



DR. S. RANGACHARI, M.B., C.M.,

President of the South Indian Medical Union, 1928—1934.

Member, Editorial Board, Bulletin S. I. M. U.

Born 1882—Died 1934.

MAY HIS SOUL REST IN PEACE.

BULLETIN
OF THE
SOUTH INDIAN MEDICAL ASSOCIATION

MAY 1934.

DR. S. RANGACHARI.

We regret very much to announce the sad death of Dr. S. Rangachari, M.B. & C.M. He was born in 1882 and at the time of death was under 52 years of age. Even during his student days he had attracted the notice of his teachers by his brilliant clinical acumen and during his tenure in the Madras Medical Service had shown himself able to successfully occupy any post in the department. He retired on grounds of ill-health in 1926 and since then has thrown in his lot with the Independent Medical Profession.

There was no movement for the progress of the latter which did not have his support and there was no stronger critic of the vagaries of the members of the paid services. By his advocacy for the private practitioners he, to a certain extent, alienated the sympathies of his erst-while service colleagues. His popularity with the private medical profession could very well be gauged by his successive unanimous election to the Presidentship of the Union since 1928.

As an all-round general practitioner and that of a very high order he commanded a very big practice. His subordination of monetary considerations to easy availability and service to his patients made him one beloved equally by his patients and his colleagues. We have said before that he, though seemingly in robust health, had had to retire from the service on grounds of ill-health. But this did not deter him from answering to the numerous calls on his services. His personal health was of no matter to him. What concerned him most was the professional services that were sought of him. Day in and day out he did not spare himself and one might say that the only holiday he had

was the short trip that he had to Europe last year. It is no wonder, then, that his already undermined constitution could not stand the strain and he went to his eternal rest at the very early age of 52.

We understand that a memorial to him is under consideration and the South Indian Medical Union will only be too glad to co-operate with those who have brought out this idea. The funds should not be difficult for, if only the rich who widely exploited his kindness and sympathy during his life time would open their purse strings a fitting memorial to the memory of this great member of the healing art in this city would be very easy.

**The recruitment of honorary
medical staff.**

There has been from time to time complaints from medical men that their offers to serve in the various hospitals are ignored by the medical officers in charge of those institutions. There are instances of men who have interviewed Superintendents and then formally sent in their applications. But months passed and they have not heard anything further about the applications. In the meantime, in certain hospitals where the Superintendents have told applicants that there was no room for more men, some people have been appointed as honorary clinical assistants or assistant surgeons or physicians. There does not seem to be any definite policy about these appointments. In one of the orders passed by the Government about the honorary medical scheme rules are definitely laid down about the qualifications. For teaching hospitals, the minimum qualification required for medical men who wish to be appointed as clinical assistants

is that of M.B. & B.S. degree of the Madras University or any equivalent qualification. Instances are not wanting where men with lesser qualification have been appointed, in spite of the fact that better qualified men were available. There are again instances where men who have sent in their applications to the Superintendents of hospitals have subsequently learnt that their applications have not reached the Surgeon-General's office. There is evidently some mistake in these cases, for, the Superintendents are required in all cases to forward the applications for honorary posts to the Surgeon-General with their recommendations. It is difficult to believe that any of them would knowingly ignore this rule. There are a few instances where some medical men after retiring from service have been appointed as honorary officers. This is certainly not in consonance with the spirit or the philosophy of the honorary scheme. We are not sure if the existing rules even permit of such appointments.

These instances have created an unfortunate impression among the young medical men who are keen on rendering honorary service in the various hospitals in the city and outside. They feel that they are purposely kept out so that only those in whom the heads of the institutions are interested might be appointed. It is argued by some of these Superintendents that in hospitals in the Western countries, the chief of a department generally has a big say in the choice of the junior staff. They ask why they should not encourage their near or distant relatives or friends, when in the olden days a Symes could insist on his son-in-law succeeding to the chair which he was occupying in preference to other eminent men.

But they forget the little fact that those great men were doing honorary service in voluntary institutions, whereas these men here are well paid full time government servants doing service in public institutions, owned and equipped by the State from the tax-payers' funds. We are therefore glad to hear that the government has definitely set its face against these mild irregularities by preventing Superinten-

dents and District Medical Officers from appointing medical men to the various institutions without previous approval of the government. This should certainly be helpful to young and enthusiastic medical men who desire honorary appointments.

Team Work.

We have had occasion to mention in our earlier issues about the re-orientation of the attitude of some members of the paid services towards their honorary colleagues. We have heard a good deal about the complaints against the honoraries. Want of discipline, lack of punctuality, indifference to work have been some of these. We have dealt with some aspects of these in our earlier issues. The latest of the bogies raised is the want of a team spirit—that feeling of loyalty towards their colleagues and their institution subordinating their personal interests. We have been hearing of this for some time now. It has been reported to us that the head of an institution warned one honorary officer that the hospital was neither the place for him to acquire knowledge nor to improve his reputation; that what was wanted was his fitting into the team and carrying on the routine work of the hospital.

In another institution the chief wants to inculcate a team spirit and bring about a feeling of oneness in a harmonious whole. As an attempt at bringing about this team spirit various methods of recruitment have been adopted. So long as the applicant for an honorary place is a henchman of the recommending authority the Government orders regarding the conditions of recruitment seem to be of no consideration. In the premier Hospital of Madras there is one team, at least, which may be counted on to work without any differences among its members and loyally at one with its chief. But, if the personnel of the team be considered it will be found that it consists of close and intimate relations. The wicked might cavil and attribute motives. But what does it matter, so long as it tends to form a happy family.

The Medical Curriculum.

By Chalmers Watson, M.D., F.R.C.P.E.,

*Senior Physician, Royal Infirmary,
Edinburgh.*

The need for great reform in medical education has been widely recognised by medical teachers for a considerable time past, and increasing expression is being given to this need. In recent years the under-graduates in various medical centres have had the subject under consideration, and definite evidence has been forthcoming that they too realise that things are not by any means as satisfactory as they should be. Among others, the Scottish students, through the representative councils of the Scottish universities, have given the subject special consideration, and have made, on occasion representations to their respective University authorities, with little or no result. The acuteness of the need has led the Students' Representative Council of Edinburgh University to take a very special interest in the subject, and the writer has been in cordial sympathy with their endeavour. The following is a brief summary of articles on the subject which have appeared in *The Student* since March, 1932.*

Perhaps the most important defect is the present prevailing tendency towards excessive specialisation in teaching, alike in the earlier subjects of the curriculum, and in the later clinical specialities, resulting in failure adequately to teach the essential fundamental principles which are the essence of a sound general medical education. After making full allowance for the tendency in an older generation to compare the present unfavourably with the past, there is among experienced clinical teachers of medicine an in-

creasing recognition of the fact that there is something inherently wrong with the present curriculum. Students are systematically over-taught and overcrammed. They are not really educated. They have no time to teach themselves. Their training in practical medicine is seriously inadequate. Whereas in former days, clinical medicine rightly constituted the hub of the curriculum, it is hardly too much to say that it is now subordinated to the earlier scientific subjects and the specialist branches of medicine. While there has been expressed a very general and substantially complete agreement among clinical teachers of medicine and all its special branches of the need for drastic changes, a sharp divergence of opinion is revealed when the subject is approached in more detail. In general, it is found that individual teachers are of opinion that the need for reform is infinitely less urgent in their own subject than in that of others. *The prevalence of this attitude reveals the difficulty of getting the necessary reforms through the present recognised channels.*

A reorganisation of the basal scientific subjects is necessary. Very much less detail and more applied instruction should be given. The present cramming system should be eliminated, or at least greatly reduced; much more time should be available for individual clinical study, and adequate instruction in the principles and practice of preventive medicine should be provided. This will only be attained if much of the present lumber in the medical curriculum is removed. Existing defects are very largely due to the water-tight compartment system of education, and failure to co-ordinate the teaching of the earlier subjects so as to meet the real needs of the general practitioners of the future. In the necessary review, every subject in the curriculum requires to be closely scrutinised, and

* March 1st, 1933; May 9th, 1933; June 2nd 1933; October 17th, 1933.

the teaching in most of them readjusted. It is not essential to recapitulate here all the suggested amendments regarding the teaching and examination system that have been put forward to meet this end.

