of the Grant Medical College, Bombay, contains a copy of the book, but it is the second edition printed in 1852. The presence of the book in the Bombay Library, is itself an evidence, that a second edition became necessary to meet the increasing demand by the students and teachers. A photo of the title-page of the book has been secured through the courtsey of the Dean of the Grant Medical College, who kindly loaned the book to me for examination and photographing. A few details may be added here. "A manual of Chemistry, Organic including the Imponderable agents compiled for the use of the students attending the Madras Medical College. Second Edition-Printed at the Christian Knowledge Society's Press, Vepery, Madras, 1852." The author is decribed as "Superintending Surgeon; Late professor of chemistry M M. School." Unfortunately, the copy does not contain any preface or introduction. Till another copy or the first edition is secured, there is no prospect of further information. The book has 830 pages, excluding appendix. The first section (220 pages) deals with Heat, Light, Electricity, Galvanism, Magnetism, Properties of matter, Atomic theory, Chemical

Oct, 1949
MMC Magazine

symbols and formulae, Crystallisation, Isomerism, and Polymerism. The second section (160 pages) deals with non-metallic elements and their combination, while the third section (140 pages) is devoted to metals and their combinations. The fourth section (300 pages) is on Organic Chemistry and is very exhaustive. The last portion of this section, occupying about 40 pages, decribes the chemistry of Animal Function, chemistry of blood, chemistry of milk, of bile and biliary calculi, of urine and urinary calculi. From the table of contents and the subject matter and the manner of presentation the book appears to be a very ambitious project indicating the high standard of chemistry this old-time professor aimed at and explaining the large number of failures in the subject, when he was an examiner. The text-book of Materia Medica at that time, was one written by Ballard and Garrod, in England.

The nextbook prepared and printed in Madras was on Physiology. In 1847, a post of the professor of Anatomy and Physiology was created newly and it was filled by the Asst. Surgeon, Thomas L. Bell. He was lecturing in both the subjects. The teaching of Anatomy has been advanced by Dr. Mortimer and his successors. About this time, Mortimer's manual on Anatomy was replaced by Wilson's Anatomy, which was popular in England. Physiology was a new subject and very little attention was given till then to the teaching and text-books on this subject. For the special benefit of the local Medical Students, Dr. Bell wrote a book which ' contained a simple statement of more important functions of the body". It was "written in simple style, suited to the comprehension of the native students". It was clear and concise and was very valuable to the pupils of the Medical School. This book was published in 1850 and its centenary falls next year. A single copy of this book, somewhat damaged by the white ants has been unearthed from the heap of condemned and discarded books. A photo of the title page and the list of contents deserve close examination. The title of the book is "Synopsis of Physiology, of the functions-Digestion, Circulation, Respiration, Secretion and Nutrition". It is also stated on the title page that the book is compiled for the use of the local medical pupils of the Medical School, by T. L. Bell Esq., Professor of Anatomy and Physiology. The book was printed in Madras, at the Christian Knowledge Society's Press, Vepery, Madras in 1850. In the preface, the author writes "The object of this compilation is to present to the native pupils of the Madras Medical School, a concise description of the most important functions of the human body together with the principles on which they depend for their actions and continuance....The intention has been to render the different subjects as intelligible as possible".....At the end of the book, there is a valuable glossary of technical terms employed in the book, explaining such terms in simple language. The book is in demi size, and has 168 pages. In the introduction, the


SYNOPSIS

PHYSIOLOGY OF THE FUNCTIONS

Digestion, Circulation, Respiration,

T. L. BELL, ESQ

MADRAS

(i)


INORGANIC AND ORGANIC

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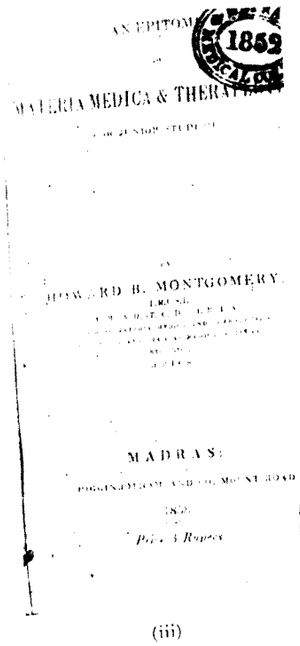
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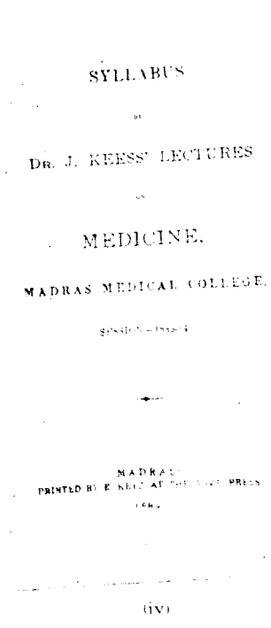
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MADRAS MEDICAL COLLEGE.

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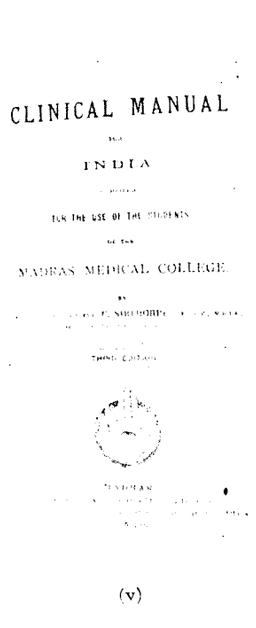
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MADRAS MEDICAL COLLEGE

(v)

proximate principles or the chemical constituents of the body are described. The first section deals with the Physiology of digestion and Anatomy of digestive apparatus. The processes described are " prehesion, mastication, salivation, deglutition, chymification, chylification and sanguification ". This section occupies nearly hundred pages, and devotes much attention to teeth, liver and Bile. Respiration is dealt with next, and leads to the subject of animal heat. This portion occupies about 15 pages " Circulation of the blood " takes another 25 pages. The rest of the book is concerned with " secretion and absorption."

Other text-books of this period were the following, imported from England.

Druitt's Surgeon's " Vade Macum ".

Hooper's Physician's " Vade Macum ".

Churchill's " Midwifery ".

Some time after the school was converted into a college, the Professor of chemistry was relieved of the teaching of Materia Medica and a new Professorship was created for the Subject. This post was occupied for many years—till 1868 by Prof. H. B. Montgomery, son of Dr. Montgomery of Dublin. It was he who presented the college with many valuable charts for teaching of Anatomy and Physiology. He also presented the college library with nearly two hundred volumes of valuable works on Materia Medica and Botany. He also started the nucleus of Materia Medica Museum and urged the development of a herbariam in the expansive grounds of the College. He wrote the first text-book on Materia Medica for our students. It was the fourth Madras text-book.

