The Miscellany

March 1953

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THE MISCELLANY

MONTHLY JOURNAL OF THE SOUTH INDIAN BRANCH
INDIAN MEDICAL ASSOCIATION

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

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Announcement

Dr. D. V. Venkappa, President, Madras Medical Council Writes:—

On a perusal of the advertisements in the Press of quack remedies and patent medicines alleged to be of astounding and miraculous effects on human ailments curable and incurable, one finds the names of Registered Medical Practitioners of modern scientific medicine registered under the Madras Medical Registration Act of 1914 being freely advertised and this is either wittingly or unwittingly done by the advertisers, with intent to boom their quack remedies and patent medicines, naturally in their own interests, on the gullible public. It is pointed out that such association of the Registered Medical Practitioners under the above Act, either by lending their names or otherwise testifying to either efficacy, is highly unethical. Instances of this nature have come to my notice and that of the Madras Medical Council and steps have been taken to warn such of those medical men who have been beguiled into their association with such unethical advertisements.

The attention of the Registered Medical Practitioners under the Act of 1914 is therefore drawn to this communication in the Press so that they might avoid getting themselves associated in any manner whatever with such advertisements of quack remedies lacking in authentic proofs after scientific investigation.

(FOR CIRCULATION AMONGST MEMBERS ONLY.)

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"THIRTY YEARS A DOCTOR"

The following are a few of the maternity cases where I was called in after others had tried and failed.

One night I was called out with a request to spare some chloroform to a lady doctor who was attending to a difficult labour and whose stock of $CH Cl_3$ had run out. I had to go about half a mile to my clinic to take it out from my stock and on my return, as I was passing the patients house which was on the way, the lady doctor called me in to help her. It seems she was struggling with the case for over an hour. By merely looking at the abdomen, a diagnosis of transverse presentation could be made, and the lady doctor informed me that she was trying to do a version but was not successful and requested me if I would try. I washed my hands, inserted my hand and with some difficulty, brought down a leg and delivered a dead child. The moment the child was out, I was shocked to see it was short of one arm, and I thought that it got detached inside and so I put my hand into the uterus again to take out the hand but was horror stricken when it was not there. It was then that the lady doctor informed me that the arm was protruding when she came and so she had amputed it at the shoulder and thrown it into the rubbish bin. I scolded the lady doctor not only for not informing me about this in the first instance but also for not trying to save the child and the limb, by tying a cord to the hand to prevent it from going inside when doing a version, for I felt that the child must have been alive before the amputation. The lady doctor pleaded ignorance of this procedure.

In another case I was called out the early hours of the morning to see a patient who had been in labour pains for more than 24 hours. When I saw the patient she was almost in normal condition as regards her general health and pulse. I could not hear the foetal heart sounds and so I concluded the child was dead. The woman though well-built was very short. On questioning about the past history, I was told she had difficult labour four years back and the child was removed in 'bits' by a senior practitioner then practising. So I concluded it was a case of flat pelvis and decided to take some drastic measure such as perforating the skull or decapitation. As I could not trust the attending midwife to administer chloroform, especially as she always had a grouse against me, I took out my syringe to give an injection of morphia so that the patient might be a little quiet. The moment the midwife saw my syringe, immediately she told me that the patient had been given three injections of Pitutrin by another obliging practitioner, who had come in newly to practise in the town. He had implicitly obeyed the orders of the midwife and gave three injections at intervals of half an hour and not finding delivery taking place, quietly quit the house leaving the patient to