Is there, for example, not something anomalous in the fact that, for instance, in Edinburgh, and probably most other schools, the official hours given to anatomy is 900, and to medicine and practical medicine 540; whereas in Yale, Harvard and other American schools of the first rank, the corresponding figures are 260 and 1,050 hours. What value lies in 900 hours spent in the anatomy rooms or lecture theatre, if the student later arrives in the surgical outpatient department with, as is credibly stated, a very defective knowledge of the anatomy of the hand. Similar illustrations could be freely given in relation to physiology, pathology, bacteriology, etc. Much of the instruction at present given in these subjects is, as has been aptly described, shed, after examination, like a worn out garment. The average student appears to have been trained to "think" that he has left these subjects behind him when he enters a medical ward. The alternative view that the over-elaborate instruction he has received is essential for a real "Scientific" training for his profession is, in the writer's view, a travesty of the truth.

The report recently issued by the B. M. A. Special Committee gives an admirable statement on this subject, and in the author's view the general recommendations for reform laid down by the committee will make a wide appeal. The fact that this report was so well received and approved by the Representative Body is evidence of this. This report is called preliminary one. The term is in effect a misleading one. The further details necessary can, in

the main, only be adequately amplified or modified by the individual medical schools, in accordance with their own special local conditions. If there is a will to reform a way will readily be found. The most difficult part of the problem centres round the pre-registration period of study. This will involve co-operation with other educational bodies concerned in secondary education.

HOW IS THE NECESSARY REFORM TO BE ATTAINED ?

The General Medical Council has no real power to effect the necessary reforms. The universities, the various teaching bodies and the examining bodies concerned are either disinclined to move in matter, or find reforms impossible through the existence of a system of inter-dependence which makes reform difficult or apparently impossible. The opinion is very freely and widely expressed that the necessary reforms will be unattainable except by pressure from without, through legislative measures directed to overcome the difficulties. Is this not a matter for the Scottish and English representatives in Parliament to urge the appointment of a commission to investigate the whole subject ?

(Medical Press and Circular)

UNION
IS
STRENGTH

MEDICAL SERVICES.

Indian Medical Service.

Mr. Jagadish Prasad moved the first of five resolutions urging that recruitment to Indian Medical Service should in future be made by means of open competitive examination held simultaneously in India and England. He said that the system of competitive examination was adopted for recruitment to I.M.S., for over 63 years from 1855 and this system was abandoned in 1915 and the only reason as stated in the Council yesterday (6th March) was lack of competition and that the existing method of recruitment through selection committees produced better results.

Mr. Jagadish Prasad emphasised the numerous hardships which Indians had to undergo in England for selection and quoted figures before war and after war. Recruitment since 1923 to 1928 for which figures were available showed that even the ratio of British and Indians 2 to 1 was not followed as during that period Indians recruited were only 15 per cent. He stressed public opinion demanded simultaneous competitive examinations in India and England in order to get better type of candidates and there was suspicion in India that inferior British candidates were smuggled under the existing system to the detriment of Indians. He did not for a moment suggest that the standard should be lowered.

Referring to Indianisation he said that 2 to 1 ratio was totally unfair. He did not object to the percentage fixed for Europeans. He wondered why, at least, the present ratio of 50 to 50 in the case of I. C. S. should not be followed as regards I.M.S.

Sir M. Choksy said that his support to the resolution was not actuated through antagonism towards British

but he believed that Britishers in the medical service were necessary to maintain the prestige and the name of the service. He referred to the services of Indian medical men during the Great War, and pointed out that he himself recruited a large number. Now he was gratified to know that they had acquitted themselves nobly and creditably. He was convinced that competitive examinations alone would produce the best results for producing the best type of candidates.

Mr. Syed Raza Ali who was formerly a member of the Public Service Commission opened that it would be an anachronism to hold examinations simultaneously in India and England for recruitment to I.M.S., if the present 2 to 1 ratio was to be adhered to. It was impossible to have the same examination at the same time in two countries and co-ordinate the results in such a manner as to introduce uniformity of standard. He also explained the difficulties experienced by simultaneous examinations for recruitment to I.C.S., in which candidates selected in India were often turned down in England.

Continuing, Mr. Raza Ali explained the working of the selection committees in India and said that a large number of candidates who possessed no British qualifications whatsoever were entertained.

Mr. Jagadish Prasad pointed out that the number of Indians had now decreased.

Mr. Raza Ali said that it might be due to the fact that no recruitment was made after 1931. He preferred the present selection method for the Indian Medical and Indian Police services.

Major-General Sprawson said that the present ratio of recruitment was two British to one Indian and when

the actual strength was worked out, it appeared to-day that there were 1·7 British to one Indian. He had no doubt that if the Commander-in-Chief had been present, he would have explained why the Government could not accept any alteration in the ratio of recruitment. Doubtless, as Indianisation proceeded and as the proportion of Indian officers in the Indian Army increased, the need for alteration in the recruitment ratio would increase in favour of the Indian members of the Medical Service. So much on the Army side. On the civil side also, there were several I.M.S. Officers in the provinces who were army reserves and whenever mobilisation took place, they were taken in the proportion of two British to one Indian. British officers of the Medical Service were to serve British families and other civil servicemen. As the number of Indian officers in the Civil Service increased, the number of Indian Officers in Medical Service serving them would automatically increase. That Indianisation of the Medical Service had kept pace with those of the superior service was itself proved by the fact that the exact proportion was not two British to one Indian, but 1·7 British to one Indian. The selection test had proved successful and in cases of doubts, written examinations were held. The result was that there was better Indian personnel now than when purely competitive tests were held. At a time when the whole Medical Service was under examination in London, this was not opportune to press the resolution.

Mr. Hosain Imam was surprised at the attitude of Mr. Raza Ali and asked why competition should not be held for a fixed number of posts, while continuing selection for the rest. He feared that medical men, with purely Indian qualifications, were not found eligible for service.

Sir Fazl-i-Hussain corrected Mr. Hussain Imam on the latter point and said that Indian medical degrees were no handicap at all. He regretted the Commander-in-Chief's absence due to indisposition. He promised to forward the debate to the Secretary of State.

