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संज्ञानाः सुखिनी भवन्तु

THE MISCELLANY

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

MONTHLY JOURNAL OF THE SOUTH INDIAN BRANCH
INDIAN MEDICAL ASSOCIATION

'ANTHISAN'

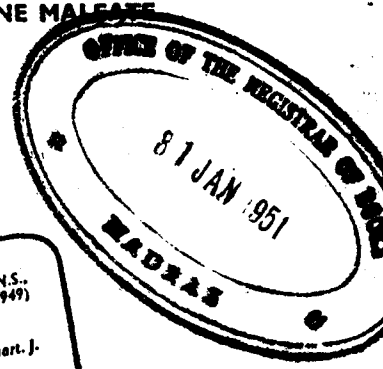
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488

Of particular interest to physicians
who encounter many cases of allergy
are the results of recent scientific
studies.†

† Craig, J., Clark, N.S.,
and Clowers, J.D. (1949)
Brit. med. J., 1, 6
Herxheimer, H. (1948) Lancet, 1, 667
Hunter, R. B. and Dunlop, D. M. (1949) Quart. J.
Med., 17, 271
McEvedy, M.B. (1949) Lancet, 1, 825
Reid, T.J., and Hunter, R.B. (1948) Lancet, 2, 806.



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Vol. XVII

DECEMBER 1950

No. 6

Indian Medical Association, South Indian Provincial Branch

NAICKER NEW STREET, MATHURAI

Ref. Circular No. 5/50-51.

Dated: 27-11-50

TO ALL THE BRANCH SECRETARIES:

I. A DELEGATION CONSISTING OF:

1. Dr. U. Krishna Rao of Madras,
 2. Dr. U. P. Mallayya of Mangalore,
 3. Dr. P. S. Srinivasan of Kancheepuram,
 - and 4. Dr. D. V. Venkappa of Madras,
- waited on the Hon'ble Sanjeevi Reddi, Minister for Prohibition. They detailed about the hardships of the Medical practitioners with regard to the purchase and possession of spiritous tinctures and liquors.

II. YOU ARE REQUESTED TO GIVE THE CONSIDERED OPINION OF YOUR BRANCH WITH REGARD TO THE FOLLOWING:

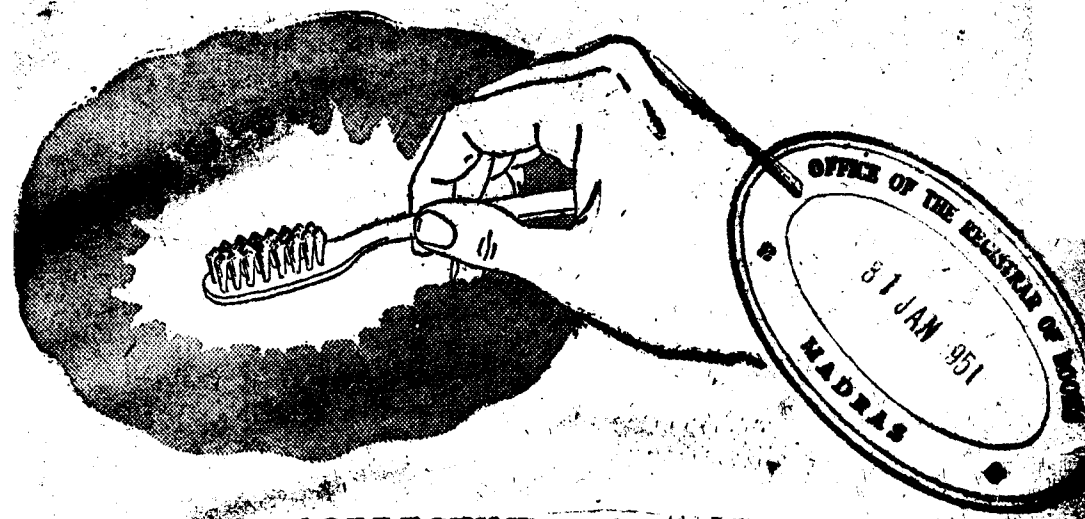
- (1) as to the rules the Branches of the I. M. A. would like to make in the matter of sale and possession of spiritous tinctures and liquors by medical men
- (2) whether the objection of medical men was for the payment of Rs. 16/- per annum, or
- (3) whether it was for the difficulty of obtaining tinctures in the mofussil under existing rules.

III. AN EARLY REPLY WILL FACILITATE THE WORK OF THE DELEGATION.

A. K. RAJAGOPALAN,

Honorary Provincial Secretary

The MISCELLANY—December, 1950



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THE MISCELLANY

MONTHLY JOURNAL OF THE SOUTH INDIAN BRANCH
THE INDIAN MEDICAL ASSOCIATION

VOL. XVII]

DECEMBER 1950

[No. 6

ABRIDGED OPHTHALMIC TREATMENT—V

G. J. G.

(NOTE:—These series contain no original matter and are only a compilation of well known, useful therapeutic measures in a condensed form. They are published in the hope they will be useful as a ready reference for practitioners particularly in the mofussil.)

EAL'S DISEASE

Thorough general examination, including tests for tuberculosis, calcium deficiency, peripheral vascular abnormalities, etc.

Rest in bed in early cases.

Straining and stooping to be avoided.
Calci-ostelin injections.

Cod liver oil internally. Vitamins C & K as tablets and in diet. Plenty of milk and eggs.

Rutin may also be given, if increased capillary fragility is suspected. One capsule (20 mg.) four times a day, for 3 or 4 months.

In later stages, Pot. Iodide internally.

Where indicated, AO Tuberculin injections, dosage according to directions given in the leaflet of instructions.

The usefulness of Streptomycin in these cases is yet to be evaluated.

ECCHYMOSIS (SUBCONJUNCTIVAL)

Find out cause (whooping cough first in children, trauma, inflammation, arteriosclerosis, injury to base of skull, etc.)

Zinc sulph. drops once or twice a day, or

Lead compresses.

Later, massage through the lids.

In intractable cases, Dionin drops (but not in old people with arteriosclerosis).

If the causative factor is not found, Vitamin C & K as tablets and in diet.

The appearance is alarming to the layman. Delay in absorption may make him try other irritant remedies which may be harmful. Give necessary assurance and advice to the patient or parents.

ECLIPSE BLINDNESS

Immediately, a hypodermic injection of Strychnine 1/60—1/30 gr.

Rest for the eyes.

Dark glasses.

Benerva injections. Later, Pot. Iodide internally.

Zinc sulph. drops if there is also inflammation of the conjunctiva.

ECTROPION

Spastic: Treat the conjunctivitis present. When discharge is less, replace the lid and keep the eye properly bandaged. If no relief, set it right with 1 or 2 stitches. Remove the stitches on the 4th day.

Paralytic: Pot. Iodide internally. Benerva injections.

If serology test be positive, give necessary treatment.

Galvanic current to orbicularis oculis.

Senile: Treat the chronic conjunctivitis.

Bandage at night, keeping the lid in position.

Advise patient to wipe tears from below up or outwards and not pull the lid down.

Slit up the canaliculus to enable the tear to exit more freely.

If these be of no help, plastic operation.

Ciccatrical: Plastic operation.

ECZEMA OF LID

Eliminate allergy, particularly to cosmetics.

Treat first the inflammation in the eye or lachrymal sac.

Brush the raw area with Silver Nitrate 2% sol. for two days and then apply White precipitate oint or Burnol daily.

Olive oil or cod liver oil may be used to clean the area every day, but not soap and water.

Dusting powder not preferred, because if any powder gets into the eye, it will increase the irritation.

ELECTRIC LIGHT OPHTHALMIA

Cold compresses.

Zinc sulph. drops twice daily.

Dark glasses till photophobia subsides.

EMBOLISM OF CENTRAL ARTERY

Massage of the globe.

