

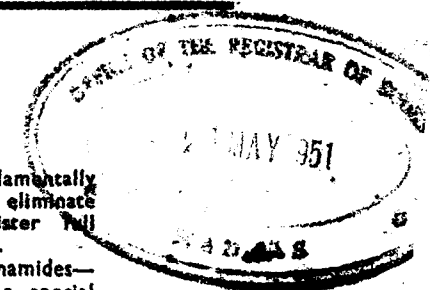
51 651.
सर्वजनः सुखिनो भवन्तु
THE MISCELLANY
Managing Editor: Dr. P. A. S. RAGHAVA

MONTHLY JOURNAL OF THE SOUTH INDIAN BRANCH
INDIAN MEDICAL ASSOCIATION

ONLY ONE CAN BE FIRST

More than just a new drug, 'Sulphatriad' is a fundamentally new idea in sulpha-therapy. Specifically designed to eliminate crystalluria, 'Sulphatriad' permits you to administer full therapeutic doses without fear of renal complications.

Comprised of three of the most powerful sulphonamides—sulphadiazine, sulphathiazole and sulphamerazine—in a special combination based on clinical research, it covers the entire range of conditions for which the individual compounds have been hitherto employed.



AMONG SULPHONAMIDES IT'S

'SULPHATRIAD'

Brand COMPOUND SULPHONAMIDE TABLETS

EACH TABLET CONTAINS

Sulphadiazine 0.185 Gm.
Sulphathiazole 0.185 Gm.
Sulphamerazine 0.130 Gm.

SUPPLIES

25 x 0.50 Gm. tablets
100 x 0.50 Gm. tablets
500 x 0.50 Gm. tablets



Manufactured by MAY & BAKER LTD.

• Trade Mark

Distributors: MAY & BAKER (INDIA) LTD., BOMBAY - CALCUTTA - MADRAS - LUCKNOW

361B

Vol. XVII

FEBRUARY 1951

Indian Medical Association—S. I. Provincial Branch Madura

Circular No. 7/50-51.

MADURA, Dated: 27-1-51.

TO ALL THE BRANCH SECRETARIES

Copy of Circular No. 14/50-51 of I. M. A. Central Office, Delhi.

DEAR SIR,

One or two Clinical Assistantships may be available to young medical men (with qualifications registrable with the Irish Medical Council or the G. M. C. of U. K.) at the Grangegorman Mental Hospital Dublin.

Terms will be: 1. From 1st August 1951—for 6 months to start with.
2. Salary (Terms mentioned below).

Candidates are requested to apply through the local branches of the Indian Medical Association, giving full details. The local Branches are requested to forward the applications to the Provincial Branches at an early date. The Provincial Branches are requested to make early selections and send their recommendations to the Central Office not later than 15th March, 1951. The final selections of the candidate may be made at the time of the next meeting of the Working Committee.

It may be pointed out that Dr. Raghunatha Prasad of Patna who was sent last year to Dublin has done very well and has been given an extension for further 6 months.

Yours faithfully,

(Sd.) S. C. SEN,

Hony. General Secretary.

Terms of Appointment:—

Salary: £ 150/- per annum, with board, lodging, laundry and attendance. Plus £ 20/- p. a. temporary bonus.

Tenure: From 1st August 1951—for 6 months to start with.

Indian Medical Association—S. I. Provincial Branch Madura

Circular No. 8/50-51.

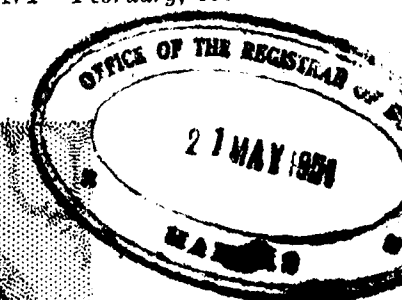
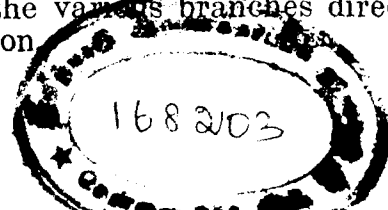
MADURA, Dated: 27-1-51.

TO ALL THE BRANCH SECRETARIES

The Provincial Office has been receiving letters from the Central Office of the Indian Medical Association regarding selection of candidates to the various posts in England. They often want the reply before the Provincial Council meets. I should like the various branches to let me know what their views in this matter are. The only course left open for me is to pass on the applications and replies received from the various branches direct to Central Office without making any selection

A. K. RAJAGOPALAN,

Hony. Provincial Secretary.



Rational Therapy in Tropical Macrocytic Anaemias

T.C.F. Folic Acid Compound with Liver Extract is manufactured from NATURAL SOURCES—yeast and liver. Each c.c. contains 0.5 mgm. Pteroyl Glutamic Acid, 0.6 mgm. Pteroyl Hexaglutamate and all anti-anaemic erythrocyte-maturing principles from 15 gms. of fresh liver.

For all macrocytic anaemias—pregnancy, tropical, nutritional—and anaemias associated with sprue and gastrointestinal etiology.

For intramuscular injection. Boxes of 3, 6, 25 and 100 ampoules of 2 c.c. and 5 c.c. R. C. vials of 10 c.c.



T.C.F.

Folic Acid Compound WITH LIVER EXTRACT

A Product of:
TEDDINGTON CHEMICAL FACTORY LTD., BOMBAY

Sole Distributors:
W. T. SUREN & CO., LTD. P. O. Box 229, BOMBAY 1.
Branches: CALCUTTA: P. O. Box 672. MADRAS: P. O. Box 1286.

FOR THE RELIEF OF

COUGH

A L E M B I C
GLYCODINI
Terp Vasaka

Each fl. dr. of G. T. V. contains:

Antimony Tartrate	1/160	grain
Terpene Hydrate	1/8	grain
Codeine Phosphate	1/8	grain
Menthol	1/24	grain
Syrup Tolu	15	minims
Syrup Vasaka q.s. to make	1	drachm

Bottles of 2½ oz. 6 oz. & 1 lb.



ALEMBIC CHEMICAL WORKS CO. LTD., BARODA



ACW - 32

(FOR CIRCULATION AMONGST MEMBERS ONLY)

THE MISCELLANY

MONTHLY JOURNAL OF THE SOUTH INDIAN BRANCH
THE INDIAN MEDICAL ASSOCIATION

VOL. XVII]

FEBRUARY 1951

[No. 8

CHEMOTHERAPY IN PALMONARY TUBERCULOSIS

BY

DR. P. K. NARAYANAN, M.B.B.S., T.D.D., KARAIKUDY

Maurice Fishberg, in his book on "Pulmonary Tuberculosis", defines Chemotherapy as "Chemotherapy consists in the introduction into the body of bacteriotropic substances which are not in the same degree organotropic, substances which, though very harmful to the virus of the disease, are hardly harmful, if at all, to the cells of the host. Such a substance is at present, an ideal hope of many iddefatigable workers."

The subject of Chemotherapy of Tuberculosis is—rather was—a controversial one. There was no drug which was lethal to the tubercle bacilli in vivo in concentrations not harmful to the body, though drugs were found that killed the bacilli in fairly low concentrations in the experimental animal. Such drugs, to be of use against the bacilli in the human system, had to be given in such strong concentrations as to destroy the living human cells. Drug after drug was tried and discarded; physicians had to rely on open air treatment, good food, cod-liver oil, creosote and other things. The difficulty encountered during this process of discovery of a drug to fight the tubercle bacillus was due to two factors:—

(1) The bacillus is enveloped by a fatty capsule which is impermeable to mild bactericides. Any drug, to be effective against the bacillus, required first and foremost the dissolving of this fatty envelope or capsule.

(2) The drug acting on the bacilli should be carried to the tubercular lesion only through the blood or lymph. The tubercle, being an avascular lesion, was thus completely prevented from being acted on by the drug.

Treatment of T. P. by Gold

One of the earliest therapeutic agents used in the treatment of Pulmonary Tuberculosis was GOLD. As early as 1890, Koch found that a solution of Gold Cyanide had bactericidal action on tubercle bacilli in high dilutions in vitro. In 1924, Mollgaard worked out a Gold compound—Sanocrysin—which acted on the bacilli in vitro in dilutions of 1 in 2,000,000 and which was tolerated in the human body in concentrations 100 times that amount.

The action of gold on the tubercle bacilli seems to be indirect. The drug stimulates the cells of the Reticulo-endothelial system of the body. The cells thus thrown out into the circulation engulf the bacilli and help fibrosis of the diseased tissue. Gold has no direct action on the tubercle bacillus, as was thought by some.