Mr. Jagadish Prasad reiterated the demand for 50 per cent proportion of Indians in the services and withdrew the resolution in view of Sir Fazl-i-Hussain's assurance.

Honorary Staff for Hospitals.

The report of the Committee appointed to consider the further extension of the scheme for the employment of honorary medical officers in the Government Medical Institutions is published for general information :

Major-General C. A. Sprawson, I.M.S., the then Surgeon-General with the Government of Madras, in his letter to the Government wrote as follows :—

I have the honour to forward to Government the proceedings of the Committee appointed under G. O. No. 554, P.H., dated 10th March 1933, to consider the further possibility of the employment of honorary medical officers in Government Hospitals. The Committee met on two occasions, 4th April and 30th June 1933. In addition correspondence was conducted before, in between and after the meetings to ascertain the views of members on certain points. The redistribution of beds in the two Madras Hospitals referred to in the proceedings of the second meeting has been since dealt with by the Surgeon-General while the question of increasing the honorary staff in their outpatient departments is now being dealt with. The proceedings of the

two meetings are submitted separately. From these proceedings it is seen that the Committee recommend —

1. In every hospital or dispensary where the daily average of outpatients exceeds 100 there should be more than one medical officer and one of the medical officers should be an honorary officer.

2. In the future it may be possible that an honorary medical officer in a small hospital or dispensary, after a few years service therein, might be able to take the entire charge of the hospital with the assistance of another honorary officer in professional work. The Committee was divided in their opinion whether the time was yet ripe for such a change in administration, though its possibility might be considered after some years. It is possible also that until such changes can occur in any number there may be isolated instances where the Surgeon-General might perceive suitable opportunities in time, place and personnel for the introduction of such a change and might be able to introduce it forthwith as an experimental measure. But the Committee consider that development should be gradual and only as suitable officers become available.

3. In all District Headquarters Hospitals provision should be made as far as possible for opening special departments, *e.g.*, ear, nose and throat, venereal, leprosy, ophthalmic, etc., and to work these departments honorary officers should be trained on the lines of paragraph 3 of G. O. No. 1610, P. H., dated 29th July 1932. It is not intended by this employment of honorary medical officers in special work that they should not also be employed in general hospital work.

4. (a) The Superintendent of the Government General Hospital consi-

ders that additional to his present staff one male and one female honorary medical officer may be appointed to work in the Government General Hospital outpatient department and that their services will be required between 7 and 9 a. m.

(b) The Superintendent of the Royapuram Hospital asks for two additional honorary medical officers, University graduates, to work in his outpatient department.

5. The Superintendents of the Government General Hospital and the Rayapuram Hospital have since submitted proposals for the redistribution of their medical beds. The Surgeon-General has approved of their proposals on the understanding that the allotments are personal to the present incumbents and not necessarily attached to the appointment.

6. The Committee considered that an honorary medical officer of a hospital attached to a teaching institution should be considered also for appointment to the academic post in his special subject when such post becomes vacant and that he should be paid for such teaching work, if appointed.

It is a corollary from the above that a particular physician's appointment at the hospital does not necessarily imply that the holder should also fill a particular academic appointment.

7. Honorary medical officers who in accordance with paragraph 10 of G. O. No. 1610, P.H., dated 29th July 1932, impart clinical instruction recognized as such by the Surgeon-General should be entered on the roll of the college or school, to which the hospital is attached.

8. The Committee considered that for any future extension of the staff

required in city hospitals the possibility of appointing honorary medical officers in such posts should be considered when suitable men are available.

9. A majority of the Committee supported substitution of an honorary medical officer for a Government medical officer in a special appointment in the Rayapuram Medical School when opportunity should arise. They considered that an honorary physician could be appointed to one of the two medical academic appointments at the Rayapuram School and so relieve the Government medical officer when such appointment should fall vacant, provided that an honorary officer suitably qualified for this appointment were available. They did not propose that there should be reservation of this appointment for an honorary officer, but considered that a paid Government Officer could equally be appointed, the selection being made on the merits of the officers available.

APPLICATIONS FOR APPOINTMENTS.

10. Honorary appointments should be made only after previous advertisement. Applications for honorary appointments should be invited to be sent by 1st June and 1st December each year. Advertisement should be made in the following ways:—

(a) Insertion in the local medical press, if given free of charge.

(b) Information to district and other local medical associations.

(c) Brief notice, giving one insertion only, in the leading daily papers of Madras City.

(d) Notices on the boards of teaching institutions and their attached hospitals.

(e) Notices in the "Fort St. George Gazette," giving full particulars of

the appointment. The advertisement under (a), (b), (c) and (d) can be brief notices referring applicants to the "Fort St. George Gazette" for full particulars.

An interval of 20 days should be given between an insertion of the advertisement and the last receipt of applications in the Surgeon-General's Office. In Madras City applications should come direct to the Surgeon-General; from the mufassal they should come to the Surgeon-General through the District Medical Officer.

11. Referring to paragraph 3 of G. O. No. 1610, P. H., dated 29th July 1932, the appointment of an applicant after his special training should be conditional on the favourable report from the specialist under whom he is trained provided after approval by the Surgeon-General he executes a bond to serve the Government as honorary medical officer in that speciality for a minimum period of two years on completion of the training at a place to be agreed to beforehand by the applicant and the Surgeon-General, the insertion of the words "if so required" after the words "for a period of two years" in paragraph 3 of the Government Order should meet the case.

12. Confidential reports on honorary medical officers in the mufassal hospitals should be written by the District Medical Officer and not by the Superintendent of the hospital.

13. The age limit for employment as an honorary medical officer should be 55 years and not 60 years as laid down in the Government Order.

COMMITTEE'S PROCEEDINGS.

The following are the Proceedings of the Committee :

The Committee to consider the further extension of the scheme for the employment of honorary medical officers appointed in G. O. Mis. No. 554, P. H., dated 10th March 1933, met on the 4th April 1933 in the Surgeon-General's office. The following were present :—

- (1) Major-General C. A. Sprawson, C.I.E., I. M. S. (*President*).
- (2) Lieut.-Col. F. C. Fraser, I. M. S.
- (3) Rao Bahadur Dr. A. Lakshmanaswami Mudaliar, V.H.A.S., F.C.O.G., B.A., M.D.
- (4) Miss A. B. Hardy, M.R.C.P. E.).
- (5) Dr. K. C. Paul, M.D.
- (6) Dr. T. Satakopan, M.D.
- (7) Mr. K. B. Bhujanga Rao, L.M.P.
- (8) Rao Bahadur C. Natesa Mudaliar, L.M.S., M.L.C.
- (9) Dr. P. Subbarayan, M. L. C.

The President spoke to the Committee on the history of the appointment of honorary medical officers in the Madras Presidency and drew attention to G. O. No. 1610, P.H., dated 29th July 1932, and to the circular (copy attached) that he issued shortly after the issue of the Government Order. He pointed out to the Committee that the question was not so much whether or how far the movement towards the increased appointment of honorary medical officers was going, but rather at what velocity should the movement proceed. He drew attention to the fact that the substitution of honorary for paid medical officers had already begun to a large extent and was saving Government as much as Rs. 1,85,000 per annum. The President then read several questions that had been asked in writing by members of the Committee and he supplied the answers thereto; other points

raised by members of the Committee were also discussed.

