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THE MISCELLANY

MONTHLY JOURNAL OF THE SOUTH INDIAN BRANCH
INDIAN MEDICAL ASSOCIATION

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

Vol. XIX FEBRUARY 1953

ASSOCIATION OF

Dermatologists and Venereologists

BOMBAY

FIFTH ANNUAL GENERAL MEETING

The managing committee has great pleasure in submitting the fifth Annual Report of the Association for the year ending 30th September 1952.

Membership : There were 27 members on the rolls as follows :

Life members	Resident	5	Non Resident	1	
Ordinary	„	17	„	1	
Associate	„	1	„	2	- Total-27

Activities : the Managing Committee held 4 meetings during the year to transact routine business. It was decided that the Clinical meetings should be held on the 2nd Wednesday of each month alternately at the K.E.M., G.T., Bellasis Road, J.J. and Nair Hospitals. Accordingly 10 meetings, 4 at K.E.M., 2 at J.J., 2 at G.T. one at Nair, and one at Bellasis Road were held. The attendance was good at each of the meetings. It has not yet been possible to arrange publication of the proceedings of these meetings. Though the clinical meetings were made open to the General Practitioners by notification in the paper and College and Hospitals notice boards they did not appear to have taken advantage of these meetings.

Journal : The proposal for the publication of the official Journal af the Association did not materialise and

(*continued on 3rd cover page*)

(FOR CIRCULATION AMONGST MEMBERS ONLY.)

THE MISCELLANY

MONTHLY JOURNAL OF THE SOUTH INDIAN BRANCH
THE INDIAN MEDICAL ASSOCIATION

VOL. XIX] FEBRUARY 1953 [NO. 8

THIRTY YEARS—A DOCTOR

(continued from previous issue)

I propose to confine myself only to special cases, and not give a catalogue of normal confinements I had attended or to simple cases where Forceps were applied or version performed.

My first obstetric case was one of Ecclamsia. I was called in one afternoon to see a pregnant woman in convulsions. The patient was a well-built young woman of about 20 years, in her 9th month of first pregnancy. The patient was unconscious and was getting fits every 10 minutes. In between the fits, I examined her and found her heart was normal, blood pressure was also apparently normal, for in those days I had no sphygmomanometer, as noting the blood pressure was not much in vogue then. There was no odema of the feet or puffiness of the eye lids. Still I instinctively diagnosed it as a case of Ecclampsia, and immediately gave her an injection of ½ gr. of morphia, which was the usual treatment taught to us. In half an hour the convulsions subsided and the patient was half asleep and half unconscious and I left for home instructing the parties to inform me if the fits recurred. I was again called about 6 P.M. and when I went to the patients house I met a senior practitioner who lives about 5 miles off, had also been called in. The patient was getting some mild attacks at intervals of about half an hour. The senior suggested evacuating the uterus and so we did a P. V. The O. S. was 3 fingers dilated, though the head was high up. Urine was drawn by a cathetre and showed slight albumin. The membranes were ruptured and forces were introduced, but because the head was high up it could not be caught and locked. So the senior suggested version and he tried to do so externally but was not successful. He started internal podalic version. After trying once or twice, he informed me that he could not do so, as on account of the concentrations of the uterus, his hand was getting cramped. Then I started version and though the contractions were severe, in between the contractions, I was able to push my hand up, caught a leg, and with the senior assisting externally, I was able to bring down a leg and then complete the delivery. The child was not alive, but the patient had an uneventful purperium and two years later again delivered normally a healthy child.

My next case was also a primipara, healthy but of middle age, the patient being about 30. I was called in the morning to see the patient who was stated to have been in pains for the past 12 hours. The patient was not in much distress except when she was getting pains which were coming on once in about 15 or 20 minutes. The patient's pulse was normal in tension and frequency, the fœtal heart was clearly audible and the head was fixed,

