

# The Bulletin

## OF THE

# South Indian Medical Union.

Vol. II.

JUNE 1930.

17 JUL 1930

No. 6.

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1. The Union does not accept any responsibility for the views and statements of the contributors as published in the Journal ; all manuscripts, books for review and letters intended for publication must bear the name and address of the author, not necessarily for publication. All communications should be addressed to the Business Editor.

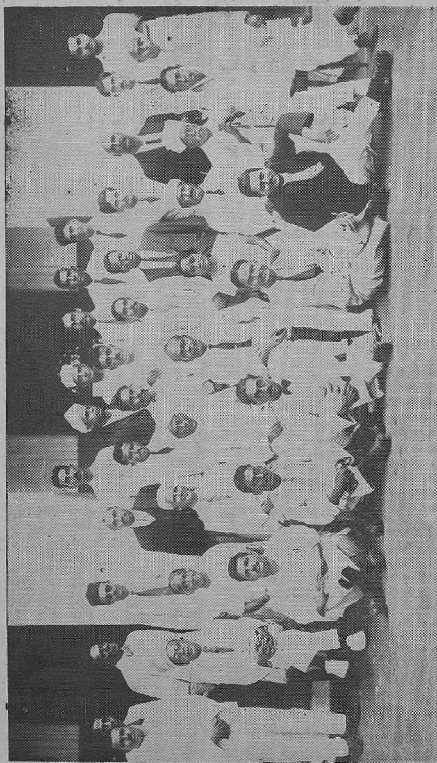
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**51, Poonamallee Road, Kilpauk, Madras.**

ANNUAL GATHERING OF MADRAS MEMBERS, SOUTH INDIAN MEDICAL UNION.



Have you sent your Membership form?

**BULLETIN**  
OF THE  
**SOUTH INDIAN MEDICAL UNION.**

JULY, 1930,

## PROGRAMME.

### JULY 1930

Meetings held at 32, Broadway.

Monday 7th, 6-15 p.m.

**GOVERNING BODY MEETING**

Monday 14th, 6-15 p.m.

**"THE WORK AHEAD OF US"**

BY

**Dr. M. Vijayaraghavalu,**

B.A., M.B. & C.M.

(Open to all.)

Monday 21st, 6-15 p.m.

**ADJOURNED ANNUAL  
GENERAL MEETING**

(Members only.)

Monday 28th, 6-15 p.m.

**"SOME RECENT ADVANCES  
IN THERAPEUTICS"**

BY

**Dr. A. Viswanathan**

(Open to all.)

## GENERAL NOTES.

We are very glad to announce that Messrs. Rangachari and Rama Rao have been elected as members of the Madras Medical Council. We offer our congratulations to them. Dr. Rama Rao is a tried veteran and his continued and sustained fight in the interests of the Medical Profession is well-known. Dr. Rangachari is in good company and we hope that with their addition to the Medical Council the interests of all practitioners would be well safeguarded.

We have never come across any instance of disciplinary action by the Medical Council against the member of the paid services and were under the impression that they were jealous guardians of Medical Ethics. Evidently there are some exceptions and we hear that various complaints have been receiving the attention of the Surgeon-General. We are sure that the whole profession is expectantly waiting to read his findings. In this connection it would be worth while to elicit information as to the number of members of the services who had to be dealt with departmentally for offences coming within the purview of the Medical Council.

We had in our last issue to comment on the inconveniences the Students of the Medical College were put to and are glad to note that the Principal has made a re-arrangement of the time table wherein more consideration has been shown for the convenience of the students. We congratulate Col. Hingston on promptly remedying the evil when his attention was drawn to it instead of falling back on a sense of false prestige which is a common failing of Government Offices.

The Superintendent of the General Hospital has set a valuable precedent in allowing Medical graduates to work

as clinical assistants in the General Hospital. At present post-graduate training is available only to prospective entrants for the medical services and those who have neither the chance nor the inclination to join the services but would like to be private practitioners have no opportunity for gaining post-graduate training. Evidently Lt.-Col. Bradfield does not come under the category of those officers who expressed at the last D. M. O's Conference their fear of private practitioners becoming competitors if allowed hospital opportunities. One wishes there were more Superintendents of his type.

Many students are individually writing to us for copies of the Bulletin and have been expressing a hope that they would be allowed to join the Union even whilst remaining in the College. It is regretted that no provision now exists for student members. To avoid unnecessary expense and delay, will those who want the Bulletin kindly receive them from the Secretaries of their respective associations.

## EDITORIAL.

### "UNITY" I

We read recently that there was a move on the part of some prominent men in the Madras Medical Service to bring about a *Unity* in the different walks of the profession. We have had a message on the same from the Director-General of the Indian Medical Service in India. We understand that negotiations are going on between some of the prominent medical men in Madras to merge all the members of the profession in a common fold. We have been watching for a definite event which will give us an indication of this changed angle of vision. We have had one recently in the recommendations of the Simla Conference. If it were a Conference of the Provincial authori-

ties and the Indian Universities to rehabilitate themselves with the General Medical Council, we have nothing to remark about its composition or its findings. But when that Conference arrogates to itself the right of determining the standards of Medical Education—mark you, not of University Degrees but of the minimum standard required for administering Medical Relief to the Public—we have to strongly protest and condemn the absence of the *representatives of the General Public and of the Independent Medical Profession*. Undaunted by this, this Conference of Pandits have also decided to recommend the establishing of an Indian Medical Council and even its composition. We understand that English analogies have been brought forward to support them. But the same ideals are *pooh-poohed* on the Morleyan dictum of *Fur Caps* when vested interests are adversely affected. We should have hoped that with a preponderating Indian personnel, better and more representative ideals would have been aimed at. But unfortunately vested interests are the same whatever the pigmentary condition of the owner's skin may be.

The resolution which affects us is the qualification laid down for its members. *No one without a teaching experience of five years* is eligible to sit along with the mighty. All the teaching institutions with one or two exceptions, are at present stuffed entirely by members of the paid services and this condition of eligibility keeps out and probably is meant to keep out the members of the Independent Medical Profession from the Council. A prominent member of the Madras Service, we understand, remarked that they are preparing to deliver flank attacks as they were afraid frontal attacks might fail. Evidently the *representatives at this Conference were inspired by this principle*. This move

will help in completely officialising, under whatever category one, may place the members, the Indian Medical Council. The Government be pleased, the Director-General is jubilant and the members of the Services are happy at this culmination of events; but what of the Public and the members of the Independent Medical Profession!

We have here a concrete example of the changed angle of vision and we have to warn the members of the Independent Medical Profession not to be hypnotised by lip-sympathy and exhortations of Unity and hope they will take up the challenge and fight for the vindication of their rights.

#### REPORT OF THE MEDICAL EDUCATION COMMITTEE.

*"The prophets prophesy falsely, and the priests bear rule by their means."*

A good portion of this report is devoted to a discussion of (1) the number of medical men and women required to render adequate medical relief to the people of this presidency, (2) their chances of earning a reasonable competence, and (3) the minimum standard of education, preliminary as well as medical, which should be required of them. The Committee has evidently set about to evolve something practicable in the immediate present. This has led the Committee to ignore logic without achieving the practicable.

In a country where there is admittedly a vast deal of sickness and suffering and a large amount of preventable mortality, it is difficult to understand what is meant by unemployment among medical men and women. It is true that people engaged in "unaided private practice" generally have to struggle hard for exist-

ence; and as compared with their brethren in state service, the practitioners generally earn less. The suspicion that the pay of the services may be too high for the resources of this country does not seem to occur to the Committee. Instead of thinking out ways and means of ensuring a better living for the great number of practitioners the Committee slips into the easy remedy of restricting the number of men to be trained for the profession. As if to justify this error it is elaborately argued that Madras has really too many medical men to look after its population; and to swell the number, the Committee presses into service the learning and skill of hakims and barber surgeons, if not also, fakirs and pujaries. It is significant that there is no mention of the diplomates of the School of Indian Medicine.