The need for a class book on Hygiene, specially suited to India, had been felt for sometime. In 1875, was published " The Madras Manual of Hygiene ", compiled under the orders of the government, by Surgeon-Major King. It was the first attempt at a systematic text-book on the subject for the students of Medicine. In 1880, a second edition of the book was published. In 1889, Surgeon-Major McNally, a former Professor of Hygiene at the Medical College, brought out his book " The Elements of Sanitary Science " described as " the best yet published in India ". In 1894, Messrs. Higginbothams, published " The Indian Manual of Hygiene, being the King's Madras Manual of Hygiene, revised, rearranged and in great part, rewritten by Surgeon-Captain Grant, Professor of Hygiene, Madras Medical College ".

A Poem

Raise up the shades
I am afraid to love in the dark
Blossom your eyes
I want to caress the spark!

When embers are cold
I'll have the moon
Fevered in a cold mirror
Only to disappear away soon!

Escape me not dear
The night is black with hate
O raise up the shades
The awakening may be too late!

—DUTTA TREYA

Light of Asia.

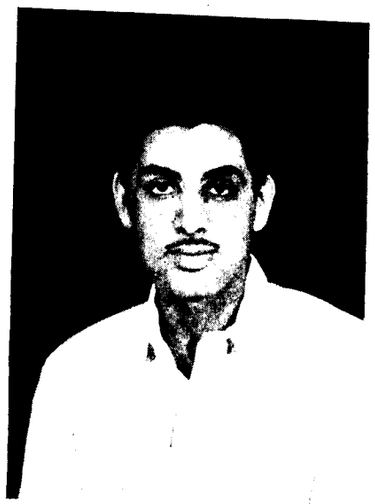
The East Bowed Before the Blast.....

In tender deep disdain.....
She let the thundering Legions pass.....

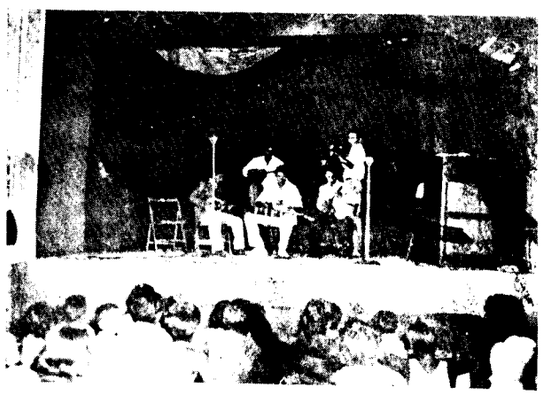
Glutton's Competition.

And then Sat to eat again.

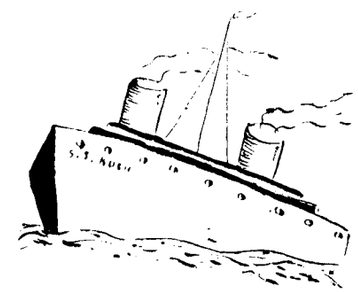
Dr. Savya Sachi



The Best out-going Student and the Johnstone Gold Medalist of the year.



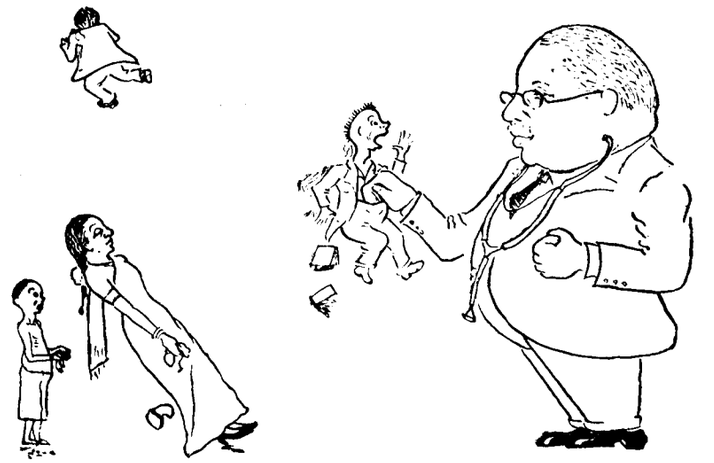
English Orchestra.



PROF. GOVINDA REDDY ARRIVED IN INDIA

(1)

DR. A. SRINIVASAN HAS COME BACK TO GENERAL HOSPITAL



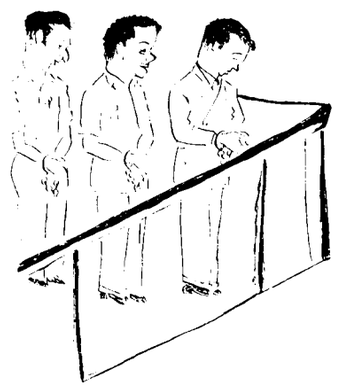
(2)

THE MARCH OF TIME

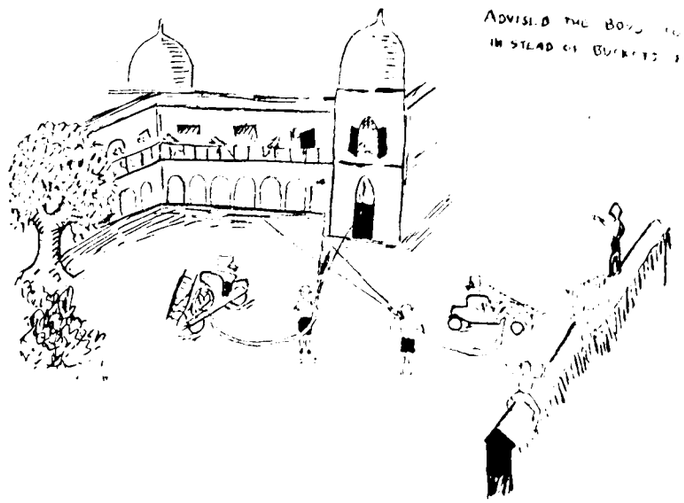
ON INDEPENDENCE DAY

THE HOSTEL GIRLS WERE GIVEN A COMPULSORY BATH BY THE HOSTEL BOYS—

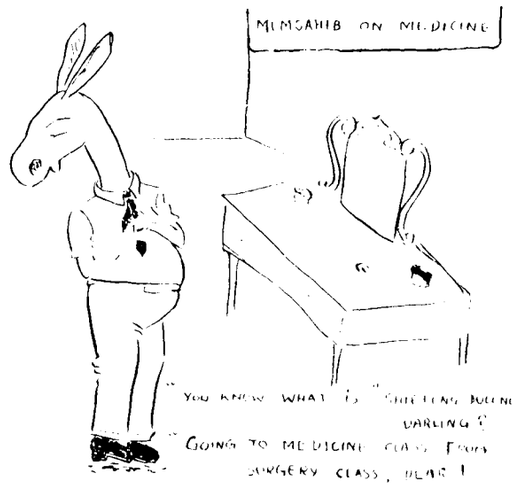
AND THE GIRLS ACCUSED THE BOYS OF TRESPASSING. THE PRINCIPAL HELD AN ENQUIRY, AND—



ADVISED THE BOYS TO USE HOSES INSTEAD OF BUCKETS FROM NEXT YEAR!