I told theiparents that as everything was progressing normally there was no need to expedite delivery and I went away. I was again called in at midday and found the patient in about the same condition and comfortable between the pains, and the maternal pulse and fœtal heart were normal. So I suggested waiting till indications warranted expediting delivery. The midwife that was attending on the case had been suggesting to the parents that if an injection was given delivery would take place in a few minutes and the patient spared all suffering. I informed the people that Pitutrin was a useful but a dangerous injection and could be given only if the head was presenting in the normal position, that the OS must be fully dilated, the membranes ruptured and still one must be ready to apply forces if need be immediately. The midwife assured me that all the conditions were satisfactory but as I wanted to wait, under the pretext of bringing the forceps, I left the patient and went home. I was not available to them for six hours and then I went to see the patient. Though the pulse and fœtal heart were still normal, I decided to expedite delivery. In spite of the protestations of the midwife, I did a PV and having satisfied myself that everything was in order, I gave 1 c. c. of Pitutrin. Immediately pains came on violently and successively but gradually declained and so half an hour later I gave another injection of ½ c. c. pitutrin and with the pains helped the head to pass the outlet and the child was born normally, but it was not breathing. After clearing the throat, the child was dabbed with hot and cold water alternately. Still it would not breathe. So after giving it an injection of ¼ c. c. of Adrenalin, I started artificial respiration. In 5 minutes the child started breathing. 24 hours later the child became blue all over and died after a few hours. Though the midwife, who bore a grudge against me for not accepting her suggestion to give Pitutrin when she suggested it, explained to the parents that the child died due to prolonged labour. I was not convinced of that statement because the fœtal sounds were normal till the time of delivery. What I cannot account for is whether death was due to delayed Asphyxia Neonatarum, if there could be such a condition.

Another case is more of psychologic than of obstetric interest. The patient, a young healthy but a little short primi, was under my charge from the later months of pregnancy. She had a number of abortions before but she was of normal health then. She was very intelligent but a bit nervous to pain probably due to the many abortions she had. So when she got into labour pains, I wanted to deliver her under "twilight sleep" about which I had recently read in the journals. So I started her on ½ a gr. of morphia and 1/100th gr. of scopalamine. She went off to sleep for 5 or 6 hours though she used to wake up with each pain although it was not very severe. After about 12 hours of labour pains the OS was just two fingers dilated. I was nervous to give the prescribed doses of scopolamine-morphia, because this was my first case, the patient had started some incoherent talking now and then, and because I wanted the child not to be bluish as it was expected to be in some cases of birth under twilight sleep. Anyway I gave two more injections during the next 12 hours. When the OS was fully dilated, but the pains were not severe enough to expel the fœtus, I gave an injection of ½ c. c. of Pitutrin, followed by another similar injection half an hour later. With a little manipulation, a normal healthy child was born. After the pulsation of the cord had ceased, I asked the attending midwife to tie the cord in two places and cut it in between, while I was kneading the uterus to expel the placenta. A few minutes later, I found the midwife, who was

holding the cord, was pulling at the umbelical end and the umbelicus was pulled up to a distance of about 2 inches. I wondered why she was doing so and looked at her face which I found it was dazed. I gently released her grip, carried the midwife outside the room and left her in a swoon. I came back to the patient, tied and cut the cord and by that time the placenta was expelled. Next moment the patient who had evidently watched the midwife, got into severe convulsions which lasted for about 10 minutes and then gradually the patient became normal. The puperium was normal except that the patient had 7 fits during the period. A senior doctor who examined her and also saw the fits, assured me that they were hysterical fits, induced by the patient having seen the midwife in a sort of fit. On the 8th day the child developed redness and swelling round the umbelicus which went on increasing and the child died in the 13th day. The patient used to get fits on and off, and this continued for about 4 years, when they gradually disappeared after she gave birth to a normal child. For more than two decades, whenever the patient had any acute pain she used to have fainting fits though not convulsions. Two points of interest in this case are, whether a highly strung individual could get hysterical fits by seeing another patient in a fit, and whether the violent pulling of the cord, devitalised the umbelical tissue to make it susecptible to infection and cause inferior peritonitis and death?

SINUS INFECTION (PARANASAL) MET WITH IN GENERAL PRACTICE

BY MAJOR P. G. K. MENON, *Government Hospital, Tiruppur.*

Physiology

Paranasal Sinuses have some definite functions to perform. They are (1) aiding the nasal cavity in warming and moistening the inspired air (2) lessening the weight of the skull and perhaps giving it better balance (3) contributing something to the resonance of voice (4) serving for the secretion of mucus (5) assisting in inspired air to pass to the olfactory region.

They are developed as pouchings of the nasal fossa which begin to appear at the 3rd or 4th month of fetal life except the frontal and sphenoidal which appear at birth. They are lined with mucus membrane which is continuous with the nasal mucus membrane and composed of ciliated pseudo stratified columnar epithelium with some gobet cells and filro elastic funica propria. The nasal cilia play a very important part in the nasal physiology. The nasal secretions are moved towards the nostrils by the action of the cilia and the sinuses are kept clean by the heating action of the cilia. Arthur Protez of St. Louis, U.S.A., says, "Among the trends of the past decade the appreciation of the ciliary activity in the nose and especially in the accessory sinuses is undoubtedly first in importance Cilia are primitive structures serving anything which does not destroy epithelium. They are powerful in their effect and they behave in an orderly manner. They are our best allies in the prevention and removal of infections and they cannot be indiscriminately done away with if nasal health has to be maintained."

