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BULLETIN, PUBLICITY SECTION,

SOUTH INDIAN MEDICAL UNION, MADRAS.

TO THE READERS OF THE BULLETIN.

You know that reciprocity encourages business, don't you? Outside of common decency, and leaving aside mere etiquette, it is good business to stick to your friends, isn't it? Now who is your friend—the smooth-tongued spiel-artist who swears undying love and admiration for you as long as he is in your hearing, and laughs behind your back at your ease, gullibility and willingness to do business with him at an expense to himself of nothing more than a few lungfuls of hot air? Or is your friend the fellow who thinks enough of you to support your efforts for betterment and puts up his fair share of cash for the promotion of straightforward business intercourse with you and for the stimulation of legitimate professional business and its accompanying trade? Now, the point is that the BULLETIN invites the support of good ethical advertisers, and if every doctor who is part owner of the Bulletin will pursue the above line of thought, speech and action, the effect would be magical. As long as these houses think that they can work us without advertising they will hold back. It is up to us, every one of us, to treat them as if they were from——, and show them. By doing this we are at the same time giving loyal support to those houses that are represented in our pages, which is only decent and proper. They are the ones to whom we should always give preference and we again urge all of our joint owners to follow up this principle and always to insist distinctly when buying supplies that you wish and will have our advertisers' products—there are none better.

This is practical, hard-sense talk, and we appeal to every individual member and reader for active intelligent co-operation.

Faithfully

[With apologies to an American Colleague.]

YOUR BULLETIN.

BULLETIN
OF THE
SOUTH INDIAN MEDICAL ASSOCIATION.

FEBRUARY 1934.

THE INDIAN MEDICAL COUNCIL.



The elections to the Indian Medical Council are over. Madras Presidency is represented by 4 members. One each from the Madras and Andhra Universities, one is nominated by the Government. The Graduates elect one member. Dr. T. Krishna Menon has been returned by the Medical Graduates of the Presidency to represent them. Dr. Krishna Menon has been intimately connected with the Union since his return to Madras and has been doing valuable service in the interests of the Medical Profession. His interest in Medical Education is well known. He was a member and the secretary of the Medical Education Committee and is in active touch with the teaching of not only college students but also in the school. We feel sure that no better choice could have been made and that he will champion the interests of Medical Education and the status of the Medical Profession in the new Council. Our congratulations to Dr. Krishna Menon.

Organisation of Medical Relief.

We have repeatedly pointed out in the pages of the Bulletin that as long as medical relief is organized on the existing lines, it cannot be adequate nor efficient. As long as public opinion was confined to the local urban areas and as long as members of the public services and the educated and richer classes were comfortably looked after in these areas, the defects of the present organization were not seriously questioned and the government was willing to remain complacent. The only important agitation was about the personnel of the medical services—whether it should chiefly be European or indigenous, whether the I. M. S. should be supreme or whether the provincial services could not be improved in status, whether the pay of the various services was adequate or excessive. There was no thought bestowed on the needs of the long suffering rural population, nor the vastly large sick population that did not care to seek refuge in the state public institutions. This evil is not confined to organization of medical relief, but is also evident in the objects of medical education.

At its inception, the medical schools were opened with the avowed object chiefly of training some men in medicine to be employed as capable assistants to the medical officers, who were then almost entirely members of the Indian Medical Service. When these were later employed by the government, they were variously called dressers, civil apothecaries, civil assistant surgeons and hospital assistants or sub-assistant surgeons. This idea of superior and subordinate is so firmly ingrained in the minds of most medical men here that till recently even those who were not in government employ were proud to give out that they belonged to the assistant surgeon or sub-assistant surgeon class.

Indeed, it is not altogether unknown even now.

In the organization of medical education, the exigencies of service and the interests of the individuals belonging to the various services would appear to play a more important part than the requirements of sound education and the needs of the medical practitioners. The ratio of the I.M.S. men to those of the provincial service would seem to be a very important consideration in the teaching appointments. The interests of the men in the provincial service were evidently the most supreme consideration in the organization of the medical education a few years ago. Whatever the policy of the government, the public still believes that when the Vizagapatam Medical College was started, one of the chief objects was to improve the talents of the provincial service and to increase the scope for higher appointments by adding to the number of civil surgeoncies. Whether the teachers selected were well qualified for the job did not weigh so much as the number of civil surgeoncies that could be increased by the creation of these appointments. The indefinite multiplication of chairs and lecturer-ships in the Madras Medical College and the various medical schools strikes an impartial onlooker as a design for restoring allowances and repairing the injured dignity of the men in the local services.

The reader might wonder why we are now stressing these old facts. And the members of the various services might sneeringly say that we are indulging in the cheap trade of destructive criticism. But our purpose here is to show that as long as the existing state of affairs is allowed to continue, the standard of medical relief and the facilities for education and investigation would remain very inefficient.

It is very common to hear teachers and medical officers complain that the routine work in the wards and the class-rooms is excessive and that it does not give them any time to undertake the important task of investigation and experiment. Yet, when it comes up for formal discussion, some of them vehemently protest that they have sufficient personnel to cope with the work and that they do not require the services of younger men who willingly volunteer. Similarly in the districts, the annual returns testify to the swelling numbers that seek treatment in the out-patient departments and who cry for bed-stay in the hospitals. But, when the medical officers in charge of these institutions are asked to take honorary medical men to assist in the work, one reason or other is given out to prevent such employment.

These men in service, especially in the provincial services, obviously see red in the honorary scheme. In their propaganda against this scheme, they appear as champions of irrelevant and incorrect arguments. Some time ago we referred to some of the remarks of Col. Procter of Calcutta. The standby of some of them is to refer to the Health Insurance Scheme of Britain and say that it is absurd to introduce the honorary scheme here where only paid services have been known till now while the country which was chiefly dependent on it is giving it up. It is therefore contended by these people that a State Medical Service is the best for affording efficient medical relief to the people of this country. Our readers can judge the truth of this contention from the opinion of the Chairman of the Representative Body of the British Medical Association. "The old idea that the panel service is a step towards a wholtime State Medical Service is the exact opposite to the truth. It is, in fact, our greatest safeguard against it. It is a recog-

nition by the State that a general practitioner service with free choice as between doctor and patient is the best system of medical attendance."

Medical Education in Vienna.

PROF. FUCHS'S LECTURE.

Prof. Adalbert Fuchs of Vienna, eye specialist, who has been touring in India for over two months delivered a lecture on "Medical Education in Vienna" at the instance of Dr. B. K. Narayana Rao, Superintendent of the Minto Ophthalmological Hospital and Principal, University Medical School, Bangalore.

The Chairman, Dr. E. P. Metcalfe, introduced the lecturer as a distinguished visitor from Europe who was now touring in India not only with an eye on eyes but with other interests besides his normal activities. The Professor had recently visited Somnathpur, Sravanabelagola and the ancient monuments of Belur after visiting Ceylon where he certainly must have had plenty of opportunities for indulging in archaeological research.

TRIBUTE TO MYSORE.

Prof. Fuchs said that some years ago, Prof. Subba Rao of Mysore and Prof. Narayana Rao of Bangalore who had recently visited Vienna told him about the beauties of Mysore State and when he was touring in India everybody told him that he must go to Mysore and see something different from the other parts of India. He visited Bangalore and was now in the Capital of the State. He had come with great expectations but his estimation was surpassed. He was shown marvellous hospitality by the Dewan Sir Mirza M. Ismail, and by Prof. Narayana Rao and Subba Rao. Two days

DIETETIC TREATMENT OF SPRUE



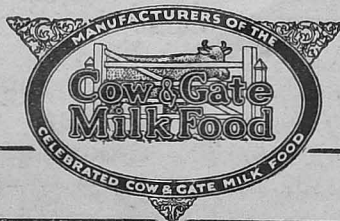
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ago he had the pleasure and honour of seeing H. H. the Maharaja and having a very interesting conversation with him. He was very happy to express his amazement, astonishment and adoration of all that was being done in the State and his great satisfaction of the work done in the eye hospitals in Bangalore and Mysore. He had also seen the big dam named after His Highness and the electric works which supplied power and light to the State. He expressed his grateful thanks to H. H. the Maharaja and the Dewan for the excellent hospitality shown to him.

