

THE

Hindu Message

A Weekly Review of Indian and World-Problems
from the Hindu Standpoint

Medical Supplement

‘चिकित्स्तात्पुण्यतमं न किञ्चिदपि शुश्रुमः’ । ‘विभेत्त्यल्पश्रुताद्वेदो मामयं प्रहरिष्यति’

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NOTES AND COMMENTS.

A milk is, so reports the ‘Scientific American’ extracted from certain oil seeds, which contain the greatest possible portion of the nitrogenous substances that are originally present in the seed itself. The product is secured by adding quartz and emery to the oil seeds and extracting the milk by passing the mixture through a centrifugal machine. From 100 grams of seeds there is obtained one litre of the milk, which has the following composition: 2 per cent. of nitrogenous substances, 3.5 per cent fat, 90 per cent. water, 2.5 per cent. of carbo hydrates and 1 per cent. mineral salt. The milk is about two-fifths as cheap as common cow’s milk. Certain ferments the nature of which is not disclosed when added to the milk give it a taste which resembles that of cow’s milk very closely. This artificial product is easily digested and possesses likewise the coagulating properties of cow’s milk. Hence, it can be converted into various sorts of curdled and fermented milk products.

Dr. St. Ledger reports the case of a healthy man, aged 34, who, whilst attempting to clear the petrol pipe of his car, sucked a considerable amount into his mouth. He ‘caught his breath’ and some of it ‘went down the wrong way.’ On admission to hospital 36 hours later he complained of acute pain in the right hypochondrium, which began immediately after aspirating the petrol and was much increased by respiration. The temperature was 102-90, pulse 115 and respiration 35. The breath smelt of petrol. The respiratory movement seemed inhibited on the right side and the abdomen was immobile. There was slight dulness over the inferior axillary region with diminished vesicular murmur. Six hours after admission he commenced coughing; the sputum was tinged with blood. Pleuritic effusion occurred and persisted for 14 days. It was gradually absorbed; tapping was not necessary.

The Brooklyn Tenement House Committee has published as commandments, ten points bearing on the duty of householders to their neighbours, their neighbourhood, themselves and their families:—

1. Thou shalt honour thy neighbourhood and keep it clean.
2. Remember thy cleaning day and keep it wholly.
3. Thou shalt take care of thy rubbish heap, else thy neighbour will bear witness against thee.
4. Thou shalt keep in order thy alley, thy backyard, thy hall, and thy stairway.
5. Thou shalt not let the wicked fly breed.
6. Thou shalt not kill thy neighbour by ignoring fire menaces or by poisoning the air with rubbish and garbage.
7. Thou shalt not keep thy windows closed day and night.
8. Thou shalt covet all the air and sunlight thou canst obtain.
9. Because of the love thou bearest thy children thou shalt provide clean homes for them.
10. Thou shalt not steal thy children’s right to health and happiness.

Mr. R. Knowles gives the following treatment for snake bite in the ‘Prescriber’:—(1) Instant firm ligature above wound. (2) Kill and identify snake: (a) if harmless, no further action; (b) if small viper give calcium lactate, remove ligature, and watch patient; (c) if one of six Indian lethal snakes, amputate, or inject into site of wound gold chloride subcutaneously to destroy venom; (d) if cobra or Russell’s viper give 100—200 c. c. antivenine, or more intravenously, using artificial respiration and cardiac stimulation if necessary. Prompt suitable treatment will save 80 p. c. of lethal snake bite cases. For more poisonous colubrine snakes palladium dichloride has proved more efficacious than gold.

Ayurvedic Schools :

A PLEA AND A SCHEME.

By JOGESH CHANDRA RAY.

(Continued.)

II

Since the above was written four years ago, great changes have taken place not only in the administration but also in the outlook of the country. By the time of writing this the Government of Bihar and Orissa having considered the desirability of Ayurvedic Schools had opened one for Bihar and another for Orissa. Bengal which prides herself in forward movements lagged behind and depended upon the few Kabirajes generously trained by their noble preceptors. The number thus obtained has, however, been very small, and the training of all cannot be pronounced satisfactory. We are apt to measure the success of a professional man by the amount of his income. That is, however, not always a safe test of his ability. Recently an Ayurvedic College has been opened in Calcutta by some of the distinguished Kabirajes, and much is expected of it. We heard of an Ayurvedicalaya started at Jessore. We are not aware of its progress. On the other hand, a medical College which was long dragging its existence has been equipped and added to the old one. There were two medical schools, and a new addition has been made at Burdwan. There is a scheme, we understand, for opening similar schools at other centres as soon as Government finds money. There is also a proposal for establishing Dispensaries at every *thana* and also in populous villages and for subsidizing Doctors. Add to these, there is a new Department of Public Health.

