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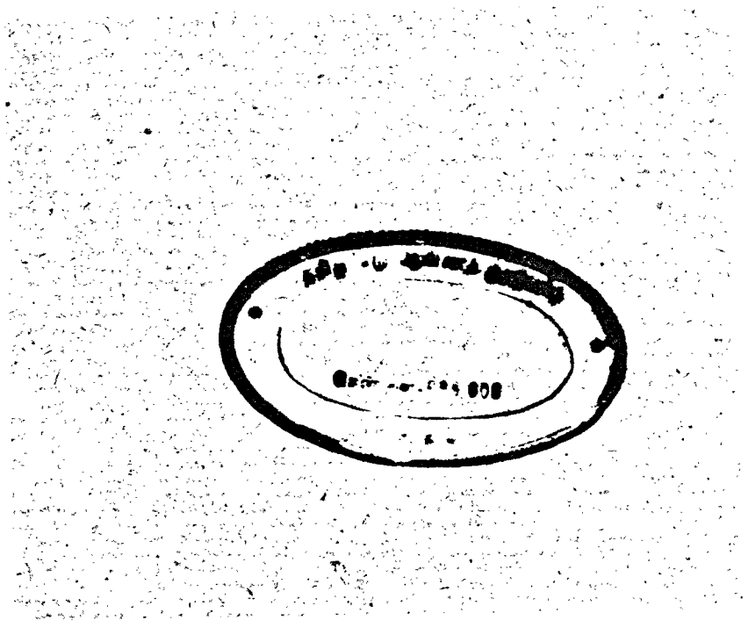

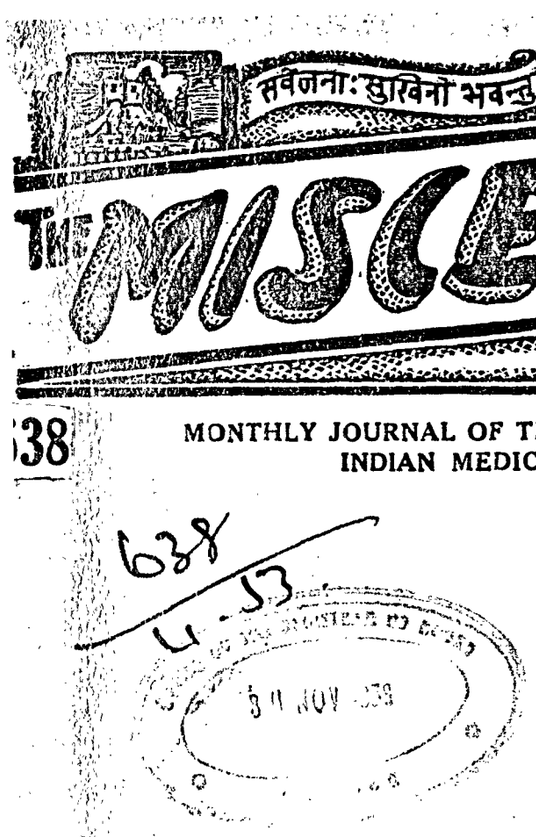

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THE MASCELLANY

MONTHLY JOURNAL OF THE SOUTH INDIAN BRANCH
INDIAN MEDICAL ASSOCIATION

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

Vol. XX | OCTOBER 1953 | No. 4

THE EIGHTH SOUTH INDIAN PROVINCIAL MEDICAL CONFERENCE—1953

MADRAS

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Dr. A. V. AVADHANI, L.M.P.

Dear Sir,

The Madras Branch of the Indian Medical Association has invited the **8th South Indian Provincial Medical Conference** to Madras which will be held in the **last Week of November 1953.** This is the Annual Conference held under the auspices of the South Indian Provincial Branch of the Indian Medical Association. The objects of the Conference are to discuss ways for the promotion and advancement of the Medical and Allied Sciences in all the different branches, for improvement of Public Health and Medical Education in South India, and for upholding the interests of the Medical Profession in general. There will also be an interesting **Scientific Session and Practitioner's Quiz Medical Exhibition** and the Publication of a **Souvenir** will be an added attraction.

The Madras Branch of I.M.A. at its General Body Meeting held on 6th August '53 has formed the Reception Committee of the Conference. The membership of the Reception Committee is open to all medical men with **Registerable modern Medical qualifications** residing in the City of Madras. The success of the Conference depends on the co-operation and support of the profession in the city. The Reception Committee earnestly appeals to the Medical men to join the Reception Committee and contribute to the success of the Conference. The Minimum Subscription is Rs. 15/-; but all, are requested to contribute liberally and make the Conference a grand success.

P. Natesan,
Chairman, Reception Committee.

(FOR CIRCULATION AMONGST MEMBERS ONLY.)

THE MISCELLANY

MONTHLY JOURNAL OF THE SOUTH INDIAN BRANCH
THE INDIAN MEDICAL ASSOCIATION

VOL. XX] OCTOBER 1953 [No. 4

PREVENTION OF BLINDNESS IN CHILDREN

BY

DR. V. K. CHITNIS, D.O., F.C.P.S., BOMBAY.