There were two schools of thought as regards the usefulness of gold in Pulmonary Tuberculosis—one for and one against gold. During my training at Arogyavaram Sanatorium, we were taught that gold had no beneficial effect in tuberculosis of lungs. But in the Sanatorium, Sanocrysin injections

were regularly administered to patients, one day in the week being set apart for this injection. In the absence of a specific drug, one has to use the best one could find.

Gold is indicated in cases where collapse therapy has failed, or in conjunction with collapse therapy to control the disease in the other lung. Physicians had such faith in this therapy, that one of my teachers was fond of saying "If A.P. fails, give gold." In bilateral disease, where the Doctor is not definite which lung should be collapsed first, the patient is started on gold. When one side begins to clear up, A.P. is started on the other side. Exudative lesions of the lung are greatly benefitted by gold, as also cases where toxæmia (like temperature and pulse) is not marked. Gold is of no value in the proliferative type of the disease.

As gold is mainly excreted through the kidneys, a constant watch should be kept on the urine; treatment should be interrupted on the slightest appearance of albumin in the urine. The drug is also excreted through the alimentary canal; intolerance may produce diarrhoea. As is usual with heavy-metals, the possibility of dermatitis should be borne in mind.

The beneficial effects of gold are improved appetite, a gradual fall in temperature, general well-being of the patient and disappearance of bacilli from the sputum. There is also a tendency to the formation of connective tissue in the lungs, as is evident from X-ray pictures.

As regards the preparation and the mode of administration it is a matter of personal experience. Some use the intravenous route. I use the intramuscular route. The preparation is—Myocrisin which contains 50% gold—given at weekly intervals—0.01 grm. for the first week, 0.02 grm. for the second week, 0.04 grm. for the third week,

and so on till 0.20 grm. is reached. The patient receives 1.5—2 grms for a course. There should be a rest period of at least 1½ to 2 months between 2 courses.

I can state with conviction that gold still holds its own place in the treatment of this disease, in spite of the fact that new "Wonder Drugs" like Streptomycin and P. A. S. have sprung up. This disease, unfortunately, affects the poor man more than the rich. He cannot afford such luxuries as P. A. S. and Streptomycin. He has to fall back on such "Old Fashioned" remedies as gold and Artificial Pneumothorax. GOD is merciful and comes to the help of the poor in the form of GOLD.

Anti-Histaminic Drugs

Considering the allergic nature of this disease, Judd and Henderson in 1949, tried Anti-Histaminic drugs in the allergic types of tuberculosis. The cases selected were the pneumonic and other exudative types which are a result of hypersensitivity. The improvement was considerable so long as the anti-histamines were exhibited. The combination of such drug with Streptomycin is now being investigated, and the results are bound to be very encouraging.

Streptomycin

This is derived from a soil fungus and is at present the most potent weapon—only apparently—in the hands of the man fighting against tuberculosis. It is a double edged weapon. It is a saviour of lives when used by the proper man for the proper subject, at the proper period, in the proper dosage and (last but not least) for the proper disease. Used otherwise, it is a very treacherous drug, giving a sense of false security.

As is common with all newly discovered drugs, Streptomycin is—rather was—credited with fantastic qualities. It does act dramatically during the

first week or two after commencing treatment. There is a marked improvement in the patient's condition. This is only temporary. The whole difficulty and danger of this drug lies in the fact that after a varying period from commencing the treatment—ranging from 2 weeks to 8 weeks—the tubercle bacilli become resistant to Streptomycin. Once they acquire this resistance, no amount of the drug will be able to act on and destroy the bacilli. At the same time the resistant bacilli retain their power of infectivity and virulence. So much so, that the persons infected by these Streptomycin-resistant bacilli are put in the unfortunate and unenviable position of not being benefitted by Streptomycin therapy, as this drug is not able to act on the resistant bacilli. Because of this unfortunate quality of the drug, cases receiving Streptomycin should be carefully selected. One important fact must be stressed—Streptomycin, by itself, is not a cure for Tuberculosis; it should be given in conjunction with artificial pneumothorax or other methods of collapse therapy. It is wrong—I will even say criminal—to start Streptomycin on a patient simply because his sputum is positive for tubercle bacilli. It clears up the soft infiltrations in the exudative type of the diseases. Chronic fibroid lesions with cavities are not fit cases for Streptomycin.

Of course, this drug is the only method of choice in Miliary and Meningeal Tuberculosis, where we have no other drug, and where the mortality was very high. In such cases the treatment should be prolonged as long as 6 months. Surprisingly, it is found that the bacilli in these types of the disease take a longer time to acquire resistance to Streptomycin than in the other types of the disease.

As I have already said, Streptomycin should be used only as an adjunct to collapse therapy. In bad cases with

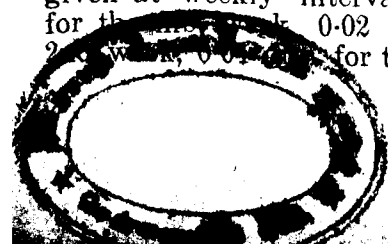
poor general condition, the drug is given to improve the general condition, check the progress of the disease, and to prepare the patient for the collapse therapy which is the one and only means of closure of cavities. It is wrong to assume that Streptomycin brings about cavity closure. It is not so. In cases receiving collapse therapy, Streptomycin is given to control the disease in the other lung.

When once the bacilli become resistant to Streptomycin (this generally happens after about 2 weeks of treatment) the drug has no effect on the virus; the disease assumes a more menacing attitude and finally ends fatally—more quickly than if the patient were not given streptomycin. It is an awful lot for one to succumb to this disease, after an apparent cure with Streptomycin. Everyone should know the limitations of this drug. It is a potent weapon in the proper hand.

To illustrate how indiscriminately this drug is being used—a friend of mine (a medical man) says that for every case of cough he gives about half a dozen injection of Streptomycin. "I can make some chips by this," he says. God alone must help his patients.

Re: Non-closure of cavities with Streptomycin therapy I know a case who has been persistently treated with 50 Grms. of Streptomycin, all the while the disease was spreading, and the sputum never once becoming negative. It was a very small, unilateral lesion to begin with. After 50 grms. of Streptomycin, the patient had bilateral disease with multiple cavities.

Coming to the dosage, so far as pulmonary cases are concerned, it was given in 2 grm. doses previously—as 2 daily injections of 1 grm. each, and continued for 2 months. Now, it is recommended to be given as 1 grm. daily, either in one or two injections. My method was, formerly I used to give 0.5 grm. (in one dose) for 2 months.



Recently, it was found that simultaneous use of P.A.S. with Streptomycin delays to a certain extent, the development of resistant bacilli. With this in view, I now give $\frac{1}{3}$ gm. Streptomycin daily in one injection with 8 grms of P.A.S. in four divided doses. My patients respond well to this combination. Smaller doses of Streptomycin seem to delay the onset of resistance.

Dihydrostreptomycin is said to be less toxic than Streptomycin, especially as regards vertigo which is said to be a fairly common complication of Streptomycin therapy, along with Tinnitus. I am yet to come across a single case of giddiness or tinnitus with Streptomycin therapy.

P. A. S.

Para-Amino Salicylic acid is generally supplied as the sodium salt. It has an unpleasant taste, and is apt to disturb digestion. Sometimes it produces diarrhoea also. To suppress its unpleasant taste, it is also supplied in the form of granules. One complication noted by me, and which has been mentioned in many literature on P.A.S., is, it produced haemoptysis in a patient of mine.

Withdrawal of the drug stopped the haemoptysis. Exhibition of the drug again produced haemoptysis.

The dosage advised is 10-14 grms a day in divided doses. I give only 8-10 grms a day in four divided doses, as larger doses definitely disturb digestion.

Recently, cases have been reported which have acquired resistance to P.A.S.

Other Drugs

Sulphones and Thiosemicarbazones have been mentioned in connection with the Chemotherapy of tuberculosis. Much remains to be investigated regarding these drugs.

Conclusion

Whatever might be the chemotherapeutic agent employed in the fight against tuberculosis—whether it is gold, Streptomycin or P.A.S.—one must be fully aware of the fact that they are only of secondary importance. The main treatment is one form or other of collapse therapy. These chemotherapeutic agents play only a subsidiary part.

"Government of Madras—(Development Department)

Memorandum No. 2033 S/51-52 dated 27-1-1951

Sub: Prohibition—Spirituos Medicinal preparations—stock and use without limit—request.

Ref: From the Indian Medical Association, South Indian Provincial Branch Letter dated 20-12-50.