The Committee then discussed the extent to which honorary medical officers might be appointed in mufassal hospitals.

The following decisions were arrived at :—

1. In every hospital or dispensary where the daily average of outpatients exceeds 100 there should be more than one medical officer, and one of the medical officers should be an honorary officer. Difficulty may be experienced where there are already two Government medical officers appointed of whom one is a woman; but each such case should be dealt with on its merits.

2. In the future it may be possible that an honorary medical officer in a small hospital or dispensary, after a few years service therein, might be able to take entire charge of the hospital with the assistance of another honorary officer in professional work. The Committee were divided in their opinion that the time is not yet ripe for such a change in administration, though its possibility might be considered after some years. It is possible also that until such changes can occur in any number there may be isolated instances where the Surgeon-General might perceive suitable opportunities in time, place and personnel for the introduction of such a change and might be able to introduce it forthwith as an experimental measure. But the Committee deprecate the undue acceleration of such changes and consider that development should be gradual and only as suitable officers become available.

3. In all District Headquarters hospitals provision should be made as far as possible for opening special departments, e.g., ear, nose and throat

venereal, leprosy, ophthalmic, etc., and to work these departments honorary officers should be trained on the lines of paragraph 3 of G. O. No. 1610, P.H., dated 29th July 1932.

The Committee then discussed the extent to which honorary medical officers might be appointed in the City of Madras.

4. The two members of the Committee who are working as honorary physicians in Madras City hospitals agree that there are not sufficient assistant physicians and assistant surgeons at the Government General Hospital to attend adequately to out-patients and that more officers of this grade should be appointed for out-patient work.

The Surgeon-General said that he would enquire into this from the Superintendent and physicians and surgeons of the Government General Hospital.

5. The same two members of the Committee expressed the opinion that there were too many beds allotted to some physicians and surgeons at the General Hospital and Rayapuram Hospital and that the cases could be better dealt with by an increased number of honorary officers or by a more even distribution of beds. The Surgeon-General said he would enquire into this.

6. The Committee considered that an honorary medical officer of a hospital attached to a teaching institution should be considered also for appointment to the academic post in his speciality when such post becomes vacant and that he should be paid for such teaching work if appointed.

It is a corollary from the above that a particular physician's appointment at the hospital does not necessarily

imply that the holder should also fill a particular academic appointment.

7. Honorary medical officers who in accordance with paragraph 10 of G. O. No. 1610, P. H., dated 29th July 1932, impart clinical instruction recognized as such by the Surgeon-General should be entered on the roll of the college or school, to which the hospital is attached.

8. The Committee considered that for any future extension of the staff required in City hospitals the possibility of appointing honorary medical officers to such posts should be considered when suitable men are available.

9. A majority of the Committee supported substitution of an honorary medical officer for a Government medical officer in a special appointment in the Rayapuram Medical School when opportunity should arise. They considered that an honorary physician could be appointed to one of the two medical academic appointments at the Rayapuram school and so relieve the Government medical officer when such appointment should fall vacant, provided that an honorary officer suitably qualified for this appointment were available. They did not propose that there should be reservation of this appointment for an honorary officer, but considered that a paid Government officer could equally be appointed, the selection being made on the merits of the officers available.

The Committee then considered the second item on their agenda and discussed the best way of obtaining suitable men and women to serve as honorary medical officers. They decided as follows:—

Honorary appointments should be made only after previous advertisement. Applications for honorary appointments should be invited to be sent by 1st

June and 1st December each year. Advertisement should be made in the following ways :—

(a) Insertion in the local medical press, if given free of charge.

(b) Information to district and other local medical associations.

(c) Brief notice, giving one insertion only, in three leading daily papers of Madras City.

(d) Notices on the boards of teaching institutions and their attached hospitals.

(e) Notices in the "Fort St. George Gazette" giving full particulars of the appointment.

The advertisement under (a), (b) (c) and (d) can be brief notices referring applications to the "Fort St. George Gazette" for full particulars.

An interval of 20 days should be given between an insertion of the advertisement and the last receipt of applications in the Surgeon-General's office. In Madras City applications should come direct to the Surgeon-General; from the mufassal they should come to the Surgeon-General through the District Medical Officer.

Referring to paragraph 3 of G. O. No. 1610, P. H., dated 29th July 1932, the appointment of an applicant after his special training should be conditional on the favourable report from the Specialist under whom he is trained provided, after approval by the Surgeon-General, they execute a bond. The insertion of the words "if so required" after the words "for a period of two years" in paragraph 3 of the Government Order should meet the case.

The Committee also gave its opinion on two points in G. O. No. 1610, P.H., dated 29th July 1932 :—

(1) Confidential reports.—Confidential reports on honorary medical officers in the mufassal hospitals should be written by the District Medical Officer and not by the Superintendent of the hospital.

(2) The age limit for employment as an honorary medical officer should be 55 years and not 60 years as laid down in the Government Order.

The Committee met again in the Surgeon-General's office on 30th June 1933.

2. The following were present :—

Major-General C. A. Sprawson, C.I.E., K.H.P., I. M. S. (*President*).

1. Lt.-Col. Fraser.
2. Miss E. Maduram.
3. Dr. A. Lakshmanaswami.
4. Dr. C. Natesa Mudaliar.
5. Dr. T. Satakopan.
6. Dr. K. C. Paul.
7. Dr. Bhujanga Rao.

FURTHER MEETING.

Lt.-Col. Newcomb, I.M.S. Principal, Medical College, Madras; Lt.-Col. R. G. G. Croly, I.M.S., Superintendent, Government General Hospital, Madras; Dr. R. R. Williams, Superintendent, Government Rayapuram Hospital, Madras; and Dr. C. Ramanujayya, Superintendent, Royapetta Hospital, Madras, were also requested to be present and were present for purposes of reference; and Dr. P. Subbarayan regretted by letter his inability to be present on account of another important previous engagement.

4. The President began to deal with the deliberations of the last meeting of the Committee held on 4th April 1933, paragraph by paragraph with reference to the comments made by members of the Committee. Decision A (1) was confirmed after discussion, *viz.*, that not more than 100 patients (old and new put together) may be seen by one medical officer per day in the outpatient department of a hospital, and when there are more patients to be dealt with, the Superintendent of the hospital should take steps to entertain Honorary Medical Officers to facilitate work and render it more efficient.

5. Dr. Satakopan's request to delete the last sentence of A (2) "But the Committee deprecate the undue acceleration of such changes, etc.," was considered and it was decided to recast the sentence as follows:—

"The Committee consider that the development should be gradual and only when suitable opportunities occur."

6. Paragraph 3 of the Proceedings of the first Committee:—It was decided that by the wording "In all District Headquarters Hospital provision should be made as far as possible for opening special departments, *e.g.*, ear, nose and throat, venereal, leprosy, ophthalmic, etc., and to work these departments, Honorary Medical officers should be trained on the lines of paragraph 3 of G. O. No. 1610, dated 29th July 1932, the exclusion of Honorary Medical Officers from the general hospital work has not been contemplated.