THE UNIVERSITY SYSTEM.

Proceeding to deal with the subject of the lecture, Professor Fuchs said that there was a difference between the Continental system including American system of medical education and the system of medical education in Vienna. In Vienna, there were primary medical schools which admitted pupils of fourteen years of age. When a pupil entered the University he was 18 years of age and he had to study for $5\frac{1}{2}$ years. Their examinations lasted from 3 to 5 months. When a man was $23\frac{1}{2}$ years of age he could become a Doctor of Medicine. The final goal was to become a Doctor of Medicine. In 1775 Maria Theresa called an organiser to organise Medical Schools in Austria. Van Swieten, an excellent Dutch Doctor was the first organiser of medical education in Vienna. Maria Theresa was not only a mother of sixteen children but she was also a wonderful mother to the whole country. If Austria which was a small country had now become a big name in the matter of Medical Education, it was partly due to the wonderful spirit and intelligence of that woman. Though the Professors of the University were appointed by the Governor, the University was independent and was not run by the Government. If a Professor retired or died, the College authorities appoint-

ed a committee which made a proposition to the Government in filling the vacant professorship and the Government appointed one recommended by the Committee. About sixty years ago, medical education was developed in Austria by famous surgeons, physiologists, biologists, etc., working together. The experience and knowledge of medical education were transferred from generation to generation. The generation of teachers did not make a school. Special teaching was transmitted from one set to another. A professor worked not for the salary but for scientific means. He had a large number of assistants and scientific help from technicians. A professor of the University was the only ruler in his department and had nothing to do with the economic side. The Superintendent was not the superior of the Professor. The superior of a Professor was the Minister of Education. A Professor had a perfectly independent position. A Professor had four months' vacation in a year and the period of vacation was devoted to reading literature and conducting research. Libraries, laboratories and hospitals were open to professors as much during vacation as during the period of lectures. A man got a professorship when he obtained high accomplishments in scientific research. All the clinics in the hospital were for the poor people. When doctors were paid by the well-to do private patients, poor people get better treatment in the hospitals. The farmer and the labourer had greater confidence in the doctors and did not run about to any quack.

TWO KINDS OF EDUCATION.

Proceeding, the lecturer said that in Vienna, graduate students had two kinds of education. They got the so-called official education and they got lectures from Professors. For post-graduate students there were two

courses. One was a series of lectures to the general practitioners. There were certain groups of courses which were put together for post-graduate studies. There were eight courses every year. Many of the lectures were printed and distributed to students. The other kind was a series of lectures in English. The object of these lectures was to make specialists of general practitioners. These courses were very popular and doctors from America, Philippines, India, Egypt and other English speaking Dominions attend these courses of lectures. Examination courses and English lectures were lacking in Germany. They had 600 to 800 foreign doctors in their University, a large number of foreign under-graduates and a large number of Indian young people. Vienna was an intriguing city, with mountains, rivers, springs and other beauties which were a danger to the young under-graduates. He advised Indians to proceed abroad only for post-graduate studies with a working knowledge of the German language.

The chairman, in his concluding remarks, observed that Professor Fuchs had presented them with a vivid picture of the methods by which medicine was taught in Europe. He said: 'The very name of Vienna conjures up in the mind a picture of intellectual advancement in all branches practically of human intellectual effort. The Professor has referred to Viennese music as a class by itself. This is one of the branches which has not depreciated in Europe since the time of the War. I was extremely interested to hear of the University system in Vienna. I was also personally rather gratified when the Professor laid stress on a point which I myself am in the habit of emphasising—that the senior teachers of the University are to be given plenty of time for their study. The Professor has pointed out to us that the Viennese Professor got a vaca-

tion of four months in the year. In this country, the Professor has to meet a certain amount of public criticism if he did not perform a certain number of lectures in the week. This is terribly short-sighted policy and I have tried to correct that impression. The Professor's business is not at the lecture table. He is like an evercharging accumulator. It appears that from what Professor Fuchs has told us that Vienna itself is something like a wonderful organisation of intellectual exchange. The crowding of the people from several nations adds enormously in all respects to the advancement of medical atmosphere in Vienna. Vienna has laid herself to be a teaching centre—a centre of the highest schools of teaching. The Professor has described to us the care and the trouble that is taken to prepare the courses, some of them of a very short duration. It appears that the Medical School at Vienna does actually follow the ideal, that teaching has to be handed down from one generation to another. So that Vienna becomes the teacher of the Medical Schools in the world. This is a very proud position.

I would also invite your attention particularly to one point that it is highly desirable for the young men of this country to exhaust all possibilities of education in this country before proceeding abroad. Indians would do better to go abroad after graduation than as under-graduates. There is no principle or economy in under-graduates proceeding abroad. Indian Universities provide good courses in practically all branches which will carry a man up to graduation. Therefore, it is not good from any point of view to go abroad for under-graduate courses. It is very much cheaper in this country."

Dr. D. S. Puttanna proposed thanks to the lecturer and the chairman and the meeting then terminated.—*Hindu*,

CONFERENCES.

All-India Licentiates Association.

(Annual Conference 1933)

* "This Conference, is of the All-India Medical Licentiates Association. I wonder who designed this appellation. I confess I am not enamoured of it because it reminds me of other similar expressions "Licensed Victualler's Association," "Licensed Plumber's Association," "Licensed Wine Seller's and Opium Dealer's Association." It is just possible that the authors of this designation recognised of the fact that this rapidly increasing class of medical practitioners had long ceased to be Assistants in a hospital or Subordinate Assistants to any Surgeon. It is possible that they found that these men were fast taking their rightful places as practitioners in the healing art and were being trusted by the public with their lives, it is possible that these practitioners themselves might have shown their disgust at being called by names which were mere misnomers. So the name "Licensed Medical Practitioners" was introduced as if the rest of the profession are "unlicensed murderers" of fellow beings. But give them any name you like, whether you call them Hospital Assistants, Sub-Assistant Surgeons or Licensed Medical Practitioners there can be no manner of doubt that their position and status in the profession have stayed where they were a hundred years ago. They are no longer the "native doctors" of the last century, they get their training now not in the vernacular but in English. Their period of training has been increased from three to four years and they themselves want five years course. Many of them are no longer regarded as mere assistants.

Some are even practising as consultants. And yet a Sub-Assistant Surgeon has remained a Sub and an Assistant.

A CURIOUS GROWTH.

In India instruction in western system of medicine was instituted not because the people demanded or desired it but because the Surgeons who came out to India needed Assistants. These Surgeons needed medical assistants and naturally these assistants were called Hospital Assistants or Sub-Assistant Surgeons. No definite scheme or instruction was then devised but later on they deemed it necessary to found a school for training assistants. Soon they found it desirable to have two groups of Assistants, the senior were called Assistant Surgeons, the imported stuff then being designated full Surgeons or Civil Surgeons. The whole fabric of the medical profession was thus built from the top, it was not broad-based on a natural and well-devised scheme of medical education which alone would provide the necessary foundation for the superstructure. Instead of growing from below upwards, it was planned from above downwards. As far as I am able to perceive, the present longing of the Licensed Medical Practitioners to better their prospects in life, this craving for receiving higher and better instruction in Medicine, this desire on their part to break through the shackles of "inferiority complex" and to remove the caste barriers in the medical profession have behind them this objective perhaps dimly perceived and vaguely realised that the present system of education and the present grouping in the profession should be swept off and that in these places a new uniform standard of medical education should be substituted, a single brotherhood of medical practitioners established.

* Presidential Address by Dr. B. C. Roy, M.B.C.P., F.R.C.S., of Calcutta.

PLAN FOR EDUCATION.