The Indian Medical Association is informed that the Government have issued orders allowing Registered Medical Practitioners to possess 2 lbs. of each B.P., B.P.C. and I.P. preparation at a time without a special license under the Prohibition Act. The Association's request for allowing medical practitioners to possess these preparations without any limit cannot be complied with in the interest of effective enforcement of prohibition.

(Sd.) R. KOTESWARA RAO,
Deputy Secretary to Government."

February, 1951]

Indian Medical Association—South Indian Provincial Branch

PROVINCIAL COUNCIL MEETING, 1950-51

The second meeting of the Provincial Council of the South Indian Provincial Branch of the Indian Medical Association was held at 323/24 Thambu Chetti Street, G. T., Madras, on Sunday the 7th January 1951 at 3 P.M.

Dr. U. Krishna Rau, presided.

Members Present :

- | | |
|------------------------------------|-------------------------------------|
| 1. Dr. U. Krishna Rau, Madras. | 10. Dr. K. L. Narayana Rau, Madras |
| 2. " P. A. S. Raghavan, Trichy. | 11. " A. M. Sivaraman, " |
| 3. " Y. P. Vasudevan, Coimbatore. | 12. " K. Rama Rau, " |
| 4. " Nair, Coimbatore. | 13. " C. Rama Rau, " |
| 5. " Muthuswamy, Erode. | 14. " V. J. Samuel, " |
| 6. " A. K. Rajagopalan, Madura, | 15. " M. R. Bail, " |
| <i>Hon. Secretary.</i> | 16. " A. G. Leelakrishnan, |
| 7. " D. V. Venkappa, Madras, | <i>Coimbatore.</i> |
| <i>Jt. Secretary.</i> | 17. " G. R. Murthy, L.M.P., Madras. |
| 8. " T. S. Tirumurthi, Madras. | 18. Maj. N. Gangadharan, " |
| 9. Lt. Col. T. S. Shastri, Madras. | 19. " R. Sankaran, " |

As per Rule 7b, the President co-opted the following two members:

1. Dr. P. B. Anangarachariar, Madras (Member of the Working Committee, I.M.A.)
2. Dr. C. Nadhamuni, Ambur.

Agenda :

As soon as the meeting commenced, the President moved the following Resolution from the Chair:

"This Meeting of the Provincial Council of the South Indian Branch of the Indian Medical Association expresses its profound sorrow at the death of SARDAR VALLABHAI PATEL, The Deputy Prime Minister of the Indian Republic and conveys to the members of the bereaved family their deep sense of sorrow."

The resolution was passed all standing in silence for a minute.

2. The minutes of the last meeting of the Provincial Council held at the A.R.S.P. Hall, Mangalore on Friday the 13th October 1950 was read and confirmed.

3. The statement of account submitted by the Hony. Treasurer of the South Indian Provincial Branch was considered and passed.

4. With reference to Circular No. 9 of the Indian Medical Association regarding training of post-graduates as residents at Mount Senai Hospital, New York, U.S.A. the Provincial Council considered the applications of 25 doctors.

After detailed consideration, the following were selected:

- | | | |
|-----------------------------|-----|---|
| 1. General Surgery | ... | Major B. G. Achar, M.B.B.S. |
| 2. Ear, Nose, & Throat | ... | Dr. M. V. Ramachandracharyulu, M.B.B.S. |
| 3. Orthopaedics | ... | " C. V. Ramraj, M.B.B.S. |
| 4. Pediatrics | ... | " P. Govinda Menon, M.B.B.S. |
| 5. Radiology | ... | " S. C. Kuppanna, M.B.B.S. |
| 6. Dermatology | ... | " B. B. Lingappa, M.B.B.S. |
| 7. Pathology & Bacteriology | ... | " K. R. Hariharan, L.M. & S. |

The President was authorised to forward their applications to the Joint Secretary of the Indian Medical Association, at Delhi.

5. With regard to the South Indian Provincial Branch circular regarding the purchase and possession of tinctures and spirituous liquors, it was decided to refer it to the Joint Standing Committees of the South Indian and Andhra Provincial Branches of the Indian Medical Association.

The President informed the House that this matter was taken up by the Joint Standing Committees of the two Provincial branches at their meeting held at Madras last month and said that a deputation consisting of Dr. U. Krishna Rau, Drs. Venkappa, P. S. Sreenivasan, M.L.C., and U. P. Mallya, M.L.A. on behalf of the Joint Standing Committees interviewed the Hon'ble the Minister for Prohibition and stressed on him the need for enabling doctors to hold larger stocks of tinctures and spirituous preparations. The Hon'ble the Minister promised to pass orders permitting the doctors to possess two pounds of tinctures and spirituous liquors. This order, the President stated, is awaited.

The deputation further stressed on the Hon'ble the Minister the need for consulting the Provincial branches before new orders are passed. This had been referred to the various branches. Their replies were considered by the Provincial Council and it was decided that the matter be referred to Joint Standing Committees for further action.

6. With regard to the Insurance Scheme for members of the Indian Medical Association the scheme submitted by the Actuary of the United India Life Assurance Co., Madras and submitted through the President, Dr. U. Krishna Rau, it was resolved that the Scheme be circulated to the various branches of the South Indian Provincial branch for opinion.

7. The South Indian Provincial branch circulars Nos. 3 and 6 regarding the All India Medical Conference at Sholapur and connected papers were read and recorded.

8. Circular No. 1 of the Indian Medical Association was read and recorded.

9. Circular No. 3 of the Indian Medical Association regarding copies of the reprints of the Editorial "National Government" and the "National Medical Association" was read and recorded as action had already been taken on the subject.

10. Circular Nos. 108-49/50 and 4 of 50-51.

The President submitted that these amendments to the existing rules were considered at the meeting of the Working Committee and Central Council at Sholapur and it has been decided to refer all the rules to an Ad Hoc Committee consisting of doctors from Calcutta who have been asked to suggest amendments to the rules so that the amendments be later circulated to the various Provincial branches.

Further consideration of these amendments was, therefore, postponed till receipt of the amendments submitted by the Ad Hoc Committee.

11. *Indian Medical Association Circular No. 6 and Circular No. 4 of the South Indian Provincial Branch:*

This refers to the following Rule:

"Members of the Central Council representing local branches on whose behalf c. f. c. upto the end of the previous year has not been received in full at the Central Office on or before the 15th November, shall not be eligible to attend the annual meeting of the Central Council".

This rule, it was explained at the meeting, has been altered suitably. According to the new rules, the number of members representing the branches on the Central Council will be proportional to the number of members who have paid their c. f. c. in full. As a result of this new change, branches will not be penalised completely for non-payment of the c. f. c. by a few members in a branch.

12. Circular No. 7 of 50-51 was read and recorded.

13. *Circular No. 8:* As the South Indian branches are already following this system, it was thought that no further action was necessary.

14. *Circular No. 10:* Circular regarding the Third British Commonwealth Conference which will be held at Johannesburg, South Africa was read. As the last date for receipt of reply to this Circular was 23rd December 1950, at Sholapur, no action was taken.

15. *Circular No. 12 of the I.M.A.:* Regarding T. A. of Central Council members attending the Annual Central Council Meeting at Sholapur was read and recorded.

16. Under any other subject, the following items were considered:

i. The President wanted to know the opinion of the House whether attendance at Provincial Council Meetings could be considered as Association work. The general view of the Provincial Council was that it should be considered as Association work, and the President, the Secretary, the Joint Secretary and the Treasurer attending these meetings should be entitled to the T. A. A resolution to this effect moved by Dr. Samuel and seconded by Dr. Anangarachariar was unanimously passed.

ii. *T. A. to Members of the Provincial Council:* It was felt that as an experimental measure the members of the Provincial Council may be paid T. A. The following resolution was passed in this connection, unanimously:

"THE PROVINCIAL COUNCIL RESOLVES TO PAY T. A. OF ONE SECOND CLASS EACH WAY TO ALL MEMBERS OF THE PROVINCIAL COUNCIL ATTENDING THE NEXT MEETING OF THE PROVINCIAL COUNCIL WHEREVER IT IS HELD."

iii. *The Erode Branch Matter:* The President informed the Provincial Council that at Sholapur he received a letter from Dr. N. C. Kuppaswamy, the Secretary of the Erode branch of the Indian Medical Association complaining that they had received a letter from the Central Office that in view of the fact that they had not paid the c.f.c. in full, their representative on the Central Council was not entitled to attend the annual meeting. The contention of the branch was that they had paid to the Hony. Secretary of the South Indian Provincial Branch the full amount and as such were entitled to the seat on the Central Council. On enquiry it was found that the Erode branch had not paid their c.f.c. in full. Hence, according to the rules of the Indian Medical Association they are not entitled for representation at the annual meetings. It was explained that the Central Office followed the rules laid down.