Inhalation of Amyl Nitrite

Retrobulbar off injection of Acetylcholine 5-8 m.

Paracentesis of anterior chamber if within 24 hours.

Later Sodium nitrite 1 gr. tablets

times a day.
Sedatives in emotional cases.

Tobacco, exposure to cold, fatigue, etc. to be avoided.

Intravenous injection of Typhoid vaccine is also being tried.

Prognosis, on the whole, poor.

EMPHYSEMA OF LIDS

Pressure bandage.

Avoid blowing the nose and similar strain.

See also 'Oedema of Lids'.

EMPHYEMA OF CANALICULUS

Fomentations twice daily.

Sulphonamides internally. Also 1 or 2 milk injections.

If it does not subside, make a small slit of the canaliculus through the punctum.

Argyrol 20% drops or Irgefen oint. to be applied daily. Bandage for the 1st day only.

Don't try probing till all inflammation has completely subsided.

The wound should be opened up every day with a probe if it tends to close up.

Excise the lachrymal sac if dacryocystitis or even regurgitation be present.

ENTROPION

Spastic (lower lid): Treat the conjunctivitis or keratitis present.

If recent, try keeping the lid in position with a plaster or with stitches.

If long standing, operation is better. Remove an elliptical area of skin below the lid border, excise a few fibres of the orbicularis and stitch.

If operation is refused, injection of 1/4 c.c. of 80% Alcohol underneath the skin 1 mm. below the free border of the lower lid along its outer two-thirds only. (Inner one-third should not be given the injection) Previous injection

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of Novocaine or Planocaine 2% over the site makes the injection of Alcohol bearable.

Ciccatrical: See 'Trichiasis.'

EPIPHORA

Find out and remove cause (foreign body, chronic conjunctivitis, any inflammation, misplaced cilia, coryza etc.)

If the punctum is minute or practically closed, a right-angle incision of 2-3 mm. length, of the lower punctum. Open up the wound with a probe for about a week to prevent closure.

If any obstruction in the canaliculus, Bowman's operation and probing on alternate days. (Don't irrigate on the day when the first dilatation of the canaliculus was made.)

If there be eversion of punctum, find out cause and treat. Or, repeated punctures through the conjunctiva near the tear point. Or, plastic operation.

If the watering is after removal of lachrymal sac, injection of 1/4 c.c. of 80% alcohol into the lachrymal gland through the conjunctiva, or separation of the conjunctiva from the area of the lachrymal gland—just undermine the conjunctiva covering the gland—to break the ductules.

Consult a rhinologist if nose trouble is suspected.

EPISCLERITIS

General examination and treatment for Syphilis, septic foci especially in teeth, tuberculosis in children. Also eliminate injury.

Allergy also must be thought of as a possible cause.

Local application: Argyrol 20% drops, any sulphonamide oint., or yellow oxide of mercury 1% oint. Silver Nitrate 2% swabbing of the conjunctiva of lids if there is discharge.

Fomentation if the pain is severe and if there is no discharge.

If the causative factor is not known: in older people, Sod. Salicylas mixture internally.

In adults, Bismuth and Vitmain B Complex injections.

In younger people, cod liver oil internally, Calciostelin injections, u.v.r. exposures to the body, and good diet.

Especially in rheumatic and focal episcleritis, instillation of Histamine diphosphate (1:1000 solution) into the conjunctival sac affords immediate and prolonged relief for many hours. Repeat the instillation when pain recurs. Chemosis and miosis need not be a contraindication. Still better results if applied through ionisation.

ERYTHROPSIA

No treatment.

No harm, esp. if the coloured vision is red.

Advise the patient not to notice it.

EVERSION OF LOWER PUNCTUM

If due to chronic conjunctivitis or blepharitis, treat the cause.

If due to ectropion from old age, slit up the posterior wall of the lower canaliculus. If that doesn't help, an operation for the ectropion may be necessary.

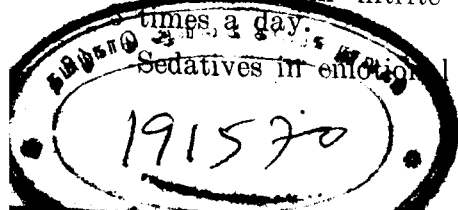
See also 'Epiphora.'

EXOPHTHALMIC GOITRE

General treatment by the internist, surgeon or radiologist, according to the condition of the Goitre.

If there is a tendency for corneal irritation, or if the exophthalmos is marked, the eyes may have to be kept bandaged during sleeping hours. At other times, use of glasses with side cups may be helpful.

In marked exophthalmos, tarsorrhaphy may be necessary.



2-24-34
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If ulceration has started in the cornea, any bland ointment or cod liver oil cum sulphonamide ointment and pad.

FASCICULAR KERATITIS

Yellow oxide of Mercury oint. 2% twice daily and one drop of cod liver oil at bed time.

If no improvement, cauterise with heat cautery not only the crescentric infiltration at the tip, but also the base, destroying the band of vessels.

Daily dressings with yellow oxide of mercury oint.

If the infiltration has reached the centre, allow it to pass the pupillary area and then cauterise.

Cod liver oil internally, calcium injections and other steps to improve general health.

Reduce sugar intake.

Nose to be examined.

FISTULA CORNEA

If there is no discharge, keep the eye bandaged for a few days, applying any sulphonamide or cod liver oil cum sulphonamide ointment.

If the fistula doesn't close up, surgical intervention. Scrape the epithelium of the cornea around the fistula—under, mine the nearby conjunctiva and pull it over the fistula and stitch. The fistula itself may be carefully cauterised with heat cautery before it is covered. Bandage for a few days till the conjunctiva sticks over the fistula. Dressings to be changed every day.

FLOATING SPECS

Eliminate vitreous opacities.

High myopes also may complain of these.

Otherwise, no cause for worry or alarm.

Advise the patient not to notice them.

Correct digestive trouble, especially liver disorder.

Plenty of exercise. If necessary, a holiday and change of environment.

Grey tinted sun glasses.

Nerve tonics, Vitamin B₁ injections, eggs, etc.

FOLLICULAR CATARRH

Local: If there is discharge, treatment as for conjunctivitis.

If only slight irritation, Zinc sulph. drops once or twice daily, or Optrex wash.

Where no local symptoms are present, no treatment necessary for the eye. If the patient insists, give him yellow oxide of mercury oint 1% for application for three days in a week for 2 or 3 months.

General treatment is more important. Cod liver oil with malt extract, eggs, nourishing diet, exercise in fresh air, healthy surroundings, etc.

Have the throat examined for enlarged tonsils or adenoids.

Refractive error, if any, should be corrected.

FOREIGN BODY

A loose foreign body in the conjunctival sac is usually washed out by the tears, provided the patient does not rub the eye hard.

The usual place where it gets stuck up is in the subtarsal sulcus underneath the upper lid. Evert the lid and remove it with a piece of wet cotton wool swab or clean cloth. No after care necessary, except perhaps Zinc sulph. or Argylol drops if there be any conjunctival congestion.

Fine, colourless glass pieces may be difficult to locate. Apply Irgafen ointment daily and keep the eye gently covered. The piece will work its way out, if it had not been driven too deep in by too much of rubbing.

When a foreign body is on the cornea, use a magnifying loupe and good light. If it is recent and lightly embedded, it is easily removed with a wet cotton wool swab. If deeply embedded, use a sharp spud, discission needle or any sharp instrument to lift it out. The direction of movement of the instrument should be from the centre towards the periphery.

Preliminary anaesthesia of the cornea with a drop of Anethaine 2% once or twice. In children, if the foreign body is deeply embedded and careful removal is necessary to prevent damage to corneal tissues over the pupillary area, general anaesthesia is indicated.