[illegible] was I surprised that a qualified medical practitioner, though in his anxiety to be in the good graces of a midwife so as to be often called by her, should have done such a dangerous thing, and it was also a surprise that the uterus had not ruptured in spite of the injections of Pitutrin. After the patient came under the effects of morphia, I applied forceps, the head got locked in it, but pulling did not help the descent of the head even by an inch. So I perforated the skull, the brain matter oozed out and the forceps also slipped out. Then I caught hold of the head of the child and pulled it out. The child was partially wrapped in a towel and left under the bench and I was attending to the patient by kneading and receiving the placenta and applying the diapers. When I accidentally looked down, I saw the child's limbs were moving and the child breathing, though there was no cry. I realised that the child was not dead before the perforation and the perforation had not injured the medulla. I knew the child would not live long, and I would be accused of butchering an infant. So I wanted to press my leg on the throat, but however much I steeled myself to do so, I could not do it. A number of women round me saw that the child was alive, so I picked up the child, cleared its throat and it began to cry to the joy to all people around and in the house. I was showered with blessings and a fat fee. I walked home with a guilty conscience. 12 hours later the child developed swelling of the scalp which gradually extended to the face and neck and the child died in 48 hours.

Another case I was called in to attend at midnight was at a place about 15 miles off in the interior. She was a 11th para. I had seen the patient casually in her 9th month of pregnancy, and as she was weak and anaemic, I advised her to get admitted into the hospital for delivery but she did not do so and I was called in 26 hours after the onset of pains. 12 hours after onset of pains, a messenger was sent walking to a place 10 miles off to fetch a midwife. The midwife arrived about 6 hours later and after fiddling with the case for an hour, said that a doctor alone could tackle the case. It took 6 hours for another messenger to meet me and for me to reach the patient. When I saw the patient, she was in extremis. She was having cold clammy sweats, with a thready pulse and in great distress. I immediately gave an injection of digitalin. The foetal head could not be felt in the pelvis, so I inserted my hand into the uterus and found that my hand was going upto the diaphragm, with the intestines touching my hand all round. The child was floating in the abdominal cavity and it was so slippery that I could not catch at its legs. By this time the patient was gasping off, and so I withdrew my hand, and after 15 minutes the patient died.

Another case was that of a full term primi para. The patient got into pains, which continued for about 24 hours and then gradually subsided. The people around and a Dhai who was attending said that the pains were false pains and that the woman would deliver later on when she gets real pains. The patient could not get up or walk and so she was lying down. After the cessation of pain, the patient could not urinate or defoecate. After 24 hours later, oedema of the feet and legs were observed and vagina also was swollen. A nearby qualified rural medical practitioner was called in. He tried to pass a catheter but could not succeed. With great difficulty he gave a soap water enema, 2 pts., in quantity. When the enema nozle was taken out neither matter nor water came out. The practitioner was puzzled and saying that the patient will have a motion by and by he left the place. I was called in 48 hours after the onset of the first pains. The patient was a short stubby woman of about 22. Her

general condition was fairly normal except that she was slightly uneasy. All the soft parts of the vagina were swollen and bluish. With difficulty I located the urethra and when I tried to pass a catheter, the catheter hit against a hard mass, the skull was impacted in the pelvis. With my left fist, I pushed up the head a little and the catheter went in and about 30 ounces of urine came out. Next, adopting the same process I pushed the nozle of the enema can into the anus and about a pint and half of liquid motion came out. These two manœuvers eased the patient considerably. Then again pushing the head up a little and after flexing it I applied forceps and delivered a dead child. Evidently it was a case of face presentation. Later on all the bluish tissues became gangrenous and gradually separated away. The patient had to be catheterised twice a day for over a month by which time the vagina also became healed and normal and the patient was discharged.