One should have thought that these were sufficient. But recent events shew that every District town longs for a medical school as if Bengal has suddenly awakened from a long slumber and finds to her dismay that there are no Doctors! We shall put a question or two to those well-intentioned gentlemen who have been crying hoarse for more medical schools. Do they believe that the people of this country used to die untimely deaths without receiving medical treatment before the allopathic medicines were introduced? Are they satisfied that people go without treatment because no Doctors can be found?

It seems to us, the situation has been viewed at a wrong angle. What is wanted is cheap medical aid, and native agency and native methods are bound to be cheap. On this ground we are clamouring for the Indianisation of the public services, yet we forget to apply the principle to matters nearer home. The Europeans are so immensely rich that it is difficult for them to gauge the depth of our poverty. But we know what it is. We shall relate an incident which happened some time ago, which will, we are sure,

give much food for reflection. A well-cultured and good-natured Englishman, who was a newcomer, drew our attention one day to the tattered loincloth of a man who was weeding out grass on a roadside.

"Look at that man!" he exclaimed. "He ought to be ashamed of his clothing."

"Thank God, he has got even that. The man gets six rupees a month and has to maintain his family at home."

"Do you think he lives on his pay only? I have heard from reliable sources that these men feign poverty. They fill stockings with silver and hide them under the floor of their bed-rooms."

The information was of such a novel kind that we thought it useless to argue with the gentleman.

A few days after the poor man was down with rheumatic fever and could not move out of his hut which was close by. There was a Municipal Dispensary within a mile and a Hospital about three miles off. But the man informed a grocer who used to sell Indian drugs and was relieved of his sufferings at the cost of a few annas. The gentleman came to know the man's preference, and his reason for the choice, and cried, "The man has no business to live."

"There we agree, Mr...The man is unfit for this world, and the sooner such persons disappear the better for them. But their number is legion!"

Such facts as the above are not unknown to the readers who may have noticed that sometimes poor people, instead of going to the nearest Dispensary where medical advice and medicine are given free, crowd in the houses of Kabirajes who charge the price of medicines. The Minister for Public Health, Bihar and Orissa, seems to have correctly appreciated the situation when he has arranged for giving the Vaidyas of the Province just the training necessary and enlisting them for a systematic fight with epidemics, because their services are cheap and they are already occupying the field. He knows the country and her needs better than many of us. If these agents, quacks if you like, kill hundreds, thousands are saved from the jaws of death.

It may be contended that the object of the medical schools is to turn out a large number of qualified Doctors who will take the field and being trained will fight better than the untrained rabble. But that is not our point. We do not deny that these trained men are sometimes more efficient; but we assert that Sepoys are less expensive than European soldiers, and what is more important, their arms are much cheaper, though perhaps less effective than any obtainable in Europe. If their arms fail in some cases, give them better ones. Some complain that some of the Kabirajes use quinine and other European drugs. We think this introduction is to their credit and certainly it is no sin to apply these medicines to cases where they are found to be most useful. On the contrary,

we would have condemned the practice if it did not prove itself progressive and capable of assimilating what was good in others.

Not to speak of the poorer classes, those who are generally, though erroneously, regarded as the middle class find it more convenient to seek the aid of a Kabiraj than that of a Doctor, not because they have no confidence in the Western method of treatment but because the Ayurvedic treatment costs less. The same consideration finds expression in home treatment with Homœopathic medicines. Take a case of illness which continues for ten days. If a Doctor is called every other day, his fees amount to eight rupees *plus* conveyance charge of at least four rupees. This is usually the case in villages. Add to these the price of medicine which at the rate of eight annas a day amount to another four rupees. How many, we ask, can afford to pay sixteen rupees for a single case of illness? One having an income of one hundred rupees a month will think twice before calling a Doctor. If he calls a Doctor and finds money for his attendance, it is because there is no help for it.