7. B.—The City Hospitals—Paragraph 4 of the Proceedings of the first Committee:—The two members of the Committee working as Honorary Physicians in the City hospitals stated that

there are not a sufficient number of assistant physicians and assistant surgeons working in the outpatient department to attend to the out patients adequately and that more officers of the grade should be appointed for the outpatient work. This was discussed. The Superintendent, General Hospital, said that there are as many as 17 medical officers now working in the outpatient department of his hospital and more will be inconvenient, etc.

8. The Committee considered the reply of the Superintendent, Government General Hospital, and the opinions of the Physicians and Surgeons on the necessity for the employment of an increased number of officers of the Honorary Assistant Surgeon or Honorary Assistant Physician grade in the outpatient department of the Government General Hospital and decided to request the Superintendents both of the Government General Hospital as well as the Rayapuram Hospital to investigate further this question which a view to finding out—

(a) the time spent on attention to patients,

(b) the time spent on teaching students in the outpatient departments, and to report to the Surgeon-General whether any addition to the Honorary staff is required in the outpatient departments of the Government General Hospital and Rayapuram Hospital and, if so, how many additional officers and of what grade should be employed. The Committee empowers the Surgeon-General to embody the opinion of the two Superintendents in the final report of this Committee.

9. The same two members of the Committee expressed the opinion that there were too many beds allotted to some Physicians and Surgeons at the Government General Hospital and

Government Rayapuram Hospital and that the cases should be better dealt with by an increased number of honorary officers or by a more even distribution of beds.

10. The Committee considered the replies from the Superintendents of the Government General Hospital and Rayapuram Hospital regarding the distribution of beds and increased employment of honorary officers. The Superintendent, Government General Hospital, is already recommending a redistribution of his medical beds and states that there will have to be a redistribution of the surgical beds when the additional surgical beds are shortly added.

11. The Superintendent of Rayapuram Hospital is to reconsider a redistribution of his medical beds and submit to the Surgeon-General the details of all the beds now allotted and proposed to be allotted to the three physicians. The Surgeon-General will embody any changes in the distribution of beds at the Rayapuram Hospital in his final report.

12. Referring to paragraph 3 of G. O. No. 1610, P. H., dated 29th July 1932, the following change was considered desirable and was agreed to by the Committee :—

Medical officers desirous of honorary appointments in special subjects..... by the Surgeon-General provided after approval by the Surgeon-General, they execute a bond to serve the Government as Honorary Medical Officers in that speciality, if so required, for a minimum period of two years.....by the applicant and the Surgeon-General.

Rural Medical Service.

A meeting of the Y. M. C. A. Aethnaeum was held on 16th March at the

Y. M. C. A. Auditorium with Mr. S. S. Rajagopalan in the chair. Dr. (Mrs.) V. Chinnappa was the Observer.

Dr. Miss D. M. Satur moved that "The needs of Indian Medical and Public Health require the inauguration of a rural medical service staffed by women doctors and practitioners." She said that national health was of first-rate importance. Rural medical relief and public health could be promoted only by qualified medical women who could go about in rural areas preaching lessons on clean living and mix freely with women-folk.

Mr. S. Narayanaswami seconded the motion, which was further supported by Mr. R. D. Raju.

Mr. K. M. Balasubramanyam, opposing the motion, observed that while the existence of rural maladies was recognised, it was not advisable to staff the rural medical service entirely by women doctors and practitioners.

Mr. S. S. Rajagopalan observed that the Public Health Department would do well to promote a Public Health Bill incorporating provisions for the recruitment of women health inspectors, women vaccinators and women doctors, health visitors, nurses and public health propagandists, who could do a great deal to remove the three evils of debt, disease and drink from among the rural folk.

After a brief reply to the debate by the mover, Dr. (Mrs.) Chinnappa, the Observer, said that the question of rural medical relief was of national importance to India. The provision of midwives in rural areas was one for 1,000 labour cases, while the provision of doctors was one for 17,000 labour cases. The needs of ante-natal, inter-natal and post-natal cases required the services of a large number of women

doctors as well as men doctors, and the Local Boards and rural organisations should be persuaded to appreciate the need for efficient public health and medical relief in rural areas.

The motion was carried by a majority. With a vote of thanks to the mover and the Observer, the meeting terminated.

MEDICAL RELIEF.

Karachi

CO-OPERATIVE PANEL SYSTEM.

The Special Committee, appointed by the Corporation to go into the question of a co-operative panel system for medical relief scheme, recommends the immediate adoption of the scheme. The salient features of the scheme are :—

Karachi City will be divided into a certain number of blocks for each of which a doctor will be appointed, who will be required to reside in the block. Subscribers to this system will have the right to select any doctor, not only of the area wherein they live, but any doctor from any other area. There will be two classes of subscribers, Class A, paying Rs. 3 per annum and Class B, paying Re. 1 per annum. Members of Class A can go to the doctor's surgery for treatment and also can get visits at their residence free of charge. Members of Class B will have to go to the doctor's surgery for treatment, but if doctors visit patients under this class, a fee of Re. 1 will have to be paid. The Municipality will keep dispensing centres in different part of the City, where medicines will be supplied free and dressings will be supplied by doctors. A doctor will get Rs. 2-4-0 per each subscriber under Class A and As. 12 for each subscriber under Class B, leaving for the Municipality As. 12

and As. 4 for each Class A and Class B subscriber respectively. The saving, so made will be spent on supplying the necessaries. A doctor will be allowed to take subscribers on his panel, upto a maximum of 2,500. It estimated that one lakh, out of a population of two and a half lakhs, will join the system.

Cochin.

The Government have notified that the allotment of Rs. 3 lakhs for medical relief graciously granted by His Highness the Maharaja in honour of the Viceregal visit, will be utilised for effecting permanent improvements to the existing hospitals and dispensaries throughout the State. Works to the extent of Rs. 3,48,200 have been provided for, and the excess over the sanctioned allotment will be met from the savings that may be available under tender deductions. The works will be started this year and will be tentatively spread over a period of three years, a lakh of rupees being provided each year. The Trichur Civil Hospital gets the largest amount, *viz.*, Rs. 1,19,250; next comes Mattancheri with Rs. 75,952; and the improvements to the general hospital, Ernakulam, will cost Rs. 65,000.

CONFERENCES.

Andhra Medical Conference

The fourth session of the Andhra Medical Conference was held on March 30th at Bezwada in a specially erected pandal in the compound of "Durga Vilas."

An exhibition of Indian medical instruments and medicines was arranged in connection with the Conference.

Dr. H. M. Rao of Bezwada requested Lt.-Col. K. V. Ramana Rao,

D. M. O., of Guntur, to open the exhibition. Lt.-Col. K. V. Ramana Rao, in doing so, said that such exhibitions were really of great help in acquainting the medical men with the latest remedial agents which the manufacturers have put in the market and opined that there should exist mutual co-operation between the medical men on the one hand and the medicine supply houses on the other.

The Conference then commenced under the presidentship of Major M. G. Naidu. Dr. P. R. Venkatarama Aiyar, the Chairman of the Reception Committee in welcoming the delegates said : —

A system of medical relief which the State is anxious to see prosper is the honorary one and it is for those honorary men to make or mar such a laudable idea which though found unworkable in the West, where a reversion to the paid system is sought, can be wrought without any conflict of ideas or interests side by side with the paid system.