IT is a painful fact that there is a population of 20,00,000 blind in this country. It is equally painful to know that this colossal blindness is a close associate of poverty, ignorance, neglect and improper treatment. Even more distressing is the fact that quite 30 per cent of the blind people have lost their sight under the age of 21, most of it having being lost under first five years of life. Add to this the fact that they are blind for much the longest period; in 'blind years' they suffer 58.3 per cent of the real sum total of blindness. No physical disability excites our sympathy so much as loss of sight and yet we are slow to realize how often blindness is preventable, how often curable, and by comparison how rarely inevitable.

The common causes of blindness in India in general are (*a*) Inflammatory diseases of the Conjunctiva and the Cornea, (*b*) Cataract and Glaucoma, (*c*) Malnutrition, (*d*) Venereal Disease, (*e*) Small-Pox (*f*) Pernicious activities of couchers and quacks, and (*g*) ill effects of bad posture, glare, bad lighting and badly printed books. The tragedy of it is that the four major diseases causing almost the whole of the loss of sight in the younger group —Small-Pox, Keratomalacia, Ophthalmia Neonatorum and wrongly treated conjunctivitis—are easily preventable by well-known measures—easy, that is, if the people can be reached and if they will accept precautionary treatment. Blindness from any of these causes in the West is now an extreme rarity. With their departure from the scene here, nearly two-thirds of our blindness would be gone. I, therefore, propose to deal with some of the most important affections of the eyes that lead to blindness in children.

Ophthalmia Neonatorum :

The purulent conjunctivitis of the new-born known as Ophthalmia Neonatorum is the most serious form of conjunctivitis responsible for blinding the eyes of young babies in this country. Over twenty per cent of blindness in children under five years is due to this disease. At birth the eye has less resistance to infection than in later life, because, the epithelium of the conjunctiva and cornea has fewer layers and cells than in adult life, the lymphoid tissue of the conjunctiva which is an invaluable protection against infection is absent, and lastly, the powerful anti-bacterial lysosyme is not there as tears are not secreted in the first few weeks of life. The disease is contracted within the first three days after birth. Any

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infection appearing after the third day is probably due to extraneous agents. The primary infection is in the vagina, the skin of the lids becoming contaminated during the second stage of labour. Should labour be prolonged contamination is far more likely to occur. By far the greater number of cases are due to gonococcus but other organisms like staphylococcus, streptococcus, pneumococcus and bacillus coli, etc. are also responsible in a number of cases. Great danger of Ophthalmia Neonatorum is corneal ulceration which occurs in a high percentage of cases; the healed ulcer leaves behind a scar which interferes with vision to an extent depending upon the size and position of the area involved. Perforation leads to complete loss of sight and sequalæ such as anterior staphyloma, etc.

Prophylaxis plays the most important part. The tragedy lies not in ignorance but in non-observance. Prophlaxis consists of (*a*) ante-natal care to exclude vaginal sepsis, (*b*) cleansing of the lids at birth, and (*c*) post-natal instillation into the eyes of antiseptic drops.

The majority of pregnant women have catarrh of the vagina with a mucous or purulent discharge. In the greater portion of these cases we have to do with a benign vaginal catarrh, in a smaller portion with a virulent catarrh. The ideal is a bacteriological investigation of the vagina in all pregnant women and immediate treatment of the infection. Scrupulous cleanliness must be observed during parturition and the puerperium.

Cleansing of the lids should be carried out as soon as the head is born or immediately after birth is completed before the eyes are open. Each eye should be wiped with separate pieces of dry sterilized lint until all secretion present on the lid margins is removed. If the lint be dry the secretion is removed with the grease which is normally present on the lids. This wiping should be carried out away from the nose and simultaneously in each eye, thus the pledgets of lint are drawn away from each other and firmer traction is obtained. Moist swabs should not be used. This dry swab-wiping should never be omitted, and reliance must however be placed solely on the use of drops, as of the two procedures dry-swabbing is by far the more important.

Drugs are next instilled into both eyes. The baby is placed lying on a table or on the nurse's lap with the head away from her. The doctor stands behind the head, which is held between both hands of the nurse, who also draws the lower lids with her thumbs. The doctor's hands are thus free to draw up the upper lid and insert the drops. The drop must be seen to enter the conjunctival sac. Many antiseptic drops have been used but none has proved better than 1 per cent solution of Silver Nitrate, first suggested by Crede'. Ocular damage by 1 per cent silver nitrate is unknown. It has been in use for over 20 years as the prophylactic routine in the Rotunda Hospital (Dublin) without ill effects.

There can be few serious conditions in which treatment by the Sulphanilamides and Penicillin has achieved more dramatic results. They now replace all other drugs. Treatment should commence immediately the diagnosis is suspected. Delay is dangerous. Any of the Sulfa group of drugs such asmezathine,-thiazole or -diazine is good enough. ½ tablet (0.25 gramm) is administered as a crushed powder in a teaspoonful of milk or water. This is followed by ¼ tablet (0.125 gramm) every four hours, day and night, until two days after clinical cure is obtained. The gonorrheal ophthalmias respond particularly well to this treatment but it cannot be sufficiently stressed that all organisms producing Ophthalmia neonatorum are highly susceptible to the sulfanilamides and a rapid response to this treatment is the rule, with clinical cure within a week. Toxic effects of this drug in the new-born are almost unknown.