The plan for such a recasting of the system would be this : India needs for its millions expert medical aid and advice. At present, on a rough calculation, there is in this country one trained medical practitioner for 10,000 people. We need a larger supply of fully trained doctors so that medical aid becomes available to the poorer people in the villages. If the present tendency to congregate in urban areas continues, suitable means should be devised to induce practitioner to go to villages. An estimate of the number required should be made. A Board of Experts should determine the minimum standard of qualifications of a practitioner who can be entrusted with Indian lives. Let them then indicate the preliminary qualifications of candidates for admission into medical institutions. Let the experts next decide what should be the minimum period of instruction.

COURSE OF STUDY.

The experts will indicate the syllabus and courses of instruction. They will decide whether there is any advantage in having their training in preliminary science subjects in Physics, Chemistry and Biology, before the students join the medical course, or whether they should, as now, have instruction in these subjects as part of the Medical Course. Let our medical instruction be deliberately designed for the purpose of producing 'Men' who would be fit to understand the nature of illness and the temperament of the sufferers, who would know the treatment that is to be adopted and the drugs that have to be prescribed, who would inspire confidence and hope in their patients, who would form a band of willing workers prepared to devote their lives to "sacrifice and service". A reshuffling of the whole system with this objective in view is

essential and urgent and every thinking man in the profession, irrespective of the group to which he belongs, will endorse the idea. There will then be one class only of medical practitioners, without distinction of race, creed and colour, who will form the rank and file of the army whose duty would be to prevent illness, cure diseases, and relieve sufferers. Such a step is long over-due. The Licensed Medical Practitioners have proved their mettle in various fields of medical practice. They have demonstrated that they are fully efficient and capable medical practitioners, their abilities have been recognised by high-placed officials, by prominent medical practitioners, who have had dealings with them. Therefore, there is no reason why "an uniform standard of qualification" should not be established at an early date. The best amongst them can go up for higher training in properly equipped institutions and for specialising in the subjects of their choice. The appointments can then be made on the basis of qualification alone.

ALL-INDIA COUNCIL.

During the last few years, the profession in India was greatly exercised over the proposal for the establishment of the All-India Medical Council. It was originally designed "to provide for the maintenance of 'a register of qualified practitioners of modern scientific medicine' for all provinces, so that persons attaining thereto shall be acceptable as medical practitioners all over India." If an All-India Council was to be constituted no better "objects and reasons" could have been conceived than this. What happened afterwards one cannot say but "the objects and reasons" of the Bill were soon altered and it was then laid down that it was intended "to establish a register of medical practitioners who hold qualifications which

are likely to be accepted by other countries as conforming to international standards."

BEHAR'S LEAD.

Now that the Indian Medical Council Act has refused recognition to Licentiates it is only fair that they should obtain ampler representation on the Provincial Councils. A table published in the October issue of *The Medical Digest* shows that in every province in India, the representatives of the Graduates are proportionately larger in number than those of the Licentiates, and the two groups have been kept distinct, except in the Register of Behar and Orissa. Great credit is due to the province of Behar and Orissa, for removing the caste barrier from its register. One is tempted to ask if the disproportionately low representation granted to the Licentiates is an index of their inferior position in the profession. If these Councils are to function properly and are to give the proper lead to the profession in matters concerning medical education and ethics, they must be established on the goodwill and confidence of the medical practitioners the large bulk of whom belong to the Licentiate Group. And confidence and goodwill cannot grow without corresponding trust shown in them.

SUPPLY OF DRUGS.

This Association cannot afford to neglect the consideration of subjects which may not directly affect the prospects and status of the Licentiates but in which they, in common with practitioners of other groups are equally interested. I refer to the question of supply and import of drugs; the manufacture and sale of drugs in India, the methods of controlling either, the needs for an Indian Pharmacopoea, the supply of properly trained Pharmacists and

compounders, the desirability of improving their status and training. These are matters which vitally interest the profession, because the medical practitioners would be helpless in the treatment of diseases, unless provided with efficient pharmacists and reliable drugs. The Drugs Enquiry Committee appointed by the Government in 1929, and presided by Col. Chopra of the Calcutta School of Tropical Medicine, submitted its report in March 1931. Some of the suggestions are worth serious consideration and I wonder what steps the Government is taking to implement them. The wheel of the Gods grinds slowly.

NO PLAY THING FOR CAPITALISTS.

The data collected by the Committee show that we still import 2 crores rupees worth of drugs from abroad. We are often dependant on the supply of drugs from outside. In the year 1918, soon after the war was over, I had occasion to treat a child with Diphtheria. I could not get any Serum in Calcutta either for love or money. The patient was the only child of a rich father. We telegraphed to Bombay and to all parts of India and we ultimately got 2000 units from Madras for Rs. 125 and even that supply reached Calcutta after the patient was dead. This incident set some of us thinking and as a result the Bengal Immunity Company was established under the control and direction of several prominent physicians of Calcutta, who received no monetary benefit for their labours. The experience of the part of few years has led me to conclude that the manufacture of remedial agents in India, is an industry which requires every encouragement and help. Not only would such indigenous enterprise increase the country's wealth by reducing imports; but such manufacturers would be the purchasers of

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raw materials available in India. Such industrial development would necessarily stimulate associated industries and promote research. At the same time, the patients and practitioners are ensured a "plentiful" and "cheap" supply of remedies manufactured under conditions similar to those under which the patients live. Cheapness is essential for a poor country like India. My conviction is that such manufactured goods are preferable to imported goods, particularly so in regard to sera, vaccines, gland products and the like. But if such manufacture is allowed and encouraged, it must be suitably controlled, if we are to avoid quackery and imposture. I admit that in India, where Kaviraji and Unani systems of treatment are flourishing side by side with Allopathy, where Homoeopathy still holds its sway, it may be difficult to completely control the manufacture and supply of drugs. I strongly urge that all such enterprises must be, in the main, under the guidance of control of trained medical men and should never be allowed to be the play things of Capitalists.

FINANCIAL DISTRESS.

While the Association rightly concerns itself with various problems which are of interest to the profession, nothing can concern its members more intimately than the provision of their bread and butter. On account of the present financial depression this problem has become more serious. The people cannot pay for professional services and a large number of them now resort to Charitable Institutions for advice and treatment. I am intimately associated with one such Institution in Calcutta, Chittarajan Seva Sadan, and I admit that the demands made upon it leave no room for doubt that even making allowances for those who are able to pay and yet resort to hospital, there are yet an

increasing number who come there because they find difficult to pay for treatment at home. These institutions, I am afraid, will in future go on multiplying and I have no doubt that they will surely affect the income from private practice. What are we to do then? Are we to discourage this tendency to make such Charitable endowments? Shall we refuse to work in these institutions, particularly when most of them demand from us "honorary" service? Self interest will give an affirmative answer to both questions. We are however proud to belong to a profession, which is not only dubbed "noble" but which is founded on self-restraint and self-abnegation. It is the medical man who discovers methods of preventing diseases, it is the medical man who lays down the laws of healthy living. And in doing so, he sacrifices his own income. And yet he has to live, he has to meet the ordinary demands of life.

HOW THEY DO IT IN THE WEST.

In the West, panel system, club system, have been introduced to meet this difficulty. In some States of America every medical man is paid from the State and they treat patients free. In England, Municipal Corporations in urban areas and the Country Councils in rural areas have established dispensaries on co-operative system. It is difficult to say which plan will suit us best. I feel strongly that our hospitals, while making ample provisions for the poor should charge those who are able to pay, on a graded scale. Such payments are to be demanded not on the basis of additional efforts provided to them but on their capacity to pay. Out of such proceeds a certain proportion may be paid to the doctors, the amount received by each individual will depend on his ability to attract patients to his paying wards. And

after all it is a debatable question whether it is preferable to give treatment in the hospital free and find the cost by taxing the general public or charge the patients for treatment and reduce the general incidence of taxation. I think it is prudent to take a middle course and have certain number of free beds and the rest paying. I am glad to find that this Association has a Family Benefit Fund for helping the indigent families of the members. This system should be extended and encouraged. I suggest that steps should be taken to ask Insurance Companies to start special life policies for medical practitioners. The life he leads requires separate consideration and a different system of fixing the premium.