Don't damage the corneal substance more than you can avoid, but curetting may be necessary if the spot is rust stained.

After removal, apply Argylol 20% or Zinc sulph. sol. drops and cover the eye with a pad for a day. If there be any suspicion of infection, Albucid eye drops or Thiazamide powder dusting. Ointment may be avoided on the first day.

No after treatment, if the epithelium has covered over the wound the next day. If not, treat as corneal ulcer.

It is always safe to see there is no infection in the lachrymal sac.

In gun powder explosions, only such particles as protrude above the surface may be removed. The rest may be left alone.

In industrial accidents, it would be wiser to have the vision tested.

In the case of a penetrating foreign body in the cornea which can not be pulled out from outside, enter the anterior chamber through the limbus with a keratome and lift the foreign body up from below through the wound and pick it out.

Where the foreign body is inside the eye, after localisation if possible with the aid of x-ray pictures, attempt may be made to remove it direct or with the help of an electromagnet. But prognosis is poor. Better have the eye removed if a low iridocyclitis is the end result.

(To be continued)

Dr. Venkappa Fund

It was not possible to close the accounts of the above Fund before the last Provincial Conference in October 50.

As some doctors have expressed a desire that the Fund be kept open for sometime more to enable those that have not yet subscribed, to do so, the Fund is still kept open.

May I appeal to all those that have not contributed, to do early and oblige. I need not repeat that Dr. D. V. Venkappa, deserves all the help which we can render to him in his old age and affliction.

P. A. S. Raghavan,
Managing Editor.

ASSOCIATION NOTES

BANGALORE BRANCH

President : Dr. T. K. Dayalu
Vice-President : Dr. M. V. Govindaswamy
Hony. Secretaries : Dr. M. Sirsi
 Dr. N. S. Alasingrachar
Treasurer : Dr. M. Kothandaram

The Annual General Body Meeting was held at Hessarghatta on 29th Oct. 1950. Most of the members arrived in the morning. After partaking the breakfast they went round to the Fruit Research Station where they were shown the experiments on grafting and production of seedlings yielding better quality and larger quantity of fruits. The members then went round to the Poultry farm, and Grass farm where they were entertained at the latter, by the spectacle of 'stampede of the horses'.

After a hearty dinner at 1 p.m. and rest for half an hour, the Scientific session of the gathering commenced. The subject of the Symposium was 'Hyperpiesia'.

Dr. M. N. Mahadevan, President of the Indian Medical Association, Bangalore Branch, presided.

Before starting the proceeding the following resolution on the sad demise of Dr. K. S. Ray was passed.

"We, the members of the Indian Medical Association, Bangalore Branch, record our deep sense of sorrow at the sad demise of Dr. K. S. Ray the Editor of the 'Journal of Indian Medical Association, President of the Indian Medical Council and one of the past Presidents of the Indian Medical Association'.

Let us pray for the departed soul with a minute's silence."

The discourse then started with Lt Col. Karamchandani's paper 'Our present concept of Hyperpiesia'. This was followed by Dr. S. S. Jayaram's paper 'Relation of symptoms to Pressure'. And Dr. Dayalu's 'X-Ray findings in Hyperpiesia'. Dr. H. Krishnamurthy's paper 'Retinal manifestations of Hyperpiesia and their prognostic significance' was presented as due to unavoidable circumstances he could not attend the meeting. The last subject was 'Diet Therapy in Hypertension' by Dr. M. Sirsi. The President then wound up the Symposium congratulating the speakers for the masterly way in which the speakers had presented the papers.

The next item on the agenda was the Secretary's report. Dr. M. Sirsi and Dr. Alasingrachar, the Joint Secretaries reviewed the working of the Association during the year. They mentioned how the two problems, the amalgamation of the Indian and Mysore Medical Associations, and the introduction of the Honorary system of Physicians and Surgeons in the state hospitals were still left unsolved. Mention was made of the distinguished speakers who had addressed the Association and various Scientific films that were exhibited during the year. Presentation of late Major Y. V. K. Murthy's portrait to the Scout Head-quarters and the unveiling ceremony of the portrait by Dr. S. Subba Rao was referred to. They wound up the report by an appeal to all the members of the Medical profession in Bangalore to join the Asso.

December, 1950]

ASSOCIATION NOTES

ciation and enable it to fully represent and reflect their opinion on all matters of public health importance.

The Treasurer, Dr. Kothandaram, presented his report. His report mentioned the sound financial position of the Association.

Dr. Mahadevan then addressed the assembly. Presidential remarks dwelt on the amalgamation and the Honorary system. He explained the difficulties in the way of the former and the stage of negotiations with the Government of Mysore in connection with the latter. He hoped that these problems would be solved soon to the satisfaction of all the parties concerned.

The election of office bearers for the ensuing year took place and the following were declared duly elected.

Dr. T. K. Dayalu : *President.*
 Dr. M. V. Govindaswamy : *Vice-President.*
 Dr. M. Kothandaram : *Treasurer.*
 Dr. M. Sirsi and
 Dr. N. S. Alasingrachar : *Hon. Secretaries.*

EXECUTIVE COMMITTEE MEMBERS :

Dr. S. R. Manuel,
 Dr. K. S. Subramanyam,
 Dr. V. Kamalamma,
 Dr. B. V. Ramaswamy,
 Dr. C. Bhima Rao,
 Major K. S. G. Sastry.

Tea, group photo and vote of thanks by the Secretaries terminated the pleasant function.

CHINGLEPUT BRANCH

President : Dr. C. B. Ethirajuloo
Vice-President : Dr. P. S. Sreenivasan
Secretary & Treasurer : Dr. R. Varadarajan

Proceedings of the meeting of the General Body of the Chingleput District Branch of the Indian Medical Association held on Saturday the 18th November 1950 at 2-30 p.m. at the Municipal Council Hall, Chingleput, Dr. C. B. Ethirajuloo M.B.,B.S, President of the Association presiding. Read Minutes of the previous Meeting "Adopted". Read Circular No. 2 50 51 of the Hony. Provincial Secretary S.I.P.B. Re-Office Bearers of the S.I.P.B for the year 1950-51 "Recorded". Read Circular No. 1 and 3 50 51 of the Hony Provincial Secretary S.I.P.B. "Recorded". Read Programme of the XXVII All India Medical Conference, Sholapur and other connected papers "Recorded". The Statement of accounts from 1-10-49 to 30-9-50 presented by the Secretary, were read and passed.

Election of office Bearers for the year 1950-51.

The following of office bearers were elected unanimously.

President : - Dr. C. B. Ethirajuloo, M.B.,B.S. District Medical Officer Chingleput.

Vice-President : - Dr. P. S. Sreenivasan, L.M.P.; M.L.C. Medical Practitioner, Kancheepuram.

Secretary Treasurer & Dr. R. Varadarajan, L.M.P., L.P.H. Chingleput.

Members of the Executive Committee.
 1. Dr. A. Sundaraja Rao, L.M.P. Medical Practitioner, Chingleput. 2. Dr. P. K. Varugheese, L.M.S. Medical Practitioner, Tambaram. 3. Dr. V. L. Raja,

M.B.B.S. Medical Practitioner, Chingleput. 4. Dr. T. K. Thayumanva Mudaliar, Medical Practitioner, Kancheepuram. Election of a representative to the Central Council (as per rule 15 I. B.a) of the Indian Medical Association. Dr. P. S. Sreenivasan, L.M.P.; M.L.C. Kancheepuram. Election of representatives to the Provincial Committee. 1. Secretary 2. Dr. A. Sundaraja Rao, L.M.P. Medical Practitioner, Chingleput.

3. Dr. C. S. V. Rajappa, L.M.P. Medical Practitioner, Kancheepuram.

After Tea, Dr. R. Subramaniam, B. Sc., M.D., M.R.C.P. (Lon.) gave an illuminating and instructive lecture; on "Acute fevers". He dealt with various types of Acute Fevers; their manifestations, diagnosis and treatment.