*Rural practice.*—In a recent publication the last Surgeon General has stated that the subsidised rural medical scheme has been a success. And the fact that about 400 rural dispensaries have been established within four years of the inception of the scheme supports his opinion. It is nowhere mentioned that projected dispenseries have not been opened on the score of unavailability of medical men. It is difficult therefore to understand the Committee's finding that the rural medical scheme is unpopular with young medical men. We do not deny that rural practitioners have grievances. They are not alone in these. But there is no sufficient cause for the note of pessimism expressed in this report. These grievances should certainly be removed. According to the Committee one of the chief causes operating against the attractiveness of the rural medical scheme is the *authority* of the local bodies. As a remedy it is suggested that the rural practitioners should depend on the good word of the district medical officers for the fixity of their

tenure. This cuts against the principle of the rural medical scheme. The object is to persuade medical men to settle down in villages, and by their kindness, sympathy and professional skill to impress the population with their usefulness to the villages. No medical man can hope to live long on the meagre subsidy alone. His living depends on the growing goodwill and patronage of the people amidst whom he lives and moves. Therefore the ultimate authority to utilize or terminate his services is the village public. The Taluk Board President or the District Medical Officer should have no voice in the affair except in the remote contingency of grave dereliction of duty on the part of the practitioner. Further, the proposal to place the practitioner dependent on the District Medical Officer's good opinion tends to make the rural scheme a rural medical service, always dependent on the Government. This is certainly undesirable and is inimical to the ideal of a robust independent profession on whom the Government will have to depend more and more in the coming years for rendering successful medical relief. Viewing it from a narrower aspect, to exchange dependence on the pleasure of one set of people to dependence on another set is no improvement, unless it be claimed that one set is composed of unreasonable tyrants and the other of angels. The trouble from local bodies may be very real. But are the practitioners sure that they will be better for the change? We wonder if those who have complained of the local bodies, have ascertained the opinion of Government servants who depend on the reports of their D. M. O's.

timid about the consequences of an increase in numbers. It shows great concern for the welfare of the profession. The Committee is distressed that the registered medical men should have to compete with a host of unlicensed practitioners. It is alarmed with the conviction that its chosen are losing ground in the competition. The Committee deliberates. One anticipates a heroic remedy. But the remedy suggested is weak, very weak indeed. It suggests that the registered practitioners should not compete with each other. To facilitate this end it is proposed that the number of such medical men be limited to a size which could be always assured of a reasonable living. One is puzzled to know the economic principles followed here. There is neither Adam Smith nor Ruskin. The Committee is evidently out to enunciate something original. One wonders if any responsible person will have the courage to act on such original principles. But what are the actual facts? The Hakims and others have been with us always. Nor are other countries so free from their counter-parts as we are asked to believe. And in spite of the Hakims and Vaidyars and various other humbler, if not more ignorant, votaries of the healing art, there has been an ever increasing demand from the people of this Presidency for the service of medical men trained in the modern schools of medicine. The statistics of the various hospitals and dispensaries would prove this. There is a clamour from everywhere for more hospitals and dispensaries. The Government is spending large sums of money for extending and enlarging some of the old hospitals. It is scheming for new hospitals and further extensions as funds permit. All this definitely proves that whatever the merits of other "systems of healing," the call on the registered practitioners is not getting the weaker. The Committee's

*The number of medical men needed.*—As already mentioned, the Committee considers that the number of medical men in the Presidency is already sufficient for its needs. It is

suggestion for restriction of the number of medical men is much to be regretted. Having committed this initial mistake, the Committee has not seriously attempted to solve the problem, not of unemployment, but of the iniquitable distribution of emoluments among the profession.

*L.M.P. Standard.*—We are frankly disappointed at the recommendations of the Committee to retain this group of medical men. There has been obviously a conflict between conviction and expediency. In deference to the insistent demand of the L. M. P's themselves and to raise the standard of qualification, the course is increased to five years and a certificate of eligibility for the University is insisted on for admission. Those who advocate total and immediate abolition of the L. M. P. course, do so for the following reasons (1) The admitted inferiority of the training of students, (b) Most undesirable perpetration of castes in the profession and the services, (c) The compelling need that practitioners of the independent profession who have to carry on their work unaided and unguided by seniors should be particularly well qualified, and, (d) The existence of irremovable obstacles in the way of an L. M. P. who desires to get higher qualifications. The recommendations of the Committee do not remove any of these causes. On the contrary, the idea of inferiority of training and qualification is emphasised by the fact that College men are allowed to sit for the examination so that those who fail to get a University degree may get a Diploma here qualifying to enter the profession. It is suggested that for purposes of recruitment to Government service, diploma holders with the necessary preliminary educational standard and the University men should be treated alike in their subsequent career in matters of promotion and otherwise.

If so, it would be manifestly unfair to the University graduates. The man who passes an examination and the man who fails in an examination but gets through an admittedly inferior examination, for both of them to be treated alike is untenable. This doubtful privilege merely puts a premium on inefficiency in the University student without in any way advancing the position of the majority of the entrants to the diploma course. Should it be contemplated to discriminate after recruitment it would be unfair to the diplomates, for they will then have all the handicaps of the present day L. M. Ps.

From the repeated desire of the Committee that the standard of medical education should be quickly raised and should be made uniform it is certain that the Committee has put forward these proposals as only second best. We fully realise its difficulties. But we should have preferred the Committee to have faced the difficulties and to have suggested some plan consistent with its conviction.

The Committee finds that about 200 medical men could be usefully added to the profession every year and that Madras needs *better* doctors rather than *more* doctors. It is also suggested that colleges should be able to admit 110 students every year. We think that it should be possible, at a little extra cost, to devise arrangements to enable the necessary number of 200 students to be trained in the two existing Colleges and thereby do away with the necessity of the L. M. P. course or any other substitute course. The reason that might have prompted the inauguration of an inferior course of training in medicine to produce a cheap class of practitioners do not now exist. With diminishing chances of Government service, a larger number of medical men will have to engage in unaided practice where each will

have to fight for his own hand. *And efficiency is the only weapon with which a medical man can hope to succeed.* (To deliberately produce a class of men with admittedly inferior equipment is therefore not fair to any one concerned. The medical profession is primarily for rendering efficient medical relief to the public. It is not an additional avenue of employment for less educated men. When better educated men are anxious to take advantage of the facilities, there is no justification for the perpetuation of an inferior course of training for men with inferior educational equipment.

*Teaching Cadres.*—The creation of these cadres is really a retrograde measure. The methods proposed to be adopted towards recruitment to the cadres are rather illogical. A separate competitive examination is suggested. This can never reveal the teacher or the researcher in the young graduate just out of College. These qualities are developed and exhibited during the early days of a medical man while engaged as junior assistant in the wards and laboratories. This examination while it fails in its real object, would help the creation of another caste in the profession and in the ranks of service. The suggestion that teaching cadres and general service cadres should be two entirely separate sections without any possibility of interchange of men is not sound. Laboratory workers have changed over as clinicians and *vice versa* with great advantage to themselves and to institutions. Some famous anatomists have been eminent surgeons; physiologists and pathologists have been great physicians. In addition to these two sections it is evidently the desire of the Committee to establish another class in the form of demonstrators. In all other countries most of the teachers start as demonstrators, and tutors. But here once a demon-

strator always a demonstrator, seems to be the slogan. Otherwise we cannot understand the object of graded pay and the utility of an efficiency bar for demonstrators. There are two efficiency bars in the career of the members of the cadres. If a member does not get over any of these bars, he probably loses the increase in his pay. But when he is declared inefficient, is it in the interest of teaching, to allow this man to continue in his place, though on a smaller pay? If he is incompetent to earn his promotion, he should be equally incompetent to continue in his office as a teacher. Some other occupation more suitable to his capacity should be found for him.

On the whole, the recommendations of the Committee on the important subject of recruitment of teachers, are not helpful towards the object of securing an enthusiastic band of young and eminent men who would work for the founding of a School of Medicine of which Madras could be proud. We would venture to suggest as an improvement, that young graduates should be recruited as demonstrators, tutors and clinical assistants. We would strongly object to restrict the recruitment from among prospective or existing members of any Service. From this lot men should be chosen for vacancies as they arise, not with the aid of a meaningless competitive examination, but with the record of previous work and the production of proof of their fruitful attempts or achievements in useful work in the laboratory, class room or in the wards.