iv. *The New Chettinad Branch:* The President informed the House that at Sholapur a telegram was received from the Chettinad branch stating that Dr. Anantapadmanabhan, their representative was not entitled to be a member of the Central Council in view of the fact that he was a member of more than one branch. The Chettinad branch is a newly formed branch and was recognised as such by the Working Committee at its meeting at Sholapur. The President explained to the House that it was not proper for one person to be a member of more than one branch, though he can be an associate member of another branch. The Hony. Secretary was requested to find out from Dr. Anantapadmanabhan and any others who are members of more than one branch to which branch they would like to be attached.

v. *Disaffiliation of North Arcot District Medical Association:* With reference to the resolution passed by the General-Body meeting of the North Arcot District Medical Association deciding to disaffiliate temporarily from the parent body, the President informed the House that he had requested the branch to call for a meeting at which he would address the members and request them to reconsider their decision. This action was approved.

vi. *Report of the Meeting of the Joint Committee of the Andhra and South Indian Provincial Branches of the Indian Medical Association:* The President placed before the House the proceedings of the Joint Conference and explained the points discussed and action taken thereon. The Joint Conference had not finished its deliberations and the President promised to place the full proceedings before the Provincial Council at its next meeting.

vii. *The Hakim and Vaidya Scheme:* The President placed before the House the resolution of the Working Committee referring this matter to the Joint Committee of the two Provincial Branches. The result of the decision will be placed before the next meeting of the Provincial Council.

viii. *G. O. regarding Govt. Servants being Secretary or Treasurer of Medical Associations:* The President informed the Provincial Council that the Working Committee at Coimbatore had directed him to interview the Minister in this connection. This matter also had been referred to him by the Joint Standing Committee meeting and the final result will be communicated to the Provincial Council at its next meeting.

ix. The President placed before the House the correspondence with regard to medical men in services attending the Conferences being considered as on duty. The action taken was approved.

x. The President placed before the House the correspondence regarding recognition of the Indian Medical Association by the Government as the representative of the medical profession. The action taken by the President was approved.

xi. *Committee appointed to enquire into Facilities for Editing and Printing the Journal of the Indian Medical Association in the South:* The President was asked to be the Convener of this Committee and submit to the Provincial Council its results at the next meeting.

xii. *Simpson's Medical Centre:* With reference to this matter, the Secretary has been asked to refer the matter to the President for necessary action.

xiii. *Confidential Circular re: Medical Certificates:* The Honorary Secretary was asked to circularise this matter to various branches.

xiv. *Consideration of the Treasurer's Clerk for Increase in Salary:* Resolved to pay this clerk Rs. 50, plus Rs. 5—from 1st January 1951.

A. K. RAJAGOPALAN,
Secretary,
INDIAN MEDICAL ASSOCIATION,
(South Indian Provincial Branch.)

U. KRISHNA RAU,
President,
INDIAN MEDICAL ASSOCIATION,
(South Indian Provincial Branch.)

Announcement

Meetings of the Central Working Committee of the I. M. A.

The Central Working Committee of the I. M. A. is scheduled to meet in 1951 at the following places:—

Delhi	...	24th & 25th March.
Hyderabad (Deccan)	...	7th & 8th July.
Shillong (Assam)	...	14th & 15th October.

MANAGING EDITOR.

Displaced doctors from West Pakistan will be financially helped to a small extent. Applications from displaced doctors should be forwarded through the local Secretary immediately to the Provincial Secretary who will forward it to the Special Committee for necessary action.

MANAGING EDITOR.

ASSOCIATION NOTES

COIMBATORE BRANCH

President: Major N. Krishnaswamy
Vice-President: Dr. N. R. Narayanaswamy
Hony. Secretary: Dr. A. G. Leelakrishnan
Associate Secretary: Dr. S. V. Subramaniyan
Treasurer: Dr. T. V. Sivanandam.

The monthly clinical meeting of the association was held at 6 p.m. on Saturday the 30th Sept. 1950 in the Head Quarters Hospital, Coimbatore. Major N. Krishnaswamy the President presided. 75 members were present.

After Tea, the following condolence resolution was moved by the president.

"This meeting of the Coimbatore District Medical Association places on records its deep sense of sorrow at the sudden demise of Lt. Col. M. A. Partha-

sarathy, one of the former members of our association and authorises the Secretary to convey our condolences to the members of the bereaved family."

Dr. S. Balasubramaniyan the Dist. Medical Officer spoke in appreciative terms of the good qualities of Dr. Parthasarathy. The resolution was adopted unanimously all standing.

Then there was a clinical demonstration of interesting cases as detailed below:

- | | |
|--------------------------------------|---|
| 1. Intestinal obstruction. | } by Dr. S. Balasubramaniyan, D.M.O. |
| 2. Jejunal obstruction. | |
| 3. A case of Gastric Haemorrhage | } by Dr. M. N. Menon, Hony Physician. |
| 4. Tumour Abdomen | |
| 5. Two cases of Aortic Regurgitation | |
| 6. Minal Stenosis | |
| 7. Osteoclastoma—upper end of Tibia | } by Dr. A. G. Leelakrishnan Hony. Asst. Surgeon. |
| 8. Cervical Adenitis | |

After a vote of thanks by President to Capt. E. Rajuvadan the host for the grand tea, who unfortunately could not attend that evening's meeting and to the medical officers who demonstrated the cases and to the Dist. Med. Officer and the Matron Superintendent of the Head Qrs. Hospital for their permission to make use of the Hospital facilities for the association meeting, the function terminated at 8.45 p.m. To meet Dr. Chamanlal M. Mehta of Bombay, President of the I.M.A. and other members of the Working Committee of the I.M.A. a social function was organised in the association buildings

at 6 p.m. on Saturday the 28th October 1950. Over 120 members including a few prominent public men and officials of the district were present.

After Tea, the President Major N. Krishnaswamy presented an address of welcome to the President and members of the Working Committee of the I.M.A. and said that the Coimbatore District Medical Association was one of the oldest associations in the South and one of the few associations in India having a habitat of its own.

Dr. Krishnaswamy in his address suggested a more equitable demand from

February, 1951]

ASSOCIATION NOTES

11

the branch associations in view of the heavy constitution made by the members of the branch to the funds of the central association should originate schemes to improve the public health of the country and for the administration of Medical relief. He called upon the Working Committee of the I.M.A. to speedily work out a solution to extend medical relief and elementary sanitation to the rural areas. 'Capable of being implemented within a measurable distance of time. Lastly Dr. Krishnaswamy said that the Govt. should be requested to reserve a special seat for a representative of the I.M.A. in the local boards and municipalities of the state

Dr. A. G. Leelakrishnan, the Secretary read messages received on the occasion from Mr V. C. Palaniswamy Goundar, M.L.A., Dr. S. K. Choudhary, Benares, Major C. P. Bhatt, Bhavanagar and others regretting their inability to be present.

Dr. U. Krishna Rau, President, South Indian Provincial Branch of the I.M.A., speaking about rural medical relief said that the I.M.A. was always willing to place the services of its members in whatever sphere the Government and local bodies were prepared to utilise them.

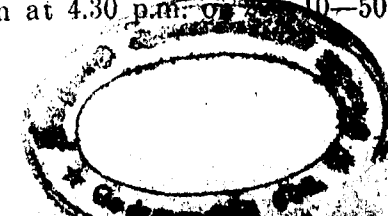
Dr. Y. P. Vasudevan, Vice-President of the S. I. Provincial Branch pleaded for a readjustment of the levy of constitutions from the dist. associations to the centre so as to make it equitable.

Then Dr. Chamanlal M. Mehta of Bombay, President of the I.M.A. addressed the members. Speaking about rural medical relief, Dr. Mehta said that the Government must provide the doctors in the rural areas with necessary amenities like housing education of their children and special allowances. Dr. Mehta said that the I.M.A. and its branches should take up propaganda and educate the public about the comparative merits of the various

systems of medicine. Medical science was universal without the distinction of west and east. About national health service, Dr. Mehta said that even in England with all its resources available there, it had not proved successful. He did not think that where England had failed, they could succeed here. Finally he thanked the members of the Coimbatore District Medical Association for having invited the Working Committee of the I.M.A. to hold its 37th meeting and for their hospitality to them. Dr. A. G. Leelakrishnan, the Secretary then proposed a vote of thanks to all concerned.