MEDICAL MUSINGS

BY

DR. T. V. SRINIVASAN, M.B.B.S., TIRUCHY

THE College of General Practitioners has come into being in Britain and is being hailed all round as an outstanding event in the history of British medicine. The old conceptions of the role of the General Practitioner or Family Physician proved to be inadequate or outmoded by the great advances in the various specialities as also the revolutionary changes in the conceptions of social medicine and medical relief organisation of the post war world and as a corollary to this, the general Practitioner's position in the scheme of things became very undefined and often unattractive. The best minds in Britain in the medical profession and outside were worried over this, as they rightly felt that a mere negative status for a general practitioner irrespective of his attainments is hardly conducive to the welfare and progress of that back-bone of the medical profession. They felt that steps should be taken to have an organisation which would take up the entire task of assuring an adequate positive status for the General Practitioner and which will also take steps to ensure his maintaining a high standard of efficiency throughout his career. A perusal of the report of the "Steering Committee" (published as a supplement to the Practitioner of Jan. 53) shows that every aspect of the welfare and progress of the General Practitioner has been provided for, in the constitution of the "College."

The conditions in our own country, so far as the problem of General Practitioners are concerned, may not be quite similar to those of Britain. At any rate, not so at present. But, with the rapid spread of an urban type of civilisation all over the country, it may well be, that the medical profession here too may have to face similar problems. And hence the results that accrue to the General Practitioners in Britain by the work of the college of General Practitioner in Britain will be watched with great interest by us. As the Lancet has pointed out "General Practice, no less than the specialities, needs a leavening of exceptionally able men and women, and exceptional ability often needs to be attracted by the prospect of exceptional reward". Hence a move to maintain a continuously high standard of efficiency and knowldge in the General Practitioner by all possible means even now, would seem to be called for, if we are to benefit from this British example.

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The correspondence columns of a recent number of the B.M.J. are full of letters from practitioners pointing out the incalculable harm that can be done by rushing in with Antibiotics and Sulphonamides for every trivial ailment or even in slightly more serious ailments too soon to allow of the body's "anti body production mechanism to come into play. In this country, when it often happens that a case, which would have recovered with timely antibiotics is too far from medical aid reacting it, this cry of "too much antibiotic therapy" "may not apply in a generel way. But even here, the tendency to use antibiotics in such a fashion is there. But then, as one of the correspondents to the B.M.J. points out the practitioner uses the "Penicillin Umbrella" "to serve the double purpose of protecting his own reputation as well as his patient's."

"Perhaps there is something in that. But even so, clinical judgement today in such cases consists in correctly assessing the power of the body's natural defence powers and the strength of the infection and giving the antibiotics only as a help to the body's natural power of getting over the infection. Promiscuous use of antibiotics have already led to two evil results, the production of resistant strains of organisms and non-immunity formation by the body, rendering relapses of similar illnesses all too frequent."

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While the Science of medicine has been gathering strength in the past 2 decades on a scale unprecedented in medical history, it must be confessed that the Art of medicine has lagged behind considerably. For, medicine must always needs be a science as well as an art, so long as a "patient" is also a "person" as he always will be. The whole field of minor maladies have probably more the need of the art of medicine as our ancestors truly understood and the flagging of interest in those conditions has been a feature of medical practice in the past two decades. Hence it is refreshing to find "Liver-ishness" getting a leading article in the (B.M.J. Dec.27,1952) and Lord Horder writing on "What is Indigestion" in the Practitioner of Jan. 53, "Disease" of organs of human body though they may not lend themselves to correct labelling with a scientific precision aetiologically or pathologically, yet they do less clamour for treatment and hypofunction of many organs may produce conditions which may not have produced approved text took diagnostic labels. The B.M.J. says "A touch of liver or a bilious attack" remains a common lay diagnosis and is no less real because text books of medicine pass over it." And Lord Horder says "gall-bladder dyspepsia has attained the dignity of a recognised Syndrome but what is biliousness? A tenth of grain of calomel every hour for ten doses is all very well, but what has actually happened?

ASSOCIATION NOTES

CHINGLEPUT BRANCH

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

The annual general body meeting of the above branch was held at 2-30 p.m. on 30-11-52., in the Municipal Meeting Hall, Chingleput. with Dr. P. S. Srinivasan of Kanchipuram, in the Chair.