*Scholarships.*—We fail to see the justification for the award of scholarships, when there is always a larger number of applicants than the institution could accommodate. But if for some special reasons scholarships are deemed essential, the State should guarantee appointments to the scholar-

ship holders when they finish their course.

There are a few members who advise the closing of the Vizagapatam Medical College and the Vellore Medical School. We wonder if they expect to be taken seriously. If education is to be of a higher standard one would require more colleges. If the present standard is to be retained, the schools which obtain the best results in the public examination should be encouraged. We therefore fail to understand the arguments which advise the closing down of at least one of the best of these institutions.

Much was expected of a Committee which had the guidance of so shrewd and experienced an educationist as Major-General Megaw. We must confess to a sad disappointment. The only redeeming feature of the report is its strong recommendation of the *open market* for recruitment of the teaching staff.

## UNION NOTES.

### PROCEEDINGS OF THE ANNUAL GENERAL MEETING.

Proceedings of the annual general meeting of the South Indian Medical Union held on Monday, 16th June 1930, at the Y. M. C. A. Auditorium, Madras.

#### PRESENT :—

Dr. S. Rangachari, M.B., C.M., *President*.

Dr. M. S. Krishnamurti Iyer, B.A., M.B., C.M., *Vice-President*.

Dr. P. R. Venkappaya.

„ U. D. Gopal Rao.

„ U. K. L. Narayana Rao.

„ E. V. Srinivasan, M.B., C.M.

„ B. Venkata Rao.

„ T. Satakopan, M.D.

„ R. Ramanjulu Naidu.

1 A.

Dr. B. A. Sundaram.

„ P. Govinda Rao, M.B., B.S.

„ Mrs. L. Jacob.

„ M. Sadasivan.

„ B. Govindarajulu.

„ N. Venkata Rao.

„ K. Bashyam.

„ K. Ramaswamy, L.M.S.

„ U. Krishna Rao, M.B., B.S.

„ P. S. Varadachari, L.M.S.

„ T. Krishna Menon, M.B., C.M.

„ K. Venkata Rao.

„ K. P. Rama Hebbar.

„ I. M. Venkataramana Rao.

„ M. Sanjiva Rao, M.B., B.S.

„ G. Zacharia, M.R.C.S., D.O.M.S.

„ C. R. Krishnaswami, M.B., B.S.

„ C. Ranganathan, M.B., B.S.

„ P. Mitchell.

„ R. C. Toyle, L.M.S.

„ E. M. Doraiswami, L.M.S.

„ F. W. Coshan.

„ Miss G. M. Thomas.

„ M. V. Sundaresan, M.B., B.S.

„ A. Viswanathan.

„ V. D. Nimbkar, F.R.C.S.

„ K. Venkata Rao, M.B., B.S.

„ U. M. Shah, M.B., B.S.

„ G. R. A. Acharya, L.S.M.F.

„ P. Rama Rao.

Tea and light refreshments were served.

Dr. S. Rangachari presided.

1. Notice convening the meeting was read.

2. The annual report having been circulated was taken as read.

3. Proposed by Dr. M. S. Krishnamurti Iyer and seconded by Dr. U. K. L. Narayana Rao, adoption of the report. Carried.

4. The following office-bearers were elected for the year 1930-31.

*President.*

Dr. S. Rangachari, M.B., C.M.

*Vice-Presidents.*

Dr. U. Rama Rao.

„ M. S. Krishnamurti Iyer,

B.A., M.B. C.M.

*Members of the Governing Body.*

Dr. E. V. Srinivasan M.B., C.M.

„ K. Srinivasa Rao, M.B., B.S.

„ C. R. Krishnaswamy M.B., B.S.

„ V. D. Nimbkar, F.R.C.S.

„ F. W. Coshan, Major, I.M.D.

„ Mrs. L. Jacob.

„ Miss G. M. Thomas.

„ U. Venkata Rao, L.M.S.

„ U. D. Gopal Rao.

„ P. R. Venkappayya.

„ U. L. Shah.

„ M. Sanjiva Rao, M.B., B.S.

*Secretaries.*

Dr. P. Rama Rao.

„ T. Krishna Menon.

5. The following resolutions were proposed by Dr. T. Satakopan and seconded by Dr. Nimbkar were carried as amended.

(a) A committee be formed to undertake the Publicity and Propaganda work of the Union.

(b) The Committee shall consist of eight members, of whom the two Secretaries shall be ex-officio members.

(c) Three of the members shall constitute the Editorial Board. This board of three members shall be editorially responsible for the Bulletin of the Union.

(d) One member, who shall be outside the Editorial Board shall be the responsible Publisher of the Bulletin.

(e) One member shall be appointed as the Treasurer of the Committee and he shall be responsible to the

Union for the finances of the Publicity and Propaganda work.

The Treasurer shall supply the Secretaries of the Union a monthly statement of returns pertaining to the publicity and propaganda section.

(f) One member shall be in charge of the Advertisement department of the Bulletin. This member and the Treasurer shall be jointly responsible for the finances pertaining to the advertisements.

(g) The Committee shall be constituted by election in the first instance by the General Body of the Union.

(h) The Committee shall hold office for a period of five years, any vacancy arising shall be filled temporarily by nomination by the Governing Body of the Union subject to confirmation by the General Body.

6. The following amended resolutions proposed by Capt. R. C. Toyle and seconded by Capt. Nimbkar were carried.

(a) That in future every medical man who holds only foreign degrees and diplomas desirous of registering as a medical practitioner in India be made to undergo a course of medical studies to be prescribed hereafter, at one of the recognised Indian Universities and to hold a certificate of proficiency awarded by a Board of Examiners.

(b) That every medical man who is a foreigner and satisfying the conditions laid down be further made to pass at least two vernacular tests of the Presidency or Province in which he desires to serve or practice and be subject to such rules as may be framed by the Indian Medical Council.

(c) That copies of these resolutions be sent to the Medical Council and the authorities concerned.

7. Dr. U. D. Gopal Rao at this stage having withdrawn the resolutions of which he had given notice the President passed on to the next item.

8. Proposed by Dr. U. K. L. Narayana Rao, seconded by Dr. U. Krishna Rao and supported by Dr. T. Krishna Menon :—

“Resolved that the South Indian Medical Union while welcoming the Government on the appointment of Honorary Sub-Asst. Surgeons deplore their designation as such and requests that in future there be only two cadres, viz., Hony. Physicians and Surgeons and (b) Hony. Asst. Physicians and Surgeons.”—Carried.

9. Owing to the late hour the meeting was adjourned to a future date, due notice of which will be given to the members, when the remaining items on the agenda will be taken.

10. The meeting dispersed with a hearty vote of thanks to the Chair.

### SOUTH INDIAN MEDICAL UNION, MADRAS.

*Annual Report for the year 1929-30.*

*Finance.*—The year started with an opening balance of Rs. 1,826-10-0. The total collections during the year amounted to Rs. 1,063-10-7. The expenses came to Rs. 1,398-8-7. The increase in the expenses was due to the Bulletin (Rs. 792-14-9) and also to items incidental to the increased activities of the Union :—

The average monthly collection of subscription of the five previous years is given below :—

|         |     |      |
|---------|-----|------|
| 1925—26 | ... | 62 0 |
| 1926—27 | ... | 45 0 |
| 1927—28 | ... | 43 6 |
| 1928—29 | ... | 61 2 |
| 1929—30 | ... | 75 9 |

The average cost of collection comes to nearly 30 per cent.

The accounts were audited monthly by Dr. M. Subramania Iyer and the annual statement approved by him is appended to the report.

*Work.*—Continuing the procedure adopted last year the work of the Secretaries was divided with the approval of the Governing Body. But owing to the prolonged absence, on grounds of ill-health, of Dr. T. V. Ranganatha Rao, the whole work had to devolve on the other Secretary till the appointment of Dr. P. Rama Rao. With the increased activities of the Union this arrangement has become a necessity.

*Meetings.*—(1) The usual meetings were held. There has been a set back in the number of such meetings owing to the prolonged absence, on grounds of ill-health, of Dr. T. V. Ranganatha Rao, who was in charge of the Scientific Section.