UNITED WE STAND.

Gentlemen, I have finished. I have tried to indicate the various problems that now confront the medical profession. I have offered some suggestions. It is for you to discuss them, to accept or reject them as you will. But whatever steps you take, I would urge upon you the necessity of taking concerted action. A house divided against itself cannot stand. Forget for a moment, that the interests of servant of the Government is different from those of a servant of the people. Sooner or later—let me hope—sooner rather than latter—the Government itself will be a servant of the people. Therefore band yourselves together and make united demands, "Ask and it shall be given." Heaven helps those who help themselves."

JOIN THE UNION.

The First Triennial Ophthalmological Congress.

(December 1933)

* "The idea of starting an Ophthalmological Society in Bombay is an old one. Since 1914 attempts were made to start such a Society in Bombay. But on each occasion the attempts did not advance further than drafting the constitution. So in 1928 we, the staff of the A. M. G. Free Ophthalmic Hospital which is now known as the K. B. Haji Bachoo All Free Ophthalmic Hospital decided to make another attempt at starting the Society. Guided by the experience in the past we decided that we actually do commence the work of the Society rather than grapple with the constitution of the Society. With a few guiding rules, we decided to meet at least once every month to discuss interesting cases and to read papers on Ophthalmic subjects and to have one social evening every month.

WORK STARTED.

We thus started the work with only five members; a President, a Secretary and three members, and began to meet on the first Friday of every month, and we did so without a single break, for the first three years and for that our best thanks are due to Dr. C. Athavale, our Secretary, of unflagging zeal and conscientious industry. When we found that we survived the first three years of our life we in consultation with other members of the Ophthalmological fraternity in Bombay drafted a wider and more detailed constitution. There was proviso in it, that every third year an Ophthalmic Congress should be convened in which non-members of the Society should be invited to

*Address by Dr. S. Sathye of Bombay to the Delegates,

take part and to read papers on the subjects of Ophthalmic interest, and that is why we are meeting here to-day.

The Ophthalmological Society of Bombay is the first of its kind to India and has now members on its list from all parts of India.

THE BULLETIN.

During the last five years the first thing we did was to issue a quarterly journal—Ophthalmic Bulletin—which is sent free to the members of the Society. The Bulletin not only gave reports of the meetings of the Society, and notes on cases but also gave pertinent extracts from foreign journals, which have been appreciated. The Journal has come out regularly for the last five years and it is now contemplated to bring it out every month, if possible.

The Society has also in its own way helped the formation of the All-India Ophthalmological body.

TRAINED EYE SURGEONS.

India holds one-fifth of the World's population. The prevalence of eye diseases amongst them is also fearfully great. There is naturally and necessarily a greater demand for an army of well-trained eye surgeons to combat these diseases with dispensaries and hospitals for their treatment.

To meet this demand the Society, with the co-operation of the staff of the K. B. Haji Bachoo All Free Ophthalmic Hospital, has decided to start a Teaching institution under the designation of the College of Ophthalmology of Bombay registered under Act XXI of 1860. The necessity of such a teaching Institute was greatly felt by the general practitioners and we are glad to say that advantage of this faci-

lity is being taken by men from other parts of India, and even by men hailing from America and Persia.

COURSE OF INSTRUCTIONS.

The College of Ophthalmology will have three different courses of instructions:—one of three months; another of six months and a third of one year. Those practitioners who hold registerable qualifications and go through one years course will be admitted as fellows of the College if they pass the College test and satisfy other conditions. I am glad to say that for teaching purposes we have secured the co operation of the staff of the K.B.H. B.A. Free Ophthalmic Hospital. We are glad to say that during the short period of our existence we have sent out more than five hundred practitioners. Some of them are actually doing free work in Taluka places, and are thus carrying relief to the very door of the patient, and are greatly helping them by ameliorating their physical ailments and offering them relief which their economic conditions would have precluded them from seeking or securing. But this is not enough. It has not touched even the fringe of the problem. A lot of work has still to be done.

Besides the training of the Eye Surgeons other important questions affecting the public need are to be considered. One of these is the prevention of Trachoma or granulation. It is a disease which is, as we all know, mainly responsible for a large percentage of blindness, misery and economic loss to the individual and to the country. It is an ancient malady found all over the world and known from the time of Charak and Sushrut. Treatment has been so far as varied and illusive as its causation although it has been known for thousands of years.

I would suggest a small committee to consider the way and means of tackling this problem for prevention and cure of this fell malady.

The second problem to my mind that needs our urgent attention is the prevention of blindness. We must take immediate steps to prevent blindness wherever possible. It is not an easy question. It will need co-operation of the people, the physician and the public services. Governments all over the world are taking active steps to prevent the scourge and we must awake our authorities to do the same. Our public is apathetic and ignorant. Our country is poor and our Government being foreign has, no wonder, been indifferent. We ourselves must therefore try to combat these three conditions, and endeavour to do our best to save our nation from going blind.

It may be added that the question of prevention of blindness has been brought to the notice of the Indian Government by the International League for the Prevention of Blindness and it is also gratifying to note that the Indian Government has just awakened to a sense of its duty in the matter and it is now up to us supplement their efforts. This work could be carried on by appointing a committee as has already been suggested by me.

I am not going to detain you any longer. We all know the miserable plight of our countrymen in every walk of life. We all know efforts are being made by every section in its own field of work to better our natural condition. Politicians in the political sphere; social workers in social matter; economists in economic direction; and all that I ask of you is to fall in line with all these national workers and servants of the people and as ophthalmologists and eye experts

let us put our shoulders to the wheel and try our level best to better our national condition in the region of eye diseases by giving relief not only when sought but by multiplying our numbers, by increasing eye dispensaries and pressing upon the attention of our Central and Provincial Governments the need of tackling the eye disease problem in India."

II

* "In the history of the World, India stands out pre-eminently as one of the few foremost Nations of old which cultivated the science of medical and surgical relief and hygiene. She was a pioneer in the line and her researches and discoveries and inventions contributed to the consolidation of experiences and practices in the relief of physical suffering into a science which earned for India the prestige and reputation as the World's great teacher in medical science. But to-day the position is reversed. We have fallen from the height and dignity of a teacher to the lonely and humble position of one who has to learn everything which contributes to the health and prosperity of a Nation from the West.

OBJECT.

The object of this Ophthalmological Society which holds these conferences annually is the cultivation and promotion of ophthalmology. But what should be the aim of the Society for which the science of ophthalmology is to be cultivated? The aim should be the relief of suffering and prevention of blindness amongst our people. Our country which is perhaps a 100 years behind the Western Nations in the race of progress, needs all the earnestness and sacrifice that we are

* Presidential Address by Dr. B. S. Moonje.

capable of for achieving our aim in this line. Along with researches that may be made for adding to our stock of knowledge I would suggest that the Society should undertake an intensive propaganda by illustrated leaflets and magic lantern lectures in Vernacular Languages with the two fold object of removing ignorance and social prejudices in the masses and inculcating principles of Ophthalmic Hygiene. It will be too long and quite out of place here to go into the details of such propaganda.

WANTED PROPAGANDA.

Nothing can be more effective than propaganda by leaflets and magic lantern lectures amongst the people of the villages, warning the mothers that when a child had developed sore eyes and has been opening its eyes for a week or so there is great danger of its losing sight for life and that, therefore, qualified medical men should be immediately consulted and that it is no case for a village quack. I am making particular mention of such cases here because it is precisely such cases that are not taken seriously until irretrievable harm has been done.

CHILD'S DIET.

Next point in importance is the diet of children. It pains me to mention that even educated parents in their sentimentalism and prejudices of various kinds, do never pay a moment's attention to the diet of their children and the physiological idiosyncrasies inherent in children in respect of diet. I have seen cases of children of even well to do parents developing keratitis, corneal ulcers, Xerosis eventually leading to blindness, myopia and defects in the muscular balance of the eyeball for the simple reason that the child was not well nourished in spite of the wealth in the house. Nobody thought it his business to investigate

into the physiological idiosyncrasies inherent in the child and to provide suitable changes in the diet to meet those idiosyncrasies.