After passing a resolution of condolence on the demise of Dr. C. V. Ekambara Mudaliar, a member of the branch, the minutes of the previous meeting were read and approved. The accounts for the year 1951-52 were passed.

The following office bearers were elected for the year 52-53:

President:—Dr. P. S. Srinivasan of Kancheepuram

Vice-President:—Dr. P. K. Varughese of Tambaram.

Secretary & Treasurer: Dr. R. Vardarajan of Chingleput.

Executive Committee:—1. Dr. A. Sundaraja Rao, and 2. Dr. V. L. Raja, of Chingleput. 3. Dr. T. K. Thayumanva Mudaliar of Kancheepuram and 4. Dr. K. Vital Doss Pai of Pallavaram.

Representative to the Provincial Council: Dr. P. S. Srinivasan 1. Hon. Secretary Ex-Officio, 2. Dr. P. S. Ananthanarayan of Kancheepuram and 3. Dr. P. K. Varugheese, Tambaram.

After Tea, Dr. S. R. Bhat M.B.B.S., L.D.SC., Dental Surgeon of Madras read a paper on "Dental Diseases as a source of Focal Sepsis" which was much appreciated. With a vote of thanks the meeting terminated.

COIMBATORE BRANCH

President: Dr. I. Pitchai Robert
Vice-President: „ N. Jagannathan
Hony. Secretary: „ S. Ganapathy
Associate Secretary: „ C. Arumugam
Hony. Treasurer: „ T. V. Sivanandam

A clinical meeting of Association was held on 3rd January 1953 at 6 P.M. in the Government Head Quarters Hospital premises. The Secretary read the minutes of the previous meeting which were unanimously adopted. Seventy members attended the meeting. Dr. Pitchai Robert, presided.

Then the following condolence resolution was passed.

"This meeting of the Coimbatore District Medical Association records its deep sense of sorrow at the sudden demise of Dr. T. Sadagopan, M.D., a prominent physician of South India and requests the Secretary to convey the same to the bereaved family".

Then a clinical demonstration of interesting cases including a number of heart cases, abdominal tumors and rare fractures were shown.

With a vote of thanks by the Secretary to the members who took part in the demonstration and to the District Medical Officer and Matron, for permitting the use of the hospital premises and clinical materials, and to the host of the evening Dr. S. V. Swornambal, the meeting terminated at 8 P.M.

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A meeting of the Association was held on 12th February 1953 at 3 p.m. to receive Dr. U. Krishna Rao, Minister for Labour, Industries and Transport.

The President Dr. I. Pichai Robert, while welcoming the minister, requested him to address the members of the Association.

The Minister addressing the members said he was one among them in his views regarding the Short Medical course but there are good reasons for the Government for introducing the new course as there are few doctors in rural areas and the Government was unable to start more medical colleges for want of finance.

Regarding the Employees' State Insurance Scheme he said the State government had not come to any definite programme as to how to work it. The only thing the Government have decided is to introduce the scheme in Coimbatore first as the labour population is concentrated in the city.

With a vote of thanks proposed by the Secretary, to the Chief Guest, Dr. U. Krishna Rao and to the host of the evening Dr. L. Munuswami, the meeting terminated at 4 p.m.

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The Twenty-eighth Annual General Body meeting of the Coimbatore District Medical Association was held on the 15th February 1953 at 4 p.m. in the Association premises with Dr. I. Pichai Robert, the President in the chair. Eighty members attended the meeting. After Tea and light refreshments the meeting began with the opening speech of the president. The President thanked the members of the Association for their co-operation during the period. Then the Secretary Dr. S. Ganapathy read the 28th Annual Report of the Association together with the statements of accounts and Auditor's report which were adopted unanimously.

Dr. P. N. Ramasami Naidu was proposed and unanimously elected as President for the current year. The new President took the chair and the following members were elected unanimously as office-bearers.