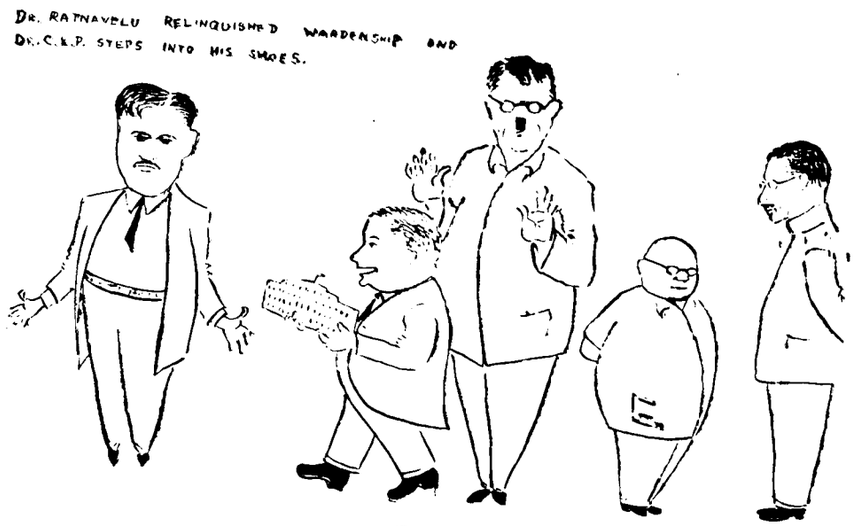


MEMSAHIB ON MEDICINE



"YOU KNOW WHAT IS "SHEEPING SICKNESS" DARLING?"

"GOING TO MEDICINE CLASS FROM SURGERY CLASS, DEAR!"



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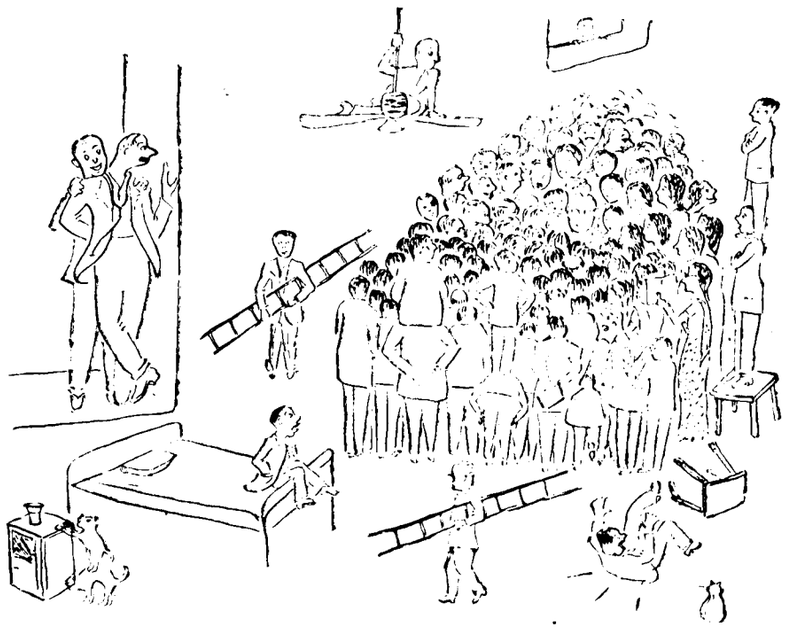

Dr. Mohan Rao's Clinics.

(8)

Days and years in Medical College

AZ

HOW far we could mitigate the misery of mankind is a question which everyone should ponder over before he settles down to console himself for having chosen this 'noble profession' of medicine. The option of choosing a vocation is given to only a few and whether those few are really gifted to achieve their aim is doubtful. Very often one finds himself drifting away with some unknown breeze into the portals of this great institution.

It happened during one of those unpleasant summer morns Dhanvanthri found himself within the compound walls. Black-marketing and favouritism were not happy aspects of those days. A kind gentleman gave the suggestion that medicine was a great profession and he was forced to put in the application by his parents and friends and to his great luck or ill-luck he was admitted to the Medical College. Mind you, those were days when nobody interfered with the admissions and those who made the selection were under no obligation or restraint. Poor Dhanvanthri hailing from some unknown country part was all in excitement, was all eyes and ears and he was too afraid to talk or to ask. Dressed in simple attire, he thought he was the object of ridicule everywhere. Finally he guided himself to the attic where the college office was situated, the heart was thumbing loudly—perhaps due to the ascent along the steep flight of stairs!

What a disappointment? On the landing, he was greeted by giggling and when he turned towards that direction, the laughter was coming from a group of ladies playing cards and passing derisive remarks on all passers by. He had been told that Medical College was noted for discipline, hard work and very little leisure; and here he found a noisy lot amusing themselves at the expense of time and other innocent newcomers like himself. Little did he realise that he will have his turn in the queue in a few years to come. The bold veterans both men and women, whose courage was unassailable by the number of failures they have had in the examinations, disported themselves at the office on the

day of new admissions and thus sought relief from the monotony of their uninteresting ward work.

The place was bustling with life and very little of work was being transacted. Pushed by the crowd, playfully at times, the counters moved in all directions and the poor clerks were flurried by the number of questions. Indifferent or no answer was elicited from them; the uproar had upset their auditory mechanism. Occasionally somebody in long white coat glided along, the crowd gave way and he released a few orders and then left. The noise increased in intensity. Elbowing at the counter found our new timid medico away and away from the counter. The struggle for existence about which he was to hear in the preliminary lectures was practically demonstrated and he took his first lesson in the office. After patient waiting for a long time, he elbowed his way to the counter and paid his fee.

Being told that he should interview the Vice-Principal before he could get his admission ticket, he left for this temple in another building. He felt his insignificance more and more and the only individual who seemed to recognise was the Nandhi at the entrance to the room. The place was fairly quiet. One could hear the senior students talking very loudly and offering to go and interview the Vice-Principal on their behalf. This deity rarely remembered the devotees and hence the kind seniors who were crowded near this place offered to undergo the ordeal of an interview and have some fun when they came out.