Sorsby has pointed out that whereas the sulphanilamides have shortened the treatment of this condition from weeks to days, penicillin has reduced it to hours. It should be known that Penicillin is active even in the presence of pus. In ophthalmia neonatorum it is employed both parenterally and as drops. However, local treatment alone will suffice in most of the cases. Penicillin drops 2,500 units per c.c. are instilled in the following manner: every minute for the first half hour; every 5 minutes for the next half hour; and half hourly thereafter until the lid oedema subsides and continued for twenty-four hours. Penicillin given parenterally in a three hourly dosage of 200,000 units per c.c. hastens cure but is generally unnecessary. It is recommended that breast feeding should be insisted upon, as without doubt, it has a most beneficial influence on the course of the disease.

Xerophthalmia :

Xerophthalmia or Keratomalacia stands pre-eminent as the most important cause of blindness in the first five years of life, almost equal or more important even than Ophthalmia Neonatorum. It is essentially a disease of malnutrition and poverty. The proper place to find its ravages is in the poverty-stricken areas of towns and big cities. These localities are crowded and ill-ventilated and maintained in the most unhygienic conditions. Here live these poor creatures, almost half starved, toiling the whole day for their bread and huddled together in small rooms where the sun never penetrates during any time of the day. Their young ones are bred and brought up in these surroundings. The food is poor in quality and devoid of vitamins. Sunlight, fresh air and good hygienic surroundings so essential for the prevention of this disease are denied to these unfortunate creatures of poverty in a land where there is no dearth of them otherwise.

Almost invariably the child looks ill and apathetic. It is either suffering from diarrhoea or anaemia or both. The conjunctivae are xerotic and the corneae are dry and lustreless. After a time it becomes ground glass like opaque. Secondary infection is the rule, the cornea ulcerates and perforates and not only the eye-ball is lost but in many cases the child also dies.

There is a pernicious habit amongst these poor workwomen of giving their babies an opium pill commonly known as Bal Goli. It puts the babe to sleep during the day and allows the mother to attend to her bread-winning activities. During the time the mother is away the child gets no feed. It is in fact starved. The daily dose of opium upsets the digestion of the little one. It cannot digest the few feeds it gets. Constipation is followed by diarrhoea, anaemia supervenes and it falls an easy prey to Keratomalacia.

Prophylactic measures alone will bring this disease under control. Good sanitary surroundings where fresh air and sunlight are available in plenty, will have to be provided. Above all education of the masses to live hygienically must form a part of the crusade against this disease. The opium habit must be ruthlessly stopped. Not long ago a system of Baby-Creche's were provided by benevolent masters in the mill areas of the city of Bombay where babies were kept and looked after. This is an excellent service rendered to the children of the labourers. This relieves the mother of her anxiety and provides the baby with the necessities of life.

Congenital Syphilis :

Congenital Syphilis is the third important cause of blindness in child-

hood. There is little realization amongst our coutrymen that the poison of syphilis is transmissible to their children. An infected mother can transmit syphilis to her offspring long after she has ceased to be sexually contagious. Syphilis is rampant in all civilized countries and eyes lost through venereal disease are legion. A heavy responsibility lies upon the medical man in this connection. He must be in the foremost rank to fight this social scourge.

The common ocular manifestations of congenital syphilis are Choroiditis, Iritis and Interstitial Keratitis. The first two have occurred as early as the 5th month of baby's life. Unless properly treated they lead to blindness or considerable impairment of sight. If a small infant who shows no signs of acute illness, develops iritis, it is almost undeniable evidence of congenital syphilis. Interstitial keratitis usually begins at the age of puberty. In this disease opacities form in the substance of the cornea and with their confluence make the cornea opaque; after a time blood vessels appear in the cornea producing a salmon patch. The condition is bilateral; gradually after some months the cornea becomes clear more or less completely but the patient is left invariably with a permanently damaged sight with concomitant iritis and choroiditis. Many a time it may happen that the infant is born blind. It is not uncommon to find chorioretinitis or optic strophy in these unfortunate babies.

The large number of eye-involments justifies emphasis upon inherited syphilis as a preventable cause of blindness. The disease is apt to be sluggish and stubbornly recurring in character. Vision may be impaired a little more each year through childhood and youth with partial or complete invalidism reaching its height during the most useful age period and lasting until the end of life. Authority tells us that properly administered treatment of the expectant mother commenced as soon as possible after the beginning of pregnancy and in any case, not later than by the fourth month, will almost entirely free the child born of such a mother from infection.

Small-pox :

Small-pox is prevalent in epidemic form in our country. It plays a great havoc with the eyes of our children. Eyes lost through the ocular complications of small-pox are countless. It is mostly through ignorance of the dangers to the eye from the deadly virus of small-pox. Ocular complications of this disease are very important. Besides mere conjunctivitis which is very common, pustules may form on the palpebral or ocular conjunctiva. The eye-lids become inflamed and oedematous. A rapidly spreading keratitis may slough away the cornea. Corneal ulcers, at times with hypopyon are common and sometimes lead to perforation and panophthalmitis.