President	...	Dr. P. N. Ramasami Naidu
Vice-President	...	„ Major R. S. Rao
Hony. Secretary	...	„ S. Ganapathy
Associate-Secretary	...	„ C. Arumugham
Hony. Treasurer	...	„ C. V. Ramaraj

For the Managing Committee Members:

Dr. A. G. Leelakrishnan	Dr. I. Pichai Robert	Dr. C. Nanjappa
„ Y. P. Vasudevan	„ C. S. Ramasami Iyer	„ T. V. Sivanandam
„ G. T. Gopalakrishna Naidu	„ E. Rajuvaden	„ S. V. Subramaniam
„ L. Munuswami	„ D. Sundareswaran	„ Miss. K. M. Jalajam
„ R. G. Iyer of Tiruppur	„ Mrs. Saguna Bai of Gobichettipalayam	

For the Provincial Council:

Dr. T. V. Sivanandam	Dr. A. G. Leelakrishnan	Dr. C. Arumugham
„ N. K. Sampath	„ C. N. Santhanam	„ M. G. Nair
„ C. V. Ramaraj	„ I. Pichai Robert	„ S. Ganapathy Ex-Officio.

For the Central Council:

Dr. N. K. Sampath	Dr. A. G. Leelakrishnan	Dr. L. Munuswami

Then Dr. P. Govinda Rao was introduced by the President and was requested to address the members. Dr. P. Govinda Rao, M.B.B.S., F.R.C.S., gave a very interesting lecture on 'Male Genital Surgery'. He talked about the common diseases of genitals and their treatment. He talked also about sterility and impotence in male. A lively discussion followed in which a few members took part.

Then the Secretary Dr. S. Ganapathy proposed a vote of thanks to the Speaker of the day, Dr. P. Govinda Rao, M.B.B.S., F.R.C.S. He also thanked the members of the Association for having elected him as Secretary of the Association for the second year. He also thanked Messrs. The South Indian Manufacturing Company, Madurai for the Tea supplied by them. The meeting came to an end at 9 p.m. with a sumptuous Dinner.

CHETTINAD BRANCH

President: Dr. S. Subramaniam
Vice-President: „ D. O. Sendel
Secretary: „ M. Srinivasalu
Joint Secretary: „ V. Muthiah
Treasurer: „ A. Jabbar

The monthly meeting of the association was held on 20—12—'52 at the Swedish Mission Hospital, Tiruppatur at 4-30 P.M. Dr. S. Subramaniam presided. After Tea kindly provided by the hospital staff, Dr. J. S. Sunder Raj gave an interesting talk on 'Talipes Equino Varus'. He dealt at length on the ætiology, pathology and treatment of this condition. Later a few cases of Talipes equino varus undergoing treatment in the hospital were demonstrated.

Later Dr. J. K. Kurian read a short paper on 'Retro-bulbarcysts with special reference to Ecchinoccal Infestation'. He gave the case records of the two cases seen in the hospital. This was followed by a discussion in which many members took part. With a vote of thanks to Drs. Sunder Raj and and Kurian and to the hospital staff for the Tea, the meeting terminated.

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The monthly meeting of the Association was held on 24-1-'53 at the

S. M. S. High School, Karaikudi at 5 P.M. Dr. S. Subramanian presided. After tea, Dr. V. Iravatham, Tiruchy gave an interesting talk on 'Some recent advances in Blood Transfusion Therapy.' He demonstrated the determination of blood groups, the practical methods of cross-matching, and blood transfusion. Later there was a discussion on which several members took part.

With a vote of thanks to Dr. Iravatham for the interesting talk and to the school authorities meeting terminated.

ERODE BRANCH

President: Dr. R. S. K. Raman
Vice-President: „ E. S. Venkataraman
Secretaries: „ N. N. Shenoy, „ N. C. Kuppusamy
Treasurer: „ M. N. Shenoy

A meeting of the Erode Medical Association was held in Sengunthar High School on Saturday the 29th of November with Dr. S. Balasubramanian, District Medical Officer in the chair. Dr. R. Kalamegham spoke on "Prognostic value of the Schilling Count" and Major P. G. K. Menon delivered a lecture on 'Sinus (Paranasal) infection met with in General Practice'. 35 doctors attended.