Etiology

(1) Infection from the roots of the teeth 10 to 20%

(2) Local causes in the nose, anything that disturbs the local defensive mechanism (a) deflected septum (b) scars in the nose.

(3) General factors—occupational—dusty atmosphere.

(4) Acute infective diseases like influenza, pnuemonia, enteric, measles, small pox etc. In short all the processes in the nose associated with inflammation may induce infection in the accessory sinuses. In children the predisposing cause of maxillary sinusitis is the presence of adenoids.

Symptoms

There are essentially of an acute inflammatory nature. There is swelling of the mucus membrane. The epithelium is not changed in the early stages, but later, may loose its cilia. A muco purulent or purulent secretion is poured out. Certain symptoms like head-ache and pain are common to infection of all the sinuses. There may or may not be nasal discharge depending whether the osteium of the sinuses is patent or not. If the infection is in the anterior group of sinuses, a trickle of pus may be seen coming from the middle meatus. In the pasterior group of sinuses, pus will be found above the middle turbinate or from the spheno-ethmiodal recess. Complete resolution in an acute infection usually takes place within ten days.

If the resolution is incomplete and the damage to the mucus membrance is such that ciliary activity is seriously impaired, the mucus membrane takes on a polypoid or thickened character. The bad taste or smell in the nose may have drawn the patient's attention to the condition or the general poor health or the loss of appetite may require investigation. As the condition settles into a chronic stage, pain and tenderness disappear. X Rays are of diagnostic value in these chronic cases.

Principles of treatment

In planning treatment for nasal accessory sinuses two conditions should be satisfied. (1) stimulation of ciliary activity (2) provision for adequate drainage through normal channels. In addition to rest in bed and steam inhalation anti botics are useful in the acute stages.

There may be some difficulty in the sub-acute and chronic cases of sinus infection to decide whether the case is one of infection of the sinuses or allergic condition of the sinuses or a mixture of both. But the macroscopic and microscopic appearances of both the conditions are different. The outstanding characteristics of nasal allergy are (1) long history with exacerbation and remission of symptoms (2) the influence of normal physiological changes on the disease, like pregnancy, menopause etc., (3) the close association of nasal symptoms with physical and mental stress. The pale mucus membrane in allergy with esinophil increase in the secretions differentiates the condition from infection.

The next point to be decided is whether the infection has become subacute or chronic. Has it become chronic because of mechanical defects in the nose? In that case they have to be corrected. Has it become chronic because of lack of resistance of the host? The treatment always should be in relation to the pathology of the sinus lining. Before infection has pervaded to the sub-mucus connective tissue each case of acute sinustis should be reviewed. See whether complete resolution has taken place or whether another attack is likely. *The First* group of cases is the ones where the surface only is infected. Chronicity may be established by failure to empty the sinus due to the obstruction at the osteim or absence of ciliary movement. *The Second* type is where the deeper layer or mucosa have become infected. Here methods of stimulating repair are limited. *The Third* type is where permanent changes have occured in the submucosa as abcesses, where nothing but radical removal can get rid of the disease.

In the first stage, simple mechanical means have to be resorted to. For excessive swelling of the Ethinods 1% ephedrin in normal saline for diluting the secretions is quite good. In the case of maximary sinustitis puncture of the antrum through the inferior meatus and repeated washes and instillation of pencillin antrostomy. In the case of frontals correcting the nasal deformity, puncture or resection of the part obstructing the middle leaving a small percentage of cases for radical surgery. Protez displacement method is very useful in selected cases of infection of the sinuses, provided the natural ostea are patent and the mucosa are not polypoid. This is based on the fact that if a liquid be introduced in a cavity so as to submerge the mouth of another cavity opening into it and suction be applied to the first cavity with any other openings closed the air in the second cavity is sucked out and the fluid flows into take its place.

If the infection gets into the submucus layer the ground becomes difficult. We have to decide some method of removing the lining tissues like the Caldwell Lues' operation. Short wave diathermy also is an adjunct to stimulate repair in chronic cases.

Complication of sinuses

They have become rare after the advent of anti-botics but the practitioner may meet with these conditions in neglected sinus infections. They are (1) infections of the lower respiratory tract. Particularly in children, chronic bronchitis is likely to be caused or aggravated by suppuration in the maxilary sinus —similarly connection between sinustis

and bronchietasis is well established and treatment of sinusitis should precede the treatment for the lung condition.