The Medical Council Bill will shortly see the light of day and it is for us to see that a uniform standard of medical education is created for our youths, that in the eyes of the medical world, the Indian Medical talents are not looked upon derogatorily and pronounced below par and no stigma or reproach is labelled to the Indian medical youths.

It is my fervent request and ardent wish and sincere desire that you remember the watch words "Honour Thyself (Thy Conscience), honour thy profession, honour thy colleague, and honour thy patients. Never be a traitor to your conscience, never be disloyal to your patients, never be perfidious to your colleagues and never be treacherous to the profession."

PRESIDENTIAL ADDRESS.

Modern civilisation, such as it is, is based on education. Education, at any rate, is admitted to be the mainspring of progress. If this is true of general education it is equally and more specifically true of medical education. How do we, in India, stand in this matter ?

We, in Hyderabad, are about a generation behind British India, and I am given to understand that you in British India are another generation behind England—which, according to accredited report, is not the best organised country in the matter of medical sanitary service or education. Is it surprising, then, that our education and general professional training is of the most perfunctory though unnecessarily severe type ? In spite of so-called improvements, modifications, reforms or whatever you may call them, which have been introduced from time to time in their medical curricula by the various universities, medical education in India is still in a state of confusion and chaos. This is not surprising when we consider the birth and evolution of Medical schools and colleges in this country. Medical education was born in India as the illegitimate offspring of the exigencies of the I.M.S. After 50 years spent as a medical student and 40 years as a sort of teacher, I have no hesitation in joining in the chorus of disapproval of the existing conditions. To my mind, even making allowances for the effect of time and sentiments, the fairly primitive methods of teaching medicine prevalent half a century ago were productive of more solid, if less refined, medical men.

POOR LOT OF THE MEDICAL MAN.

Imperfect in equipment and inadequate in numbers we still form a corporation or conglomeration of men and women which is labelled the

'Medical Profession' in India. For the sake of convenience, we shall not include Vaid and Hakims in the above term. Few here, even amongst the educated, seem to realise how important a unit the medicine man is in the life of a nation. The African savage knows his value, the civilised Westerner recognises and cherishes him. But the half-half Indian has lost his faith in the Vedic and Unani systems and has gained more suspicion of than confidence in the Allopath. I know that circumstances differ in various part of the country and have not had the opportunity to study the conditions obtaining in your province. I think, however, that my remarks will apply generally to any part of India.

Is the Medical and Sanitary Service of India satisfactory? The answer is unanimously 'No'—except, perhaps, for a few official voices in Delhi and their echoes in the provincial centres. Why is there an outcry that medical aid is not efficient or sufficient? There are various factors involved in the discussion of this problem and we must look at it from all essential points of view. The two main parties concerned are (1) the public, which is many headed, and (2) the profession with its sub-divisions.

I have already tried to persuade you that we are not quite the 'Wise Men of the East' that we fancy ourselves to be. We are not a united body, with one purpose, one goal, putting forth a co-ordinate and combined effort to fulfil our mission of service to humanity. The canker of communalism has been planted and is eating into the vitals of the humanitarianism which is the soul of our profession. Serviceman and Private Practitioner, Hindu and Muslim, Brahmin and Non-Brahmin, Graduate and Licentiate, Specialist and General Practitioner, Tamil and Andhra, etc.—those divisions and cross-divisions characterize the many

sections that are proving detrimental to our fraternity. May I express the hope that the Andhra Desa will lead the way to the millennium where considerations of race, religion, caste or condition will not be permitted to interfere with our duty to our country and to mankind? Surely, there should be no quarrelling amongst those engaged in a work of mercy, the root-force of all medical work. There is no consolidation because the spirit of teamwork and co-operation is so lacking. The distressing spectacle of three separate Medical Conferences in the course of three weeks in the same city the other day, was apt to depress and discourage the most optimistic amongst us. The tragedy of it is that each of them met for the same avowed purposes, passed more or less identical resolutions, and expressed similar thoughts in a common language. Why this internecine struggle which is damaging the structure and functions of medical India? We know that jealousy—that monster who waits at the door of every profession, often operates secretly to ruin many a fair career. But that is a personal failing and must not be allowed to corrupt our ranks. Mass solidarity is essential if we are to make a steady progress and overcome the many obstacles in our path. We must also conquer many of our weaknesses (engendered, no doubt, by the struggle for existence), and tread the narrow, steep path of duty, if need be with some sacrifice and suffering. There must be no selfishness, no advertisement, no back-biting, no underselling—none of the vices of the hawker. Yours is a noble profession and not a low-class trade. 'Live and let live' must be our motto.

PUBLIC APATHY

There are those who assert that if the blessings and benefits of medical service are to some extent lost to the people, it is at least in part due to the

fault of the people themselves. We cannot deny that the indifference, ignorance, superstition and obstinacy of the people severely handicap the work of the modern medical man. Experience has taught me that, with rare exceptions, the average Hakim or Vaid ranges himself against us, whilst the family priest and astrologer is usually a thorn in our side. In the matter of payment for services, also, the patients are not impecahable. Those who have money will not pay and those who have not cannot pay. So the doctor is generally to the bad! When all is said and done, the people are what they are. They are what we the 'intelligentsia' have made them through generations of neglect and ill-treatment. If they are poor, the rich must have robbed them; if they are ignorant, the wise men have withheld knowledge from them; if they are full of superstition, you must hang the priests who fed them on lies in order to perpetuate human slavery. If the poor are sick and dirty and weak, why—brothers and sisters, it is *your* fault! You have neglected to look after their sanitation, their food and their health. Of course, you will ask me, 'what can we do?' That is the question I want *you* to answer. There are forces beyond our control which operate powerfully against any efforts we may make to improve the miserable condition at present existent in our country. The financial and social questions loom large against us. Politics, modern Indian politics, rears its ugly head every now and then when we attempted to break off the shackles that bind our people to ignorance and poverty.

It cannot be denied that we, as a body, have work to do in creating a civic sense of sanitation and health. Be it acknowledged to the credit of our brethren that such work has been and is being done, but it is isolated,

half-hearted and on an infinitesimally small scale. It is easy to make appeals to Government but difficult to get a hearing.

NEED FOR REFORM OF MEDICAL ADMINISTRATION.

I hope the Andhra Desa will, with its usual generosity, extend its hand to distressed Bihar. Bihar was as poorly served medically as any other province in India. But it needed a cataclysm on this scale to reveal to us the fact that the whole Medical Administration of India needs re-casting. We cannot, however, wait for that dubious millennium. We must teach first-aid to our village folks. We must regulate and reform the medical, surgical and obstetrical ideas of our Vaidis, our barber surgeons and our Dais. We must get more medical men into the villages and establish a suitable machinery for the improvement of village sanitation. It may even be possible to organise units of medical service at certain convenient centres outside the cities, with a surgeon, a physician, a laboratory and other specialist appurtenances. Such centres may easily control an area of 500 square miles each if the indigenous men and material are judiciously utilised.

Objections, some strong and some to my mind, unreasonable, have been raised against the proposal to rope in Hakims and Vaidis and others of that ilk, impressing them after a little manipulation into the formed rural medical service contemplated by me. But, there is no dissentient voice against advocating the use, as far as possible, of indigenous drugs. I shall therefore not dwell on the point on this occasion.