A scientific film on "Nupercaine spinal Anaesthesia" by Messrs. Ciba Pharma Ltd. was screened and was much appreciated by all the members and the pleasant function came to an end 8-15 p.m.

27 members of the Working Committee of the I. M. A. from all over India attended its 37th meeting, at Coimbatore on the 28th and 29th October 1950. The visitors as they arrived were received at the Railway Station and at the Airport by some of our members. All of them were comfortably lodged in the spacious guest rooms at "Gopal Bagh", the residence of Mr. G. D. Naidu, a prominent industrial magnate of Coimbatore, who could not be present as he was then touring the Continent. Dr. N. Velappan was the host for the visiting members at "Gopal Bagh." Dr. T. V. Sivanandam, the Hony. Surgeon, Coimbatore gave a dinner party in honour of the visiting members at "Woodlands" at 8.30 p.m. on 28-10-50. The members of the managing committee of the Coimbatore District Medical Association gave lunch to the visitors at 1 p.m. on 29-10-50 at Gopal Bagh. Dr. N. Jagannathan and Dr. N. Velappan gave a tea party in honour of the visiting members at their Tuberculosis Sanatorium at 4.30 p.m. on 29-10-50.



THE INDIAN MEDICAL ASSOCIATION

(MADRAS BRANCH)

ANNUAL REPORT

FOR THE YEAR 1949-50

The Executive Committee submits the following report for the year ending 30th Sept. 1950.

Membership.—The total number of members on the rolls at the beginning of the year was 279. 2 members died, 7 members resigned and 26 members left Madras during the year and so the total decrease in membership is 35. New members enrolled during the year was 12. So the strength of the Association at the end of the year is 256.

We regret to record the demise of Drs. A. T. Rajabather, G. R. Narayana swamy and V. Govindarajan and we offer our heartfelt condolences to the bereaved family.

Meetings.—There were five Executive Committee Meetings, 10 Clinical Meetings and two Ordinary Meetings. The list of lectures for the clinical meetings is appended in the end.

During the year we had the pleasures of meeting and hearing some of the distinguished foreign visitors. The following are the visitors who addressed our Association.

Dr. George Leiby, Professor of Internal Medicine and Syphilology, Consultant, World Health Organisation.

The Members of the Cholera Expert Team of the World Health Organisation.

Dr. J. B. McDougall, C.B.E., M.D., F.R.C.P., Chief of the Tuberculosis section, World Health Organisation.

Tea Party.—To felicitate Dr. P. V. Cherian, worshipful Mayor of Madras, a member of our Branch, the Association got up a Tea Party on 16th January

1950. To felicitate Dr. J. C. David a member of our branch on his elevation as the Surgeon-General with the Government of Madras, a Tea Party was arranged on 17th April 1950. Both the parties were well attended and successful.

Other activities.—When the Government of Madras put a ban on the purchase of spirituous tinctures by the medical practitioners the Association appointed the following Sub-Committee to take action in the matter:—Dr. K. C. Nambiar, Dr. D. V. Venkappa, Dr. P. Natesan, Dr. P. Krishnaswamy and Dr. A. M. Sivaraman. The Sub-Committee interviewed the Commissioner for Prohibition and also the Surgeon-General with the Government of Madras. The Association is awaiting a reply.

Maj. N. Gangadharan had to resign the Secretaryship due to the Government order that those in service should not be either Secretary or Treasurer of some of the Associations. Dr. A. M. Sivaraman carried on the work of the Secretary after Maj. Gangadharan's resignation, on the authorisation.

The last Year's Statement of Accounts were audited as desired by the General Body and found correct. We thank M/s. Brahmayya & Co. for auditing our accounts last year and this year without fees.

In conclusion, the Executive Committee thanks the lecturers who gave lectures under the auspices of the Association and the Principal of the Madras Medical College for allowing the Association the use of the premises for the Madras Medical College for holding meetings.

MADRAS BRANCH

President: Dr. D. V. Venkappa, L.M.P.
Vice-President: " P. Natesan, M.B.B.S.
 " K. Narayanamurthy, M.D.
Secretary: " K. L. Narayana Rao, M.B.
 " A. M. Sivaraman, L.M.P.
Treasurer: " R. Sankaran, L.M.P.

Proceedings of the Annual General Body Meeting of the Madras Branch of the Indian Medical Association held on 7-12-50 at 6 p.m. at the Madras Medical College.

The Annual Report was read by the Secretary, Dr. S. T. Narasimhan moved and Dr. Gangadharan seconded that the Report be passed. It was passed unanimously. The Statement of Accounts was also passed unanimously.

The following Office Bearers were elected.

President: Dr. D. V. Venkappa, L.M.P.
Vice Presidents: " P. Natesan, M.B.B.S.
 " K. Narayanamurthy, M.D.
Secretaries: " K. L. Narayana Rao, M.B.B.S.
 " A. M. Sivaraman, L.M.P.
Treasurer: " R. Sankaran, L.M.P.

Executive Committee: 1. " A. V. Avadhani, L.M.P.
 2. " M. R. Bail, M.B.B.S.
 3. Maj. N. Chandrasekaran, M.B.B.S.
 4. " N. Gangadharan, M.B.B.S.
 5. Dr. P. Krishnaswamy
 6. " C. S. Krishnaswamy, L.M.P.
 7. " N. A. Iyengar, M.B.B.S.
 8. " K. C. Nambiar, F.R.C.S.
 9. " P. T. Raghavachari, M.B.B.S.
 10. " K. Rama Rao, L.M.P.
 11. " K. V. Swamy, M.B.B.S.
 12. " P. S. Srinivasan, L.M.P.

Central Council Members: 1. " P. B. Anangarachari, L.M.P.
 2. " U. Krishna Rao, M.B.B.S.
 3. Lt. Col. T. S. Shastri, I.M.S. (Retd.)
 4. Dr. V. Samuel, L.M.P.

Provincial Council Members: 1. " M. R. Bail, M.B.B.S.
 2. " D. Damodar Dass, M.B.B.S.
 3. Maj. N. Gangadharan, M.B.B.S.
 4. Dr. C. Rama Rao, L.M.P.
 5. " K. Rama Rao, L.M.P.
 6. " G. Ramachandramurthy, L.M.P.
 7. " R. Sankaran, L.M.P.
 8. " A. M. Sivaraman, L.M.P.
 9. " V. Samuel, L.M.P.
 10. Lt. Col. T. S. Shastri, I.M.S., (Rtd.)
 11. Dr. D. V. Venkappa.

Resolutions:

The following resolution was moved by Dr. M. V. R. Acharyulu.

1. This meeting draws the attention of the Medical Profession to the remarks made by Surgeon-General in the Conference at Mangalore about 'the alleged promise of the Medical Students in 1942 and their not putting them into practice' as absolutely lacking in vision. In taking into consideration the circumstances prevailing to-day, it is misplaced, unfortunate and unwanted because those who are responsible for the present plight are those in power and the Government and not the patriotic students, who partook in the 1942 struggle for the country's liberation. And so this meeting calls on the Government to create an atmosphere in villages conducive for the medical men by giving them better facilities to work and more attractive conditions in service for rural medical service.

2. This meeting notes with regret that attempts are made at ministerial level for the introduction of L.M.P. course and thus trying to undo the good work done for the past 13 years towards unification. This would only create unhealthy complexes and rivalries detrimental to the dignity of the medical profession. And so this meeting appeals to all medical men and Associations to raise their voice of protest against the revival of the once abolished L.M.P. course.

After some discussion the resolution was not pressed for voting by the mover and the resolution was not put to vote.

2. The following resolution was moved by Dr. A. S. Ramamurthy:

Resolved to represent to the Government that members should be given the privilege of taking Medical Books from the Libraries of the Madras Medical College, and Stanley Medical Colleges to their home on depositing an amount with the librarian equal to the cost of books.

The following amendments were moved by Dr. V. Samuel, 'Instead of' an amount equal to the cost of books 'the words' Rs. 50/- be substituted. The resolution as amended was passed.

With a vote of thanks to the Chair by Dr. R. Sankaran, the meeting terminated.