With a vote of thanks by the President the meeting came to a close.

MATHURAI BRANCH

President: Dr. P. Vadamalayan
Vice-President: Dr. T. S. Ranga Iyengar
Secretary: Dr. K. G. Ramabhadran
Asst. Secretary: Dr. A. S. Annamalai

Proceedings of the monthly meeting held on 21-10-50.

The monthly meeting of the Association was held at 5 p.m. on Saturday the 21st October 1950 in the Erskine Hospital, Mathurai. About 55 doctors attended. After tea, the proceedings began with Dr. P. Vadamalayan in the chair. The minutes of the monthly meeting held on 16.9.50 were read by the Hony. Secretary and adopted. The Hony. Secretary then welcomed the new District Medical Officer, Dr. Mohamed Ismail. He said that the expenses for the tea were met with by the unspent funds of the collections made for the previous meeting and read out the statement of accounts of that meeting. He also announced the programme of the Erskine Hospital Clinical Society meeting to be held on 25-10-50 and requested all members to attend the meeting. He then said that a site of about an acre in Shenoy Nagar had been purchased from the Municipality for the Association and that the money had been paid and only the document remained to be written. In this connection the President said that the credit for getting the site should mainly go to Capt. Gnanaolivu, the Municipal

Commissioner and also to the late Lt. Col. Parthasarathi.

Major G. A. Naidu then proposed that a building sub-committee be formed to collect funds and construct a building for the Association in the recently purchased plot and suggested the names of the following members with power to co-opt: 1. Dr. P. Vadamalayan, President (Ex officio) 2. Dr. Mohamed Ismail, 3. Dr. M. N. Rajan, 4. Dr. A. Narayana Menon, 5. Dr. K. Balakrishnan, 6. Dr. A. S. Annamalai, 7. Dr. G. A. Naidu, 8. Dr. M. V. Chetty, 9. A. K. Rajagopalan, 10. Dr. M. S. Krishnamurthy, 11. S. V. Joseph, 12. Dr. K. G. Ramabhadran, Hony. Secretary (Ex officio). The motion was seconded by Dr. A. K. Rajagopalan and was passed unanimously.

Dr. G. A. Naidu was elected as convener of the Sub Committee proposed by the President. Dr. G. A. Naidu was unanimously nominated as the representative of the Association in the Hind Kusht Nivaran Sangh, Mathurai Branch.

The programme of the All India Medical Conference to be held at Sholapur on December 26th was read out by the Hony. Secretary and he invited

members to elect delegates for the Conference. Dr. K. Balakrishnan and Dr. K. G. Ramabhadran were unanimously elected and as the branch could send 5 delegates and as no other member volunteered to go, it was resolved that such other three members who volunteered to attend the Conference be elected as delegates and that the Hony. Secretary be authorised to give them authorisation certificates as delegates for the Conference.

The copy of the circular No. 105 49-50 dated 8th Sep. 1950 of the Indian Medical Association Central Office was read out by the Honorary Secretary. With reference to the extract from the speech of the Hon. Dr. T. S. S. Rajan in the Madras Legislative Assembly on 14-3-50, Dr. M. N. Rajan proposed the following resolution which was seconded by Dr. K. Ramachandran and passed one member alone dissenting.

"This Association does not favour the intermingling of the modern scientific systemic training with any other system of medicine and therefore does not approve of the proposal of the Madras Health Minister."

The circular from the Coimbatore Dt. Medical Association dated 19-8-50, giving a copy of their resolution to disaffiliate their Association from the I.M.A. and their reasons therefore was read by the Hony. Secretary and was discussed by the members. The General consensus of opinion of the house was that disaffiliation from the parent body was not desirable, but steps should be taken to reduce the C.F.C. so that the branches may have sufficient funds to develop their activities.

The President then called upon Dr. K. Ramachandran to deliver his lecture on 'Some aspects in the treatment of Ano-Rectal diseases.'

The learned lecturer began by saying that a correct surgical anatomical perspective was absolutely necessary before the surgeon undertook the surgery

of Ano-Rectal conditions. He mentioned the limits of various fascial spaces, the anatomy of the external sphincter etc. Taking up the acute inflammatory conditions as the perianal, sub mucous, Ischio-rectal and pelvi-rectal abscesses, the lecturer emphasised that the incision should be properly planned in each case and should be done only under proper anaesthesia. Dealing with specific inflammations as gonococcal proctitis, Lympho granuloma and chancre, he mentioned the great value of antibiotics in these conditions in addition to local treatment. Fissure-in-ano was mainly treated by palliative methods and anaesthetic injections but surgery was necessary for chronic cases. He then dealt in detail with the classification of the various types of fistulae and said that proper opening of the fistulous tract was necessary in their treatment. He also emphasised the need for proper personal post-operative attention in these conditions. Prolapse of the rectum in children was easily treated by putting in a rubber tube in the rectum and stitching the skin around the anus in the form of a pursestring over the tube, the tube being removed after 3 or 4 days, whereas for total prolapse of the rectum in adults, recto-sigmoidectomy was found the operation of choice and had cent percent results so far in this hospital. He then dealt with Haemorrhoids both internal and external and stressed the value of sclerosing injections in the treatment of 1st and 3rd degree piles. Finally he touched upon the causation and treatment of strictures of the rectum and benign and malignant tumours and their treatment.

An interesting discussion followed the lecture. Dr. K. Balasubramaniam said that Lockhart Mammery operation for prolapse should positively be condemned as it was a torture to the patient and the results also were not satisfactory.

The President in his concluding remarks urged upon every general practi-

tioner to study special text books on Ano-Rectal surgery and said that acute ano-rectal inflammations should be treated immediately as emergencies and should not be postponed on any account. With a vote of thanks by the Hony. Secretary the meeting ended at 8.15 p.m.

The monthly meeting of the Association was held at 5 p.m. on Saturday the 25th November 1950 in the Erskine Hospital, Madhurai. About 75 doctors attended.

After tea, the proceedings began with Dr. P. Vadamalayan in the chair. The minutes of the monthly meeting held on 21.10.50 were read by the Hony. Secretary and adopted. The Hony. Secretary announced that so far only two delegates had been elected to the All India Medical Conference and invited names for four more delegates. No other member volunteered at the meeting. The Secretary then said that until a proper journal boy could be appointed or the library of the Association could be built, the distribution of journals to members would continue to be unsatisfactory but assured the members that all possible effort would be made to distribute the journals. He then read out the Central I.M.A. Circular No. 9/50-51 dated 15th November 1950 regarding the postgraduate training of our young graduates in New York, U.S.A and requested the members to give the matter due publicity among their friends and apply before 15th December. The Hony. Secretary then read out the subjects to be discussed at the Erskine Hospital Clinical Society meeting to be held on 29.11.50. He then announced the sad news of the demise in England of Lt Col. T.W. Harley I.M.S. (Retired) who was District Medical Officer, Madura for nearly two decades and who was the founder president and patron of the Madura Medical Association. The following resolution was passed all members standing in silence:

"This meeting of the Madura Medical Association places on record its deep sense of sorrow at the sad demise of Lt. Col. T.W. Harley I.M.S. (Retired) the Founder President and Patron of the Association."

Resolved that the Hony. Secretary be authorised to communicate the resolution to the members of the bereaved family."

The president announced that the site of about one acre for the building of the Association, had been purchased, the documents completed and signed and invited generous contributions from the members for putting up the building. He then called upon Dr. S. V. Joseph to give his lecture on the Treatment of Burns.