The interview being over, the routine questions of the Vice-Principal were answered under high nervous tension. He was given an admission ticket and he was told to present his credentials to the various departmental heads. These interviews though meant for introduction and establishment of good-will between the teacher and the taught were often a bugbear to the newcomers. He had to face a number of people - all very inquisitive, peering into his personality and asking him a number of absurd questions. At times heads of other departments relaxed with these heads in interviewing the new candidates. Some were serene and calm, others frivolous and boisterous and yet others acidic, annoyingly impertinent. The seniormost attendant was the only one who was kindly disposed towards him. He received him with a smile and entertained him with the biographic sketches of the local celebrities.

Tired and exhausted, the youngster walked into the canteen, along with a newly acquired companion. What a noisy place it was! They had to wait for a long time for a table and they sat down and ordered for something to eat. Bondas in aluminium plates appeared before them. Our hero, questioningly looked at the spoon and the plate. He has been

severely schooled against using the left hand anywhere near the eating utensils in the house; left hand should not pollute the food you eat! So the battle of the spoon and the plate on an unsteady base was begun. It was a sight (pitiable or entertaining is left for you to witness and judge.) The revolving plate, the rotating bonda and the slippery spoon exhausted our hero and when he had successfully managed to eat a bonda and a half, the other half was lost between the spoon and the lip, he was hungry all the more and he would not dare to ask for another plate of bonda. How many of us have the courage to discard a spoon when we are forced with one and there is something before to eat with greater relish with our clean hands!

Then started the most entertaining conversation. A kind individual from the next table walked towards this nervous pair, smoking a cigarette and sat next to them. He offered them cigarettes which they abhorringly refused with not even a 'No, thank you'. He said that they must get used to smoking and that it was impossible to dissect in anatomy theatre without smoking before and after dissection. His argument was the tobacco fumes masked the formalin and cadaver odour. God forbid, if our friend should become a public health minister, he will order tobacco to be burnt in our mortuaries and temples to mask the B.O. (some of our toilet soaps may be forced to incorporate tobacco instead of perfumes!) His talk was very lively and he was giving advices profusely. What books to purchase, what all to read in the library, the merits and demerits of each lecturer, the kindness of the attendants, the bartering of material for practical and a lot of invaluable information was unloaded for not even a cup of coffee. The youngsters were much impressed by the kindness shown by a senior student and also by the greatness of this individual who has read so much and who has gathered so much of information of men and manners. They felt very grateful to this individual and decided that they should go to this kind person for all advice and guidance in this medical universe. The greatness of the luminary was not known to them and they were very eager to know more about him. Gleefully they acknowledged his help and requested that he may kindly enlighten them on difficult matters.

Readers! You have read nothing new to you. This first scene is enacted every year and you have played your role in this drama. How slow is progress to come and when it dawns, you call it a change, a revolution etc.,—words used to describe changes in reaction to the altered environment. Environment changes through ages and abrupt changes result in fatal convulsions. If you patiently bear with me I promise to prove every statement I have made through illustrations from Dhanwanthri's medical career.

On Your Second Birth Day

P. GOPINATH, IV Gr. Year

TO day you are two years old. It is hard to believe you, if you say you can't walk now. Come, our Light, let me help you around to show you the places from where we spring.

You know we had been praying for your birth, ever since we had people from other families to look after us. How much we had been one with our mother in her days of hard labour. Today she is the proud mother of a two year old baby. Come, our Light, you cannot just lie on your back, looking up into nothingness, beyond the overhanging sky. It is quite true, that you are the dream of our dreams, the hope of our hopes. And yet, you have to get up and walk away from the blinding caresses, to the land of your reign, from where we spring.

When from the land of our dreams you crystallised into this house, when we had you for ourselves, leave alone our sacrifices, we were happy. The sun shone brighter for us; breeze blew cooler, but, as to prove the transience of these sublunary emotions, we are unhappy. It is no more the harrowing vision luming in the distant horizon. It is the naked fact. We are hungry; we are sick; we are unhappy. When we look at your face the glimmer of happiness steals through the vicious darkness, because of the pride of possession. Come our Light, you can't afford to lie on your back, looking into the emptiness.

Come with me.

All you see around is yours. It is what your mother has inherited for you. A child yet you can afford to be ostentatious about your possessions. Those green carpets, turning yellow at the magic wand of months, those hillocks from which you can breath the fragrance of the

passing heavenly bodies; those blue ribbons, lie winding everywhere; those blue-black curtains above you, turning into grey by the blowing breeze; it is all yours. Everyone talks about these, that your mother has inherited for you.

Come, our Light, where are you running into those labyrinths of green, grey and blue. Come back my Child, it is not all; come with me.

Don't you see the one, standing near you, that living skeleton sheathed in a loose skin. Don't look so agast. He belongs to us, to our house. Do those staring shrunken eyes rake up any train of thoughts in you. Yes, my child, he is hungry in the sense that he had gone without food for a couple of days. Shall I tell you something about this man, who is yours, to whom you belong. He is the father of six children, husband of a sick wife and son of a blind woman; and he can—or could have pull you throughout this terra firma in his cart, for a meagre weight of a few annas. Unless he pulls his rikshaw and people sit on it, his six children, his sick wife, his blind mother and himself cannot eat. Now you know my child, he is not pulling the cart as he would like to pull your toy cart. He had no toy cart to pull when he was a child. But when he grew up he pulled one!—he had to pull it. To day he can't pull it, but yet the urge of nine stomachs drags him to the cart. For the past few days he had been feeling a bit feverish in the evening—might be that he got drenched in his hut in the recent showers. But that cough, when he pulls the cart, it is a bit annoying.

My dear Child, I don't want to wound you with all these stories. They are realities from which there is no escape, like the shadow you have to get to know your people.

See that lady in the chela dyed by time, in undistinguishable hue. Don't you see that flat basket with some multicoloured things in it, and a small living twig held in her twig-like hands. Those things that you see are sweets to be sold today, to fill her children's bellies. She won't give you a single one free, for she has not given it even to her children, like you, at home. They are waiting for her to return with the day's ration of rice. Today is a day of festivity, she knows, for it is your birthday; and she knows there will be a good demand for her tiny sweets; and she has used all the rice that she got yesterday to make these. Her family did not see fire in the hearth yesterday. After all, it is not novel to them. But today granting the bumper sale for merely half-a-ruppee, the ration shops are all closed. My dear child, this history of day to day life does repeat in the case of our folks. Their history is a short one, only o' wants, and unsatisfied quench for the dire necessities of life.

That old man, groping with that stick and with that extended arm with the bowl is her father. She is asking to the people with plenty to give something to the one who doesn't have anything. That rag that we see around him as cloth, is only the inseperable companion that he has for the past four years. It was thrown out to him by someone who still had a bit of the milk of human kindness in him.