I notice that the idea has been mooted that the Andhra Medical Association should join hands with the Indian Medical Association and

work side by side with it. I have no hesitation in endorsing that move. As an Andhra who is a member of the I. M. A. I need hardly apologise to you for urging strongly your affiliation to the All-India body. The advantages are enormous and the disadvantages practically none. For one thing, you will be relieved of the burden of taking separate action in matters of All-India concern. The Central Council of the I. M. A. have men well-versed in medical politics and who are used to fighting the battles of the profession against all comers. The time and energy thus saved, you can with profit devote to matters of local concern. You will establish a liaison with the profession all over the country and be able to move forward with them instead of being isolated and crying in the wilderness. I need hardly invite your attention to the solid work already accomplished by the I. M. A. on behalf of the profession and the people in organising its branches, educating the public and fighting all the forces of reaction.

PAPERS ON MEDICAL TOPICS.

The report of last year's conference was then presented by Dr. P. Veerayya of Guntur, one of the Secretaries.

Then Dr. B. Tirumala Rao, Dr. Govinda Nair, Dr. S. W. Hardikar, Dr. S. Krishnaswami, Major T. S. Sastri, Dr. E. Dikshhitulu and Dr. D. S. Raju read instructive papers on various medical topics.

RESOLUTIONS PASSED.

The Conference met again and considered resolutions placed by the Subjects Committee:

The Conference unanimously carried a resolution placing on record its opinion that an association called the Andhra Medical Association be formed

with branches in various districts and a provisional committee was appointed to draft the constitution, rules and regulations of the Association.

The Conference requested the Government to employ more Honorary Medical Officers to whom may be entrusted the additional blocks in the General Hospital recently opened by the Governor. By another resolution, the Conference urged on the Minister concerned to find the necessary funds for completing the building plans which were contemplated to afford proper teaching facilities at the Medical College, Vizagapatam, and pointed out that an up-to-date infectious disease hospital and a tuberculosis hospital were the most urgent needs.

The Conference thanked the Chief Minister and Major-General C. A. Sprawson for the interest they had taken in the expansion of the Honorary system of medical relief and congratulated the latter on his promotion as the Director-General of the Indian Medical Service.

The Conference welcomed the introduction of the five-year course for the L. M. P.

The Conference requested the different Indian Universities having Faculty of Medicine attached to them to afford facilities for Licentiates in Medicine to qualify for a university degree in medicine on conditions to be specified by the universities and urged on the Andhra University to frame regulations on the lines of the Madras University in order to enable L. M. Ps. practising in the Andhra University area to improve their qualifications by sitting for the M. B. B. S. Examination of the Andhra University if they satisfy the conditions prescribed for the same without any extra academic qualifications.

The Conference thanked the Andhra University for having started the M. B. B. S. Examinations of the University independently, from March 1934, urged the desirability of having the final year clinical examinations at Vizagapatam itself, and supported the proposal of the Andhra University to take over the hospital and the Medical College under its control, and requested the Madras Government to consider sympathetically the desirability of the transfer of these institutions.

The Conference urged on the Director or Public Instruction, Madras, the need for introducing the subject of "Elements of Hygiene and Physiology" as a compulsory subject in all the High Schools.

The Conference further requested the Andhra University and the Principal of the Medical College at Vizagapatam to reconsider favourably the affiliation of the Medical College for the B. Sc. Course in Physiology, the syllabuses and the regulations for which were incorporated in the University Code some years ago; requested the Andhra University to institute two research studentships for post-graduate medical students and to appoint a whole-time Medical Officer to conduct the medical examination of the students in the University area and to raise a Military Training Corps independently of the Government.

The Conference appealed to all the members of the medical profession to encourage the pharmaceutical preparations made in India.

The Conference in a series of resolutions, recommended the resumption of open competitive examinations for the recruitment to the Indian Medical Service to be held in India; expressed its opinion that no member of the Indian Medical Service, engaged on purely military service, shall be em-

ployed on the civil side; condemned the views regarding medical service and medical profession in India expressed in the memorandum of the British Medical Association and in the evidence tendered before the Joint Parliamentary Committee; strongly condemned the reservation of posts in the Medical Research Department for the members of a particular service and recommending that, in future, recruitment shall be made solely on merit; urged on the Government the need for appointing a commission of experts to report on the present working of the Indian Research Institutes; recommended to the All-India Medical Council the necessity for laying down the minimum standard of medical education for this country bearing its peculiar circumstances and needs in mind; urged the great need for encouraging the study of tropical medicine and hygiene by instituting studentships, fellowships and grant-in-aid in medicine for the purpose of carrying on research at the University centres, and requested the Madras Government to transfer the Medical School for Women from Madras to Guntur, and also to provincialise the local fund medical services.

The Conference suggested to the local Government to afford proper facilities to rural medical practitioners desirous of going for higher and special courses by giving them study leave on full subsidy once in every five years for a period not exceeding one year at a time.

JOIN THE UNION.

ASSOCIATIONS.**South Indian Medical Union.**

An extraordinary General meeting of the South Indian Medical Union was held on Wednesday, 2nd May 1934, at 6-15 P.M. to express condolence at the demise of Dr. S. Rangachari, President of the Union since August 1928. More than 40 members were present. Dr. E. V. Sreenivasan, M.B. & C.M., Vice-President, who took the chair, opened the proceedings. He remarked that the occasion was a sad one and that little could be said on the occasion because of its very nature.

The following proposition was moved from the chair and unanimously carried, all standing.

1. "The South Indian Medical Union record their sorrow at the loss they have sustained by the death of Dr. S. Rangachari their President since 1928."

2. Resolved that the above be communicated to the bereaved family to whom the Union send their heart-felt condolence.

Masulipatam Medical Association.

The first anniversary of the Masulipatam Medical Association was celebrated on the 17th April in the local Town Hall buildings, with Dr. D. Ramachandra Rao, M.A., M.D. (London), in the chair. About fifty medical men from various places in the district were present.

In inaugurating the proceedings, Dr. Ramachandra Rao observed that the medical profession had onerous duties and responsibilities to discharge which it was their privilege to deliberate upon at the time.

The Secretary, Dr. Y. Venkateswarlu, then presented the annual report of the association in which he traced the history of the association since its inception in 1929. The association had met about twelve times during the past year and discussed matters of medical and professional importance.

Dr. P. R. Venkatarama Aiyar then delivered an address on the "Medical Fraternity" in the course of which he observed that the medical profession had its own traditions, which could not be brushed aside or trifled with. A doctor, he said, was not to be prompted by utilitarian motives but to have before him a clear vision of his duty as the custodian of the patient's well-being and interests and do his utmost to justify his existence as a practitioner of the healing art. In the interests of the patient, it was also necessary that doctors should maintain fraternal relations between themselves.

Dr. Venkatarama Aiyar wished that ear long a happy revolution in the direction of fraternising the profession would come about.

Dr. Umapathi Mudaliar then demonstrated an interesting case of "Dropping of the Liver" and suggested that iodine or sodium sulphate in homeopathic or minimal doses would effect permanent cure and invited discussion on the matter from the physicians assembled.