(2) A general meeting of the members was held to consider matters of interest to the profession. The inter-relations between private practitioners were thoroughly discussed and the following resolutions were moved by the President and carried unanimously :—

(i) “The South Indian Medical Union considers that in the interests of the Independent Medical Profession, it is essential that the principles of Medical Ethics be strictly observed by the Members of the Union.”

(ii) “That any complaint of any violation of the above affecting any member of the Union be sent confidentially to the President of the Union.”

*Social.*—(a) A dinner was held during the year at which the Hon'ble Minister for Public Health, Deputy

Secretary to Local Self-Government (Public Health Department), Personal Assistant to the Surgeon-General, were the guests of the Union. A very successful and enjoyable evening was spent.

(b) The President of the Union (Dr. S. Rangachari) was at home to all the members, on 3rd January, to meet Dr. C. B. Rama Rao. Dr. Rama Rao was mainly responsible in the creation of the Union and was one of its original members. Nearly all the members attended the function and spent a very happy evening. Dr. Rama Rao spoke to the members as to the necessity of these re-unions and was glad that the Union has been able to survive the vicissitudes which generally fall to the lot of such institutions especially when they clash with vested interests. He exhorted all medical practitioners to join the Union and make it a living force.

(c) A small social was held during the year in place of the monthly Scientific Meeting.

**Governing Body.**—Nine meetings of the Governing Body were held. Apart from the routine work (scrutiny and passing of the monthly audited financial statement, review of the general working of the Union, etc.), various matters of interest to the Medical Profession were reviewed and necessary action has been taken.

(1) "The South Indian Medical Union regrets to observe that the Government of Madras is restricting the appointment of honorary physicians and surgeons to the university degree holders and request the Government to select competent men for such appointments from amongst all those on the Madras Medical Register irrespective of their degrees or diplomas."

(2) "The South Indian Medical Union request the Government to remove the ban placed against L. M. P.

diplomates belonging to the Independent Medical Profession from holding the posts of Medical Inspectors in schools and colleges."

The recent decision of the General Medical Council of Great Britain has been receiving the attention of the Governing Body. At its March Meeting this was discussed and the following resolutions were passed:—

(1) "The South Indian Medical Union (Madras) welcomes the decision of the General Medical Council of Great Britain withdrawing the recognition of the degrees of the Indian Universities as this enables the country to develop Medical Education in India on lines best suited to Indian conditions, without being hampered by the dictates of the General Medical Council of Great Britain."

(2) "The South Indian Medical Union requests the Government to remove the disabilities of Medical graduates of Indian Universities consequent on the decision of the General Medical Council withdrawing recognition of Indian degrees."

(3) "The South Indian Medical Union requests the Government of India to take early steps to establish a General Medical Council in India to control and develop Medical education in India."

All the above resolutions have been duly forwarded to the Authorities.

**General Survey.**—We are glad to report that the progress in membership, collections and work of the Union has been steadily maintained. The pioneering work done by our predecessors is beginning to bear fruit and the results of their work are beginning to be felt. Our membership is gradually increasing. Enquiries are being received not only from various parts of the Presidency but also from outside. Increasing interest is being evinced in the

working of the Union by other professional and lay bodies. An efficient liaison has been maintained with the Legislative Groups and professional organisations.

The Government has been pleased to accede to the request of the Union to set the *Honorary* system in the Hospitals on a permanent and wider basis. It has been extended to the mofussil institutions. There are defects in the sanctioned scheme: (a) Leaving the recommendations to the very persons, who feel would be affected adversely, (b) extension of the meaningless designations, however much they might be necessary in the paid services, into the honorary cadres, and (c) difficulties thrown in the way of the *honorary workers* are all points to be rectified. The provincial medical service had to clamour and get a representative to safeguard their interests in the Surgeon-General's Office. We feel that unless representatives of the Independent Medical Profession are allowed a voice in the advisory counsels of the Surgeon-General and the Government, the interests of the Independent Medical Profession would not receive that amount of consideration which is necessary for a successful working of the scheme. Scholarships for members of the Independent Medical Profession for Post-graduate study in India and abroad, and a right of Certification without these having to be countersigned by Government Medical Officers have been receiving the attention of the Union and negotiations are going on between the Union and the authorities concerned.

The Bulletin of the Union has become an accomplished fact. It has enabled the Union to reach the individual members of our fraternity and has received a warm and welcome support from them. It has been possible so far to run it from current revenue without having to draw from invested Funds.

Though the Bulletin may be considered by some to be a costly luxury with time, labour and a little co-operation it could, apart from other results, be made a source of substantial revenue to the Union.

The need for a permanent habitation for the Union has become an absolute necessity. We have been holding our meetings at 32, Broadway, kindly lent to us by Dr E. V. Srinivasan or at the Medical College, Madras, through the kindness of the Principal to both of whom the Union's thanks are due. Though this arrangement meets with the needs of the Scientific Section of the Union, it does not provide for a more important demand, i.e., a place where all of us could meet frequently for social purposes. A permanent office has also become essential. We wish to bring this matter to the serious consideration of the members of the Union.

Our relations with the other professional bodies and with the medical authorities have been extremely cordial. The suspicion that the Union was a predatory body with revolutionary ideas stirring up the placid waters of medical relief has been removed and that the ultimate object of the Union is to help in extending a more efficient medical relief to the public has been accepted.

It is gratifying to report that the Government has been pleased to consult the Union on various matters of medico-social importance.

One note of warning we have to sound here—that we are not to be satisfied with the progress made and that we have to continue and, if necessary, carry on an intensive agitation, both among the public and the authorities till we are able to achieve that place in the body-politic which is ours by right.

P. RAMA RAO,  
T. KRISHNA MENON,  
Secretaries.

## Statement of receipts and disbursements for the year ending March 1930.

| RECEIPTS.  | RS. A. P.                                     | RS. A. P.   | DISBURSEMENTS.   | RS. A. P.  | RS. A. P.   |
|--|---|---|--|--|---|
| 1. Balance brought forward—<br>Indian Bank S/B account<br>" " current account<br>Cash on hand                                      | ...<br>...<br>...<br>...                      | 1,579 3 6<br>227 4 0<br>10 2 6<br>1,826 10 0  | Establishment<br>Furniture<br>Printing and Stationery<br>Postage<br>General<br>Entertainment<br>Bulletin account—<br>Typewriter<br>Duplicator<br>Furniture<br>Stationery<br>Printing<br>Postage<br>General<br>Refund of loan | ...<br>...<br>...<br>...<br>...<br>...<br>...<br>293 0 0<br>145 0 0<br>25 0 0<br>15 14 0<br>196 3 0<br>7 6 6<br>16 6 3<br>20 0 0 | 382 3 0<br>26 4 0<br>69 8 3<br>7 14 6<br>40 8 0<br>79 3 0 |
| 2. Subscription<br>Interest on S/B deposit<br>Donations re entertainment<br>Bulletin account—<br>Donation<br>Loan<br>Advertisement | ...<br>...<br>...<br>...<br>...<br>...<br>... | 911 0 0<br>71 10 7<br>81 0 0<br>1,063 10 7<br>150 0 0<br>150 0 0<br>62 13 0<br>362 13 0 | Balance on hand—<br>Indian Bank S/B account<br>" " current account<br>Cash on hand   | 1,630 14 1<br>129 4 9<br>64 7 3  | 792 14 9<br>1,844 14 1                                    |
| Total ...  | Total ...                                     | 3,243 1 7   | Total ...  | Total ...  | 3,243 1 7   |

## BULLETIN

OF THE  
SOUTH INDIAN MEDICAL UNION.

JULY, 1930.

THE PRESENT POSITION OF  
MEDICAL SCIENCE IN INDIA.\*

By Lt.-Col. C. A. Gill, D.P.H., I.M.S.

*Director of Public Health, Punjab.*

When I was asked to deliver this lecture, I gladly consented to do so, but not being actively engaged in general practice, I felt under some difficulty in regard to the selection of a suitable subject. I thought, however, that it might perhaps be permissible, as a change from the usual clinical lecture, to consider the present position of medical science in India.