And look! do you see him, and him and him! They all talk different languages, they are of different sexes, they were born to parents of different religions. But yet they are all one and the same. They have all got the same need, they have got the same luxuries. Their needs are those of the stomach; their luxuries are the half-full meals that they may manage to get in a day. They are all the proto-types of that man in front and the lady behind; chips of the same block. They are your people.

The child of our dreams, do not close your eyes. Can I see the glimmer of fear in them, the pearl of compassion. These people that you see around are the staring facts—stark naked facts. We do not want you to do anything else. We care not your fancies for your toys or your dress. You may play with wheel and the plough or the charka or the sickle. You may wear the gaudy garb of red, the glaring yellow or the withered white. But whatever you do, should be for them, these people that you see around. They are your people and they only are your people. What will you do for them?

The differences between man and woman, do not come from a particular form of sexual organs, the presence of the uterus, from gestation or from the mode of education. They are of a more fundamental nature. They are caused by the very structure of the tissues and by the impregnation of the entire organism with specific chemical substances secreted by the ovary. Ignorance of these fundamental facts has led the promoters of feminism to believe that both should have the same education, the same powers and the same responsibilities. In reality woman differs profoundly from man. Every one of the cells of her body bears the stamp of her sex. The same is true of her organs and above all her nervous system. Physiological laws are as inexorable as those of the sidereal world. They cannot be replaced by human wishes. Women should develop their aptitudes in accordance with their own nature and not try to imitate males. They should never abandon their specific functions.

—Alexis Carrel.

—Man the Unknown.

IN MEMORIAM

Late Mr. A. S. WADEE.

"Death lies like an untimely frost,
Upon the fairest flower of the field."

On the 2nd of September, all College was shocked at the news of the untimely demise of Mr. A. S. Wadee, a second year student of our college. Hailing from South Africa, it was his fate to die far away from home and from all those who were near and dear to him. His solemn dignity, his polite manners, his affable nature, his kindness and all such great attributes which he had, set him apart as a man of distinction. Today he is no more; never again can we see him or be near him, but since he has endeared himself to the hearts of all of us, we shall always treasure his loving memory; and that indelible impression which he has cast on us can never be erased. But we have the consolation that Death is the gateway to Immortality and if it is a loss, it is a loss that lead him to a greater Gain, if it is a death, it is a death that will lead him to a larger Life.

The Bird of Medicine

Ye, Bird of Medicine, hasten through and fly
To the land where the living in suffering lie,—
Ailing creatures, caught in the grip of pain,
They long to be soothed, though in patience, vain,
But soother there's none, except Thou,
And though they need this hour and how.
So fly, ye Bird, as far as Thy eyes can see
Suffering souls, and You rid them free
Of Anguish and Despair, ere their lives are lost,
And they be classed as 'The souls of the past'.
Bear thou, Ye Bird, the suffering world,
Lest low it should sin in Deaths of Hold,
And with Your kindness, love and healing sense
Widen Thou, the span of human existence.

ASGHAR ALI
II YEAR.

My American Trip

Dr. KRISHNAMURTHY, M[illegible]

[illegible]

IT was a warm day somewhere in the fall of 1947 that my wife and I waved a very heavy farewell to a few friends who had come to see us off at Egmore. My heart was heavy and all the excitement of the trip had worn off, as I made my pranams to my lone old mother, who in spite of mounting emotion was putting on a brave front. Who could foresee what would happen in the long time I would be away; who could forecast what awaited me on the other side of the world, a foreign land 14,000 miles away?

We reached Ceylon without incident. Ceylon is a remarkably beautiful country and I hope to spend a good holiday sometime there.

A couple of days later, we embarked on a Dutch Cargo boat of the Holland—American Line, a remarkably luxurious ship. We were only twelve passengers and each of us had a seperate air conditioned cabin with a private bath fitted up, and a hot and cold shower attached. The cabins were nearly twice the size of that of the Queen Mary—reputed to be the most luxurious liner in the world and the whole room was done up in mild green, with subdued inlaid lights. The service was really excellent.

The "T. S. Zeeland" was one of the fastest Cargoes on the line, and was making a non-stop dash from Colombo to Halifax in Canada.

Though we were only twelve on the boat it proved to be very interesting—Mrs. S., wife of a Professor in Singapore, typical British Colonial diehard; Mr. and Mrs. F. and Mr. and Mrs. M—both American missionaries returning home within a year, because India didn't suit them. Mr. Ab—Architect and Trotskyite, a Ceylonese and a crank, a lad of only twenty-seven; yet one who had probably seen more of life in its ugly side than any of us, widely read but not deep, full of great quotations but fantastically foolish.

Then there was Dr. and Mrs. P. Dr. P. was an Anglo-Indian, had been a colleague of mine in the Government General Hospital as a house surgeon, had later joined the army during the war, acquired a Greek wife in the Crete campaign elected for demobilisation and was on his way to the U. S. to study Neuro-Pathology; a very fine boy, but one who pardonably became less of India and more of Europe, as we sailed up the Atlantic.

Then there was Swami, A. going to the U. S. as a Hindu missionary. I was actually in charge of him for the whole trip. Last of all my wife and I made up the number.

The voyage was not very eventful except for a nasty gale that our boat got into in the mid-Atlantic. I cannot speak for the others, everyone was loud in their recital of perils braved, and dangers overcome without the slightest flicker of nerve or the bating of an eyelid. I, for my part, was right on the edge of my nerves. I marched up and down the lounge trying hard to keep my nausea down and my courage up. It is hard while on land, standing on the edge of the water watching the play of the waves on the sea shore, to understand what a terrifying spectacle of massive power an angry ocean can be. Imagine a vast sheet of water 25 to 30 feet high stretching over half a mile rising up from the surface of the sea and advancing slowly towards you in a massive wall. You watch it fascinated moving slowly towards you from the bridge, take a quick look at the Captain's face, tense and rigid, and catch your breath as you wait for the impact. Then comes the blow—crash against the side of the boat—and a slash of spray. The boat heels over to one side and you hold hard to the bannister wondering whether it will ever stop gritting your teeth for leap into the sea. Then just in time a wave catches the boat on the opposite side and the boat returns to equilibrium. Everyone heaves a sigh of relief and Mrs. B says what a new thing it was. Everyone keeps quiet till Mrs. M comes out with a story of a lighter wave hitting a smaller boat on the Pacific on the wayout and how her boat by a miracle (here she crosses herself) came back from the very horizontal and to the very vertical. Her husband gives me a look and all of us chatter again till someone sights the next advancing wall.