Some imagine that when there will be more medical schools, and when Doctors will be as plentiful as black-berries, the cost will be less. But is not the supply of Doctors more than the demand in towns? Is the cost less in towns than villages? No. The M. B.'s and the L. M. S.'s cannot reduce their fee, and the reason is not far to seek. They complain and rightly complain that barring the cases of the fortunate few their profession does not pay. Some have wondered why the surplus Doctors do not go to villages to follow their profession. The reason is, village practice is less paying. An M. B. cannot live unless his earning is two thousand rupees a year. He can serve about ten villages, which means two rupees per family for a Doctor, a sum beyond the means of the village people. A Sub-assistant Surgeon may be satisfied with a thousand rupees a year. The item for his attendance is no doubt reduced but the cost of medicine remains the same.

We agree with the Doctors and say that considering the length of time they undergo training, the expenses incurred and the risk in the profession, their services are not adequately appreciated. But they will see that the fault lies in their choice of the profession. Their country is too poor to pay for it. We think this fact will gradually dawn upon the minds of the candidates who are now rushing to the doors of the medical colleges and schools for admission. The consideration which impels them even now is a negative one. What else will they do? It is, however, certain that as the number increases, the nobility of the profession will decrease as it has done in another noble profession.

The country is not entirely to blame for the apparent lack of appreciation of the Doctors. It is essentially necessary for the success of a medical

practitioner to be one of the people whom he wishes to serve. Our Doctors like the rest of the English-educated class suffer from the fact that they are by education strangers to the country. This is a large question and we have no space to discuss it here. suffice it to say that the English-educated class is a new creation, unlike the Indian, and while the Doctors are quite suited to this class, they are not to the general population of the country. The reason why quacks of all descriptions are able to flourish in places where qualified Doctors are plentiful is a simple one, which is that they are of the people while the Doctors are not. The Kabirajes for whose training we have been pleading will not labour under this disadvantage. They will not enter any English school whose very atmosphere is artificial, where the students, teachers and the country are supposed to be English. They will receive instruction in *maths* where everything is Indian.

We think we have said enough to show that trained Kabirajes will do more good at a less cost than Doctors. We are not opposed to Doctors; on the contrary we hold that there must be a sufficient number of them. But taking the circumstances of the country into consideration we think twenty Kabirajes to one Doctor will be the right proportion. Of course there are none so foolish as to imagine that the cost of a medical school or an Allopathic Dispensary is not met by the people themselves. In these hard times every pice whether of the individual or the Government has to be turned to good account and waste avoided.

It is a misfortune that our countrymen are running after sameness, after one type. Our schools and colleges are of one type, new Universities are the duplicates of the old. While nature abhors sameness and society languishes for variety, we wish to make things quite uniform and to run them in a straight one.

The Modern Review.

First Aid for Poisoning.

The following lines summarize in poetic fashion the aid to be first adopted in cases of poisoning:—

Send for the doctor, name the drug suspected,
Keep any cup where poison is suspected;
In every case, whatever the poison be;
You may give water, milk and eggs, and tea.
Oils may be used, but two exceptions lie,
In phosphorus poisoning and in Spanish fly.
In every case where staining is not found,
To give emetics is both safe and sound;
So mix at once—he quick, but don't be flustered—
Two tablespoons of salt or one of mustard.
If stains are present then proceed with care,
And of emetics most of all beware.
The poison known, to make the patient pass it,

For alkali corrosives give an acid.
 An acid swallowed, then reverse the matter,
 And give an alkali to kill the latter.
 The acid antidotes in household use
 Are table vinegar and lemon juice.
 What alkalis to use needs no revealing,
 Take whitewash, chalk, or plaster from the ceiling.
 Carbolic acid poisoning—to make the patient easier,
 Give tablespoonfuls two of sulphate of Magnesia.
 In Opium poisoning, he snores like some old Druid,
 Give him a teaspoonful of Cond's Fluid.*
 In Strychnine-poisoning, where there's long
 stagnation,

Resort to artificial respiration.

*In half a tumbler of water.

(Burma Medical Times.)

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