Prevention of this disease consists in vaccination of all children. Compulsory vaccination is provided by law yet many parents try to evade it and while doing so allow their children to be infected by small-pox. Cases are allowed to progress in secrecy for fear of isolation. In spite of the fact that it plays a havoc with the population and that effective re-vaccination prevents this, the latter has not yet found favour with the orthodox and the backward classes of our society. Even amongst the educated, there is a tendency to think lightly of this disease and revaccination. It is the duty of every medical man to make the people grasp the value of vaccination and isolation; every family that harbours a case of small-pox without the knowledge of its neighbours, is doing a grave injustice to itself and its fellow-neighbours. Unless we bring home a proper realization of these facts to the mind of the population it is futile to expect a total eradication

of this menace to the health of the public.

If medical aid is sought as soon as any eye complication takes place in the course of the disease, almost all eyes can be saved from the ravages of this infection. A simple remedy is enough to save the eye. This fact must be well impressed upon the minds of the poor and the ignorant. All that is needed is to keep the eyes clean by some antiseptic lotion during the course of the disease and with the out-break of conjunctivitis sterile castor oil drops should be instilled and immediate medical aid should be sought.

Trachoma :

No catalogue of the causes blindness can ever be said to be complete unless we mention the most important one viz. Trachoma. It is endemic in India and no disease has been so wantonly neglected as this one. Its highly contagious nature has been lost sight of and treatment is always asked for when complications have set in and considerable impairment of sight has been already established. This disease alone has blinded a large portion of our population. Its slow insidious onset and an almost symptomless early course always puts everyone off his guard and it awakens its possessor only when it is far advanced, unless it is detected earlier, accidentally. Overcrowding of population, unhygienic surroundings, dirty living and poverty have contributed largely to the spread of this disease. It spreads by contaminated fingers, towels, handkerchiefs and so on. Indiscrimate application of surmas by the itinerant quacks and the use of irritant remedies prescribed by the so called know-alls has aggravated the disease.

After years of refinement in research the causative organism of Trachoma is still unkown. Evidence, however, is strongly in favour of a virus infection with a possible intermediate host in rats. The virus has been found in the bodies of lice.

Prolonged treatment of the infected and isolation from them of the non-infected particularly children will—go a great way in bringing under control the ravages of this disease.

Myopia :

A few factors about Myopia will not be out of place here. In a large majority of children myopia is a progressive condition. Heredity, however, plays a predominant role in the production of myopia. It is necessary, therefore, that children of short sighted parents should have their eyes examined before the age of five and made to wear appropriate correcting lenses so that the child can grow up without being deprived of the recognition and enjoyment of distant objects. Many parents dislike the idea of their child wearing progressively strong glasses and therefore they easily succumb to "cures" advocated by charlatans. The latter may succeed in "proving" a cure. We have seen such alleged cures but have never found one which attained a normal unaided standard of visual acuity under proper conditions of testing; on the contrary, whenever we had been fortunate to examine the child before the quack-treatment, we found that the amount of myopia had meanwhile advanced.

Medical as well as lay people believe that myopia is due to close work. There is no conclusive evidence to show that the use of eyes for near work can directly cause myopia.

Myopia has a tendency to progress during the period of growth. Unfortunately there are no means of checking this progressive tendency. Children with high myopia having gross pathological changes in the fundus (pathological myopia) and in whom the integrity of the macula is threatened at an early age, can derive much benefit from methods of educa-

tion intended to exploit the other faculties such as touch and hearing. Such methods evolved at special myopia schools permit the children, while their minds are still in the plastic age, to learn occupations which may keep them usefully employed throughout life.

Children with moderate degrees of myopia (-5D or-6D) without any gross pathological changes in the fundus should not be deprived of normal education. Parents of such children should be warned that certain positions e.g. in the Police force or Fighting Services, are only open to candidates who can see the 6/6 line of letters with each eye unaided. Many a needless disappointment will thereby be avoided.

Illumination :

Problem of good lighting has received a good deal of attention in recent years. The size of the object under scrutiny, the distance of the observing eye, together with its state of adaptation enter largely into the question. It is not necessary to go into the details, so long as the black board writing and print used for school books are sufficiently large. Good lighting conditions are of first rate importance for the following reasons.

Child handicapped by dim light at school is likely to adopt unhygienic postures, which may even produce deformity, such as curvature of the spine; secondly, education is likely to suffer under the necessity of peering at books in a dark class room, because work will be slowed down and concentration hindered. Finally, the difficult working conditions may render a child irritable, take away his zest for games, and depress the level of his general health. In the ensuing state of lowered resistance it is reasonable to believe that a child will more readily be visited by ocular infection, and may even develop a tendency to myopia. It is, therefore, reasonable to conclude that although bad lighting conditions reflect no direct ocular damage, they can be indirectly harmful to the eyes.

Periodical examinations of schools for detecting eye diseases and defective vision is an extremely important step in saving the eye-sight of children. Even it is necessary to impress upon the parents the need to get their children's eye-sight tested in the pre-school days. Education of the masses is the next most important step. This may be partially successful in cities but in widely scattered villages where there is much hidden blindness, a well organized effort is needed to carry on propaganda and the much needed relief work.