It may seem, at first sight, that this subject is not one which lends itself to fruitful discussion by the members of the British Medical Association. We, at any rate, are confident of the strength and soundness of our position, and, in view of the number of Medical Colleges and Schools established in India, of the rapid multiplication of hospitals and dispensaries, and of their increasing popularity, it would seem that medical science is strongly entrenched in India. But not everyone shares these optimistic views. They point to the fact that there are powerful reactionary forces at work, that quackery flourishes like a green bay tree in Lebanon, that the medical profession is overcrowded, and that many private medical practitioners eke out a precarious livelihood. It may, therefore, be worth while to take stock of the situation, to trace the history of medical science in India, and, having then clarified our ideas in regard to the past, to

consider briefly the present and the future.

I make no apology for making a digression into the past; we stand to-day the heirs of the past, and what we do to-day may make or mar the morrow; neither the present nor the future can, therefore, be understood except in relation to the past. We are moreover all so pre-occupied with the daily round and common task that few of us have the time or the opportunity of studying the history of our science. Indeed, I doubt if any other body of scientific men are so little acquainted with the history of their own science as the medical profession, and I cannot help thinking that this circumstance is responsible for many misconceptions and misunderstandings.

The early history of medical science, as of the human race itself, is fragmentary and incomplete, and it may be that existing views on the subject will have to be extensively revised in the light of future historical research; but, if it is permissible to base conjectures upon the little that is known, it would appear that as soon as man became endowed with the power of reflection, he began, by the familiar method of trial and error, to devise simple methods of alleviating the ills the flesh is heir to, and to formulate theories in regard to their causation. Shrewd observations and practical deductions were thus made at an extremely early period in the history of the human race, and, as might be expected, they were first mainly concerned with curative measures. Many examples might be quoted, but two must suffice: it is to the primitive inhabitants of Peru that we owe the discovery of the value of the bark of the cinchona tree in the treatment of malaria. Then again, the value of inoculation as a protection against small-pox was first discovered in India where it has been practised since an extremely remote period.

\* Read before the Punjab Branch of the British Medical Association.

It may be assumed that speculations and observations were made to some extent in all quarters of the inhabited globe, but it is permissible to infer that they attained a relatively high degree of perfection amongst the more culturally advanced races. We would therefore expect that the ancient civilisations in the South of Europe, Asia Minor, Mesopotamia, India and China would have played a prominent part in the early history of medicine. It was indeed commonly held until quite recent times that the South-East corner of Europe, and more particularly Greece, constituted the birth-place of modern scientific medicine, but the tendency of modern historical research is to assign a role of increasing importance to the part played by Asia and more particularly by Mesopotamia, India and China.

So far as India is concerned, the oldest extant literature is to be found in the Vedas, which are believed to have been compiled about 4,000 years ago or more than 1,000 years before the birth of Hippocrates, "the father of medical science". The Vedas, however, contain little of scientific value, but the fourth book (The Atharvaveda), which deals mainly with magic and spells, contains some rudimentary anatomical and physiological observations. The writings of Sushruta, who lived at Benares, in the sixth century B. C. are, however, on a different plane, and compare not unfavourably with the Hippocratic "collection" of a slightly later date. In the case of both it may be said that they show evidence of centuries of scientific thought and research in medical matters. We can thus trace the small beginnings from which modern medical science has sprung to a common source in Europe and in Asia. Its subsequent history in the two areas, although still obscure, presents several features of great interest. In India, in addition to the followers of

the Physician *Sushruta* and *Charaka*, the Surgeon of Kashmir, and others, there arose another school of thought, who attributed medical knowledge to divine inspiration and revelation and, as a consequence of the fact that this latter school came to exercise a predominant position, medical science early came under priestly control and its scientific aspect dwindled and decayed. It is so much easier to make claims of divine power, and, in a primitive state of society, to establish them, than it is to undertake laborious investigations. But whatever the cause, in the East sacerdotalism soon obtained complete mastery and the dissection of human or other bodies was forbidden on the grounds of ceremonial uncleanness. *Any advance on the crude anatomy and physiology of the Vedas thus became impossible and medical science became lost in a maze of speculations and theories whose accuracy could never be tested.* The Vedas were in fact regarded as sacrosanct and any attempt to advance medical knowledge was considered as not only useless but even profane. In such an atmosphere medical science had little chance. The scientific spirit gradually died out and the Ayurvedic system—a system as truly scientific as that developed in Greece—failed to make good the promise of its early years.

The early history of medicine in Greece exhibits almost precisely similar features. Alongside the scientific system based upon the teachings of Hippocrates, there arose another system—the temple system—associated with the deity Asklepios, better known under his Latin name of Aesculapius, at whose shrines, priests, working on the simple faith of the superstitious, practised the basest form of medical jugglery. The followers of Aesculapius and of the Hippocratic school long continued side by side in perhaps too friendly rivalry, but the Greek medical philosophers of the classical period had no

worthy successors, and the Aesculapian school eventually gained the upper hand. The active prosecution of anatomical and physiological enquiry gradually fell into desuetude, and, after the death of Galen (A. D. 200), it ceased absolutely. The great classical writings were lost or incarcerated in monasteries. The followers of Aesculapius then everywhere became triumphant, superstitious practices crept in and medicine fell into the hands of priests and charlatans. The priesthood obtained complete control and any attempt to question their work was followed by penalties affecting this life and the next. Speaking of this period Professor Singer states "Medicine deteriorated into a collection of formulæ, punctuated by incantations; medicine remained surrounded by sacred associations, but the scientific stream, which was its life-blood was dried up at its source".

*The early history of medical science in the East and the West was thus not dissimilar. In both, alongside the scientific spirit which shows itself as a desire, by observation and experiment, by induction and by deduction, to probe into the secrets of nature and to build thereon a rational system of medicine, the followers of another debased system were always prominent and eventually triumphant. The debased system, which in its almost primitive form is probably a derivative of nature worship or Animism, comprises an unreasoned and unreasonable belief in the power of magic and spells. If there is any significant difference between the early history of medicine in the East and in the West, it is that in India demonology was almost from the first given a prominent place, so that the stream of pure science flowing from the spring of Sushruta was early submerged under a debased form of medicine in which astrology and demonic belief played a large part.*

To what precise extent the Ayurvedic system was influenced by Greek thought and *vice versa* is not certain, but there is some reason to believe that each borrowed from the other and that the Arabic system, which arose somewhat later borrowed largely from both. It is, however, probable that the scientific spirit reached a higher state of development in Greece than elsewhere, and we are on sure ground in stating that modern scientific medicine is mainly attributable to the inspiration derived from the writings of the classical medical philosophers of ancient Greece.

The point I wish to make here, and it is one of considerable importance, is that *no single country can claim to constitute the birth-place of medical science* and that no real distinction and no real rivalry can properly be said to exist, in so far as their early history is concerned, between the so-called eastern or Ayurvedic system and western medicine derived from Grecian sources. In short, *the science of medicine is one and indivisible; there are many systems of treatment, but let me emphasise once more there is only one system of medical science* and the East and the West each took a share in bringing about its birth.

The dark ages descended in Europe after the death of Galen (A. D. 200) continued for about 1,200 years. The depraved condition of medical science in England in the 15th century is well illustrated in the following quotation from the Paston letters (1464) in which Margaret Paston, writing to her husband says :

"Also for Goddys sake be war what medesyns ye take of any fysiassians in London; I schal never trust to hem be cause of your fadr and myn onkyl, whose sowlys God asooyle".

There was thus a dark age for science both in the East and in the West,

although, as we have shown, it commenced somewhat earlier and was more complete in the East. Here again, we cannot help being struck by the apparent similarity of the happenings in Europe and Asia. Why did the dark ages supervene? Was it an unconscious revolt against an exacting discipline, a mental lassitude, which induced man to bow to authority, rather than to think for himself, or was it disturbances in law and order which brought to the fore the brooding spirit of pagan man? We do not know, but it is difficult to imagine a more fascinating subject or one whose elucidation would more fully repay study.