(2) **Orbital and ocular complications**. The anterior group of sinuses, the frontal, the anterior ethmoidal and maxillary are contiguous to the roof, medial wall, and floor of the orbit and therefore as a result of suppuration in these sinuses there may arise obital periostitis and abcess associated with oedema of the eye lids, chemosis of the conjunctiva and displacement of the eye ball with impaired mobility. The posterior group of sinuses, the posterior ethmoidal and sphenoidal are in relation with the posterior half of the medial wall of the orbit and the optic foremen. Suppuration in these may give rise to retrobulbar neuritis, optic atrophy and paralysis of the ocular muscles.

(3) Intra cranical complications may arise as a result of the infections spreading to the brain and its membranes through the cerebral wall of the affected sinus.

(4) Thrombophlebitis:—Infection of the veins is a source of considerable danger owing to the possibility of spread to the cranial cavity. The pterygoid plexes can carry infection from the max sinus to cavernous sinus. The angular veins via the opthalmic veins enter the cavernous sinus and cause thrombophlebitis.

(5) Chronic nasal disease and mental disorders; Investigation of the nasal sinuses in mental disroders has been carried out on a large scale by Pickworth. He has demonstrated infections of the sphenoidal sinus in many patients with mental disease.

(6) Aural complications: Many cases of acute otitis media and mastoiditis owe their origin to an affection of sinuses. Escaping pus is carried backwards into the nose by ciliary streams flowing in close relationship to the mouth of the eustachion tube with consequent swelling of the mucosa and possible retorgrage infection.

References:—

(1) Progress of Nasal Physiology—Arthur Protez paper read at the lecture on Laryngology and Otology—Royal Society of Medicine July 1948.

(2) St. Clair-Thomson and Negus—Diseases of Nose and Throat.

(3) Recent advances in Laryngology and Otology—Stevenson.

Conference of the All India Cardiological Society

"The Annual Conference of the All India Cardiological Society will be held at the Christian Medical College, Vellore, South India on the 6th and 7th March 1953. For particulars contact Dr. K. I. Vytilingam, M.D., Organizing Secretary, Conference of the All India Cardiological Society, Christian Medical College and Hospital, Vellore, N. Arcot Dist. S. India."

Mrs. K. I. Vytilingam, M.D.
Organizing Secretary
CONFERENCE OF THE ALL INDIA CARDIOLOGICAL SOCIETY

REPORT OF THE

Seventh South Indian Provincial Medical Conference

PALAYAMKOTTAI

It was at a meeting of the South Indian Provincial Council at Courtallam in the last week of July 1952 that the idea of holding the Seventh South Indian Provincial Medical Conference at Palayamkottai was given thought of by the members of the Tirunelveli Branch of the I. M. A. It was suggested that the Tirunelveli Branch was far behind time in holding the Conference and it was not too late to hold it this year.

The suggestion was taken up and a meeting of the branch was held in the last week of August when it was resolved to hold the Seventh South Indian Provincial conference at Palayamkottai in the last week of September 1952. A reception committee was constituted with various sub committees to be in charge of several of the arrangements.

The conference was fixed to be held at the St. John's College premises on the 20th, 21st and 22nd September 1952.

The office-bearers of the Reception Committee and the various sub committees went into the task of the making the conference a mighty success by meeting often and discussing things and going round the district collecting public donations and there can be no better testimony to their earnest work than the universally acclaimed success of the conference.

It was a bright sun that rose up on the eastern sky on the morning of 20th September when the proceedings of the conference began with the hoisting of the National Flag by the Chairman of the Palayamkottai Municipal Council, Sri. P. S. Subramania Pillai, B.A.,B.L.

At half past twelve, the Hon'ble Minister for Health, Sri A. B. Shetty, the Director of Medical Services and the distinguished delegates of the Conference were received at the Tirunelveli Junction Railway Station and taken out in a procession to the place of the conference.

The Conference office was busy registering the delegates and visitors and distributing badges. The delegates and visitors were housed in the various hostels attached to the St. John's College.

At 1 P.M. Messrs. The East Asiatic Co., Ltd., Madras entertained the members attending the conference to a sumptuous lunch.