The lecturer dealt at the outset with the causation and prevention of burns of all kinds and classified them according to depth and also according to surface area involved. He also described the local and general pathology in lesions caused by burns. Discussing first aid treatment, he preferred intravenous administration of morphine for the relief of pain. He said that it was better not to apply any vigorous local treatment beyond cleaning the extraneous dirt and applying sterile dressings to prevent sepsis. He emphasised the value of firm pressure bandage over the dressing to prevent the exudation of plasma into the tissues.

He said that the aim of the treatment in the hospital should be to save life by combating shock and preventing toxæmia and sepsis and eliminate or prevent contractions due to scarring etc. so that normal functional ability of the part involved was not impaired. He particularly stressed the value of Blood Plasma in the treatment of shock and said that sufficient quantities of it would have to be given according to the surface area involved and the degree of shock. He also mentioned the relative value of

intravenous saline, whole blood and Eucortone in these conditions. Regarding Toxaemia he stressed the need for combating Hypo-proteinaemia by Amino-acid preparations and avitaminosis by multivitamins. He said that the use of the modern chemio therapeutic preparations like Penicillin and sulpha drugs had a dramatic effect in the control of sepsis. He then described in detail the local treatment for the burnt area keeping in mind the two principles, prevention of infection and preventing fluid loss. He also emphasised the need for early skin grafting in cases in which there was total skin loss, to prevent contractions and deformities. Finally he exhorted the general practitioners to unlearn many things they might have learned as students and bear the points he had mentioned in mind when treating burns cases.

The lecture was followed by a discussion in which some members took part. The President in his concluding remarks stressed the need for giving plasma very early before the shock became pronounced and the value of sulphanilamide ointment as dressing for burns.

The Hony. Secretary proposed a vote of thanks to the lecturer and to the Municipal Health Officer for kindly lending the 16 m.m. Projector for screening the films.

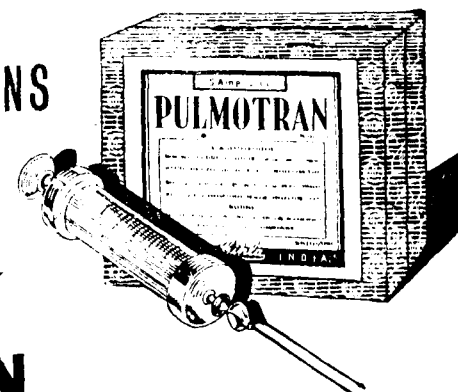
The following two films were screened:

1. OPEN DROP ETHER.
2. CONTROL OF INFECTION IN SURGICAL DRESSINGS. (Part I)

They were kindly lent by Imperial Chemical Industries (India) Limited and were very much appreciated.

PNEUMONIA and BRONCHIAL AFFECTIONS

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Penicillin and Sulpha Therapy
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PULMOTRAN



COMPOSITION

PULMOTRAN is a unique combination of Basic Quinine (½ gr.) and Camphor (½ gr.) dissolved by special process in oils of the volatile series (1 c.c.)



Pneumococcus infection produces toxic effect on the heart and often patient collapses in spite of best therapeutic care with Penicillin and Sulfa Therapy.

Pulmotran counteracts any cardiac depression and at the same time produces an immediate soothing action on the inflamed mucous membrane. For the safety of the patient it is recommended to administer Pulmotran injection 2cc. on alternate days along with Penicillin & Sulpha Therapy.

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NILGRIS BRANCH

President: Col. A. J. D'Souza*Vice-President:* Lt. Col. J. C. Bharucha*Hon. Secretary:* Capt. A. Balasubramanian*Hon. Jt. Secretary:* Dr. K. P. S. Nambiar.

The Annual meeting of the Nilgiris District Branch of the Indian Medical Association was held at 11 a.m. on 5th November 1950 at the Lawley Institute, Ootacamund.

Due to the unavoidable absence of Col. A. J. D'Souza, the president of the association Lt.—Col. J. C. Bharucha, the vice president was proposed to the chair. The President of the Indian Medical Association Dr. Chamanlal Mehta also attended the meeting.

The annual report for the year 1949-50 was presented by the Secretary and the same was unanimously adopted.

The following office bearers were elected for the year 1950-51.

President: Col. A. J. D'Souza.*Vice-President:* Lt.—Col. J. C. Bharucha.*Hon. Secretary:*

Capt. A. Balasubramanian.

Hon. Joint Secretary:

Dr. K. P. S. Nambiar.

Members of the Committee of the Association:—

Maj. T. D. Jeevarathnam.

Dr. Viswanathan.

Dr. H. C. Berlie.

Dr. I. G. K. Menon.

Dr. (Mrs) C. G. Herbert.

Dr. N. S. Menon.

Capt. V. Govind.

Representative to the Council of the South Indian Provincial Branch:—

Col. A. J. D'Souza.

Capt. C. N. Narayanan.

Dr. (Mrs.) Cherian.

Representative to the Central Committee of the I.M.A. Dr. I. G. K. Menon.

Dr. Chamanlal Mehta addressed the members on the organisation and functions of the Indian Medical Association.

The business meeting terminated with a vote of thanks to Dr. Chamanlal Mehta and others.

The members and their guests adjourned for lunch provided by the association.

The clinical meeting commenced at 2-15 p.m., at the Lawley institute, Ootacamund, with Lt.—Col. J. C. Bharucha in the chair. Dr. P. Kutumbiah, B.A., M.D., M.R.C.P., Principal Vellore Medical College, Vellore, gave a talk on 'Rheumatic Heart Disease'.

An interesting discussion followed in which many members took part. The meeting terminated with a vote of thanks to Dr. P. Kutumbiah, the Secretary of the Lawley Institute and others.

December, 1950]

ANNUAL REPORT OF THE NILGIRIS DISTRICT BRANCH OF THE INDIAN MEDICAL ASSOCIATION 1949-1950

MR. PRESIDENT, LADIES AND GENTLEMEN,

I have great pleasure in presenting the annual report of the Nilgiris District Branch of the Indian Medical Association for the year 1949-50.

This Association was inaugurated as the Nilgiris District Medical Association in June 1937 by Lt. Col. T. S. S. Shastri, I.M.S., at the Government House, Ootacamund. The activities of the Association continued till 1943 when due to the active members of the Association leaving the district either on civil transfers or on active military service the Association was in suspended animation till 1947.

The Association was revived in October 1947 at a meeting of the medical men of this district held on the eve of retirement from service of Col. A. I. Cox, I.M.S. The Association became a branch of the Indian Medical Association at its meeting held on 26-10-1947 since when it has assumed its present name, i.e., Nilgiris District Branch of the Indian Medical Association.

The last annual meeting of the Association was held on 6-11-1949 when the following office bearers were unanimously elected:

<i>President:</i>	...	Col. A. J. D'Souza
<i>Vice-President</i>	...	Lt.-Col. J. C. Bharucha.
<i>Secretary:</i>	...	Capt. A. Balasubramanian.
<i>Joint-Secretary:</i>	...	Dr. K. P. S. Nambiar.

Members of the Committee of the Association:

Major T. D. Jeevarathnam.
Dr. K. Rajamannar.
Dr. H. C. Berlie.
Dr. I. G. K. Menon.
Dr. (Mrs.) C. G. Herbert.
Dr. N. S. Menon.
Capt. F. W. Perreira.

Representatives to the Provincial Committee:

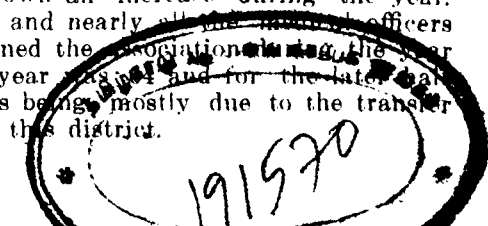
Col. A. J. D'Souza.
Capt. C. N. Narayanan.
Capt. Delemose.

Representative to the Central Committee of the I. M. A.