Dr. M. Seshachary read an interesting paper on "Dynamic physiology." Dr. Seshachary pointed out how the conclusions reached by experiments made on lower animals were at times misleading and observed that unless experiments were carried on living organisms and animals, there could be no progress possible in physiological research. The doctor asked how the

facts observed in post-mortem examinations could be supposed to yield correct results, when experience showed that life made so much difference in the functioning of the human as well as the animal organism.

Proceeding, he said that "Hathayoga" provided ample scope for experiments being made while life was in tact on the human body. Results observed and conclusions reached through such experiments would form the basis of "Dynamic physiology", which alone would enable the physician to understand properly the hypo-functioning of the human organism and help him to formulate a methodical treatment and cure for ailments now regarded as incurable.

Concluding, Dr. Seshachary stated that modern medical treatment had much to borrow and assimilate from the "Hathayogic" treatment, which provided sovereign remedies in its exercises and "Asanas" for diseases like "Asthma".

Dr. R. Venkatarow, Assistant Surgeon, Gudivada Government Hospital, then read an interesting paper on "Deodenal ulcer", in the course of which he explained his method of treatment of the disease.

Speeches and papers over, there was a discussion on the topics raised in the course of the proceedings.

Dr. Ramachandra Rao, brought the proceedings to a close with an illuminating speech, touching on the main issues raised in the course of the evening's proceedings. Referring to the treatment of Deodenal ulcer, the President observed that the statistics of cases recorded in St. Thomas's hospital in London revealed that fatality dogged the steps of cases which were sent late to the Surgeon. Their common experience was that the Sur-

geon was often the lost hope of the patient. Though he could not be dogmatic in his opinion. Dr. Ramachandra Rao said that it was better to send the patient to the Surgeon, when the physician found himself helpless.

Welcoming Dr. Seshachary's suggestions on "Dynamic physiology" the President said that "Hatha Yoga" opened out for young scientists and medical graduates a wonderful field for research,

Adverting to Dr. P. R. Venkatarama Aiyar's advice to doctors on the subject of medical fraternity, the President sounded a strong note of warning to the members of the profession and asked them to beware of cut throat competition among themselves.

Concluding, the President called upon the members of the profession not to forget that they were to be the moral and spiritual assets of the nation, more than medical men.

The members and guests assembled were entertained in the night at a dinner party given by the association.

Dr. P. R. Venkatarama Aiyar was re-elected President of the Association. Dr. K. Sithapathi Rao was elected Vice-President and Dr. A. Seshagiri Rao, Secretary of the Association.

East Godavari District Medical Association.

The monthly meeting of the Association took place at Polavaram on the 14th April. Fifteen doctors from all over the district attended the meeting. After tea party and koya dance, the meeting commenced at 6 p.m. with Lieut.-Col. T. S. Shastry, I.M.S., in the chair. After the exhibition of two very interesting cases one of un-

consciousness and convulsive movements in a girl aged 14, an year after a head injury, and another of tubercular-carries of the spine in the cervical region, papers were read, one by Dr. N. Krishnaswamy Aiyar, Polavaram, on the value of Cod Liver Oil in Puerperal Sepsis and another by Dr. V. Suryaprakasa Rao of Gokavaram on black water fever.

Dr. V. C. Kamaraju of Cocanada, described a case of heart failure due to secondary anaemia in an old woman who came in with dyspnoea, in which case the piles had to be injected with glycerine-carbolic under local anaesthesia. The enormous daily bleeding was stopped thereby resulting eventually in cure.

Salem Medical Association.

There was an ordinary meeting of the members of the Salem District Medical Association on April 15, at 5 p.m. in the premises of the Salem Headquarters Government Hospital, with the President of the Association, Lt.-Col. N. K. Bal, I.M.S., M.C., District Medical Officer in the chair. After the minutes of the previous meeting had been read by the Secretary, Dr. B. A. Rajaratnam, there was a lecture by Dr. K. V. B. Pillai (London), on "Medical Practice in England."

The members then elected Captain. O. C. Madhavan, Assistant District Medical Officer, Salem, as the President of the Association, during the absence on leave of Col. Bal. With a vote of thanks, the meeting terminated with light refreshments.

Trichinopoly District Medical Association.

The members of the above Association, who were invited to Thiruk-

kattupally by Dr. V. Iravatham, a member of the Association, gathered in large numbers at 5 p.m. in High School premises.

After "Tea" there was a Magical performance by Prof. Siva which was much appreciated.

There was then a monthly meeting of the Association with a demonstration of clinical cases and Radiograms by Dr. Iravatham. Dr. T. S. S. Rajan demonstrated an Excised Uterus. This was followed by discussion.

Dr. L. R. Fernandez read an interesting paper on "Eye-complications in Syphilis". Dr. R. Sambasivan, who presided on the occasion wound up the proceedings by hoping there would be more papers on eye diseases at the future meetings.

The Secretary then thanked the Chairman for presiding on the occasion the members of gathering in large numbers in such a distant place not minding the hot journey. He also thanked the Host, Dr. Iravatham, for inviting the Association to Thirukkattupalli and providing such a variety of Physical and Intellectual feasts.

The members then adjourned to the Grand Anicut where there was moonlight dinner on the River-sand, and disbursed at 9 p.m.

An extraordinary Meeting of the above Association was held at 5 p.m., on Saturday the 28th April 1934, in High School, Thirukkattupalli (Tanjore District), when a resolution was passed, all standing in silence, deploring the untimely demise of Dr. S. Rangachari, and placing on record his eminence as a Surgeon, Physician and Obstetrician.

South Indian Medical Union,

PUBLICITY SECTION.

DEAR DOCTOR,

If sufficient encouragement is forthcoming in the way of Clinical material it is proposed to raise the Bulletin of the S.I.M.U., into a monthly *Journal*. The intention of the publishers is to restrict contributions to those practising in South India and to South Indian Nationals abroad.

I trust that I can count on your help and shall be thankful if you will let me have your contributions on Medical, Medico-legal, Medico-social, Medico-political and other subjects allied to medicine whenever and as frequently as is possible for you.

In your capacity as a leading Doctor, as an officer of your medical association or in charge of medical public activities I am sure you will have enough material behind you which will be useful to your brethren elsewhere. I shall consider it a very high favour if you can let me have a reply as to when and how frequently I may expect your contributions.

Yours fraternally,

T. Krishna Menon

Publicity Officer.

South Indian Medical Union.

ANNUAL GENERAL MEETING.

The Annual General Meeting of the South Indian Medical Union will be held on Thursday, the 28th June 1934 at 6 P.M. at 32, Broadway, George Town, Madras.

Members in arrears are kindly requested to pay their subscription before the 25th June to enable them to take part in the Annual Meeting.

CLINICAL MEETINGS.

SESSION 1934—1935.

Members of the South Indian Medical Union and Others desirous of reading papers at the Clinical Meetings of the Union during Session 1934—1935 are requested to send their names with the title of the paper they wish to read, to the Secretary, South Indian Medical Union, Kilpauk, before the 31st July 1934.

The date of which the papers would be read will be informed later.

K. C. PAUL,
P. RAMA RAU,
Secretaries.