After the lecture a few questions were asked. Dr. M. N. Shenoy proposed a vote of thanks. Tea was provided by Dr. P. K. Antony and the members were entertained, to dinner by Doctors Shenoy Brothers.

MATHURAI BRANCH

President: Dr. M. N. Rajan
Vice-President: „ T. S. Renga Iyengar
Hony. Secretary: „ P. Krishna Menon
Hony. Treasurer: „ A. S. Annamalai

A monthly meeting of the Association was held at the Association Buildings on the 12th December. 1952. After a pleasant and well attended Tea-party the meeting commenced with Dr. M. N. Rajan in the chair. The minutes of the previous meeting were read out and adopted. Dr. K. G. Ramabadran made some announcements regarding the tentative programme of the Silver Jubilee as per decisions of the Jubilee Committee. Next the President called upon the learned lecturer of the evening Dr. M. Natarajan, B.A., M.B.B.S., M. Ch. Orth., F.R.C.S., (Eng) Orthopædic Surgeon, Government Stanley Hospital, Madrs to speak on "THE NEED FOR AN ORTHOPAEDIC SERVICE". The Lecturer was supplemented by Dr. K. Ramachandran. After a short discussion, the meeting terminated with a vote of thanks.

NAGAPATTINAM BRANCH

President: Dr. J. Y. Arthur, B.A.
Hony. Secretary: „ S. Vijayaraghavan
Treasurer: „ T. S. Varadachary

A monthly meeting of the Nagapattinam Branch of the I. M. A. was held on 27-11-52 at 5 P.M. at the Government Hospital, Nagapattinam, with Dr. J. Y. Arthur in the Chair. Sixteen members attended. Tea was provided by Dr. V. D. Rajan. Then Dr. Rama Rao gave an interesting lecture on "Bed side Diagnosis of common Lung Diseases".

This was followed by an interesting film demonstration on 'Prevention of Tuberculosis and Smallpox, by the courtesy of U. S. Information Services, to whom the President tendered his thanks on behalf of the local I. M. A.

With a vote of thanks proposed by the Hony., Secretary, to the speaker and host of the evening. the meeting terminated.

TIRUCHY BRANCH

President: Dr. T. S. Balasubramanyam
Vice-President: „ T. V. Srinivasan
Secretary: „ A. Dharmarajan
Treasurer: „ S. Venkatesan

The 24th Inaugural Meeting of the association was held on Saturday the 7th February 1953 in the premises of the District Board Meeting Hall, West Bouliward Road, Tiruchirapalli under the Presidency of Dr. T. S. Balasubramanyam. About 50 members were present. After Tea kindly provided by the President Dr. T. S. Balasubramanyam, the President informed the members that the Managing Committee of the association proposed to purchase a site for the association building in Salai Road, Woraiyur and after some discussion it was agreed to place the matter for formal approval by the general body meeting to be held on 21st inst. Then the President introduced Dr. K. Narayanamurthy, M.D. of Madras to the members and requested him to give his talk on "Clinical, Biochemical and Radiological findings during a 58 days fast." After the lecture, there was a discussion in which some members took part. After the President's concluding remarks the Secretary gave a vote of thanks to the lecturer, the host, and to the President. District Board, for allowing their hall for the meeting. The meeting terminated at 8.30 p.m.