Dr. I. G. K. Menon.

At the outset let me thank you all for having elected me as the Honorary Secretary of the Association for the second year in succession.

The membership of the Association has shown an increase during the year. Almost all the permanent residents of this district and nearly all the medical officers in the service of the state in this district have joined the Association during the year under review. The membership for the first half year 1949-50 and for the later half year 50-51, the fluctuations in our membership figures being mostly due to the transfer of the medical officers in state service from out of this district.



Eleven meetings of the association were held during the year in addition to the annual meeting held on 6-11-1949. The details regarding the meetings held are shown below :

DATE	VENUE	SUBJECT	SPEAKER
1. 19-11-'49.	Pasteur Institute, Coonoor.	Impression of a tour Abroad.	Dr. I. G. K. Menon
2. 17-12-'50.	Lawley Institute, Ootacamund.	1. Demonstration of a case of Chorea. 2. Habitual Abortions.	Dr. K. Rajamannar. Dr. (Mrs.) Anna Vareed.
3. 6-2-'50.	Do.	1. Haemodiagnostic procedure. 2. Demonstration of Films : (a) Method of preparation of B. C. G. Vaccine. 16 mm. Sound. (b) Life of Louis Pasteur. 16 mm. Sound. (c) Parkinsonian Syndrome. 16 mm. Sound.	Prof. Brumpt. Kindly loaned by Prof. Brumpt.
4. 18-2-'50.	Govt. Lawley Hospital, Coonoor.	Some Liver Diseases.	Dr. Balakrishna Menon.
5. 18-3-'50.	Pasteur Institute, Coonoor	1. Some Clinical Manifestations of Mal-nutrition. 2. Demonstration of Cases of Mal-nutrition	Dr. C. Gopalan. Dr. C. Gopalan, Dr. P. S. Menon and Dr. P. S. Venkitachalam.
6. 23-4-'50.	Lawley Institute, Ootacamund.	Medical Problems of the I. N. A.	Major General Alagappan.
7. 21-5-'50.	Do.	Chronic Amoebic Infections.	Dr. N. F. Lilauwalla.
8. 10-6-'50.	Taj Mahal Hotel,	1. Granuloma Venerium. 2. Chronic Non-tuberculous Pulmonary Infections.	Dr. L. Munuswamy, Dr. N. F. Lilauwalla.
9. 22-7-'50.	Pasteur Institute, Coonoor.	Demonstration of Cases of general medical interest.	Nutrition Clinic, I. C. M. R., Coonoor.
10. 19-8-'50.	Lawley Institute, Ootacamund.	Homeopathy.	Dr. Umapathy Mudaliar.
11. 23-9-'50.	Pasteur Institute, Coonoor.	Hypertension.	Lt. Col. J. C. Bharucha.

The attendance of members at the meetings have been very satisfactory especially when one bears in mind the distances involved and the mode of transport generally available in this district. The members have evinced a keen interest in the affairs of the association by readily contributing papers to and maintaining a high standard of discussion, at the meetings of the Association.

Coming to our finances as you are all aware the membership subscription for the year under review was reduced from Rs. 36/- to Rs. 30/- per year.

Our position is more satisfactory, than it was last year.

The response of our members to the appeals for contributions have been satisfactory. A sum of Rs. 5/- has been contributed to Dr. Venkappa fund during the year in addition to the sum of Rs. 90/- contributed during the previous year. The contribution from our members to the Bengal Medical Relief Fund along with a sum of Rs. 50/- sanctioned as contribution from out of the funds of the association at the meeting held on 23rd July 1950 will be remitted to the Bengal Medical Relief Committee shortly.

Our thanks are due to the Director and staff of the Pasteur Institute, Coonoor, who have been readily helping us with the various items of work connected with the running of the Association such as Office work, arrangements for meetings and tea etc.

Please permit me to thank, on your behalf, Dr. V. N. Patwardhan, the Director of the Nutrition Research Laboratories, Indian Council of Medical Research, Coonoor, for having given us the necessary facilities to hold the meetings of the association in the buildings of his office during the year.

Let me thank on your behalf Prof. Brumpt for having addressed our meeting in February 1950 and having demonstrated films also.

Our thanks are due to Dr. (Mrs.) Anna Vareed, Dr. N. F. Lilauwalla, Dr. Munuswamy, Dr. Umapathy Mudaliar, Maj. Gen. Alagappan and Dr. V. N. Patwardan, non-members of the association for having readily consented to attend our meetings and taking an active part in the same.

The Secretary of the Lawley Institute has been very helpful to us in arranging for our meetings and tea in the Institute premises on more than one occasion and sometimes even at very short notice. Our thanks are due to him, to the Manager of the Taj Mahal Hotel and others for the help rendered to us during the year.

It is nice of the President and members of the Coimbatore District Medical Association to have readily consented for a combined meeting of our associations in June 1950 and I thank them on your behalf for their co-operation.

I am greatly indebted to the members of this association in general, and to the President Vice-President and Committee members of the association in particular, for the help and guidance I have had from them in the smooth running of the association for the year under review.

I thank you all once again for your co-operation which had been mainly responsible for the success of the association year.

RAMNAD BRANCH

President: Dr. H. S. Subramaniam

Vice-President: Dr. S. N. Ganapathy

Secretary: Dr. S. Sundaresan

Joint-Secretary: Dr. T. S. Anantha Padmanabhan

Annual Meeting Held at the O. V. C. High School, Manamadura

At 4-30 P.M. on 18-11-50.

The members were entertained to Tea on arrival, and the meeting commenced. Dr. H. S. Subramaniam, District Medical Officer was proposed to the chair, and unanimously approved.

The Secretary placed before the members the resignation of Dr. Shetty, Vice-President of the association, and the same was approved unanimously. Regarding the

letter received from the Secretary Chottinad Medical Association, it was resolved to write to him that the members had not sent in their resignations individually and that they will be considered as and when they are received. Dr. T. S. Anandapadmanaban of Kallal who was present and whose name also is among those who are supposed to have resigned told that he was not consulted about it and that he still continued to be a member of this association.

The election of Office bearers for the year 1950-51, and the following were elected unanimously.

President:—Dr. H. S. Subramaniam M.B.B.S. District Medical Officer Ramanathapuram.

Vice-President:—Dr. S. N. Ganapathy M.B.B.S. Virudunagar.

Hon'y. Secretary and Treasurer:—Dr. S. Sundaresan Kamuti.

Joint Secretary:—Dr. T. S. Ananthapadmanaban Kallal.

It was resolved to postpone the election to the Provincial Council, and the Central Council to a later date. The Secretary was authorised to send 2 delegates from this branch for the Sholapur conference. Then Dr. T. V. Venkatesan was introduced to the audience. He then gave a very interesting and instructive lecture on the Common Skin Diseases. He supplemented the same with Pictures, and some useful prescriptions. The meeting terminated at 7 p.m. after vote of thanks by the secretary, to the lecturer, the authorities of the school, and the other guests.



Chicken Essence!

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HIGHLY VALUABLE IN CASES OF MALNUTRITION and WASTING DISEASES.

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December, 1950]

ABSTRACTS FROM THE CURRENT MEDICAL LITERATURE

ARTIFICIAL INSEMINATION—J. A. M. A. May, 1950.

Question.—One of my patients is sterile. His wife is anxious to become pregnant but does not know of her husband's sterility. The husband would like to have her artificially inseminated without her knowledge. What are the medicolegal aspects?

Answer.—Artificial insemination would be illegal without the full knowledge and consent of the wife as well as of the husband. The husband in this case knows that he is sterile. Undoubtedly the diagnosis of male sterility was made by a consulting physician. What would there be to prevent the physician from testifying to the husband's sterility in court if the latter should later wish to divorce his wife on charges of adultery. If there were no written evidence except the husband's word, the wife would unwillingly find herself in an untenable position. From the moral point of view, in these circumstances the physician would have acted unethically and would be open to the charge of fraud with respect to the wife.