List of Clinical Meetings held during 1949-'50

LECTURER	SUBJECT	DATE
1. Dr. George Leiby, Professor of Internal Medicine and Syphilology, Consultant World Health Organization. President: Col. S. L. Bhatia, I.M.S.	"THE TREATMENT OF SYPHILIS."	17th Oct. '49
2. The Members of the Cholera Expert Team of the World Health Organization. President: Col. S. L. Bhatia, C.I.E., M.C., M.D., F.R.C.P.	"AN ADDRESS TO THE MEDICAL PROFESSION."	7th Nov. '49.
3. Dr. J. B. McDougall, C.B.E., M.D., F.R.C.P., Chief of the Tuberculosis Section, World Health Organization, Geneva. President: Col. S. L. Bhatia, C.I.E., M.C., M.D., F.R.C.P.	"HEALTH PROBLEM IN INDIA WITH SPECIAL REFERENCE TO TUBERCULOSIS"	7th Dec. '49.

LECTURE	SUBJECTS	DATE
4. Dr. D. N. Banerjee, M.B., M.D., Professor of Pathology, R. G. Kar Medical College, Calcutta, President: Dr. Venkatasubba Reddy.	"ANTIQUITY OF DISEASE."	10th Dec. '49.
5. Mr. Robert Forgan, M.D., D.P.H., President: Dr. K. C. Nambiar.	"RECENT ADVANCES IN CHEMOTHERAPY."	20th Jan. '50.
6. Dr. Kezerian W.H.O. Poliomyelitis Team. President: Dr. K. Narayanamoorthy.	"POLIOMYELITIS."	3rd Feb. '50.
7. Dr. R. V. Rajam, M.S., M.R.C.P., President: Col. Bhatia.	"THE CONTROL OF VENEREAL DISEASES IN THE UNITED STATES OF AMERICA."	1st Feb. '50.
8. Dr. D. Govinda Reddy, M.D., President: Dr. K. C. Nambiar.	"NON-TUBERCULOUS LESIONS OF THE LUNG IN GENERAL PRACTICE."	24th Aug. '50
9. Dr. D. Subramania Iyer, M.S., F.R.C.S. President: Dr. K. C. Nambiar.	"SOME PITFALLS IN SURGICAL DIAGNOSIS."	30th Aug. '50
10. Dr. A. V. S. Sarma, President: Dr. K. C. Nambiar.	"NEW APPROACH TO PATHOLOGICAL PROCESSES AND THERAPEUTIC POSSIBILITIES."	30th Sept. '50

MADURA**Proceedings of the monthly meeting held on 16-12-50**

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

The monthly meeting of the Association was held at 5 p.m. on Saturday the 16th December 1950 in the Erskine Hospital, Madurai. About 50 doctors attended. Dr. P. Vadamalayan, the president presided.

In view of the national mourning on account of the sudden demise of Hon. Sardar Vallabhai Patel, the first item in the programme, tea, was dispensed with. The President at the outset spoke a few words about the great national loss sustained by the country and the following resolution was passed all members standing in silence for two minutes.

"This meeting of the Madura Medical Association places on record its deep sense of sorrow at the sudden demise of the Hon. Sardar Vallabhai Patel, Deputy Prime Minister of India and offers its respectful condolences to the Hon. Prime Minister at this national calamity."

Resolved further that the Hony. Secretary be authorised to communicate copy of the resolution to the Hon. Prime Minister. The Minutes of the monthly meeting held on 25-11-50 were read by the Hony. Secretary and adopted. The Hony. Secretary then made some announcements. The Circular No. 5/50-51 from the South Indian Provincial Branch about the hardships of the Medical practitioners is with regard to the purchase and possession of spirituous tinctures and liquors was read by the Hony. Secretary and was

discussed by the members. The Hony. Secretary was authorised to communicate the following consensus of opinion of the house regarding the circular.

1. On principle it was not fair to charge the qualified members of the modern system of medicine a fee for taking out a licence etc. and hence the members object for any payments or other restrictions.

2. However, in view of the prohibition rules, the qualified members of the modern system of medicine should be able to buy at least 2 lbs. of any tincture or Liquor at a time instead of 2 ozs. as was being obtained at present.

The President then introduced the lecturer of the evening, Dr. K. Balasubramaniam and requested him to deliver his lecture on some Principles in the Diagnosis and Treatment of Fractures.

The lecturer said that the subject was so vast that he would limit himself to the important principles, a practitioner should keep in mind in dealing with closed fractures. He explained in detail how in making a clinical diagnosis, a proper assessment of the extent of the injuries to the soft parts, including blood vessels and nerves, could be made. He also stressed the need for Radiographic, confirmation of the diagnosis with skiagrams taken in two or more planes and in some cases at repeated intervals. The radiographs, he said would be of very great value in giving the prognosis especially when fracture lines extended into the joints and into the epiphysis. Taking up treatment, he enumerated the various principles involved in the reduction and immobilisation of fragment and restoration of the functional activity especially of the joints in the vicinity. He exhibited films of a number of cases of Fracture Femur which had been adequately treated with reduction and skin traction alone. He also explained in detail the method of correcting angulation at the site of the fracture after the application of a cast by wedging the plaster. Exhibiting X-ray films of cases thus corrected with excellent results, he pleaded for a more frequent adoption of this method. He warned that unpadded plasters would have to be watched carefully for earefully and recating it. He also mentioned the various soft tissue complications that were likely to occur such as skin blisters, pressure sores inside the palaster, adhesions and joint stiffness, myositis ossificans, Volkmann's Ischaemic contracture, gangrene and nerve complications and explained how they could be avoided and overcome. The lecture was followed by a discussion in which some members took part.

Dr. A. S. Annamalai, supplementing the lecturer, said that in fracture of the Femur he would prefer the application of skeletal traction for a few days and after the fragments were properly reduced the position could be maintained by skin traction.

After the concluding remarks of the president the Hony. Secretary proposed a vote of thanks to the lecturer, the Madura College authorities for kindly lending the Film Projector and the firm of John Wyeath & Brother for lending the film on Peptic Ulcer.

The Film was screened at the end of the meeting and was much appreciated by the members. The meeting ended at 8-15 p.m.

THE SOUTH KANARA BRANCH

Annual Report year ending 30-9-1950

President: Dr. A. G. Nambiar

Vice-President: Dr. M. V. Shetty

Secretary & Treasurer: Dr. M. Umesha Rao

Jt. Secretary: Dr. B. R. Hedge.

The Branch Association has completed its fifth year. In July, 1950, the Branch accepted the request of inviting the Fifth South Indian Provincial Medical Conference.

MEMBERSHIP: The year opened with a membership of 75 on the rolls of whom 38 were resident and 37 non-resident. During the year due to change of residence, one resident member became non-resident. Four resident members and three non-resident members joined the Branch in the course of the year. The total membership during the year was 41 resident and 41 non-resident. Of these one from each category resigned under bye-law 11(c), due to transfer from the District, leaving 40 in each category totalling 80 on the rolls at the end of the year.

FINANCE: Owing to increase in the rate of the Central Fund Contribution from Rs. 6/- per member to Rs. 8/-, the membership fee was raised to Rs. 2/4/- for a resident member per month and Rs. 6/- per half-year for a non-resident member. The subscriptions were collected at these rates. Out of a total demand of Rs. 1563/12/- including last year's balance, a sum of Rs. 1332/4/- was collected leaving a balance of Rs. 231/8/- at the end of the year. Due to the pre-occupations of the Provincial Conference, the outstandings could not be collected in September, 1950. Current expenses including Rs. 640/- being the Central Fund Contribution having been met, a sum of Rs. 1428/3/2 is left over. Of this amount, a sum of Rs. 1047/8/- has been invested under bye-law 9(c). The Branch places on record its grateful

thanks to Sri A. Umanath Rao, B.A., G.D.A., F.C.A., for auditing the accounts without any remuneration.

MEETINGS: The General Body met 8 times during the year including the Annual General Meeting as per list given at the end. At one of the meetings the difficulties that the profession is experiencing under the different Government Orders under Prohibition, Supply of Drugs and other items were considered. Resolutions pointing out the difficulties were passed and communicated to the Government, both Union and State. The attendance was very good at all the meetings. The Association offers its grateful thanks to the lecturers.

MANAGEMENT: At the Annual General Meeting the following alterations in the office members were effected:—

Dr. A. G. Nambiyar, *President*.

Dr. A. F. Coelho, *Vice President*.

Dr. B. R. Hegde, *Hony. Joint Secretary*.

In place of Dr. U. P. Mallya, Major W. E. Mascarenhas and Dr. M. Umesha Rao, respectively.