Gonorrhoea and syphilis in parents are perhaps beyond the purview of discussion here in this conference of limited scope: but Gonorrhoea is generally the cause of the sore eyes after birth which leads to blindness.

Thus it will be seen that there is no limit to the usefulness of service which this Ophthalmological Society can do to the people and if holding of such conferences can inspire members to organise such service in its various aspects we shall have justified our existence.

SWADESHI IDEA.

In the outside world in India a great deal is being taught about Swadeshi. The idea is to bring about complete emancipation of India from dependence upon for the supply of daily necessities and comforts of life. How can we give effect to Swadeshi in our particular sphere of activities. Fortunately we have our Indian firms which can manufacture instruments. We have not yet been able to develop our chemical industries to make us completely self-contained in respect of the drugs, vaccines and serums required for the treatment of eye diseases. But in respect of the actual practice of the science and art of ophthalmology there is no reason why we should not be able to encompass our complete emancipation from foreign tutillage and stand out self-sufficient as other nations of the world are doing. We Indians should so develop our art by life long study and practice that we should no longer be dependent on the English members of the I. M. S. for high skill in any kind of surgical operations or medical treatment.

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POST-GRADUATE TRAINING.

With this object in view, my suggestion is that the Society should arrange for post-graduate training for young hopeful medical graduates particularly in actual practice of the art. Such trained graduates will spread all over the country and contribute their quota of energy and skill in the relief of suffering and prevention of blindness. But care should be taken to advise and encourage them to settle down for practice in bigger villages rather than crowd in capital towns, for the benefit of our rural population."

All India Medical Conference, Bombay.

(26th to 29th December, 1933.)

* "India is a very ancient country. I am bound to say that the health of the old country at the present time is in a very miserable condition. Two old gentlemen are guiding the destinies of this ancient country; one will rule it with the antique method of legalised ordinances, the other will guide it by means of religious fasts! The sooner these senile methods are given up the better for the health of this country.

ALL-INDIA MEDICAL COUNCIL.

The first to claim our attention in medical matters this year is the India Medical Council Bill which was recently passed in a hurry by an assembly ignorant of medical matters after a farcical exchange of telegrams between the Secretary of State and the Government of India. The General Medical Council is a body which is not master even in its own house, and which had to get out as best it could, when little New Zealand showed its teeth. This

* Welcome Address by Dr. G. V. Deshmukh, M.D., F.R.C.S., of Bombay.

body acquired a vast medical empire in India by methods which cannot but be called mean. The only parallel to this in history is the East India Company! This body has to see that the standard of qualifications is sufficient for practice in the British Isles. Instead, it interests itself in the midwifery experience of India; then makes a discovery that here, standards of medical examination have deteriorated, wants to have one roving Commissioner all over this vast country in preference to the many commissioners suggested by the Indian Government and when the grant for the excursions of this gentleman is vetoed by the Assembly assisted by the first elected President, gets raving mad and refuses to recognise the Indian University degrees even for the purpose of post-graduate studies. And to placate this body the Indian Medical Council Bill had to be passed!

One might have expected that after this bill, the right to recognise or refuse the qualifications in the matter of reciprocity would be left to the Council. But "No!" The Council will merely report the decisions to the Governor-in-Council and it is the Governor-General-in-Council who will decide. And it is expected that independent medical councils of other nations will pay respect and honour to the Indian Medical Council which can neither refuse nor recognise, on its own, medical qualifications of other nations.

Although started as a military service, the I.M.S. must grab and keep hold of as many civil appointments as it can in this country in spite of the growth of competent medical profession. In spite of the experience of the last great war, when the services of the Indian medical profession had to be taken, the talk of war reserve by providing civil appointments must continue.

The civil appointments are supposed to serve the purpose of war reserve, and if the civil appointments are done away with, the arguments are put forward that recruitment will suffer, the other services will suffer, the families of the officers will suffer, education will suffer, research will suffer, and public health will suffer, in fact there is nothing in this country—not even the Indian women—who will escape suffering if proper temptation of civil appointments are not offered to their military recruits to continue their career.

Accustomed as we are to hear all kinds of impossible arguments from vested interests, this kind of reasoning cannot but raise disgust in respectable minds. They join the military service; if they do, they might as well stick to the military side. The civil side may be left to look after itself. It may do so either by employing the indigenous talent or by contract system. I am against contract system by the Provincial Governments. Why can't the British European doctors take all the chances and hazards of private practitioners to settle independently so that their services may be available to the European women for whom they are so solicitous. Schedule No. 2 of the Indian Medical Council Bill has already obliged them by recognising them for purposes of registration.

By implication a claim is put forward for them that they are experts in every thing including education, research and public health. The necessary experience and education for all these higher branches is obtained under the guidance of a senior Army Officer in their few years' service in the army. Now the high standard of the present "medical education" in the country is entirely due to the efforts of the independent medical profession, serving as honoraries, for the love of the

science, younger generation and their country and not for lucre. The number of highly qualified specialists is very much more; the number of colleges in the country has been doubled during the last 15 years and so have the beds available for the training of young India.

Public Health and problems connected with it, such as maternal mortality and infant mortality cannot be solved by inducing recruitment to the I. M. S. service by safeguards and proportionate pensions and right to retire and retaining the civil side of service, not even by the women's medical service. All the research in the world cannot make any impression on these problems unless the government policy changes. The chief cause of the maternal mortality in child birth and infant mortality is early marriage and the Government's action in relation to Sarda Act to prevent child marriage is disgraceful.

Twenty-five per cent of the total number of deaths in India are due to malaria; yet the policy of the Government is to hoard quinine and allow it to deteriorate rather than sell it cheaply or distribute it free. Other nations are doing it. Reserving posts for men and women in the services is not going to solve these wider problems.

SELF-RELIANCE.

In all this depressing tale, there is one feature which is encouraging. Our present position, we owe to our unity and self-reliance. We have contended against every difficulty and we have learnt to strive on with a heart for any fate. The responsibility of improving the condition of our people rests with us. May our self-reliance ever grow and the strength of our unity be utilised in the cause of our Motherland."

II

* "I thank you heartily for the high honour that you have done me by asking me to preside over this session of the All-India Medical Conference. It is highest honour that the profession could confer on a medical man, and I ask you to believe me that when I express my gratitude to you for it, I am not doing so in any conventional spirit.

MEDICAL COUNCIL BILL.

Before I deal with the main problems, I feel I must dispose of a matter that had been exercising the feelings of the Medical profession for a long time. The Medical Council Bill that had aroused a good deal of controversy and very legitimate indignation among the members of the Indian Medical profession has now passed the Legislatures. Conceived in a spirit of subservience to outside interests, it was, thanks to universal protests, materially modified in the Select Committee. But it is at best a compromise. While some of our demands have been accepted there are others that have been postponed for four years.

THREE PROPOSITIONS.

I do not want to say more on this subject, but I must state three propositions that must guide medical policy in India.

(1) The standard of education must be governed by efficiency and the needs of the country without interference from outside interests.

(2) Reciprocity must mean reciprocity. We do not care much for

recognition outside on conditions that may compromise our self-respect and if we can be denied recognition abroad, we must have and exercise, the power to withhold recognition also.

(3) Our Licentiates are not a body of Medical men to be despised. They are the back-bone of the medical profession in relation to the work that the profession has to do. It is they who, as a body come into contact with, and relieve, the sufferings of those who really constitute India. They may not enjoy the advantage of what is called "higher education," but they are a privileged lot where actual service is concerned. When we think of them, let us not forget that, in certain respects that matter much to the people, they are superior even to the greatest among us.

THE POINT OF VIEW.