Under no conditions, therefore, should artificial insemination be resorted to without the full knowledge and written consent of both husband and wife, for the protection of the physician as well as that of the wife and husband. Aside from these considerations no reputable physician would be guilty of such a proceeding.

CORNEAL ULCERS—J. A. M. A.—May 1950.

Question.—Kindly inform me regarding chronic, intermittent corneal ulcers. My patient has them at approximately monthly intervals, and they have been resistant to therapy. She has received vitamins by mouth and various eye ointments. Other physical ailments are not observed.

Answer.—Recurrent corneal ulcers may be difficult to treat successfully. The lacrimal sac should be irrigated, the adequacy of the lacrimal secretion measured by the Schirmer test and lesions, such as wild cilia, tumours of the lid margins and inflammatory and degenerative irritations of the conjunctiva, removed. The eyes

should be protected from irritating chemicals and fumes, including cigaret smoke.

Recurrent corneal erosion may follow a minor ocular injury or occur spontaneously. Healing usually is accomplished within twenty-four or thirty-six hours. Further recurrences may be prevented by complete destruction of the affected area by application of tincture of iodine neutralized with cocaine.

Herpes simplex corneae (dendritic keratitis) may recur frequently or be followed by keratitis metaherpetica. Local treatment with iodine is being supplanted by application of aureomycin. Marginal ulcers may accompany many systemic, dermatologic and local eye inflammations, and treatment must be directed toward the cause.

If the lacrimal secretion is deficient, irritative keratoconjunctivitis may develop. The condition is seen most frequently in women after the climacteric and may be associated with defective salivary and sweat gland secretion and with arthritis. Treatment is directed toward prevention of corneal drying with artificial tears or bland oils.

NEW PLAN FOR MEDICAL STUDIES

—J. A. M. A. June 1950—A new plan for medical studies has been established this year in the medical school of the University of Buenos Aires. The course will require seven years for completion, each academic year extending from March 15 to November 15 with a holiday of 15 days. The plan provides: first year anatomy, histology and embryology; second year, physiology, biochemistry and biophysics; third year, pathology, surgical technic, pharmacology, bacteriology and parasitology; fourth year, symptomatology, surgical pathology and radiology; fifth year, internal medicine, surgery, pediatrics, infectious diseases, hygiene, psychiatry, neurology, dermatology-philography, ophthalmology and otorhinolaryngology; sixth year, internal medicine, nutrition, surgery, obstetrics, forensic medicine, toxicology, gynecology and urology, and seventh year, after approving examinations in internal medicine every student will attend for three months each a department of medicine, a surgical

department and an obstetric service. Orthopedics, traumatology and phthisiology have been transferred from the ordinary curriculum to the postgraduate school.

In theory, each student should attend in the first year, 6 hours of theoretical classes and 15 hours of practical exercises per week and 7 and 17 hours, respectively, in the second year. But because of the large number in each year, the students have to attend the classes in groups and can do practical work only once each week or two.

In South American medical schools, examinations are more important than practical work. Students try to learn only what professors ask for in the examinations and they read special books which may not be the best, in order to be able to answer the questions.

Recently the Dean of the medical school of Buenos Aires announced a completely new rule; from now on there will be examinations every month of the school year. Those who do not pass one examination can be examined again within 60 days (in the same subject); i.e., they have opportunity of being examined three times a year. While they are studying one subject for these periodic examinations, they can attend the practical work of the following year, although they have no time for the study of the subject in which they are doing practical work.

When the students take part in the government of the universities, as frequently occurs in South America, the usual request of the students is for more examinations. Granting of this request is the best way of winning votes in these schools, where the votes of the students are important for nomination of the members of the councils of the university schools.

TOBACCO SMOKING—*J.A.M.A. June 1950*—Excessive and prolonged use of tobacco, especially cigarettes, seems to be an important factor in the induction of bronchiogenic carcinoma.

Among 605 men with bronchiogenic carcinoma, other than adenocarcinoma, 96.5 per cent were moderately heavy to chain smokers for many years, compared with 73.7 per cent among the general male hospital population without cancer. Among

the cancer group 51.2 per cent were excessive or chain smokers compared to 19.1 per cent in the general hospital group without cancer.

The occurrence of carcinoma of the lung in a male nonsmoker or minimal smoker is a rare phenomenon (2.0 per cent.)

Tobacco seems at this time to play a similar but somewhat less evident role in the induction of epidermoid and undifferentiated carcinoma in women. Among this group a greater percentage of nonsmokers will be found than among the men, with 10 of 25 being nonsmokers.

Ninety-six and one-tenth per cent of patients with cancer of the lungs who had a history of smoking had smoked for over twenty years. Few women have smoked for such a length of time, and this is believed to be one of the reasons for the greater incidence of the disease among men today.

There may be a lag period of ten years or more between the cessation of smoking tobacco and the occurrence of clinical symptoms of cancer.

Ninety-four and one-tenth per cent of male patients with cancer of the lungs were found to be cigaret smokers, 4.0 per cent pipe smokers and 3.5 per cent cigar smokers. This prevalence of cigaret smoking is greater than among the general hospital population of the same age group. The greater practice of inhalation among cigaret smokers is believed to be a factor in the increased incidence of the disease.

The influence of tobacco on the development of adenocarcinoma seems much less than on the other types of bronchiogenic carcinoma.

Three independent studies have resulted in data so uniform that one may deduce the same conclusions from each of them.

THE DIET IN DISEASE—*The Clinical Journal*—*June 1950*—In delivering the Frank Billings Lecture to the American Medical Association, J. S. McLester reviewed the developments in the science of nutrition that have taken place since the end of the last century.

Lavoisier and later the Munich School of Scientists discovered the fundamental fact of metabolism that all life is a

chemical process. They discovered that the law of the conservation of energy is applicable to nutrition, that the nitrogen of the urine can be taken as a measure of protein destruction, that nitrogen equilibrium can be maintained by an appropriate diet, that muscle work does not appreciably increase protein metabolism, that food-stuffs may, under given conditions, replace each other in accordance with their caloric value, and that the heat value of basal metabolism is proportional to surface area.

The question of the diet in disease was investigated in the light of these discoveries at the beginning of the century, when it was realized that tremendous tissue was ocured as the result of infection and fever. Shaffer and Coleman investigated the problem with particular reference to typhoid fever, which had previously been treated more or less by starvation. A more liberal diet resulted in a shortening of the illness, with elimination of much toxæmia and a reduction in complication rate. About the same time Lenhart and Sippy advocated a more liberal diet in peptic ulceration than had previously been allowed, with satisfactory results.

There followed a short period during which the proteins fell into disrepute, as it was suggested that a high protein diet caused damage to the arteries and kidneys. This was disproved by Stefanson's personal testimony that during 11½ years in the Arctic he experienced the highest degree of physical well-being on a diet which was exclusively protein. Thomas made a survey of the cardiovascular system in Eskimos living on an exclusively carnivorous diet, and could find no evidence of any unusual prevalence of vascular or renal disease.

The discovery of vitamins introduced a new era. Funk recognized the existence of deficiency diseases in 1911, and during the subsequent years the main vitamins were isolated and their functions elucidated.

To-day it is upon the importance of protein that the chief attention has been focused. In 1937, Rose demonstrated the indispensibility of certain amino acids by feeding experiments on rats. Later it was

shown that certain of these amino acids are equally essential to man. The present opinion regarding protein is that the proteins of the body are not the fixed parts of a permanent structure, but are in a constant state of change. Whipple and Madden have shown that the body maintains in the plasma and in the cells a large pool of circulating proteins which are in dynamic equilibrium, and that the contributions to this pool may concern any body-cell needing protein or capable of storing surplus protein.