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ASSOCIATION NOTES

COIMBATORE BRANCH

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

A clinical meeting of the Association was held on Saturday the 18th July 1953 at 6 P.M. in the Association premises. Dr. (Major) R. S. Rao, Vice-President of the Association presided. About 80 members attended the meeting. After Tea and Light refreshment the new members were introduced.

The minutes of the previous meeting was read and approved.

The circular from Indian Medical Association, Central, regarding the International certificates for vaccination and inoculation were read.

The following resolution was passed unanimously :

"It is resolved to elect Dr. K. C. Nambiar of Madras as President and Dr. T. V. Sivanandam, of Coimbatore as Vice-President of The South Indian Provincial Branch of IMA for the year 1953-54."

The following resolution was proposed by Dr. Y. P. Vasudevan and seconded by Dr. S. Ganapathy and passed unanimously :

"The District Medical Association, Coimbatore resolves to request the Indian Red Cross Society, Coimbatore to take very early steps to secure from the Government of India the buildings and equipment of the Red-Fields Military Hospital when it is vacated for starting and running a Tuberculosis Sanatorium of hundred beds to begin with in Coimbatore, in furtherance of the Red Cross Society's resolution dated 19th June 1951 to give effect to the scheme proposed by Dr. Y. P. Vasudevan. The District Medical Association, Coimbatore further resolves to offer its full co-operation and help in working the scheme to success."

Then the lecturer of the evening Dr. (Miss) S. Padmavathi, M.R.C.P. (Edin.) M.R.C.P. (Lond.), Professor of Medicine, Lady Hardinge Medical College, Delhi, was introduced to the audience and requested to speak on the subject of 'Hypertension and its Managements.' A discussion followed in which a number of speakers took part.

With a vote of thanks by the Secretary to the Speaker, and hostesses of the evening, Drs. Miss. Radhakannan and Mrs. Sarada Ayyadurai, the meeting terminated at 8-30 P.M.

MATHURAI BRANCH

President: Dr. A. S. Annamalai
Vice-President: „ A. K. Rajagopalan
Hony. Secretary: „ P. A. Y. Narayanan
Hony. Treasurer: „ M. Venkatachalam Chetty

Proceedings of the monthly meeting held on 20th June, 1953.

A monthly meeting of the Association was held on 20-6-53 at 6 P.M. at The Association Buildings No.1, Panagal Road, Tallakulam, Madurai.

The host of the evening was Dr. M. Venkatachalam chetty, the Honorary Treasurer.

After Tea, Dr. A. S. Annamalai the chairman of the evening called upon the Secretary to read the minutes of the meeting held on 23rd may, 1953. The minutes was read and adopted by the members. Sixtythree members were present. The Secretary then informed the members that the Governing Body had written to the Secretary, of the Provincial Council inviting the Provincial Conference to Madura during the Michælmas holidays.

The President then introduced Dr. G. P. Rayen, MBBS., DLO., Hony. Surgeon, ENT Department, Government Erskine Hospital and requested him to talk about "Treatment of Chronic Suppurative Otitis Media".

After the lecture, Dr. Venkatesan mentioned the simple method of Zinc Ionisation. Dr. Krishnan, emphasised on the personal babits of the patients with C. S. O. M. and mentioned that he had good results when he advised his patients to plug their ears with cotton wool whenever they took their baths.

The President then requested Dr. Chellappa, FRCS, of the Willis F. Pierce Memorial Hospital to speak to the members. Dr. Chellappa mentioned some of his stray impressions of a visit to the United kingdom and spoke in a lighter vein that kept the audience entertained.

The meeting terminated at 8-15 P.M. with a vote of thanks by the Secretary to the speakers of the evening.

MALABAR BRANCH

Patron: Dr. A. Balakrishnan Nair
President: „ C. K. Menon
Vice-Presidents: „ C. V. Narayana Iyer, „ M. Krishnan
Hon. Secretaries: „ C. R. Parasuram, „ U. B. Krishnan
Treasurer: Dr. K. Seetharaman

Proceedings of the Meeting held on Sunday the 25th July, '53.

A meeting of the Malabar Branch of the Indian Medical Association was held on Sunday the 25th July at the Hackett—Wilkins Memorial Hall Dr. P. B. Menon, A. D. M. O. was the host for the evening.

The meeting started with election of Office-bearers to the South Indian Provincial Branch.

Dr. R. Janaki, M.B.B.S., D.G.O., then read out a short but highly instructive paper on "Third Stage of Labour", The management of Post-Partum Haemorrhage.

The meeting concluded with a vote of thanks by the Secretary, who said that the host was very sorry he could not be present at the meeting as he had to go to Coimbatore on "Court Duty." The attendance showed a marked improvement and the Secretary appealed to all the members to come in larger numbers to all the meetings and contribute their share to the success of the Association.

MADRAS BRANCH

President: Dr. P. Natesan
Vice-Presidents: „ K. L. Narayana Rao, „ K. R. Doraiswami
Hon. Secretaries: „ R. Sankaran, „ N. A. Iyengar
Treasurer: „ M. R. Bail

Minutes of the urgent meeting of the Executive Committee, held on 15-7-'53 at 6 p.m. in the premises at 379 China Bazaar, Madras, Dr. P. Natesan, the President presiding.