Dr. C. P. Kamath and Dr. J. Subba Rao were elected to the Executive Committee in place of Dr. K. Nagappa Alva and Dr. P. Narayana Rao. The other office-bearers were re-elected. Dr. U. P. Mallya and one of the Honorary Secretaries were elected to the Central Council and Dr. M. V. Shetty, Dr. K. B. Shetty, Dr. M. D. Adappa, Dr. M. R. Shetty, Dr. U. P. Mallya and Dr. M. Rangappa Kamath were elected to the Provincial Council.

The Executive Committee met three times to transact business.

JOURNALS—The Branch besides getting the Journal of the Central Association, both for itself and to the members individually, has been getting the following Journals:

1. Practitioner, London. 2. Clinical Journal, London. 3. British Medical Journal, London. 4. Journal of the American Medical Association. 5. Indian Medical Gazette. 6. Antiseptic, Madras. 7. The Medical Annual. The Journals were circulated as usual.

LIBRARY—The following books were added to the Library during the year:

1. Year Book of Medicine, 1949. 2. Diseases of Women—Clifford White.

The Library continues to be used by the members.

HABITATION—The Branch offers its thanks to the Government of Madras for allowing the use of the Wenlock and Lady Goschen Hospitals for its activities. It offers its thanks to the District Medical Officer and his staff for the co-operation; to the Director of Fr. Muller's Charitable Institutions for the invitation to hold one of its meetings at the Institution.

THE PROVINCIAL CONFERENCE—On a request from the Provincial Branch Secretary, a special General Meeting of the Branch was held on 29-7-1950 and it was decided to invite the Fifth South Indian Provincial Medical Conference to Mangalore. All the members of the Branch formed the Reception Committee and it was decided to enrol other medical men also.

The following office-bearers were elected for the Reception Committee.

Dr. U. P. Mallya was elected Chairman; Dr. A. F. Coelho and Dr. K. Nagappa Alva were elected Vice-Chairmen; Dr. M. V. Shetty and Dr. K. R. Kini were elected Honorary General Secretaries and Dr. K. K. Hegde, as

Honorary Treasurer. A Working Committee and Sectional Committees with Honorary Secretaries were elected to organize the arrangements speedily. The date was fixed as 13th to 15th October, 1950. The Canara High School was chosen as the venue of the Conference. It is hoped that the Conference will be a success. The Branch feels very happy that Dr. U. Krishna Rao, an illustrious son of the District presides over this Conference. Details of the Conference will be published in next year's report after it is held in October, 1950.

CONCLUSION: The invitation and organization of the Fifth South Indian Provincial Medical Conference has been the most outstanding event in the activities undertaken by the Branch during the year under report. The enthusiasm and co-operation shown by the members of the Branch and other medical men has been remarkable and the Branch hopes that the Conference will have fulfilled the purpose for which it was organised.

1. 29-10-1949
"Present Status of Mastoid Surgery"
Dr. P. G. K. Menon, M.B., B.S.
2. 12-11-1949
Annual General Meeting.
3. 20-1-1950
"Field Medicine"
Major K. K. Nayak, I.M.S., I.A.M.C.
4. 6-2-1950
"Feeding of Children"
Dr. George Coelho, M.B., M.R.C.P.,
Children's Specialist, Bombay.
5. 23-4-1950
Business meeting to consider the difficulties met with by the Profession.
6. 1-7-1950
"Eye Diseases and Blindness"
Dr. P. Narayana Rao, M.B., B.S., L.O.,
Fr. Muller's Hospital, Kan-
kanady, Mangalore.

7. 29-7-1950

Special General Meeting to invite the Fifth South Indian Provincial Medical Conference and concert measures for holding the same.

8. 30-9-1950

Business meeting to elect Delegates and decide the resolutions for the Fifth South Indian Provincial Medical Conference.

* * * * *

Proceedings of the Annual General Meeting of the South Kanara Branch of the Indian Medical Association, Held on 2-12-50 at 5 p.m. at Wenlock Hospital, Mangalore. Present Dr. A. G. Nambiyar the President and 27 other members. Tea was served at the commencement. The Chairman of the Reception Committee Dr. U. P. Mallayya presented the mementos of the V Conference of the South Indian Provincial Branch to the following artistes who took part in the entertainments during the Conference.

Sri Raja Iyer of the Fine Arts Society—a cup.

Sri B. Vasudeva Rao—a medal.

Sri Britto of Amateur Dramatic Society—a cup.

The business meeting commenced after the above.

1. Consideration of the report for year ending 30-9-50. Resolved that the Annual report be adopted.—passed unanimously.

2. Consideration of the audited statement of accounts. Resolved that the audited statement of accounts for the year ending 30-9-50 be adopted.—Passed unanimously.

3. Consideration of the Budget for the year 1950-51. The Hony. Secretary placed the budget for the year 19-51. Dr. U. P. Mallayya moved the following resolution: "Resolved that a permanent habitation be constructed for the Association and that a committee

of the following members be formed to consider the ways and means to fulfil the idea and report to the general body within two months.

1. Dr. A. G. Nambiar, 2. Dr. U. P. Mallayya, 3. Dr. A. F. Coelho, 4. Dr. K. Nagappa Alva, 5. Dr. B. R. Hegde, 6. Dr. N. Upendra Pai and 7. one of the Hony. Secretaries.—

Adopted unanimously. The budget is approved.

4. Resolutions from members—none received.

5. Alterations to bye laws—none suggested.

6. Elections.

President: Dr. A. G. Nambiar.

Vice-President: Dr. M. V. Shetty.

Secretary & Treasurer: Dr. M. Umesha Rao.

Hony. Jt. Secretary: Dr. B. R. Hegde.

Executive committee: 1. Dr. M. R. Shetty, 2. Dr. M. Rangappa Kamath 3. Dr. S. Gopalakrishna Rao. 4. Dr. K. R. Kini, 5. Dr. C. P. Kamath, 6. Dr. K. B. Shetty 7. Dr. Miss. M. Thankamma 8. Dr. J. Subba Rao.

Central council (I.M.A.). 1. Dr. K. R. Kini and 2. one of the Secretaries.

Provl. Council (S.I.P.B.). 1. Dr. U. P. Mallayya, 2. Dr. M. R. Shetty 3. Dr. K. B. Shetty 4. Dr. K. R. Kini.

The President closed the meeting with a suitable speech.

7. The meeting of the general body places on record the very valuable and willing services rendered by the outgoing Secretary, Dr. K. R. Kini, to the Association from its very inception.—passed unanimously.

8. Resolved that the services of the out-going office bearers Dr. A. F. Coelho, Vice President and Dr. P. G. K. Menon be recorded—passed unanimously.

With a vote of thanks by the Hony. Secretary the meeting terminated.

TANJORE BRANCH

President: Dr. N. Vaidyanathan
 Vice-President: Dr. T. M. Pillai
 Secretary: Dr. N. R. Subramanyam

The monthly meeting of the Tanjore District Medical Association (Branch of I.M.A.) was held at 4-30 P.M. on Wednesday, the 30th August 1950, in the Medical School Buildings, R. M. Hospital, Tanjore with Dr. J. C. David, M.B., Ph.D., Surgeon-General with the Government of Madras in the chair. 64 members attended the meeting.

After Tea provided by Dr. J. A. Muthia Pandian, M.B.B.S., L.O., the members adjourned for the meeting.

The Secretary on behalf of the Association welcomed the Surgeon-General and requested him to preside over the meeting.

The minutes of the last meeting was read and adopted. The President of the day requested Dr. N. Vaidyanathan to deliver the lecture on "Coronary Insufficiency". The subject was very nicely dealt with by the lecturer stressing on the clinical side of the condition.

Since the subject was dealt with elaborately there were only a few questions which were suitably answered by the lecturer.

Routine correspondence regarding the Provincial Conference at Mangalore on 13th, 14th and 15th Oct. 1950, election of Dr. U. Krishna Rao as the President of the S.I.P. Branch for 1950 was read out to the members.

The President in his concluding remarks thanked the Association for the invitation and the warm welcome given. He appreciated the usefulness and the necessity to spot out and do timely remedy for this ailment, since a majority of the practitioners will have the opportunity at one time or other to tackle this medical emergency.

The meeting came to a close after a hearty vote of thanks by the Secretary to the Surgeon-General for having kindly consented and presided over the day's meeting, for the lecturer of the day for the instructive lecture delivered and to the host of the evening for the sumptuous tea provided.

The monthly meeting of the Tanjore District Medical Association (Branch of the I.M.A.) was held at 4-30 P.M. on 30th Sept. 1950 in the premises of the School Buildings, R.M. Hospital, Tanjore with Dr. N. Vaidyanathan in the chair. 32 members attended the meeting.