Further evidence of the importance of protein comes from clinical observation. In pregnancy the incidence of anaemia and oedema is reduced by high protein diet, and the Harvard School of Public Health notes a correlation between the infant's condition at birth and the protein content of the pregnant mother's diet. Resistance to infection is also increased with a high protein diet, and in surgical cases Whipple has described the prolonged lag in the healing of wounds and of the increased danger of wound rupture when protein nutrition is poor. Elhan described the severe shock that develops from surprisingly small losses of blood when the plasma proteins are already low.

In medical conditions, too, a high protein diet has been found of value. Children with nephritis have been noted to improve more rapidly on a liberal protein diet than on the restricted protein regime. Peptic ulcer patients appear to make better progress on a high protein diet. Finally the importance of protein in hepatic disorders has been demonstrated during the last 10 years by many workers, and diets containing as much as 200 or 300 gm. of protein daily are prescribed in cirrhosis of the liver, and in quite a number of cases a disease which was previously regarded as inevitably fatal has been kept in a state of equilibrium. In infective hepatitis, too, the high protein diet of upwards of 200 gm. has entirely replaced the fat-free, high carbohydrate diet.

It may thus be said that protein has today come into its own.

PRE-OPERATIVE AND POST-OPERATIVE CARE—*The Clinical Journal*—*June 1950*—F. A. Collier and M. S. De Weese point out that when operative procedures

The Fifth South Indian Provincial Conference of the I. M. A.

Mangalore,



October, 1950

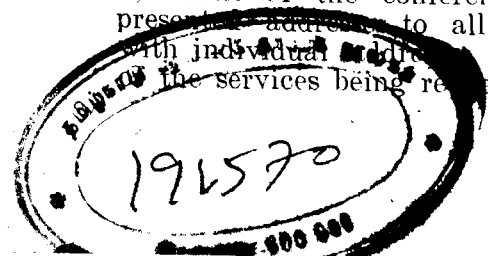
A REVIEW

The fifth South Indian Provincial Medical Conference of the I.M.A. was held in the middle of October 1950, in the picturesque city of Mangalore. The city is situated on the Western Ghats and presents a beautiful appearance with its hills and dales and its temples and churches. The conference was held in the main buildings of the Kanara High School, which was tastefully decorated with flags and festoons and multicoloured lights and looked like a fairy land. The delegates were lodged in the school buildings opposite the main buildings and the Reception Committee spared no pains to make the delegates as comfortable as possible. Boarding arrangements were very decent and provided in the camp itself, and the meals were wholesome. It is presumed the Reception Committee should have spent about Rs. 3000/- on this item and it is likely they would have recovered only about Rs. 500/- from the delegates, the rest of the expenses was due to feeding the volunteers, scouts and others. It would have been generous if the delegates had not been charged for the food but treated as guest as in previous Conferences.

It is a pity that there were not enough delegates to attend the conference where arrangements had been made as if for an All India conference. This was due to the fact that Mangalore is practically a corner of the Madras state and it meant 24 hours railway journey for most of the visitors. Every arrangement was very arranged with great thought and went off systematically. The opening session was a grand affair and the other sessions were fairly well attended. There was no over-crowding or over-lapping of scientific subjects and there was plenty of interval so that none felt hustled or tired. Evenings and nights were reserved for entertainments with cinemas, dramas and dances which were highly appreciated.

Excursions to places of interest in and around the city had been arranged and the delegates who joined these had a very enjoyable time. Particularly the trip to Udipi was enthralling. The drive through forests and over mountains, the colossal image of Buddha at Mudibidri and the lovely Krishna temple at Udipi are sights which none should to miss.

The Mangalore Municipality honoured the President of the Conference by presenting him with a Civic address and the delegates with a Tea while, the Chidambaram Municipality presented addresses to the Hon. Health Minister who inaugurated the conference, the Surgeon General who opened the Scientific session, and the President and members of the I.M.A., with individual addresses, the Mangalore Municipality satisfied itself with presenting an address to the President of the conference alone. Allahabad had gone a step ahead and presented addresses to all the presidents, past and present and the members with individual addresses. Anyway it shows the appreciation of local bodies the services being rendered by the medical profession to the public.



INDIAN MEDICAL ASSOCIATION

DEAR DOCTOR,

Arrangements have been made with the Mount Sinai Hospital, New York, U. S. A., for the training of Post-graduates as Residents in the following branches, with effect from 1st July 1951 :—

- | | |
|---|-------------------------|
| (1) Two in Pathology & Bacteriology | 6 months in each branch |
| (2) One in Orthopaedic Surgery | 1 or 2 or 3 years |
| (3) One in E. N. T. | 1 or 2 or 3 years |
| (4) One or more in General Surgery | 1 or 2 or 3 years |
| (5) One in Neurology | 1 or 2 or 3 years |
| (6) One in Pediatrics (Children's Diseases) | 1 or 2 or 3 years |
| (7) One in Dermatology | 1 or 2 or 3 years |
| (8) One in Anaesthesiology | 1 or 2 or 3 years |
| (9) One in Radiology | 1 or 2 or 3 years |

Selected candidates may be kept longer than one year if they prove satisfactory. These candidates will be given free board and lodging and a small stipend each month for incidental expenses. These candidates will have to live and board along with other residents in the hospital premises. As such, vegetarians or persons not willing to take the usual American type of food or unused to Western style of living, need not apply.

Qualifications: Only young *Graduates* with at least one year's experience of work as House Surgeons, House Physicians etc. need apply, stating the speciality chosen. Selected candidates will have to bear the cost of passage to New York and back and be in a position to meet other incidental expenses.

Applications should reach the Provincial President Dr. U. Krishna Rau, M.B.B.S., 323-24 Thambuchetty St., G.T., Madras, before the 1st of January 1951, if not already applied through the Provincial Secretary. Applicants must give full details of their qualifications and experience, date of birth etc. and mention whether married or single.

The Central Committee will make the selection and may interview the candidates who must be prepared to travel for this purpose at their own expense to Delhi towards the end of January or early in February 1951.

After final selection by the Central Committee, the names chosen will be forwarded to the authorities of Mount Sinai Hospital for approval and appointment. It is hoped that final intimation will be available by the end of March, 1951.

Yours faithfully,

P. A. S. RAGHAVAN,

Member, Working Committee, I.M.A.

ODDS & ENDS

Histamin is an antihistamine preparation which is said to possess outstanding potency, duration of action and freedom from toxicity.

△ △ △

In building and running hospitals, the engineers and doctors and nurses have a large voice, but not the patient, for whom they are intended.

△ △ △

Dr. T. C. Joad, Professor of Medicine, Royal College was appointed as Honorary Physician to the King. To give publicity to the news, the staff wrote on the black board in large letters that Prof. Joad was appointed King's Physician. A wag wrote underneath "GOD SAVE THE KING."

△ △ △

The doctor rushed out of his study.

"Get my bag at once" he shouted.

"Why, Dad?" asked his daughter "what is the matter."

"Some fellow just phoned he can't live without me," gasped the doctor, reaching for his hat.

His daughter breathed a sigh of relief.

"Just a moment" she said quietly.

"I think that call was for me."

△ △ △

"Don't you think, doctor, you've overcharged for attending Jimmy when he had the measles?"

"You must remember, Mr. Browne, that includes twenty-two visits."

"Yes, but you forget he infected the whole school."

△ △ △

An employee consulted his doctor. "I have such disturbed sleep at nights that I get up late and I am accused in the office of coming late every day. Can you help me, doctor?"

The doctor gave him a pill. He took it at bed time, got up exactly at 6 A.M. was at office on the stroke of 10, and proudly announced that he was on time. He was startled when the manager asked "you are in time all right now, but why didn't you come to office YESTERDAY."