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A meeting of the association was held on Saturday the 21st February 1953 in the premises of the District Board Meeting Hall, West Bouliward Road, Tiruchy under the Presidency of Dr. T. S. Balasubramanyam. About 55 members were present. After Tea kindly given by Dr. M. V. Subramanyam, Arasangudy, the President introduced Dr. V. Ramalingaswamy, M.D., D.Sc., Coonoor to the members and requested him to give his talk on "The relation of liver disease in infancy and childhood due to malnutrition". After the lecture the usual discussion took place in which many members took part. The lecture was followed by some slides projected with the Epidiascope. After the lecture a film on "Aureomycin" by Messrs. Lederle Laboratories was shown to members and it was very much appreciated. Then the Secretary proposed a vote of thanks to the lecturer, the host of the evening, to Messrs. S.M.E.S. Corpn. for lending the Epidiascope for the projection of the slides, to the Indian Red Cross Society, Tiruchy for lending the Projector with the operator for the film show, to Messrs. Lederle Labs., Bombay for exhibiting the film and to the President, District Board, Tiruchy for placing the hall for the meeting, the meeting terminated at 9 p.m.

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A monthly meeting of the association was held on Saturday the 7th March 1953 in the premises of the Dist. Board Meeting Hall, West Bouliward Road, Tiruchirapalli under the Presidency of Dr. T. S. Balasubramanyam. About 43 members were present. After Tea kindly supplied by Dr. James Devasahayam and Capt. S. Venkatesan, the President introduced Dr. K. C. Nambiar, F.R.C.S., President, S.I.P.Br. to the members and requested him to give his talk on "Acute Abdomen". The lecture was followed some X-Ray films demonstration. After the lecture the usual discussion took place. Then the Secretary proposed a vote of thanks to the lecturer, the hosts of the evening and to the President, District Board, for allowing the hall for the meeting which terminated at 8.15 p.m.

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A General Body Meeting of the Association was held at 5 p.m. on Saturday the 21st March 1953 in the premises of the District Board Meeting Hall, West Bouliward Road, Tiruchirapalli, under the Presidency of Dr. T. S. Balasubramanyam 50 members werepresent. The President informed the members that the proposed site for the Association Building does not come under "Industrial Area" as per letter from the Town Planning Officer. Then the following resolution was proposed by Dr. R Ganesan and seconded by Dr. V. Ananthagiri and it was passed unanimously.

"This General Body of the I.M.A., Tiruchy Branch approves of the steps taken by the Executive to purchase the site for the construction of the building for the Association. The Executive Committee is authorised to take the necessary steps for the early construction of the same after having satisfied itself of all legal matters connected with it. If the Executive feels that in the interest of this work and efficient execution of the same, it is necessary to co-opt members it is authorised to do so in an advisory capacity only."

TANJORE BRANCH

President: Dr. N. R. Subramanyan
Vice-President: „ T. M. Pillai
Hony. Secy. & Treasurer: „ S. Narayanan.

The Monthly meeting of the Association was held at 4-30 P.M. on Sunday 21st December '52 at the Medical School Buildings, R. M. Hospital, Tanjore. Twenty-five doctors attended. Dr. N. R. Subramanian, M.B.B.S., was in the Chair.

After tea provided by Dr. V. S. Nedungadi of Koothanalloor, the Secretary read the minutes of the last meeting as also communications from the Provincial Secretary. The [illegible] then introduced to the members Captain R. Rajagopalan M.B.B.S., of Mayuram who gave a talk on "Trends in Tuberculosis."

The lecture was followed by a discussion after which the President in his concluding remarks, stressed the need for the early diagnosis of the disease by the family physician who could do most to eradicate the scourge.

The meeting then terminated with a hearty vote of thanks to the lecturer and the host of the evening.

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The monthly meeting of the Association was held at the Medical School Buildings, R. M. Hospital, Tanjore on the 18th January 1953. Twenty five members attended.

After tea provided by Dr. P. A. K. Nair, the meeting commenced. Dr. T. M. Pillai proposed Dr. B. G. Shenoi, the District Medical Officer to the chair. The President in the course of his introductory remarks expressed his surprise at the poor attendance of members and exhorted all the doctors of the district to become members of the association and attend the meetings regularly. He then introduced to the audience, the speaker of the evening Lt. Col. C. S. V. Ramanan, who spoke on 'Army Medical Service.'