The proceedings started with tea provided by Dr. V. K. Pandian, D.M. & S., F.D.S. The routine business of the Association was considered during Tea.

Delegates for the forthcoming 5th Provincial Medical Conference at Mangalore was called for and Dr. A. Rajagopalan, M.B.B.S., was elected as a delegate from our Branch.

The resolution passed by the Travancore Cochin Provincial Branch I.M.A. on the speech by Dr. T. S. S. Rajan regarding the "Village Vaidya" scheme was placed before the Association for opinion.

The following resolution was passed unanimously to be placed before the working committee meeting at Coimbatore on 29th Oct. 1950.

"The Resolutions and the relevant extract from the speech of Dr. T. S. S. Rajan as published in the Hindu of 15-3-50 were placed before our meeting held on 30-9-50. Our branch is of the opinion that they have nothing to say at present but would like to wait and

watch the working of the scheme before offering their opinion".

Information regarding concession (Railway) to delegates attending the All India Medical Conference was conveyed to the members as per circular No. 102/49-50 dated 2-9-50 received from Central office.

The members then adjourned for the lecture by Dr. G. S. K. Iyer, Tiruvadamardur on "Surgical conditions of Nasal Sinus". The surgical anatomy and pathological conditions of the various sinuses, their approach and adequate surgical treatment was discussed in detail by the lecturer of the evening. The lecture was followed by a discussion in which a few members took part. The points raised by the discussion were suitably answered by the lecturer.

The President in his concluding remarks thanked the lecturer for the interesting lecture given and pointed out the necessity to appreciate that antibiotics have their right place in the management of the surgical condition of the sinuses but it has to be tried only in very early cases and that it does not replace surgery as such.

A vote of thanks was proposed by the Secretary to the lecturer for the

useful information given and to the host for the excellent tea provided.

On 21-10-1950 at 4 p.m. the monthly meeting of the Tanjore District Medical Association (Branch of I.M.A.) commenced with a tea, given by the Secretary.

The members adjourned for the regular meeting after tea. 50 members attended the meeting. The minutes of the last two meetings were read and adopted.

After reading of the routine correspondence, the President of the Association introduced Dr. P. S. Varadarajan, M.D. M.R. C.P. (Lond), Madras, to the audience and requested him to deliver his lecture on "Shock, syncope and allied manifestations and their management in general practice."

The subtle difference between the three conditions, their detection, and management were given in a detailed and illustrative style by the lecturer.

The President in his concluding remarks after supplementing a few points on the subject thanked the lecturer for the ready acceptance of the invitation and the interesting lecture delivered.

DOCTORS AND TINCTURES

In the January issue of the Miscellany information was published about the possession of spirituous preparations by medical practitioners which was an extract from the Fort St. George Gazette.

Elsewhere is published the communication received from the Government of Madras by the South Indian Branch of the I.M.A. Since medical practitioners are allowed to possess spirituous preparations upto 2 lbs. each, at a time, it is understood that medical practitioners need not maintain accounts of dispensing each prescription. It is understood that the G. O. prohibits practitioners from possessing at a time more than 2 lbs. each of the preparations.

MANAGING EDITOR.

A.P.W. VITAMIN B COMPLEX

ORAL

(A palatable and efficient Vitamin Tonic.)

Each Fluid ounce contains:

Vitamin B1.	... 10 mgms.
Vitamin B2.	... 3 mgms.
Vitamin B4.	... 2 mgms.
Nictonic Acid.	... 30 mgms.
Calcium Pnathothenate.	... 3 mgms.
Calcium Glycerphos.	... 1 gr.
Sodium.	... 2 gr.
Potassium.	... 4 gr.
Iron.	... 2 gr.
Proteolysed Liver Extract.	... 2 drs.
Alcohol.	12½ v/v.

PARENTERAL

(For Intra-muscular use only)

Each C.C. contains:

Vitamin B1.	... 12.5 m.
Vitamin B2.	... 0.5 m.
Nictonic acidamide.	... 5.0 m.
Calcium Panthothenate.	... 2.5 m.
Active principles of Fresh Liver (for natural folic acid).	... 15 m.

Please ask for detailed literature:

THE ANDHRA PHARMACEUTICAL WORKS LIMITED
BEZWADA (S.I.)



PARENTERAL

COMPOSITION

EACH C.C. CONTAINS

Thiamine	...
Hydrochloride	... 20 mg.
Riboflavin	... 2 mg.
Nicotinamide	... 75 mg.
Calcium	...
Panthothenate	... 2.5 mg.
Pyridoxin	...
Hydrochloride	... 3 mg.
Phenol (as Preservative) 0.5%	

ORAL

COMPOSITION

EACH FLUID OUNCE CONTAINS

Thiamine	...
Hydrochloride	... 12 mg.
Riboflavin	... 8 mg.
Pyridoxin	...
Hydrochloride	... 2 mg.
Calcium	...
Panthothenate	... 8 mg.
Nicotinamide	... 50 mg.
Sodium	...
Glycerophosphate	... 300 mg.
Syrup and	...
Flavouring agents	... q.s.

*Most reliable
standard prepara-
tion for use in all
vitamin B deficiency
diseases.*

TOTALIN-B
VITAMIN B COMPLEX

Parenteral & Oral

Cipla

BOMBAY, 8.

LITERATURE SENT ON REQUEST.

CIPLA SALES DEPOT, 1/186, Mount Road, MADRAS

ODDS & ENDS

An young medico who wanted to be up-to-date, complained to his professor that his latest book on Anatomy was published 10 years back.

The professor replied that he need not worry as no new bones had been added to the body since the last 10 years.

Two doctors were while out on a walk going behind a grave digger. Noticing the doctors, the grave digger stepped aside and allowed the doctors to overtake him. Surprised, the doctors asked him "What is the idea". The grave digger answered, "Professionally I come after you."

A young medico just fresh from college, was delivering unaided his first baby in one of the poor slum areas of his town. As is the case in "home deliveries" most of the family were present. As soon as the infant was born, the nervous young doctor held it up for the customary spank. To his horror the baby slipped and fell down, but harmlessly on to a pile of blankets on the floor. The grand-mother who was watching the proceedings calmly from her seat near the window began to hurl a sermon of abuse at the frightened young medico. Quickly recovering his wits he said in a dignified professional tone, "He will be alright madam. Sometimes we have to drop them three times before they start breathing."

The nurse beckoned to one of a group of expectant fathers at the hospital and announced "you have a fine son".

Immediately another man from the group rushed up and complained "what's his grand idea? I was here before he was. I have been waiting now for four hours."

"The doctor gave my brother a prescription and asked him to follow it strictly."

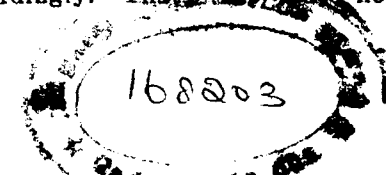
"Well?"

"The prescription flew out of the window. He followed it and broke his leg."

The assistant rushed into the petrol bunk. "your doctor is out here with a flat tyre", he said to the manager.

"Good!" said the manager gleefully "Diagnose the trouble as puncture wounds resulting in prolapsus of the perimeter and prescribe plastic surgery followed by the administration of violet flatulents, and charge him accordingly. That's the way he does it."

2-2092/042003
N 31-2



Registered No. M. 4839

Today

INDICATIONS

PROLONGED-ACTION PENICILLIN

ADVANTAGES FOR YOUR PATIENT

- aqueous* • yet only 1 injection a day
- aqueous* • minimal pain . . . no oil - no wax
- aqueous* • prolonged therapeutic blood levels

ADVANTAGES FOR YOU

- aqueous* • easily suspended . . . stable for 21 days under refrigeration, or a week at room temperature, with no significant loss of potency. In powder form - stable for a year.
- aqueous* • syringe and needle need not be dry; needle blockage minimized.
- aqueous* • syringe and needle easily cleaned.

Crysticillin
Squibb Procaine Penicillin for Aqueous Injection

a dry powder for the preparation of an aqueous suspension

- single-dose vials of 300,000 units with and without diluent
- Multiple Dose Vials of 3,000,000 Units

SQUIBB

A LEADER IN PENICILLIN RESEARCH AND MANUFACTURE

Manufacturers and Distributors of Squibb Products in India:

SARABHAI CHEMICALS, WADI WADI, BARODA.

Edited and Published by Dr. P. A. S. Raghavan, Z. M. R. E. (Vienna), Teppakulam, Tiruchirapalli,
and Printed by Rev. Fr. K. A. Lourdes, Superintendent, St. Joseph's Industrial School Press, Tiruchirapalli