A RESOLUTION OF CONDOLENCE, MOVED FROM THE CHAIR, REGARDING THE DEATH OF DR. S. R. MADANAGOPALA NAIDU, A MEMBER OF THE BRANCH WAS PASSED ALL STANDING.

Minutes of the Executive Committee of the Madras Branch of the I. M. A. held on 28-5-53 and 15-6-53 and the General Body meeting held on 15-6-53 were read and confirmed.

The reply from the Hon. Prov. Secretary dated 14-6-53 regarding medical aid to villages was read and recorded.

A circular letter from the Prov. Secretary accepting the invitation of the Madras Branch to hold the eighth Provincial Conference in Madras was read and recorded.

Resolved to call for a General Body meeting on 6-8-53 to elect a President and two Vice-Presidents for the Provincial Branch and the formation of the Reception Committee.

It was resolved to request the Minister for Public Health to exempt the Branch from payment of rent for using the Medical College premises for its meetings and the Secretary was authorised to communicate copies to the Director of Medical Services and the Dean of the Medical College.

Minutes of the General Body meeting held on 6-8-53 at Medical College.

The following were elected to the Provincial Branch :—

Dr. K. C. Nambiar for the Presidentship.

Drs. S. Sivanandam of Coimbatore and S. Subramaniam of Karaikudi for the Vice-Presidentship.

Dr. R. Sankaram, Hon. Secretary informed the house that as the valid nominations for the Presidentship and Vice-Presidentship of the Central I.M.A. had not yet been received. The Executive Committee be authorised to elect the office-bearers and this was accepted.

Dr. G. Sriramulu was elected to the Provincial Council in the place of the late Dr. N. Gangadharan.

It was resolved that the General Body of the Branch be converted into the Reception Committee of the eighth S. I. P. Conference and the Reception Committee will elect its own office-bearers.

A sum of Rupees Three hundred (Rs. 300/-) was sanctioned for preliminary expenses of the Conference.

It was resolved to take in non-medical men as members of the Reception Committee if they pay not less than Rs. 50/- and that the fee for the membership of the Reception Committee of doctors whether members or non-members, shall be Rs. 15/-.

NILGIRIS BRANCH

President: Lt. Col. J. C. Bharucha
Vice-Presidents: Dr. S. R. Pandit & Dr. C. Gopalan
Hony. Secretary: „ P. V. Kurian
Hony. Treasurer: „ K. P. S. Nambiar

The monthly meeting of the Association was held at Lawley Institute, Ootacamund, on Saturday, June 20th, with Dr. S. R. Pandit, Vice-President in the chair. The films which were arranged to be shown could not be shown as the films and the projectionist were reported to be involved in the railway accident near Madanapalle.

After the introductory remarks of the Chairman, the Secretary read the minutes of the two meetings held in May, which were duly confirmed. A letter received from Mrs. R. Saran, Convener and Treasurer of the Madras State Branch of the Madras State Branch of the Indian Cancer Society requesting for enrolment of members was read by the Secretary. He also read the letter received from Messrs. Sarabhai Chemicals, Madras regretting their inability to send the promised films due to circumstances beyond their control. Bringing to the notice of the members the increased incidence of diphtheria in the Nilgiris in recent months, the Secretary requested the members to popularise immunization against diphtheria.

Lt.-Col. J. C. Bharucha, gave a talk on 'Peptic Ulcer'.

Dr. Patwardhan, and Dr. Gopalan, commented on the causes of peptic ulcer. The likelihood of peptic ulcer turning malignant was also discussed. Dr. K. N. Vasudevan of the Government Head-quarters Hospital, Ootacamund, discussed the surgical aspects of peptic ulcer. Though gastrectomy was being done increasingly gastrojejunostomy was found to be more suitable for the average Indian patient. The speaker was not favourably impressed with the results of vagotomy.

Dr. S. R. Pandit thanked Lt.-Col. Bharucha and those who took part in the discussion.

The meeting was followed by refreshments. The attendance was poor on account of the heavy rains.

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Mrs. & Dr. Abdhur Rahman, M. B. B. S. thank all the members of the medical profession who were present on the occasion of their marriage and who were kind enough to send congratulatory messages and regret their inability to thank them personally.

With thanks from

Dr. A. Jabbar
Dr. Jabbar's Clinic & X-Ray Institute, KARAIKUDI. (Bride's father)

Mr. M. A. Shukoor
Southern Railway, MADURA. (Bridegroom's father)