The next stage in this brief history was the revival of learning and of science which commenced in Europe in the 13th century, but which did not become fully developed until two centuries later. Time does not permit of any account of this great movement which starting in Italy spread through western Europe and eventually in the 18th and 19th centuries to the whole world, and it must suffice to state that during the past four centuries, the progress of medical science, to which all civilized countries have contributed, has been immense and uninterrupted. We can only mention the names of a few of the great medical pioneers, of Leonarde da Vinci of Italy (1452 to 1518), Vessalius of Brussels (1514-1564), Ambroise Pare (1517-1590), the Frenchman Francostoro (1485-1553), de Baillou (Ballonius) and of Thomas Sydenham (1620-1689) commonly termed "the English Hippocrates".

There was, however, no counterpart in India or in the east of the revival of learning in Europe, and the re-birth of medical science in India may be said to have occurred almost within living memory. There was thus no preceding latent period during which the spirit of scientific inquiry, at the hands of those I have mentioned and many others,

manifested itself despite all the terrors of the law and of the priesthood.

This account of the history of science, though brief and incomplete, does perhaps suffice to enable us to visualise in proper perspective the present position of medical science in India. The dark ages in the East, as we have seen, continued down to almost modern times. Throughout this long period the scientific spirit so far as medicine is concerned was dead, and the practice of medicine was, and still largely is, in the hands of Vaidas and Hakims, who, we now see, may be regarded as the lineal descendants of a higher type of practitioner. They are in fact our medical brethren, who cut off for centuries from observations and experiment, with no knowledge of anatomy and physiology—the sole avenue of approach to scientific medicine—whose botany is a drug list and whose remedies are worthless charms and incantations, have degenerated beyond all recognition. Alongside these men, thanks to the *alumni* of the medical colleges and schools established in India by the Government, we now have a growing number of medical practitioners trained in the system of which Hippocrates and Sushruta were the founders. But these colleges and schools were originally established to serve the practical purpose of tending the sick, and at first, more especially, to provide for the needs of the civil and military servants of Government. But the practice of a system of medicine does not necessarily mean the acquirement of the scientific spirit upon which it is based. Drugs may come into fashion and disappear, methods of treatment may change, technique may improve, but something more than a knowledge of these things is required if medical science is not once more to degenerate into dead formalism and quackery. The curse of medicine, as of all sciences has always been "the practical man" or the man who con-

siders the immediate end of his art without regard to the knowledge on which it is based. My reading of the situation is that we have at the present time many practitioners but few students of scientific medicine and that, whilst there are some grounds for adopting an optimistic attitude, the future of medical science in India, and, in consequence, the well-being of the inhabitants of this great land, is not yet assured. Men of the mantle of Hippocrates and Sushruta and their contact with the scientific spirit in medical colleges is so brief, that there is a distinct danger of a lapse into quackery. In short, history may repeat itself and what happened at the beginning of the Christian era may occur again in the 20th century. It is for you, by precept and example, to falsify this pessimistic forecast.

Something must be said in regard to the Vaid and Hakims, those interesting relics, from the historical point of view, of a by-gone age; it is clearly impossible, even if it were practicable, out of regard for the solace, if not the skill, they bring to perhaps 90 per cent of the people of this land, to abolish them at once; they obviously must continue until such time as they can be replaced by more worthy and more efficient substitutes. It would of course be folly to bolster up any type of practitioner whose training is unscientific, and every available rupee should be devoted to the provision of medical relief by medical practitioners trained in the methods of the one and indivisible medical science. Let us not waste our time and our energies in discussing the merits or demerits of Vaid and Hakims. There are, indeed, more quacks inside the medical profession than outside and the former are much the more dangerous!—but if the Vaid and Hakims can safely be left to themselves, it is clear that the practitioners of scientific medicine cannot afford to be satisfied with the smatter-

ing of medical knowledge they learn as students; they must, in every way open to them, by reading, by contact with those possessing the scientific spirit, by joining scientific societies such as this, and by their every-day professional conduct and practices show their superiority and thus justify themselves in the eyes of the public. They must, in short, cultivate the scientific spirit and remain students of medicine all their lives. If medical science in India is to advance and not to undergo retrogression and to my mind the decision is at the moment trembling in the balance it is essential that close contact should be maintained with all that is best in medical science and, that, irrespective of all other considerations, the palm must go to those that deserve it. We must, however, above all, learn to depend on ourselves and I cannot better conclude this lecture than by quoting to you the wise aphorism of Sushruta, so reminiscent of Hippocrates.

“There is no end to the science of medicine. Hence needfully and carefully devote thyself to it, considering it an honour to practise the art.”

## PRIVATE PRACTICE—A PROBLEM ? \*

By Dr. U. K. L. Narayana Rao,  
Madras.

*The Independent Medical Profession.*—Our union consists of only members of the Independent Medical profession. We are gathering new strength year after year. The profession is becoming overcrowded. Some 15 years back we had only a few private practitioners, but now there are a number of them openly competing with one another in their struggle for a successful practice. This overcrowding has led to considerable malpractices and lowering of

\* Read at a meeting of the South Indian Medical Union, Madras.

the prestige and dignity of the profession. The morale of the profession is not what it ought to be.

*Successful practice.*—A successful practice must be founded on certain well-laid principles, commonly known as Medical Ethics. These are only ideals to be acted up by the medical profession. Success may be attained only by good reputation. This reputation is nothing if one has to destroy others to get to the top. It means nothing if one has to make ambition override every decent principle in his anxiety to amass fortune. We often undervalue our services and are satisfied with whatever remunerations we receive. We must have a standard scale of fees as the minimum. With the exception of a few there are many who delight themselves in beating down their professional brothers. They seem to forget the fact that by this foolish act of theirs they are only cheating themselves, and also doing a disservice to the profession in particular.

*Is it Co-operation or Competition.*—Medical profession is a jealous trade, no doubt, but as educated men we should purge ourselves of it as otherwise we would be in no way better than the shop-wallahs or vendors in the streets. In the scramble to get more patients especially the junior practitioners ignore every principle of medical ethics and reduce their fees to a ridiculously low figure on a competitive scale. In addition to this they resort to other methods such as casting reflections on the fellow practitioners—such men must be looked down upon by other members of the medical profession. Further a doctor where he reduces his fees to a minimum, the public also judge him from his fees. There is also a belief in a section of the patients that the potency of the medicine or the efficacy of the treatment is directly proportional to the scale of charges.

It is not unusual for some doctors to speak ill of his colleagues in the presence of his patients. This is highly reprehensible. Some of us are eager to take up any case even though it might have been handled previously by another fellow practitioner. What is the etiquette observed in this? Does it not appeal to reason and conscience that we should formally inform the previous doctor or obtain his permission unless in cases of emergency? Even though the method of treatment adopted by a fellow practitioner of ours may be wrong it is not desirable that we should criticise him and his methods to the patients. It is better that the same is informed to the doctor concerned. I feel that unless the Independent Medical Profession learns to co-operate, and work in harmony and good-will, their future prospects in life are very gloomy and probably very miserable in the long run. In this respect there are some of the senior practitioners also who are the offenders and they will do well to set a good example to the junior practitioners. The cost of living is getting high and the doctor to keep up his dignity and prestige must also live a decent living just like others. Ours also is a business problem just as any other trade or business. There must be some common agreement and understanding among the members of the profession. We should meet more often than we do in social chats, and discuss various problems that affect us and remove any misunderstandings or grievances by personal conversations. This will bring about good friendship and brotherhood in the profession. We must have more respect for one another's rights. Above all this Union, must bring about a real unity among the private practitioners if it should justify its name.

*Lot of the junior practitioners.*—Here I might draw your attention to

the sad flight of a number of capable young doctors who are without employment and who have no means to set up private practice. I am asking you as to what the State or the Medical Council or Union is doing to rectify this state of affairs. In their struggle for existence they are forced to reduce their fees. But when they find some of the seniors themselves underselling, they follow their footsteps and still further reduce their fees—so much so the public are the gainers and it is these poor doctors that are the losers. Not only that, the prestige and dignity of the profession also suffers in the eyes of public. Further the general practice in the city of Madras especially has reduced itself to the position of a chemist or pharmacist. For no doctor could hope to get any consultation fees. He is expected to give some medicine or other for the money he receives. Very few doctors insist upon the consultation fees. So it is plain that the doctor must include his fees in the bottle of mixture he gives to the patient.