Medical problems in the India of to-day if they are professional, are also more peremptorily national. The duties of medical man are so vast and urgent that they must take pronounced precedence over his professional rights and privileges. It is, therefore, our duty that I want to emphasise in what I have to say to you to-day.

INDIA AND HER NEEDS.

India is a large country, and while she is rich in resources, the tragic paradox of the situation is that her people are utterly poor and destitute. They are backward in education and without those amenities of life and surroundings that are the guarantee of health. Ignorance, destitution, disease and a terribly high death rate are the prominent facts, so prominent that they must constitute the main and relevant criteria for judging what is being done and determining what ought to be done.

* Presidential Address by Dr. M. A. Ansari, F.R.C.S., of Delhi.

FAILURE OF THE STATE.

Judged by the above criteria, what is being done is not a magnificent record of success but a monument of failure on the part of the State, whose primary duty, more important than any other, is the health of the people in its charge. What has it done except plead, in season and out, financial stringency? There is no money for any activity that may likely prove of real and extensive benefit to the people at large. And yet, curiously, there is never a dearth of money for spending on salaries the highest and most scandalous in the world and for squandering on other cognate items to show off splendour in the midst of penury—which instead of helping only harm, because they rob the people of what might otherwise have been usefully expended on them.

PUBLIC HEALTH.

The State is not without its departments of Public Health. But they are merely parts of a miscellany. The imperative importance of such a department cannot be minimised in any circumstances and in any country in the world. And when we consider it with special reference to a country like India where disease and death are the rule more than the exception, Public Health in its broadest sense, must easily occupy the first place in the administrative scheme, if the State is to justify itself. But the position is otherwise. Let any impartial man read that illuminating publication the Census Report of India, and let him also read the official reports issued periodically by Medical and Health Departments. He cannot escape the impression that the whole business is, as it were, regarded an unavoidable nuisance to the State. Medical Departments do not represent a desire for achievement so much as a mild

and apologetic protest against the inconvenience of difficulties.

SERVICE A LUXURY.

I sometimes wonder of the duties and responsibilities of the Power that be towards the life and health of our people have been conceived in a spirit of service at all. For, the practical expression of service is missing from the discharge of those duties and responsibilities. Service to the people is merely a pretext for surrounding the so-called servants with luxuries. The people's needs are recognised to the extent that they serve as a contributory incident to the main purpose of satisfying the exalted needs of others. Look where you will, the dominating factor of policy is the same.

This Association has ever since its foundation been dealing with medical problems in India. The main spring of the difficulties we have been deploring and pleading against is the indifference of Government, as if the welfare of the country and its children were of secondary importance, a mere corollary to the main questions of "prestige," "efficiency" and other such necessities of our bureaucracy.

SANITATION.

Take the problem of Sanitation and prevention of Diseases. Look at them in the perspective of the present plight of the people. They demand more earnest and practical attention than any so-called Emergency. A wide-spread and thorough campaign for the prevention of diseases does not require any argument to prove its sharp urgency. Diseases are subversive of life itself and are, therefore, entitled to keener consideration than any thing else affecting less material conditions of life. Preventible diseases are a challenge to the first 'raison d'être'.

of a State. Here, however, the position is curiously anomalous. There is little organised effort in proportion to the country-wide needs. There is no national policy in regard to the health of the people. What little there is of it, is rendered ineffective because the bulk of the money goes towards the up-keep of a notoriously top-heavy administration run by outsiders. If finances are mainly absorbed in salaries and allowances of the few at the head, no wonder that the people's sufferings should remain unameliorated.

EDUCATION AND RESEARCH.

So is the case with Medical Education and Medical Research in the country.

Hundreds of thousands of medical men are required to relieve suffering. But the problem of providing the country with such men is being tackled with non-chalant leisureliness, as if it did not exist at all. I do not suggest the possibility of a miraculous production overnight to satisfy all needs. But I do question the spirit in which Medical Education is approached by the Government.

UNAVAILING PROTESTS.

Repeated protests have been made time and again, not from the platform alone, against the manner of running medical institutions. The system stands condemned because, as has been thoroughly demonstrated, the teacher occupies the bulk of attention and teaching appointments are made without regard to those conditions that alone matter. Efficiency is not regarded as the guiding principle in appointment. And the fact of being an Indian serves as a disqualification.

The spirit underlying the conduct of Medical Education is not informed by a sense of needs either of students or

of the country. Yet, our protests have so far availed little.

MEDICAL RESEARCH.

The need for medical research in India is equally obvious. But the attention paid to it and the way it is encouraged leave everything to be desired. Universities are not given the opportunities for research that in their very nature they are entitled to. They are practically ignored. No serious attempt is made to attract brilliance and talent which, after all, are the foundations of success. On the other hand, they are more or less ignored. The one main source should be the independent medical profession. It remains almost untapped. Indeed, it is discouraged for the sake of service men.

The administration of the Research Fund and the constitution of its controlling body are guided by official and racial considerations rather than by those of medical science and the people of this country. No wonder that the grants do not bring material results in any degree of reasonable proportions.

TOP-HEAVY INEFFICIENCY.

Racial discriminations and reservations involving terrible waste of a poor country's money on top heavy administration are the fundamental features of medical policy in India. I do not say that Indians are entirely excluded. They are being given a chance here and there and the way they have discharged their duties not only justifies their inclusion among the "select" but is also a clear proof of the remarkable efficiency of Indians. The number, however, of these Indians serves the more glaringly to show the dominance of non-Indians.

Criticising the top-heavy administration of Research, Sir Nil Ratan Sarkar

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" Examination of carcasses of animals slaughtered in certain places, e.g. Ferozepur and Lahore, has revealed the existence of tuberculous lesions in 16 and 16 per cent. of animals examined—an incidence much higher than what has hitherto been found and it is probable that a systematic and a thorough examination may reveal a still higher incidence of infection." (Soparker " Indian Journal of Medical Research," October, 1929.)

The danger of tuberculous milk to young children cannot be overstated, and this high percentage of infection amongst cattle in India definitely places milk beyond the pale of safety.

Processes such as pasteurization, sterilisation and evaporation give a certain degree of safety but have their limitations so far as the feeding of Infants is concerned, particularly in view of their disturbing influence on the mineral and vitamin content of milk.

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said in his presidential address to this Conference in 1931:—

“If the solution of difficult problems be the object of medical research, why should we not have a first-class worker from France with one-third the salary or from Germany with half of what is paid here? The scale of salaries sanctioned for departmental heads at the All-India Institute of Hygiene is double the salary of a Nobel Prize man or of a Fellow of the Royal Society in some of the Indian universities. The top-heavy organisation where the salaries of the departmental heads alone swallow up 70 per cent of the total expenditure of the research institutes cannot be called a sound organisation.”

I need not add anything to the above, save that Sir Nil Ratan Sarkar's criticism applies generally to every aspect of medical policy in India.

THE INDIAN MEDICAL SERVICE.

This brings me inevitably to the question of the I.M.S. The Civil side of it is admittedly indefensible. It has been recognised as such even by the apologists of the I.M.S., yet it is one of the unique characteristics of the administration in this country that what is indefensible endures. But since it endures, it still finds a few pertinacious champions:

MILITARY RESERVE.

It has been claimed that the I.M.S. in its Civil side constitutes a “Military Reserve.” Actual wars have proved that “Military Reserves” do not satisfy even a fraction of medical requirements and that the civil medical practitioner does the job, after the briefest and simplest of training, as successfully as the Military Doctor. This is the lesson of the Great War. This is also my own personal experience during the Balkan War. The Civil side of the I.M.S. as a Military

Reserve is thus unduly costly, quite insufficient for war purposes and altogether superfluous as a Military Reserve.

RACIAL PREJUDICE.