At 3 P.M. the delegates, visitors and elite of the public gathered under a beautiful pandal for the inauguration of the conference. Dr. K. Rama Ayyar, Chairman of the Reception Committee in his welcome address, extended his cordial welcome to the distinguished guests, delegates, and visitors to the district of Tirunelveli, no less famous for its temples and shrines than for its places of tourist interest like Courtallam and Papanasam. The Hon'ble Minister for Health, Sri. A. B. Shetty then declared open the Conference by giving out his considered views on the problems of public health and medical relief in the State. The President-elect, Dr. K. Chintan Nambiar, F. R. C. S., (Eng.) F. R. C. S., (Edin.) in his presidential address dwelt on the ever-increasing important role the I. M. A. has to play in the satisfactory solution of the medical problems of the land and pleaded that the State-Government should consult the I. M. A. in such

matters. After a vote of thanks by the General Secretary, the gathering adjourned for Tea given by Messrs. W. T. Suren Co., Ltd., Bombay.

After Tea, the members gathered again to attend the Scientific Session inaugurated by Dr. P. Arunachalam, Director of Medical Services, Madras. Dr. P. Arunachalam dwelt on the latest developments in the field of medical treatment available to the Medical Practitioner in combating diseases and the role that the family physician has to play in the general well-being of the whole nation.

Then Dr. K. N. Rao, Superintendent, T. B. Sanatorium, Tambaram gave a talk on 'Recent trends in the treatment of Tuberculosis—Medical and Surgical.'

Earlier in the evening, Dr. K. Madhava Menon, District Medical Officer, Tirunelveli declared open the medical exhibition in which the following firms participated South Indian Manufacturing Co., Madurai, Fine Pharmaceuticals, Kumbakonam, Imperial Chemical Industries Ltd., and Parry & Co., besides the Malaria Section of the Public Health Department.

At 8-30 P.M. Sri T. P. S. Hari Ram Sait, Proprietor, T. P. Sokkalal Ram Sait Factory, Mukkudal entertained the delegates, visitors and the prominent members of the public to a Banquet which was followed by a dance entertainment by Kumari Githa Devi of Tellichery—a student of Shanmugasundaram Pillai of Kumbakonam.

The annual meeting of the South Indian Provincial Council was held the same night.

The next day was occupied by the Scientific Sessions in the morning and afternoon with a music entertainment by Nellai Meenakshi-Lakshmi in the evening and demonstration of medical films in the night.

Next morning Dr. P. Rama Rao, D.M.R., F.R.C.R., of Madras read a paper on "Certain Non-Tubercular chest conditions" followed by Dr Reeve H. Betts, M.D., of Vellore on "The Management of Empyema." Dr. K. Manjunath Rai, F.R.C.S., D.M.R., then gave a talk on "Recent advances in Radio Therapy."

Lunch was provided by the South Indian Manufacturing Co., Madurai.

In the afternoon, Dr. R. Mahadevan, M.S., F.R.C.S., (Eng. and Edin.) spoke on "Surgery of the Heart and Great vessels" after which Dr. R. Kesavan Nair, F.R.C.S., (Eng.) of Trivandrum presented a paper on "Glandular swellings in the Neck."

The Director of Medical Services, Madras, Dr. P. Arunachalam presided over the Scientific Session.

The evening Tea was provided by Messrs. Albert David Ltd., of Calcutta.

The next day was the last day of the Conference. At 8 A.M., the delegates met at the open session of the Conference and discussed several resolutions. The conference came to a close with a general thanksgiving by the General Secretary.

R. GOPALAN,
Hon. Secretary.

THE FIFTH ANNUAL REPORT OF THE NILGIRI DISTRICT BRANCH OF THE

INDIAN MEDICAL ASSOCIATION

1951—1952

This Branch was affiliated to the Indian Medical Association only in 1948; but its history goes back to June 1937, when the Nilgiri District Medical Association was inaugurated by Lt. Col. T. S. S. Shastry, I.M.S., at Ootacamund.

The year under report is a memorable one for this District. With the aid of the Nilgiri Rotary Club and World Health Organisation, in February, a concerted attempt was started for the survey and treatment of Venereal Diseases among Todas. In June His Excellency SRI SHRI PRAKASA, Governor of Madras, inaugurated a Mobile Medical Unit for the special care of Todas. Two estates, Nonsuch Estate in Coonoor and Ouchterlony Valley Estate in Gudalur, have opened well equipped hospitals of their own during the year. The Tri-regional Rabies Seminar of the World Health Organisation was held at the Pasteur Institute, Coonoor, in July, in which eminent workers from various countries participated. The Association held a reception to meet them and also a meeting in which two distinguished leaders spoke.