This went on for 2 days—probably the most trying 48 hours of my young life so far. At 10, on the third day the Captain came yelling down from the bridge saying the barometer was going up, and you could see the silent grin on the crew's face.

Next day we struck North and two days later we were in Halifax. There are two other incidents which I think are worth recording. In both of them the hero was our Ab.

Our friend Ab. was a man of many parts—he was a Trotskyite, a Theosophist, Annihilist, an Architect, an Artist and many other things.

As the gale mounted in intensity Ab and Swami, A. got talking together on the impermanence of the body and the permanence of the soul. As our position grew worse, their discussions grew louder.

Early next morning I was at my bath as usual, singing as was my wont. There were only two songs I ever knew—one was Vande Mataram and the other from a Tamil saint on Maya. I chose the latter for the day almost subconsciously. I had hardly gone half way through, when I heard a number of sounds in Ab's room which adjoined mine. I heard his door being flung open and the patter of feet down the corridor. In the state of tension in which we were at that time, I felt a chilling fear that probably some alarm had been sounded. I stopped singing, finished my bath quickly,flung on my dressing gown and ran out into Ab's room to get the news. What did I find but Ab and Swami concentrating on a Devil's mask hung up in Ab's room. This mask was hung up on the wall that formed the partition between my bath and his cabin. (Ab was taking this mask to the U. S. as a present to some friend. Ab was also interested in folk dancing). When they saw me entering, the Swami with a drawn face and taint finger enjoined silence. I started wondering what it was all about. The crew where all at their jobs, the rest of the passengers were in their cabins, only these two were staring in all intensity at a weird mask hung up on a wall. This tableau went on for 15 minutes and the Swami started questioning Ab.

Swami—I don't hear anything.

Ab—It is there, at least it was there.

Me—What was there.

Swami—Ab heard voices.

Ab—I heard them quite distinctly.

Me—What voices ? (with a cold feeling up the spine).

Ab—My mask suddenly started jumping and then came a weird tune on the air.

Me—(growing pale) What tune?

Swami—What could it be? It cannot be the Masters!

Ab—It was a warning.

Me—(growing frightened and irritable) What the heck is all this about?

Swami—Ab heard just about 15 minutes ago a weird tune from a Tamil saint on the illusion of life issuing from his Devil's mask. I wonder if it is a writing on the wall to ask us to prepare, with fortitude and calm, for what is coming. Probably our present phase of Karma is approaching its close.

Ab—So the Masters have spoken.

I left them to hide my laughter—walked back into my bath and started singing again.

Immediately the commotion recommenced next door.

Ab's voice—It is there, It is there.

Swami's voice—(Excited) Yes. Yes. let us hear what it says.

My voice—With due respects to your tastes, you are complete fools.

Swami—What? What??

Ab—It is K's voice.

Me—Yes it is K's voice.

And thus was resolved the riddle of their Master's voice.

I narrated the incident to my fellow passengers at breakfast and for the moment at least our danger was forgotten.

The other incident was a little more serious and turned down Mr. Ab's communist enthusiasms a bit.

The American had one great bogey then and that was communism. He shies at it as a bull at a red rag. It inspires him with fear and therefore with hatred. Mr. Ab in his immediate declamations on International Communism put the wind up over American fellow passengers. They immediately, as very patriotic Americans are expected to do, formed a local committee on Non-American activities, created a local F.B.I. and started decrying Ab into wild talk. And Ab did talk wildly till I tried to stopped him. I tried to stop Ab at first by questioning

the bonafides and truth behind his assertions. But this only made him worse. So, that night I walked into Ab's room and whispered (after several oaths of secrecy) that Mr. F was on F.B.I, that he was a G-Man and was making daily radiogram reports to Washington, that I had received this news from Mrs. B who had got it from a person who was a great friend of hers. Ab got the gitters and made me go over the whole of the evening's conversation to see if he had committed himself seriously. I told him that nothing so serious had happened that would commit him to Ellis island yet, and left him in a very pensive mood.

The next morning going out after breakfast for a game of table tennis I found my two friends, Ab and F, sitting together quite happy. I drew up my chair to see whether Ab was again being indiscreet. I did not want the boy to get into a scrape. But all my fears were entirely unfounded.

Ab was glowing with admiration for American Capitalism and private enterprise and F for Russian Communism, and I could see from the complacent and wise looks on each of their faces that both of them were trimful of admiration of their own circumspection and diplomacy. It was a delightful morning.

Because of limitation of both time and space I think I shall skip over the interval till I reached New York on a dull grey autumn evening. A few friends from the Y.M.C.A. and the mission had come to receive us. The Y.M. had arranged lodgings for us temporarily and we were taken there. We were shown into our room, a small one 10 ft. by 12 ft., the wall paper dirty and peeling off in places, bare furniture and a single double bed.

Right from the time of landing a sense of depression had been slowly growing on me. Where was the bright sunlight, the ever green trees and the open fields and air of my own land? Here everything was bare, the trees shedding their leaves, standing out gaunt against the gray backgrounds of the autumnal twilight sky, sky-scrapers, tall, ugly and evil cutting out the wide open sky into narrow dirty strips. And as the night deepened my spirits dropped more. Where was the beautiful solitude of my country home at Tiruvorriyur, broken only by peasant voices returning home or the rhythmical nimble of our bullock carts, the quiet night, lit only by myriads of stars? Here the sounds of mechanical life grew fast and furious as the hours of the night advanced, in the place of stars, there were only blinking signs advertising cocoa-cola, someone's beer and somebody else's butter. Cars kept roaring up and down the

streets in a perpetual stream, the radio and the phonogram kept blaring their wild unmusical melodies and everything was so brightly lit that it seemed like day.

My room and my surroundings filled me with despair. Why, I wondered, had I come these 14,000 miles like a fool to live in this dirty hole, leaving behind my lovely home and beloved country? My wife said, "for the sake of knowledge". "Knowledge", I laughed, "at the expense of all happiness."

I must have fallen asleep sometime later, for when I woke up it was day, not our bright sun-lit day, but all the same it was natural light and I felt more at home. I bestowed myself because I had a lot to do that day if I was to leave that city by the evening.

One of my Y.M. friends had given me a map of the city. That is one of the fine things about western organisation, you can always get a good map of a city at the nearest stationary shop, making out the main bus and sub-way routes and the main traffic junctions, hotels, hospitals and business houses from which all can always take one's bearings. I studied my map and found that my first place of business viz., Thomas Cook's was not far away. I stepped out alone briskly, staring all round me and trying to take in as much as I could. I cashed my traveller's cheques there and started out for my next engagement, though I could not find out for the life of me which bus to take. While my wife and I stood looking at the map an elderly lady stepped up and asked, "May I help you"? I told her my difficulty. She told me clearly where to go and what bus to take and in what direction. Accordingly I found the bus stop and stood for a few minutes when an American, standing by, started immediately a friendly conversation. This is very characteristic of the American people - friendliness especially towards a stranger, a desire to make him feel at home. He said he was going the same way and would help me out. The bus came and we all filed in the queue.