Another reason advanced is racial prejudice. Indian doctors, it is said, do not command the confidence of Englishmen and women residing in civil stations. This is neither true nor fair. There are to-day about 500 Indian medical practitioners in England. All of them enjoy successful and extensive practice which would not be possible if they did not command the confidence of innumerable Englishmen and women. Here in India almost every one of us knows from personal experience that racial considerations do not necessarily enter into the mind of the average European patient. But if there are some Europeans in civil stations of India who have no confidence in Indians, I do not see why this poor country should pay so that they may indulge the luxury of their racial superiority. And why is it that the prejudices of a few Europeans should take precedence over the circumstances and poverty of the millions? Do Indians and their poverty if not their prejudices—count for nothing at all? Agitation against perpetuating the I. M. S. as a “close preserve” has been universal and persistent. What is the result? In spite of the superiority of Indians, as revealed in open competitions, this service remains European and its position and prospects have been further strengthened as if in defiant response to the demands of India.

MONOPOLISTS OF HIGH POSTS.

I count among the members of the I.M.S. many friends and I recognise that some of them are, in talent and sense of responsibility, an honour to the medical profession. I say this

because I want to stress the fact that the Indian Medical Service, as at present constituted, has no justification from the point of Indian resources and Indian requirements. The service is European and the recruitment is not based on qualifications relating to the special needs and problems of the people. Yet I.M.S. officers are the monopolists of all the high and responsible posts with salaries that are a strange contrast to the usual apology of lack of funds. Imagine a country where medical problems are in charge of luxuriously paid outsiders, while there is no dearth of indigenous talents available to do the job much more effectively and at a definitely less cost.

THE I.M.S. SPIRIT.

A few weeks ago, three retired officers of the Indian Medical Service gave evidence before the Joint Parliamentary Committee. I quote the following two extracts from the press reports of their evidence :—

Col. Baird expressed the opinion that medical relief in India was undergoing a decided deterioration which he ascribed to four factors, namely, the tendency of Ministers to interfere in details of medical administration, loss of British personnel, incompetence and mismanagement by local authorities and waste of public money in fostering the Ayurvedic and Unani system which was like asking the army commander to raise and equip a corps of archers when machine-guns were urgently wanted.

Lieut.-Col. Broome, dealing with medical education expressed the opinion that Indianisation in medical colleges was too rapid and urged that as long as Western medicine was taught in India the majority of professional appointments should be filled by Europeans.

These extracts are illuminating. They reveal the I. M. S. in its true light. They prove how utterly unsympathetic and anti-Indian the service is in every respect. This is the spirit animating the I.M.S. and yet Indian is invited gratefully to pay for it!

DRUGS AND INSTRUMENTS.

Nor has the State recognised our need in the matter of the provision of drugs and instruments. Bad health renders the demand for drugs and instruments proportionately greater. National poverty means that they should be cheap and available easily, yet the one thing that is lacking is encouragement to the manufacture of indigenous drugs, instruments and accessories. In every country in the world "Swadeshi" is regarded as an obligation of the State. So far little has been done in India to show that the obligation is recognised. Not that we are without potential resources. This is evident from the efforts being made in Bengal, Bombay and elsewhere. These efforts could supply much of our wants at far less expenditure of money but the patronage of the medical departments of the Government is not there.

This is unfortunate and a very difficult obstacle in the way, but the independent Medical profession can help materially in popularising Swadeshi drugs, instruments and accessories."

—

ASSOCIATIONS.

The Chettinad Medical Association.

The monthly meeting of the above association was held yesterday (20th January, 1934) at the premises of Dr. Shetty's Chettinad Eye, Ear, Nose, Throat Hospital at Kanadukathan at 4 p.m. under the Presidency of Dr. N. C. Appayya, L.R.C.P., M.P.C.S.,

Dr. T. Krishna Menon, M.B.C.M., M.R.C.S., L.R.C.P., Lecturer in Cardiology, General Hospital, Madras, and Member of the All-India Medical Council, delivered an interesting lecture on Thyrotoxicosis. Various clinical points of doubt were asked by the doctors numbering thirty. Dr. T. S. Shetty gave out some interesting case reports, one of a rare case of suspected yellow atrophy of the liver in a pregnant woman from the Women and Children Hospital, Kanadukathan, where Dr. Miss Ivatts is the Medical Officer. Another was a rare case on which he had operated successfully. Dr. S. Subramaniam also gave the case report of an interesting case of Richter's Hernia.

Mr. T. S. Shetty, the Secretary of the Association, who acted the host showed the guests round his most up-to-date and well equipped hospital. After a vote of thanks to the lecturer by Dr. Narayanaswami Iyer, the District Medical Officer, Ramnad, who had come there on tour, and the President's concluding remarks, the meeting terminated at 7 p.m.

Trichinopoly District Medical Association.

A feature of the activities of the Association during the year has been that we got down a number of lecturers from outside the district to deliver lectures on various subjects. The year was inaugurated with a lecture by Dr. A. Srinivasan, M.R.C.P. (London), on Honorary Medical Service, which created a storm in the teapot.

As in the previous year, we had regular meetings every month without a break and had as usual the benefit of a lot of clinical material from Dr. T. S. S. Rajan, and from

the headquarters hospital during the earlier half of the year. It is hoped that Lt.-Col. N. M. Mehta, I.M.S., who has promised to help the Association as much as possible, will continue to supply the Association with clinical material for which the Association primarily exists. A number of younger men had also come forward with cases.

We had kept up the convention of one or more members standing Tea at the meetings of the Association.

We started with a membership of 74 at the beginning of the year. There have been a number of resignations primarily due to transfers of Government servants. A notable departure has been that of Dr. S. Padmanabha Sarma, M.B.C.M., in July 1933 due to transfer. He was President of the Association for a year and took not a little interest in the Association and supplied a lot of clinical cases. It is but fit that we acknowledge with thanks his services to the Association.

We have on the rolls to-day 99 members and this increase is in a great measure due to Dr. C. E. R. Norman, F.R.F.P.S., D.P.H., etc., C. M. O., S. I. Railway, Golden Rock, who not only readily re-enrolled himself as a member but induced his staff to join the Association and we hope this will mean more intimate relationship with that up-to-date and well equipped hospital at the Golden Rock and the excellent work that is being turned out there.

The average attendance has been about 50 for each meeting. Though we are told that it is a good number and not obtaining even in the Metropolis, it is not very satisfactory, and could be much better. More members of the town who are about 60 strong could easily attend in greater numbers and contribute their mite.

This Association is proud to have members from the adjoining Districts of Tanjore and Pudukottah, and we hope this Association will become the centre for the Southern Districts. We had frequent intercommunication with the Chettinad, a number of our members attending their meetings and they ours. Our late President Dr. Sarma lectured at their Association and their President Major A. Krishnamurthy, B.A., M.B.C.M., A.I.R.O., lectured before our Association.

Another important event during the year was the Registration of the Association with the hope that this would become a Recognised body and the Government might be induced to pay travelling allowance to its employees for attending the meetings and also permit local bodies to do likewise. When the Secretary interviewed Major-General C. A. Sprawson in Ooty in July of this year, the late Surgeon-General was not sure if Government would grant travelling allowance for every meeting but he was sure travelling allowance might be granted for the Annual Meeting which could be made into a sort of a Conference. As there was no further news on the matter, the Secretary interviewed Sir Frank Connor, the present Surgeon-General, early this month and learnt, that in spite of Major-General Sprawson's strong recommendation the Government turned down his proposal on the usual plea of want of funds. Sir Frank Connor has however promised to move Government again and it is hoped that better counsels would prevail at least now.

It was from the suggestion of Major-General Sprawson and with the object of having some useful work done that this Conference was arranged and our thanks are due to Rao Bahadur Dr. M. Kesava Pai, M.D., O.B.E., and the various lecturers for readily consenting to go over here at considerable

inconvenience. A beginning has been made this year and it is hoped that this will be the nucleus for full-pledged Conferences in the years to come.

The year commenced with Rs. 554-0-9 in the Bank and annas eight and pies two on hand. We collected Rs. 367-0-0 during the year and our deposit in the Bank earned an interest of Rs. 11-2-0 for the year and we spent Rs. 466-12-0 during the year on periodicals, meeting expenses, etc. We have a balance of Rs. 452-2-9 in the Bank and Rs. 13-12-2 on hand. It is regrettable that many members do not pay their subscriptions regularly and a sum of about Rs. 200-0-0 is still outstanding.