Memebership: At the opening of the year the number of members on roll was 62. Eight members have left on transfer and eleven members have joined; leaving a strength of 65 at the close of the year. We welcome the following to the mempership of the branch:

Dr. V. Mahadevan, Dr. F. W. Perriera, Dr. (Mrs) Naidu, Dr. Ramu, Dr. Bhindu Madhava Rao, Dr. T. M. Alexander, Dr. A. Kanagraj, Col. M.S. Joshi, Dr. Chokalingam, Dr. N. Krishnan, and Capt. Ramaswamy an attached member.

During the course of the year, the following have left this branch on transfer or retirement:

Dr. A. M. Francis, and Dr. (Mrs.) Francis, Dr. (Miss.) A. Thomas, Dr. (Mrs.) Chacko Mathew, Dr. R. Subramanian, Dr. (Miss.) Herlufsen, Dr. P. Balakrishna Menon and Dr. Venkataramana Rao.

Meetings: Monthly meetings constitute our main activity. Twelve meetings were held during the year under report, details of which are given in the appendix. An attempt was made to show as many films as possible, and in four meetings we had film sessions. Apart from the last Annual Meeting, when three doctors from Coimbatore Branch spoke, we did not have any combined meeting with the Coimbatore Branch during this year.

During the coming year it is hoped that with the co-operation of the Government Hospitals, more clinical meetings will be held under the auspices of this Association. We can also look forward to more film sessions with better pictures.

Considering the distances involved the meetings were well attended. On behalf of the members of this Branch I wish to place on record our gratitude

to the speakers at the several meetings. The were Dr. P. Lepine, (Paris), Dr. Hilary Koprowsky (New York), Dr. H. Lehmann (London), Col. C. Mani, Regional Director W. H. O. for S. E. Asia, Dr. P. Arunachalam, Director of Medical Services, Dr. M. P. Pai, Dr. Thiruvengadam and, Dr. N. Jaganathen of Coimbatore and Dr. B. Ramamurthy, Neurosurgeon, General Hospital, Madras. Permit me to thank the members of our Association who demonstrated cases, and spoke on various subjects: Dr. Viswanathan, Dr. P. S. Venkatachalam, Dr.T. C. Varghese, Dr. K. Someswara Rao, Dr. T. V. R. Warriar, Dr. A. Balasubramanian, Dr. K. N. Vasudevan, Dr. I.G.K. Menon, Dr. S. R. Pandit and Dr. N Veeraraghavan. I am glad to say that our members who have been approached for talks, were always willing to share their thoughts and experiences with their fellow members.

The Officer Commanding and Officers of the Military Hospital, Wellington deserve the heart felt thanks of the Association for accommodating us on two occasions, for entertaining us lavishly and for arranging for the projection of films. The Director of Pasteur Institute, Director of the Nutrition, Research Laboratories, the authorities of the Lawley Institute, the Secretary UPASI, Coonoor, the authorities of the Y.M.C.A., Ootacamund and the Superintendent, Government Headquarters Hospital, Ootacamund, very kindly afforded all facilities for holding our meetings. We are grateful to the United States Information Service, Madras, Burmah-shell, Ootacamund, Lederle Laboratories, Bombay and the Promotion Officer, Christian Medical College Hospital, Vellore, for supplying us with films for projection.

The staff of the Pasteur Institute, though not being members of this Association, have cheerfully and willingly done their best to make all arrangements for our meetings at the Institute. The Association in indebted to them.

Finances: A great deal of the successful working of this Branch depends on its finances. Dr.K.P.S. Nabiar has carried out his work as Treasurer very efficiently. It was mainly through Dr. Nambiar's efforts that we were able to collect a sum of Rs. 985/- for the Projector Fund. I am deeply indebted to him. The balance sheet is an adequate testimony to his ability and devotion to duty.

The Committee: The Committee met three times during the year. Permit me to thank the President, Lt Col. J. C. Bharucha, the Vice-Presidents and the members of the Committee who have spared no pains to make the working of the Association successful.

Lastly, I shall be failing in my duty if I do not thank all the members of the Association who have taken a keen interest in its activities and made this a fruitful year for the Association.

May I close this Annual Report with the hope that Branch will grow from strength to strength as an integral unit of the ever growiug Indian Medical Association and lead its members into wider activities to CURE THE SICK, to PREVENT DISEASE and to ADVANCE KNOWLEDGE.