INDIAN MEDICAL ASSOCIATION

TIRUCHY BRANCH

Donations received from the following for the Building Fund

1.	Mr. John Ponniah, Tiruchy	...	2,000	0	0
2.	Dr. T. S. Balasubramanyam, Tiruchy	...	500	0	0
3.	Dr. A. Dharmarajan, Tiruchy	...	100	0	0
4.	Dr. G. Viswanathan, Tiruchy	...	100	0	0
5.	Dr. V. Enok, Tiruchy	...	100	0	0
6.	Dr. T. K. Ranganathan, Tiruchy	...	100	0	0
7.	Dr. V. V. Parameswaran, Karur	...	100	0	0
8.	Major P. A. Menon, Golden Rock	...	101	0	0
9.	Dr. T. V. Ranganathan, Tiruchy	...	100	0	0
10.	Dr. N. C. Subramanyam, Tiruchy	...	100	0	0
11.	Dr. S. David	...	100	0	0
12.	Dr. T. M. Krishnamoorthy, Tiruchy	...	50	0	0
13.	Dr. A. S. Selvaraj, Golden Rock	...	10	0	0
Collections by Dr. A. Dharmarajan					
14.	Sri. N. N. Ramanatha Iyer, Nangavaram	...	250	0	0
15.	M/s Vasan Medical Hall, Tiruchy	...	101	0	0
16.	Sri. A. S. Natesa Iyer	...	101	0	0
17.	M/s Vinayagar Medical Hall, Tiruchy	...	50	0	0
18.	Sri. C. A. C. Arunachalam	...	50	0	0
19.	Sri. K. S. Warrier, Tiruchy	...	25	0	0
20.	Sri. C. P. Ramaswamy	...	5	0	0
21.	Sri. Gopinath	...	5	0	0
Collections by Dr. R. Ganesan					
22.	Sri. Periaswamy, Tiruchy	...	50	0	0
23.	Sri. G. K. Sundararajan, Tiruchy	...	25	0	0
24.	Sri. T. S. Srinivasan, Tiruchy	...	15	0	0
25.	Sri. T. P. S. Kone	...	10	0	0
Collection by Dr. T. V. Srinivasan					
26.	Sri. Muthukaruppan Chettiar	...	16	0	0

TANJORE BRANCH

President: Dr. N. R. Subramanian
Vice-President: Dr. T. M. Pillay
Hony. Secretary & Treasurer: Dr. S. Narayanan

The 17th Annual conference of our Association was held on the 3rd April '53 at the Medical School Buildings, R. M. Hospital, Tanjore. About 125 doctors attended.

The proceedings commenced at 10 A.M. with an invocation song by Kumari Prema of Tanjore. Dr. N. R. Subramanian welcomed the gathering and requested Dr. P. Arunachalam, the Director of Medical Services to preside over the day's function.

The Secretary then read messages wishing the conference all success, received from Dr. A. B. Shetty, Minister for Public Health, Dr. U. Krishna Rao, Minister for Transport and Industries, Dr. T. S. Tirumurthy, Dr. K. C. Nambiar, President of the South Indian Provincial Branch of the I. M. A., Dr. D. V. Venkappa and others. He then presented the Annual Report and an audited statement of accounts for the preceding year which were adopted.

The Director of Medical services then delivered his opening address in the course of which he stressed the need for understanding and goodwill among the members of the profession. He said that proper medical aid should be extended to the villages and associations of medical men could do much in this direction. He quoted the opinion of the team of experts of the W. H. O. who recently visited Madras, that, it was proper equipment and other facilities that were lacking and not talent in India and suggested that philanthropists should come forward to help us in that direction. Continuing he referred to the new wender drugs and warned doctors and patients against a mad craving for these drugs.

Dr. P. Kutumbiah, Principal, Xian Medical College, Vellore, then spoke on 'Rheumatic Heart Diseases and their management'. In a vary interesting and informative lecture, he pointed out that rheumatic heart lesions were preventible by administration of large doses of Soda Salicylas or Aspirin. It was a fallacy to say that Aspirin affected the heart adversely. But the proper time to prevend heart damage was not when the adult got rheumatic fever but during the school going age when boys developed tonsilitis. A proper medical inspection of school boys could prevent a lot of crippling in adult life. During the course of the lecture the learned lecturer elucidated a number of points raised by the doctors present. Cool drinks were supplied to the gathering by the kind courtesy of the U. S. A. N. Laboratories, Bombay.

After a sumptuous lunch provided by the kind courtesy of Messrs. East India Pharmaceutical Works, Calcutta. The business meeting of the Association was held at 3-30 P.M. At the outset, the President moved a resolution of condolence on the death of Dr. P. Rathnasamy of Madras. This was passed, all members standing in respectful silence and the Secretary was authorised to communicate the resolution to the members of the bereaved family. The office-bearers were elected unanimously for the year 1953—54.

The evening sessions commenced at 4-30 P.M. after a delightful Tea provided by the kind courtesy of Messrs. Albert David Ltd., Calcutta. Dr. P. Arunachalam, spoke on 'Adrenal Cortex health and disease'.

This was followed by a lecture on 'Diseases of the Larynx' by Dr. V. S. Subramanian of Madras, who supplemented the lecture by a film show on abnormal conditions of the larynx.

After the President's concluding remarks and a vote of thanks proposed by Dr. N. R. Subramanian, the conference came to a close with the singing of the National Anthem by Kumari Ambujam of Tanjore.

TIRUNELVELI BRANCH

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

Meeting held at Palayamkottai on 27-6-53.

A meeting of the Tirunelveli Branch of the Indian Medical Association was held on Saturday, 27th June, 1953 at 5-30 P.M. at the office of the District Medical Officer, Palayankottai, when members numbering thirty two were present.

After tea by Dr. S. Chandrasekharan, the Secretary read the minutes of the previous meeting.