Chittur Medical Association.

An ordinary meeting of the above association was held at the District Hospital, when Mr. K. C. Paul, specialist in Diabetes, and Honorary Physician, Government Royapuram Hospital, delivered a thoughtful lecture on "The treatment of diabetes" under the presidency of Mr. Padmanabha Sarma, the District Medical Officer. The D. M. O. was at Home to the members of the Association.

Tenali Medical Association.

The first anniversary of the Tenali Medical Association was performed on the 28th January with Dr. R. Venkata Rao, M.B. & B.S., Assistant Surgeon, Gudivada, as President. The programme included music and entertainment and a scene from "Kanyasulkam" by Dr. G. V. Subba Rao. Papers were read on "Sublethal medication in intestinal stricture" by Dr. G. V. Subba Rao, and on "The medical profession" by Dr. V. Suryanarayana.

East Godavari District Medical Association.

The second anniversary meeting of the East Godavari District Medical Association was held on January 20th, in the District Board Office buildings under the presidentship of Lt.-Col. K. V. Ramana Row, I.M.S.

After refreshments, a public meeting was held. Lt.-Col. Ramana Row thanked the organisers for giving him an opportunity to come into contact with fellow-workers in the field and to renew his contact with Cocanada, the place of his childhood and education. Dr. Benegal of the local headquarters hospital read papers on Gynaecological cases, excision of upper jaw and other subjects. Dr. P. Kutumbiah, M.D., M.R.C.P., Professor of Vizagapatam Medical College, spoke on "Rheumatic infection in children and in adults." Dr. Kini, Professor Medical College, Vizagapatam, spoke on "Treatment of compound fractures", illustrating them with lantern slides.

Major Sastri thanked the outgoing members and office-bearers of the Association for the co-operation extended to him during the year and also tendered his thanks to all, including Professors of Vizagapatam Medical College, that helped to make the day's function a success. Major Sastri hoped that the activities of the Association would help mutual exchange of experience and of thought.

The guests were treated to a sumptuous dinner later.

Coimbatore Medical Association.

Under the auspices of the Coimbatore Medical Association Dr. G. Samuel of the Sir Warless Tuberculosis Sana-

torium, Miraj (Southern Mahratta) delivered as address on "Tuberculosis, its classification and treatment" at the Moses Gnanabaranam eye hospital. The lecturer in the course of his address classified the disease into several stages; of how the disease developed and how it should be treated at each stage and spoke on calcium therapy. At the end there was a discussion about the suitability of a site for locating a sanatorium in this district and the lecturer suggested Podanur and Palamalai as being the best fitted. He hoped that the proposal of the district tuberculosis committee to start a sanatorium would soon fructify. The sanatorium at Miraj where he had been working had been made self-supporting through the help of philanthropically-minded people mostly Indians and he hoped that the public of this district would evince equal interest in the proposed sanatorium to make it an accomplished fact.

With a vote of thanks, the lecture came to a close.

Medical Research.

PROPOSED INSTITUTE IN INDIA.

Appeal for Funds.

An appeal has been issued by Dr. Rabindranath Tagore, Pandit Madan Mohan Malaviya, Sir P. C. Roy, Sir C. V. Raman, Sir Nilratan Sircar, Mr. Ramanatha Chatterjee and others on behalf of the establishment of an "Indian Institute for Medical Research."

Workers in India have been feeling, for some years past, says the appeal, the need for a Research Institute where original investigations in medical sciences could be carried out and the problems bearing on the promotion

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SOUTH INDIAN MEDICAL UNION, MADRAS.

of national health could be intensively studied. Very little work has been done on those lines in this country outside the few Government institutions, where national talents do not often find full and free play and where the work is not always intimately connected with the vital problems of national health; nor is the number of such institutes adequate to meet the needs of the country.

“ A truly Indian Institute of Medical Research with the object of tackling the vital health problems of the nation has now become imperative. During the last few years assurances have been received from a number of keen and able workers who are prepared to devote their lives to make this scheme a success. The objects of this Institute will be to carry on research in the medical sciences, to train a band of research workers, to apply the knowledge obtained to clinical practice and to preventive medicine, and to disseminate the knowledge of hygiene among the masses, making its services available to them either free or at a low cost.

“ The Institute will be called the Indian Institute for Medical Research with six departments to start with—bacteriology and pathology; tuberculosis, bio-chemistry and nutrition; protozoology; experimental pharmacology and indigenous drugs inquiry, diagnostic laboratory and clinical work, with which the propaganda and preventive service will be incorporated. More sections will be added as soon as sufficient funds are available.

“ Each department will be under a Director, assisted by a suitable staff. Adequate arrangements will be made to stimulate research by taking in a sufficient number of stipendiary and voluntary workers. The entire organisation will be governed by a Governing

Body, composed of eminent scientists, representatives of various bodies mentioned in the memorandum and a few departmental directors. The Governing Body will carry on the administration and will present their report at the annual meeting of Fellows and Members of the Institute.

“ The first Governing Body will consist of the following :—

Sir Nilratan Sircar ; Mr. A. R. Dalal, I.C.S. (Retd.), Director, Tata Sons ; Dr. T. S. Tirumurti, Professor of Pathology, Vizagapatam Medical College ; Dr. V. D. Khanolkar, Offg. Dean, Seth Gordhandas Medical College, Bombay ; Dr. S. Subba Rao, Senior Surgeon, Mysore State ; Rao Bahadur Dr. B. N. Vyas, formerly Professor of Pharmacology, Lucknow Medical College ; Dr. K. S. Ray, Professor of Surgery, National Medical Institute, and Chairman, Public Health Committee, Calcutta Corporation ; Dr. A. C. Ukil, Prof. of Bacteriology, National Medical Institute and Visiting Physician, Chest Dept, Medical College Hospital, Calcutta ; Dr. H. Ghosh, formerly Director of Biological Laboratories, Bengal Chemical and Pharmaceutical Works, Ltd., Calcutta ; Dr. N. Banerjee, Visiting Physician, Howrah General Hospital ; and Dr. B. C. Guha.

CENTRE FOR RESEARCH WORKERS.

“ It is desired that the Institute shall provide a centre for an increasing band of research workers, who may come in as post-graduate students for whom regular training arrangements are contemplated. The Institute may be affiliated to a University and may receive State aid. The Institute will also act as a consultative body for the determination of the purity and potency of sera, vaccines and drugs. Indian markets are now flooded with

all kinds of adulterated and under-strength products and there is absolutely no way to control or check the purity of medicines and drugs.

“The results of its researches will be published periodically in the form of Transactions of the Institute.”

Discussing the question of finance the appeal says :—

“For this country, we must choose either the endowment model or the Pasteur Institute model. The former type, though it gives the workers a more ideal environment for their thoughts and energies, is difficult to establish immediately on account of the present financial depression in the country. We are, therefore, compelled to follow the Pasteur Institute model, as the Institute should be placed above pecuniary wants, if efficiency in research is to be aimed at.

It has been calculated that the initial expense for starting such an Institute

will be at least Rs. 1,25,000 for fittings, equipment and first year's current expenses only and a recurring expenditure of at least Rs. 1,10,000 yearly will be required for the six proposed sections.

It is hoped, however, that the Institute will be self-supporting after the first year. We, therefore, appeal to the generosity of the public only for the initial expenditure necessary to establish the Institute and to enable it to function for the first year, namely the sum of Rs. 1,25,000.”

All contributions will be received and thankfully acknowledged on behalf of the Governing Body by Mr. A. R. Dalal, I.C.S. (Retd), 100, Clive Street, Calcutta.

All correspondence, not dealing with contributions, should be addressed to the Secretary, Indian Institute for Medical Research, 44, New Theatre Road, Calcutta.

**If you have anything to say
to the Medical Profession**

SAY IT

IN THE BULLETIN.