Dr. Shenoi, in his concluding remarks said that Civilian doctors in hospitals, although very anxious to do their utmost by their patients were some times handicapped by lack of funds which was not the case in the army. He appealed once again to the members to attend the monthly meetings in larger numbers.

The meeting came to a close with a hearty vote of thanks to the lecturer and the host of the evening.

TIRUNELVELI BRANCH

President: Dr. K. Rama Ayyar
Vice-President: „ P. R. Acharya
Secretary: „ R. Gopalan

Meeting held on 31—1—53 at Palayamkottai

The monthly meeting of the Tirunelveli Branch of the I. M. A. was held at 5-30 P.M. on Saturday 31st January 1953, at the office of the District Medical Officer when members numbering 35 were present.

After tea by Dr. K. Madhava Menon, District Medical Officer, the Secretary read the minutes of the previous meeting.

Then there was a demonstration of clinical cases. Dr. K. Rama Ayyar assisted by Dr. L. Venkata Vittal showed a few cases of extra pulmonary tuberculosis, Pott's disease, tuberculosis of the sternum and caseating tubercular glands of the neck. Then Dr. R. Gopalan presented a few cases of congestive heart failure with varying œtiology, rheumatic, syphilitic, hypertensive, athero-sclerotic and due to hyperthyroidism. There was a discussion on the management of congestive heart failure by the members, after which the meeting terminated with a vote of thanks by the Secretary.

A NEW TREATMENT FOR TUBERCULOSIS

A new treatment for tuberculosis was described recently at a combined meeting of Army, Navy and Veterans Administration Doctors at Atlanta, Georgia. Dr. Walter E. Heck and H. Corwin Hinshaw, of San Francisco, found a way of decreasing the after-effects caused by Streptomycin and Dihydrostreptomycin, the standard drugs now used to combat tuberculosis.

A considerable proportion of patients treated with Streptomycin showed a loss of sense of equilibrium, and Dihydrostreptomycin was more likely to cause partial or complete deafness. The doctors described how, by combining equal parts of these two drugs, the patient gets only half as much of each and the deafness of these toxic effects is greatly decreased. They reported having treated a test group of patients with this combination. The results were most encouraging, as there was no loss of hearing or loss of sense of equilibrium. At last there is solid good news for the tuberculosis patients.... A treatment without danger of toxicity.

Discovered by Squibb doctors, this new drug combination will very shortly be marketed by Messrs. Sarabhai Chemicals for E. R. Squibb and Sons under the name of AMBISTRYN. It is thought that in tuberculosis AMBISTRYN will usually be given in conjunction with Nydrazid or Isonizid.

Although tuberculosis is a chronic disease which often requires many months of hospitalisation or bed-rest, and sometimes major surgery, no drug is effective in all cases but the new drugs ABISTRYN and NYDRAZID appear to be the best available from the point of view of effectiveness and safety.

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ODDS & ENDS

A young naval officer was very insistent on getting leave. He was asked the reason by his commanding officer.

"My wife is expecting a baby" he replied.

"Listen, young man, remember this—you are only necessary at the laying of the Keel. For the launching you are entirely superfluous."

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The wife who had just come out of the hospital after admitting her husband as an in-patient was very depressed. When asked by her friend if his condition was serious, she replied it was not, but he expected to stay in the hospital for a long time. When questioned if he was suffering from some chronic ailment she said, "It is not the disease but the good-looking nurse that would make him stay there for long."

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A passerby tossed a nickel towards the blind man's cup and missed, the coin rolling away.

When the beggar chased it and retrieved it, the donor said "I thought you were blind."

"Oh, I am not the regular blind man" was the cheerful reply, "I'm just taking his place while he is at the movies. I am the deaf and mute."

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