LIST OF MEETINGS HELD IN THE YEAR 1951—52

	DATE	VENUE	TOPIC	SPEAKER
1.	4—11—1951	Lawley Institute, Ootacamund.	(Annual Meeting) "Place of Surgery in the Treatment of Tuberculosis"	Dr. M. P. Pai
			"Recent Work on Influenza"	Dr. I. G. K. Menon
			"Abdominal Tuberculosis"	Dr. Thiruvangadam
			"Treatment of Tuberculosis"	Dr. N. Jaganathan
2.	8—12—1951	Pasteur Institute, Coonoor.	"Rh Factor and a case of Kernicterus"	Col. J. C. Bharucha
3.	19—1—1952	Lawley Institute, Ootacamund.	**Film Demonstrations.**	
			"Malaria"	Through the courtesy of Burmah-Shell, **Ootacamund.**
			"The Leucocytes in Tissue Culture"	Through the courtesy of U.S.I.S, **Madras.**
4.	6—2—1952	Military Hospital, Wellington.	"Shock"	Dr. H. Lehmann
			Film on Christian Medical College, **Vellore.**	
5.	22 3—1952	Pasteur Institute, Coonoor.	"Poliomyeltis"	Dr. N. Veeraraghavan
			Film Demonstrations.	
			"Aureomycin"	Through the courtesy of Lederle Laboratories, **Bombay.**
			"Streptomycin" "Story of Inguinal Hernia" and "Energy Release from Food"	Through the courtesy of U.S.I.S. **Madras.**
6.	19—4—1952	Government Headquarters Hospital, Ootacamund.	"Diphtheria and its Prophylaxis"	Dr. S. R. Pandit
			Demonstration of cases of medical and surgical interest.	
7.	24—5—1952	Pasteur Institute. Coonoor.	"The Diagnosis of Neurosurgical Lesions in General Practice"	Dr. B. Ramamurthy
8.	7—6—1952	Y.M.C.A. Hall Ootacamund.	"Conditions Simulating Heart Disease"	Dr. P. Arunachalam
9.	14—7—1952	Nutrition Museum, Nutrition Research Laboratories, Coonoor.	"Working of the World Health Organisation"	Col. C. Mani
10.	19—7—1952	U. P. A. S. I., Coonoor.	Reception to the Delegates of the W. H. O. International Rabies Conference and Seminar.	
			"Laboratory Aids in the Diagnosis of Virus Diseases"	Dr. P. Lepine
			"Recent Advances in Poliomyelities"	Dr. H. Koprowsky
	16—8—1952	Military Hospital, Wellington,	"Infections of the Hand"	Dr. K. N. Vasudevan
			Film Demonstrations.	
			"Public Health Nurse" "You can Help"	Through the courtesy of U.S.I.S., **Madras.**

	DATE	VENUE	TOPIC	SPEAKER
12.	13–9–1952	Pasteur Institute, Coonoor.	**Symposium on Helminthic Intestinal Infestations.**	
			1. Demonstrations of a case:—'Fæcal Fistula caused by Round Worm'	Dr. T. V. R. Warriar
			2. "Life Cycle of Common Helminths"	Dr. P. V. Kurian
			3. "Clinical Manifestations"	Dr. K. Someswara Rao
			4. "Nutritional Aspects of Helminthic Infestations"	Dr. P. S. Venkatachalam
			5. "Modern Trends in Treatment"	Dr. A. Balasubramanian

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 at the S. M. S. High School, Karaikudi on 30-11-'52, at 5 P.M. Dr. D. O. Sendel, M.B.C.H.B., M.R.C.S. presided. The meeting was well attended in spite of severe gale and rain.

After tea, Dr. T. S. Shetty, M.D., gave a resume of the work of the Blind Relief team of four doctors (of whom he is one) in Trichy District under the auspices of the Red Cross. This blind relief scheme has been working in Trichy District for the past one year. The district is divided into four zones, one in charge of each doctor who camps in an area one day in a month. These camps covered an area of roughly 15000 square miles and served over 1107 villages. 6822 patients were examined of whom 1750 were completely blind and an equal number partially blind. Poor patients whose blindness could be cured were given free facilities for travel, food etc., to go to the different clinics and hospitals for treatment. Interesting detailed statistics were given regarding the incidence of various eye diseases.

In concluding he said that this long neglected medico social field of blind relief work should be started in each district and philanthropic gentlemen should come forward and contribute generously for this charitable cause.

Dr. D. O. Sendel agreed with Dr. Shetty that this is a much neglected field of social service and that a good percentage of blindness was either preventable or curable if proper advice and treatment is given. He suggested that the Government should come forward and assist this Blind Relief scheme in each district.

With a vote of thanks for the speaker for the interesting talk, to Dr. V. Muthiah for the Tea and to the School authorities the meeting terminated.