I feel that the medical men to-day are not as prosperous as their predecessors were some years back. The cause is not far to seek. Some years back you had only a few of them. But now we have a large number of practitioners and a keener competition with the State paid medical men who not only compete in the hospitals but outside with their nursing homes and dispensaries. No doubt there is a huge cry from the public as regards the high cost of our treatment as compared to other systems of treatment. But the real truth is that most of the practitioners of to-day are only making a bare minimum for their maintenance and nothing more, especially in view of the high cost of living of the present day.

I heard some time back one of the leading surgeons advising a new graduate from a college that instead

of investing his money in his surgical and other equipments he would do well to invest the same in some business or merchandise, and simply enjoy the small profits from that instead of nothing in the profession.

*How a doctor is victimised.*—There is a growing tendency among the practitioners, juniors in particular, to treat patients on credit system indiscriminately in their frenzy to get more patients. No doubt they succeed for the time being. Once the amount swells up the patient stops away and tries another who has not been his victim before. He is little aware of the fact that he would also have his own turn. Again some juniors are ready to visit the patients' houses free of charge. They are content if the patients only take medicine from them. There are again others who try to undersell themselves. All these are due to the competitive spirit among the physicians and utter lack of co-operation and good-will.

*Misuse of the State hospitals and charitable dispensaries.*—It is not uncommon to find a number of well-to-do patients driving to the hospitals, in motor cars and getting a preferential and the best treatment the hospital could afford, at the same time denying admission to many a needy and poor patient or even the middle class man. The latter classes could very easily afford treatment from a private practitioner. It is because some of us get in those who are in service for consultation in preference to those who are in private practice that the well-to-do classes seek the hospitals. The moment you consult them they suggest that the patient be admitted into his ward and he will look to everything. Can't you find skilled men in private practice who are competent to give you advice and benefit of consultations? Surely there are any number of them. There are skilled specialists in surgery,

midwifery, X-Ray therapy, dentistry, and ophthalmology. It is because you do not know each other. You do not move in close touch, and the spirit of friendship and common brotherhood and co-operation is lacking in you. Those who are in service know how to take care of themselves. They are not in need of our help. Let us help ourselves first and then others. Above all, you are doing a great injustice to those in private practice by encouraging men in service; you can always count upon the sincerity and good-will of your fellow practitioners.

*Quacks and pseudo medical men.*—Instances of pseudo medical men who have studied medicine at home or some institution of quackery and had obtained a diploma are not wanting. They have often become successful physicians in life. The average layman has no conception of the vast distinction between one who has made an extensive study and great sacrifice, before acquiring the necessary skill and good judgment to be able to diagnose and properly treat diseases, and one who calls himself a doctor possessing diploma from some institution or other. No doubt some of them have cured many diseases which have often baffled some of us. The public are very easily fooled because of the faith they have in such persons. Whatever the system of medicine be there are any number of patients to try them. But this much is certain. If the patient should happen to improve he tells every one of the marvellous treatment and the wonderful results. If the treatment aggravates, the patient is silent, and tells no one about his foolishness in having trusted a swindler. It is really very unfortunate that the public are cheated thus, by incompetent and unscrupulous men, calling themselves as doctors with stethoscopes and thermometers (the emblem of a doctor) and pass for regular qualified physicians and surgeons. Can't the

Medical Council or the Government prevent such state of affairs. Is it not up to this Medical Union to bring to the notice of the Government and prevent such imposters from disgracing our profession and lowering our dignity and prestige? They advertise their names openly in the papers and magazines and stoop to all commercial tactics to steal patients even decrying the regular qualified doctors.

It is high time that we realise the seriousness of the situation and the annoyance and injury caused by such men. Educate the public about the dangers and risks they run in placing themselves under the treatment of such quacks and pseudo-medical men. We can organise ourselves and arrange to deliver a series of public lectures by competent men from amongst us on such subjects as health, hygiene, sanitation and the dangers of placing themselves under the care of quacks and unskilled men.

*The Corporation's duty.*—The Madras Corporation, i.e., the Health Department could very easily invite co-operation from the private practitioners in epidemics and for preventing diseases by vaccination, and inoculation. They might also appoint some to be in honorary charge of some of the dispensaries and thus release money which could be used more profitably. They must have that trust and good-will of the private practitioners as otherwise their task will be a very arduous and difficult one. Co-operation is the essential thing required. They must enlighten and educate the public to seek advice from their family physicians and prevent infectious diseases. They can advertise for us indirectly, thereby also be benefited by improving the health and sanitation of the City.

*Apprentice-course under a senior essential.*—A student, when he comes

out with a qualification, feels that everything will go on well with him, patients will flock to him in hundreds and he would soon become a famous man. He thinks he has learnt everything to be known in the profession. His worries and difficulties begin when he finds very few patients seeking his advice when he sets up practice. He is forced to compete with his fellow-practitioners in their skill and fees and also with the quacks. He knows much of social ethics but none whatever of medical ethics, no experience (practical) under a skilled practitioner. He knows that it is unprofessional to procure patients indirectly through solicitors or agents of any kind or even by advertisements. The only advertisement he must consider effective is the *establishment of a well-merited reputation* for professional ability and skill.

In this connection it will be of great help for the private practitioners in the City of Madras, if the Government set apart a room or a set of rooms in the hospital for the exclusive use of the members of the independent profession for their use. They must have all the laboratory and surgical facilities, X-Ray and electro-therapeutic facilities. Of course the patients must be of well-to-do classes who could pay the Doctor as well as a small fee to the hospital for the use of the apparatus and other facilities. The doctor should collect the fees from the patients and pay it to the hospital directly. This scheme might be given a trial just like the Honoraries.

*Some suggestions.*—The times are getting critical. We are being fooled and our energies and skill are wasted for nothing. We must put an end to the impoverished condition of our profession and prevent unfair competition and underselling. We must write and fight for our rights and safeguard our interests. Let us cast aside that false sense of pride and prestige and come to common understanding

and mutual good-will and co-operation. There must be a proportional standard of fees for juniors and seniors and also according to their qualifications, and the seniors out of consideration for the juniors and also consistent with their seniority in the profession should not reduce their fees to that of the juniors.

As psychology, good behaviour and good knowledge of business are essential for the success of a junior, it is necessary that every new doctor anxious to set up practice should undergo a period of apprenticeship under a competent senior just as in the legal profession. This knowledge cannot be acquired either in the college or the hospital. It is the want of this knowledge that is often responsible for the failure of private practitioners.

We must revise our ideas of medical ethics to suit the modern conditions. It is not enough now-a-days to content ourselves by putting one foot sign board with very small letters. This board will not be seen by anybody. Our medical union must do more of publicity work especially propaganda work by issuing a bulletin periodically and thereby affording more attraction for the members. The Union must arrange periodical social meetings, which alone can give more facilities for closer link and friendship. It must also be a relaxation from our routine work. The lot of the private practitioner is simply miserable. He cannot think of going on leave even for a fortnight. If he does, by the time he returns, he will find all his patients with another doctor. Such is the state of affairs of the medical profession in the City of Madras. In the social function any personal grievances should be discussed, any misunderstandings removed and views exchanged. No medical man should take up another's case, unless he satisfies himself that the patient has cleared his dues, if any. Sometimes patients themselves are

responsible for the misunderstandings among two doctors.

We should enlist more members into our union and should agitate for proper representation in all matters connected with our profession when any legislation or reform is sought to be introduced in the Presidency. We should agitate and have no caste system in our profession. As a first step I would strongly urge the abolishing of the L. M. P. class which is not recognised as a Registrable qualification. It is only then that we, can expect equal treatment for all medical men and a feeling of common brotherhood.

The Corporation can save much money by appointing some of the private practitioners to work honorarily in their dispensaries at fixed hours and by not giving free treatment to those men who could easily afford to pay a private practitioner. It is only then that the Corporation would infuse confidence among the poorer classes who are afraid to go to the charitable dispensaries, because of the utter indifference and disregard shown to them. During epidemics also, the Corporation should co operate with the private practitioners in preventive and inoculation measures.