The Bus ticket organisation in the U.S.A. is very different from the rest of the world. The U.S.A., remember, is a highly machanised country where labour is very costly. The buses have no conductors as in India or England. The passengers file in by a door near the chauffeur. Right near the door is a revolving barrier into which you drop your fare-the fare being constant to anywhere within the city. As the fare drops in there is an electrical release of the barrier and the passenger pushes through to his seat. I knew nothing of all this. I walked in and was met by the barrier. I tried to push it but it would not yield. The chauffeur viewed me with some contempt and told me to "drop the coin". But I

did not know whatc oin to drop and where. I blinked. The long line of passengers behind me began to push gently "get a move on there," "what is all this hold up about" etc., etc. The gentle push became a justle. My confusion grew worse. The chauffeur's orders became more peremptory and finally he began to curse." "Of all the cursed....." he began. Immediately the passenger behind cried out, "gently, gently. This is his first time out. He is from India". "Gandhi-land" said the chauffeur, "yes, Gandhi-land", said the passenger. "Here, give me a five cent coin," said the now gentle chauffeur. I fumbled (this was the first time I was handling American small change) and gave him a ten cent. (You see the ten cent is smaller than the five cent and I went by the size). He changed it for me, dropped the coin into the box and pushed the barrier for me. My wife and I passed through. And at my stoping place he called out for me and let me out and went out of the way to tell me how to reach my destination.

This was my experience right through the West. India, as a country, was nothing to the men in the street anywhere except as some remote corner of the British Empire. But as the land of Gandhiji it had to everyone of them a vivid meaning, was a living reality. India apart from Gandhiji meant nothing to them, but India as his background was almost their Bible come true. However much people may shout from the platforms about the great admiration in which India is held in the West I never found its cause in anything but as his land.

A few minutes walk brought me to the gates of the Rockfeller Medical Institute. I stood at the foot of the avenue leading up to the Institute and looked up at the building. One of my great ambitions was being fulfilled, I was entering the temple of science where I had long desired to worship. I gazed long and eagerly at it and then passed, with a thrill, through its swing doors into the building. I asked for Mr. Peyton Rous at the reception desk. My name was sent up (in the U. S. A. it is always by phone as every building there has its internal telephone system. This saves labour and time and both are costly in the States).

In a few minutes that great savant of 78 came down to meet us. It was a great day in my life. Most of you would have heard of him by now - Peyton Rous, of the Rous chicken sarcoma fame, the originator of the Virus theory of Lancer and one of the World's greatest scientists. I had read of him, had dreamt remotely of meeting, but had never expected to meet him in the halls of his famous Institution. I had never expected him to take my coat for me and have it up. His touch thrilled, as not

even that of God could. And when he asked me for lunch my ecstasy was something indescribable. As we lunched, he told me of all his work, his plans and his methods. After lunch he took me over to his laboratories.

He asked me where I intended to work. I told him. He said that that was in the Mid-west and that he had heard of that Institute. And he added that if that place didn't suit me I could always come to him for help, I thanked him and we parted.

That night I took the train to Washington. It was a four hour's trip on the powerful streamlined railways. We reached Washington at 10 P. M. and went into a Hotel.

The next morning I went to the Indian Embassy in a cab. The cab driver, immediately I got in, asked me whether I was from India. I told him "Yes". He wanted to know immediately all about our economics, prospects of our development and future trade-relations with his country. Very soon I found out that he knew more about economics than I did. I asked him where he had read it all. He told me, rather modestly, that he was preparing for his Masters degree in Economics, but that being rather poor he did part time jobs to support himself. This was the first time I learnt of this, "Earn while you study" method which is quite prevalent in the States.

It is very a interesting system and worth while copying here in our country.

The U. S. Educational programme with Universities is calculated to enable every boy who has the aptitude and desire for higher education to undertake it. A boy who can afford only part time studies at the University can say so in his application for admission. The University there, arranges his hour of work in such a fashion that this is made possible. It also helps him in many cases to secure a part time job which will enable him to pay his way.

This student cum cab driver dropped me at the Education office of the Indian Embassy but refused to accept payment. He said he had learnt so much about India that he had been amply paid already. We shook hands and parted

The Indian Embassy gave me the necessary introduction to my hospital and I flew the next day to St. Louis, the heart of the mid-west. From there I caught the train to Columbia where the Cancer hospital was. I was alone as I had left my wife behind at Washington.

I reached Columbia at 8 at night. I had wired to the local Y. M. C. A. to reserve lodgings for me but the day happened to be a holiday and no one had come to the office. There was no one at the station to receive me. Fortunately I had left the greater part of my luggage behind at Washington and had only a couple of suit cases with me. I carried them up to the station master's office and asked them to call me a taxi. They all gave me a stare, but got me one. The cab driver was an young man called Holt. I told him to take me to the Y. M. C. A., but he told me that the local Y. M. had no boarding place but was just an office. I was at a loss. So I told him to take me to a hotel, preferably a cheap one. He drove me to one. I rang the bell. A maid opened the door. I began, "I am from India" when the door was shut on my face. I did not understand. Holt called me back. He took me to another and this time, came up with me, but the same thing happened, the door shut on both our faces before we could open our mouths. At this Holt started to swear. "I know what is behind it", he muttered, "just blind prejudice and idiocy. Look here, Doc, don't mix me up with these people. I am from the East, thank God". And for the the first time I understood. Everything was clear to me now, the wide berth given entirely over to me in the train while the passengers crowded themselves into the remainder, the frigidity of everyone I had met on the wayside, the stare of the station master and his staff and the rude repulses at the hotels—I was a coloured man. I told Holt to take me to the biggest hotel in the city. I walked right through the swing doors into the hotel lounge without ringing and asked to see the proprietor. He happened to be there. I straight away told him that I had come 14,000 miles from a foreign country as a student and as a guest and had not, from what I had heard and read of them, expected to be received so rudely. I told him that such things never happened in my country. He was profuse in his apologies but only promised me his telephone to get in touch with the hospital and not a bed. In despair I phoned the hospital. Fortunately the U. S. Public Health Service had wired them of my arrival and they had a room ready for me. And so as it neared midnight I found a room. I thanked Holt, who was profusely apologising for his countrymen's behaviour, and bade him good-bye.