MALABAR BRANCH

President : Dr. C. K. Menon
Vice-Presidents : „ C. V. Narayana Iyer, „ A. Narayanaswami
Treasurer : „ M. K. Koya
Hon. Secretaries : „ C. R. Parasuraman, „ A. B. Das

The Annual Meeting of the Malabar Branch of the Indian Medical Association was held on Thursday, the 4th December, 1952 at 6-30 P.M. at the Beach Hotel premises. About 60 members were present. Dr. C. K. Menon presided.

The business part of the meeting began with the Presidents' introductory remarks. The Secretary read the minutes of the previous meetings and some circulars from the Central I.M.A. The Annual Report for the year 1951-'52 was read by Dr. C. R. Parasuram and was adopted.

Then the following office-bearers for the year 1952-'53 were elected.

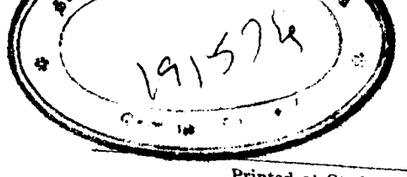
A vote of thanks was proposed by Dr. C. R. Parasuram and the business part of the meeting ended.

The Annual general meeting began with the introductory remarks by Dr. C. K. Menon. Then the Secretary Dr. C. R. Parasuram read messages received wishing the annual function success.

Dr. K. C. Nambiar F.R.C.S. (Eng)., F.R.C.S: (Edin)„ President South Indian Provincial Branch of the Indian Medical Association delivered the inaugural address. His address occupied nearly one hour and dealt with various topics such as Socio-political medicine—a new [illegible] year course medical study, Ancient system of medical relief, Medical missionaries in this country the incompatibility of centralisation of Schools, Colleges and Universities and decentralisation of medical men, advancement of science in other countries like Canada, Employers Insurance Scheme, Medical Ethics, Honorary System, membership campaign of I.M.A., promotion of research, Import duty on cars, Refresher courses, Mobile Medical unit, Population problem and many other interesting items.

After the Presidents concluding remarks, Dr. C. R. Parasuram proposed a vote of thanks.

The meeting was followed by Dinner at 9 P.M.



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(*continued from 2nd cover page*)

negotiations are still going on with the Bengal Branch so as to arrive at an unanimous decision and it is earnestly hoped to start the Journal at least this year. Plans for the same are ready and the Branch has coopted Drs. Welinkar Sharat Desai and J. Fernandes as colloborators. On the 17th June the President of the Branch Dr. Welinkar entertained the members to a sumptuous dinner at his residence to give a sent off to Dr. P. N. Rangiah of Madras Branch who was proceedingaproad on a W.H.O. Travel Fellowship. All the members were present and the function was a great success.

Tenth International Congress of Dermatology: Two of our members Rao Bahadur Dr. H. A. Maniar and Dr. U. B. Narayana Rao (Indian Secretary to the Congress) attended the Congress which was held at London in the last week of July. Other Indian delegates who attended were Dr. Dhurander, Dr. Miss. Maniar, Bombay, Drs. D. Panja, and Sanyal of Calcutta, R. V. Rajam and P. N. Rangiah of Madras.

Annual Meeting: The fourth Annual meeting was held at the C.C.I. on 26th February '52. The President of the Indian Medical Association Dr. T. S. Tirumurthi and Secretary of Madras Branch Dr. P. Natesan were the distinguished guests. The new office bearers at the meeting were elected for the year.

The Managing Committee has great pleasure in recording their gratefulness to its President, Dr. Welinker for his cooperation and guidance during the year and conveys its sincere thanks to the authorities and staff of the different Institutions of the city for having made arrangements for our clinical meetings.

Our thanks are also due to the honorary auditors Messrs. Hansotia & Co. for auditing our accounts.

Registered No. M. 4839

ODDS & ENDS

To keep young you have to keep going.

♡ ♤ ♡

Dr. Berman was sentenced for "mercy-killing" his suffering brother but his patients have increased by 30%.

♡ ♤ ♡

After being married for 27 years a lady in U. S. A. has given birth to her first child. She is 51 and her husband 54.

♡ ♤ ♡

Mother: Will you examine my son doctor? He is too lazy and has all his work done by his younger brother.

Psychiatrist: It is not laziness, madam. It is executive ability.

♡ ♤ ♡

"What is the matter with you, dear? You look so weak!" accosted an old one of a young lady.

"I don't know. The doctors say they can't tell till after a post-mortem."

"Oh dear, how can you stand it when you are in such a poor state of health."

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