The following nomination for the posts of one President and three Vice-Presidents for the Indian Medical Association were made for the year 1953-54.

I. President:—

Dr. U. Mohan Rau, M.S., F.R.C.S., of Madras.

II. Vice-Presidents:—

(1) Dr. K. Chintan Nambiar, F.R.C.S., (Eng., & of Madras.)

(2) Dr. A. G. Leelakrishnan of Coimbatore.

(3) Dr. Subramanian of Karaikudi.

Then Dr. S. Chandrasekharan gave a talk on the "Treatment of Abscesses and Ulcers" which was followed by a discussion in which several members took part.

The meeting terminated with a vote of thanks by the Secretary.

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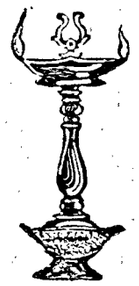
THE EIGHTH

South Indian Provincial Medical Conference—1953

MADRAS

MEDICAL EXHIBITION AND SOUVENIR

Chairman:
DR. P. NATESAN, M.B., B.S.
Secretary, Exhibition:
DR. N. A. IYENGAR, M.B., B.S.
Secretary, Souvenir:
DR. D. V. VENKAPPA, L.M.P.
Hony. General Secretary:
DR. R. SANKARAN, L.M.P.
T.Nagar, Madras-17
Hony. Joint General Secretary:
DR. A. M. SIVARAMAN, L.M.P.



340, Triplicane High Road
MADRAS-5

Phone: 84193

Date: *15th August, 1953*

Dear Sirs,

The Reception Committee of the **Eighth South Indian Provincial Medical Conference** has resolved to organise a **Medical Exhibition** and to publish an attractive and interesting **Souvenir** on the eve of this Conference to be held in Madras in the **last week of November 1953.** No such Conference has been held ever since the year 1948 in the City of Madras and this session therefore, promises to be a momentous one when a very large number of medical men both from the City and all over Province would gather together to exchange thoughts on the various aspects of the Medical Science and Public Health problems.

It is needless to mention that this occasion would also afford an unique opportunity for such of those Pharmaceutical and Industrial firms, Insurance companies, Banking corporations and other allied concerns to avail themselves of this Exhibition for not only to the benefit of the profession and the public but also to give a wider publicity about their varied activities in their respective avocations. The **Souvenir** (D. Cr. 1×8, 7¾″×10″) profusely illustrated with photos of the various City Hospitals would furnish all details of the nature of the exhibits and other matters of technical importance. To such of those who cannot avail themselves of participating in the Exhibition, this Souvenir would prove very handy in giving the needed encouragement and publicity in its columns. The details and other particulars concerning this Exhibition will be let known to you very shortly. Meanwhile, the Exhibition Committee have decided and fixed the rates of charges in order to expedite the reservation of booths as well as the pages in the Souvenir without further loss of time. The rates are as follows:

1. **For a single stall in the Exhibition (20 feet by 10 feet) ... Rs. 300**
2. **For one full page in the Souvenir excepting the cover and the last page Rs. 150**
3. **For a single stall in the Exhibition and a full page in the Souvenir Rs. 400**
4. **For one half page only in the Souvenir ... Rs. 100**

The undersigned would be very glad to hear from you about your decision and requirements not later than **20th September 1953** to enable him to make the necessary reservation. With a view to facilitate matters a printed form giving details is herewith attached which you may fill up as per your desire and return the same to the undersigned in time for necessary action. As there is already a keen competition both for the stalls in the Exhibition and the pages of the *Souvenir*, every opportunity will be given to intending advertisers to rise to the occasion and contribute their share towards the success of the functions as it was done in 1948. The entire cooperation of the Exhibitors with the office bearers connected with the Exhibition and the Souvenir will be very much appreciated and thankfully acknowledged.

Awaiting your kind response and co-operation,

Yours faithfully,

N. A. Iyengar,

Secretary, Exhibition.

P.S.—DR. N. A. IYENGAR will be available for personal contact between 8 to 11 a.m. & 4 to 8 p.m. at 340, Triplicane High Road, Madras-5. At other hours, he will be available both in person & on Phone at 52, Edward Elliots Road, Madras-4. Phone: 84193.

ORDER FORM

From

To

DR. N. A. IYENGAR, M.B., B.S.,
Secretary for Exhibition
340, TRIPLICANE HIGH ROAD, MADRAS-5 Phone: 84193.

Sir,

Ref. Your circular about the Exhibition and the Souvenir I/We desire to take part in:

1. Exhibition only: Number of stalls required.
2. Exhibition & Souvenir: Number of stalls required & number of pages required.
3. Souvenir only: Number of pages required.
4. The cover 2nd, 3rd & 4th pages and printed advertisement insertion: (Charges to be ascertained from the Exhibition Secretary direct.)

I/We herewith enclose a cheque or draft crossed on the .....Bank or am/are sending the remittance of Rs.....only by M.O. to cover the requisite charges, which please acknowledge.

Thanking you, *Yours faithfully,*

Place.....

Date.....

P.S.—Remittances, Crossed Cheques, Drafts and M.O.'s, may be sent to the Exhibition Secretary in his name at the above address.

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, Trichinopoly.—H.O.