*In conclusion, I feel I have spoken out too frankly on a delicate subject as to-day's I have never referred to any personalities nor have I roused any ill-feeling amongst you. I think I have discharged my duty and shall feel highly gratified if it produces the desired improvements and progress in our profession together with the co-operation and good understanding among members of the medical profession. UPHOLD THE WANING PRESTIGE AND DIGNITY OF THE PROFESSION IN THE EYES OF THE PUBLIC.*

#### EXTRACTS.

*"Dysentery Prophylaxis by oral Bili vaccin.*—It is known that a great

majority of cases of dysentery even in this country are bacillary in origin, the Flexner type being more common than the Shiga. It is claimed that oral administration of Bili vaccin protects people for about one year. In the investigations undertaken at Poona and Secunderabad in 1927 by Major Walker and Captain Watt, it was found that out of 1,400 protected people 23, i.e., 2% had an attack of dysentery whereas out of 3,680 unprotected people only 14 or 1.4% developed the disease. Further the administration of the bili vaccin did not appear to modify the clinical course of the disease when it appeared.

*Some recent observations on Cholera.*—(1) About 300,000 persons die of Cholera annually in India. (2) "Chronic carriers" do not exist. The view that there are 'carriers' like in typhoid is not substantiated. (3) The majority of cholera patients get free of the cholera vibrios within a few days. 95% of all cases and contacts are vibrio-free in 14 days. All cases and contacts become vibrio-free in 6 weeks. (4) 'Inagglutinable' vibrios, i.e. vibrios practically indistinguishable from the true cholera vibrio of Koch, but not agglutinated with its specific antiserum are present in about 6% of healthy people. These inagglutinable strains have nothing to do with sporadic or epidemic cases of cholera. The only sources of the infection of epidemic cholera are patients suffering from the disease:—in the acute stage for about 4 days, some in the convalescing stage for about 14 days, and a few in the incubation period for a few days.

*Oedema in congestive heart failure.*—Goldring (Arch. Int. Med.), discussing a series of 48 cases with congestive heart failure in whom the oedema was not relieved by the administration of Digitalis, reports that diuretics were successful in 25, i.e., 54% of cases. Whilst digitalis relieves cardiac oedema in most of the cases, in those in whom

digitalis is ineffective diuresis may be produced frequently by drugs belonging to the xanthine group. The author believes that of these drugs theophylline and merbaphen in combination with ammonium chloride give the best results.

Merbaphen is a double salt of sodium oxymercurio chlorphenoxo acetate with diethyl barbituric acid, containing about 33.9 % of mercury in a complex non-ionizable combination employed in a 10 % solution. It is best used in combination with ammonium chloride. This drug should be used with precaution where there is an associated nephritis, hypertension, exudate or hæmorrhage in the retina and even in the case of elderly persons.

The greatest incidence of reaction was noted in the rheumatic group with persistent cardiac activity. This observation is in contrast to that made by Marvin in a similar group of patients. The author believes that the cessation of diuretic effect from other drugs before œdema is completely cured is due to a temporary depletion of blood chloride. The diuresis following the use of sodium or ammonium chloride in combination with diuretic drugs indicates that the blood chloride level is raised above the renal threshold.

The failure of reaction to adequate digitalization indicates a marked diminution of cardiac reserve. Even when the patients subsequently reacted to a diuretic by complete relief from œdema, length of life exceeded six months only in one of the forty-six patients. This observation compares with those made by Marvin in his group of cases.

*The circulatory failure in diphtheria.*—(Schwenker and Noel, Bull. John Hopkins Hspl.). In an analysis of 1,600 cases of diphtheria admitted to the Sydenham Hospital from 1920 to 1927, there were 178 deaths, of these 139 followed laryngeal diphtheria while the remaining 39 were definite clinical cases of circulatory failure. According

to the clinical course and the findings at autopsy, the authors believe that the evidence allows a classification of circulatory failure of diphtheria into two groups, early and late. This classification is based not on the time of onset of failure but on the appearance of the patient. The cases of early circulatory failure are an essential part of the diphtheria intoxication and are the end-stage of the disease, the result of virulent infection and too often neglect on the part of the parents to summon medical aid until the condition has become alarming. Vaso-motor collapse with anæmia and toxæmia forms the outstanding picture.

Cases of late circulatory failure occurred as early as the eighth day of the disease but usually ten to twenty days after the onset. The usual course was that after a week or more of apparent convalescence, the patient suddenly complained of symptoms referable to the heart. There were disturbances of cardiac rhythm with evidence of congestive failure. Death was often very sudden. Thus late circulatory failure is a complication of the disease caused probably by local inflammatory reactions incident to regeneration and repair in the cardiac tissue.

*Non-specific Protein Therapy.*—Dr. D. R. Dhar writing in the Calcutta Med. Journal (August 1929) observes about the importance of non-specific protein therapy, in Typhoid fever and General Paralysis of the Insane. In typhoid fever, he has used either typhoid vaccine or some other vaccine intravenously beginning with a million organisms and ending with 50 millions, the injections being given daily. The results are as follows: In one-third of the cases the fever came down by crisis with corresponding disappearance of bacteria, from the bacteriological point of view, in the secretions. In another third of the cases, the general condition improved, the appetite got better and the

temperature range was low, in the last third practically no change was observed. In General Paralysis of the Insane the non-specific agent is tuberculin and along with this non-specific agent, a combined Bismuth Arsenical and Mercury treatment helps very much to bring about a cure or at least an improvement.

The non-specific mechanism of recovery seems to depend on the intense splanchnic stimulation, transfer of pre-formed antibodies from the blood stream to lymph channels, bacteriolysis, etc. In addition, in the case of tuberculin when used in General Paralysis of the Insane, the permeability of the sclerosed impervious meninges and their vessels is increased by the vaccine, and the antisyphilitic drugs reach the brain tissues by the increased permeability of the capillaries at the sites of disease.

*Tannic acid treatment of Burns.*—The advantages of the tannic acid method of treatment of burns are as follows :—

(1) The tough crust produced by the tannic acid provides protection for the wound.

(2) Relief of pain is an outstanding feature.

(3) By fixing tissues, absorption is prevented and toxæmia decreased.

(4) Loss of body fluids is prevented.

(5) It is aseptic.

(6) No special apparatus necessary and its application is easy.

(7) Minimum scar and contracture formation.

The writer then goes on to say that he has found best results with a 7½% solution (i.e. 3 teaspoonfuls of the acid to 4 oz. of water) made fresh in every case and sprayed on the wound. No gauze is necessary, except that in the beginning the surface might be protected with a tent or cage which does not touch the wound.

*Pot. Permanganate in Pneumonia.*—(Medical Herald—September 1929)  
The administration of this drug is done

thus, a standard solution (2 gr. to 1½ pints of warm sterile water) of about 4 oz. is injected rectally by means of a funnel and catheter, the patient lying on the left side, with the intention of the fluid being retained. This injection is done every 3 hours in the early stages of the disease; but as soon as the temperature becomes normal, done only once in twelve hours. The improvement is visible in about twelve hours the temperature pulse rate and respiration dropping visibly. In a severe case noted by the writer, the temperature came down from 102.2 to 100, the pulse from 115 to 88, the respirations from 40 to 26 about 24 hours after the beginning of the treatment. The writer concludes by observing that under this treatment cases which came to the hospital to die, recovered promptly and surprised the staff of the hospital.

*Acute intestinal obstruction—Its treatment.*—Holden (C. and W. Med., Dec. 29), is of opinion that successful management of acute intestinal obstruction depends as much on the treatment before operation as on the operation itself.

He thinks that the mortality from this affection could be lowered very much by early surgical interference preferably within the first twelve or twenty-four hours and explains the difficulties encountered in making a diagnosis when the patient has had dose of morphia by his physician, prior to his being seen by a surgeon.

The routine practice of administration of morphia in all cases of abdominal pain is much deprecated. He asserts that mere lives are killed by such administration than by automobile accidents in his own land.

In 1925 out of twenty-three referred cases of intestinal obstruction there were three deaths (13%) while previous to 1925 it was 27%. The difference is attributed to the results of campaign of education with the writer's colleagues against the hypodermic administration of morphia in colic.