If I thought that my troubles were ended, I was to be disillusioned. The next morning I moved into rooms in the neighbourhood that were allotted to Fellows The rooms were owned by a widowed lady who also lived in the premises. I don't think she had been warned that the new fellow was a coloured man. I first glimpsed a momentary look of surprise on her face when 'I was introduced and walked in with my bags. It was slight but it was there. I didn't think much of it at that time'.

On the third day I had fast returned from Hospital at about six in the evening and was taking off my tie when I noticed a letter on my table addressed to me. I had no friends locally and I took up the letter curiously wondering as to whom it could be from. The first few lines did not leave me much in doubt as to its import. It complained that I had brought half-a-dozen apples into the room and had thus been instrumental in attracting rats. It suggested that the restaurants of Columbia shoud be adequate for my needs. "But in any case", it ended, "I would like you to find some other quarters within the next 48 hours". It rather took me aback. I was in an entirely new land and finding quarters in 48 hours would be no joke unless I was prepared to pay an exhorbitant rent.

I reported the matter to my hospital. They gave me many suggestions and got from my land-lady an extension of time. I located a few Indian students; there were only twelve in all. Hence I cannot but remember one of them with special gratitude for all the trouble he took to help me. He spent so much of his time in helping me. We would both take up the papers to find the 'to-lets' would ring up their proprietors, would be invited for inspection and there told on arrival that the rooms had been taken up. We were coloured men; there was no hope. It was a bitter time. That friend was Nodig Krishnamurthi. Of him I could write volumes. I am sure India will hear of him yet.

Finally I found a place. I had hardly settled down when I obtained a better post at the Memorial Hospital, New York, and went there to take it up. I was glad to go, the Southern U.S. was no home for a coloured man.

The journey from Columbia to New York took me just 24 hours.

It was easy to fix up rooms for me in New York, in the East there is very little colour prejudice. The Y.M. fixed me rooms in the Presbytarian Labour Temple where I spent the happiest six months of my life in the States. My wife joined me there.

The Presbytarian Labour Temple was a social welfare institution run by the Protestant group.

It was being managed by a group of young socialists. The socialists are a microscopic minority in the States. The Director of the temple was not older than thirty.

They were a very happy family, all devoted to their work, all striving for the betterment of their less fortunate brotheren. There was one girl and one boy amongst them, that stood out in striking contrast to the rest—Betly McDonald and Leo Kaye. Leo was a Ph.D. in Public Health and Betty was studying for her Masters degree. The quite work performed as a matter of course dutifully and well, was in the very image of their Master. I don't think they even dreamt of reward, it was just a matter of course for them.

One of the fairest features of the temple was its community kitchen. The girls cooked breakfast and dinner with a boy helping them. And the boys would do the dish washing with the girls helping them. We all took over turns in pairs of two and always saw that a husband and wife never got together. This little arrangement always made things pleasanter.

This cooking and dish washing brought us all much closer together than all the meetings and functions arranged by the organisation for creating friendly relations amongst different peoples. And knowing this very well a deep love was born in me for the Americans. Leo Kaye was a pacifist and many were the nights when we sat out talking on Mahatmaji's non-violence and its application to humanity as a whole.

But all the joy of our stay in the States came to an abrupt close on that dark day of January 31st. It was early morning round about 7-30 A.M. and I was dressing up to go to the hospital. Suddenly I heard running steps in the corridor outside, and then, "Bang, Bang", on my door. I threw the door open and found my wife gasping, her face long and drawn. "Bapu", she gasped, "Bupu has been assassinated". I just stood gazing at her, unable to grasp anything that was said. We stood thus for a few minutes, she drawn and haggard; and me just gazing. Finally I broke out with just, "Impossible". "Come", she said, "come to the radio". I stepped into Kaye's room and switched on the radio. After a short interval the routine programme broke and the announcer's voice "Flash - Stand by for important news from India, grave news from India Mahatma Gandhi, (a great soul) was shot dead early this morning by one of the Hindus whom he led to freedom". I still couldn't believe it, it was just incredulous. I rang up the Mission Centre. It had also received the news over the radio only, but had put a trunk call through the Indian Embassy in Washington for confirmation. So my wife and I went immediately to the Mission Centre. When we reached there we found that the news was true. We just sat paralysed.

The reaction of the man in the street in U. S. A. was not very different from outside. Many religious thinkers in the States had almost made a Christ of Mahatmaji. And when the blow fell most Americans took it in the same way as they would have taken the crucifixion. There was not a single man whom I met who did not feel that the cause of peace had suffered. And for the first time in its history the United Nations flag flew at half mast for a private citizen.

And the gathering that assembled in the Town Hall, in the heart of Manhattan, to pay tribute to his memory could have just been a U.N. gathering itself. The world's representatives were there—political, religious and leaders of thought—a tribute to the power of the Spirit.

I would like to conclude with a bit of advice that I received from one of the chiefs on entering my duties. It was a piece that will suit all at all times.

The first day I was introduced to the Scientific Director, who asked me what I wanted to learn. I told him that I wanted to do Cancer research. He smiled, rang for one Martin and asked him to take me round the Institute.

Dr. Martin took me from one section to another, each manned by an expert in his own field, men who quoted not books but talked from their own experience and experiments. For the first time I began to grasp what research and cancer research meant. It involved high physics, biochemistry, organic and inorganic chemistry, biology, viruses and pathology - It embraced almost every branch of science in its scope.

After this initial round Dr. Martin asked me to come to his laboratory - the Biochemistry section. We passed into the room marked "Director" over the lintel and he sat down, in the Director's chair. I took a chair too. I had never dreamt that it was the Director of Biochemical research that had been taking me round.

"We are very glad to have you", he said, "very much so. We do some research here which I think is likely to be a little instructive. But before you settle down to work I would like to tell you something about this country. This country is a very great country, but we have also our vices—It is also a very glamorous country. If you catch only the glamour but miss our depths it would be a great pity.

Research in any field is a whole time, a life time job—It will brook no distraction. But with all the effort that you might put into it, you will be beset only with failures and disappointments. It is only one research worker in a 1000 that reaches the goal. But his triumph is built on the failures and disappointments of the other 999. Their failures have been his guide and they are the steps on which he has mounted. Every failure is of as great an importance as every success in scientific research. So do not expect a march of triumph but only unwearying labour and probably a life of disappointments. But the interest of research is the process of it and not the final achievement.

"You have come a great distance to learn from us, at great cost. You must ensure that your future work justifies the money and energy spent.

And so I started work.

Our life aught to consist in translating the subject of one world to another, to elevate love from the sphere of physical beauty to the eternal heaven of moral beauty; for the beauty which goes hand in hand with moral law is always eternal, that it is the calm, controlled and beneficient form of love that is its best form, that beauty is really charming under restraint, but decays quickly when it gets wild and unfettered.

—*Tagore.*