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Vitamin E and Uterine Bleeding

I. G. K. MENON, M B. B. S, (Br Cochin)

The term 'Uterine bleeding' has been advisedly used in the title to draw attention to the hitherto unspecified action of the Vitamin E on the nonpregnant uterus. From 1922, when Evans and Bishop first demonstrated the reproductive inability of rats fed on a Vitamin E deficient diet right up to recent times, its theoretical indications as well as therapeutic applications have been restricted to habitual abortion and sterility. Thus, Vogt Moller's important series of 20 and 52 case reports, Watson and Tew's series of 46 and Currie's series of 24 all deal with habitual abortion. Vitamin E was tried by me first in a case of recurrent abortion in August 1936 when the patient was not pregnant. This case has been reported in detail in the Indian Medical Gazette of October 1938 The interesting points noted were: (1) the immediate cessation of dysmenorrhoea and menorrhagia in the patient who used to lose 3-4 lbs weight in each period due to the loss of blood, and crippling pain (2) the rapid increase of weight—14 lbs—within a month without any expedient or tonic or medicine other than wheat germ oil and (3) the complete and spontaneous correction of the pre-existing retroversion of the uterus. The progress of the subsequent pregnancy to a full term normal labour and a healthy child was as expected; but the earlier changes noted above were unexpected and have not been recorded in any previous reports. Subsequent clinical experience supported these findings, as will be evident from the following brief case reports:

Case Report - I

M. age 20. Married. General health fair. History of severe pain and profuse bleeding at each period since puberty. Patient herself had noticed that taking eggs regularly for a few days before the period resulted in marked improvement in the pain and flooding. She was put on wheat germ oil 1 capsule daily. The very next period, 20 days after, was absolutely painless and the bleeding less. After 3 bottles, this treatment was stopped but the periods continued normal, excepting for a slight lengthening of the menstrual cycle *i.e.* a change from 28 to 32 days. Weight increased by 4 lbs. Several lines of treatment previously had not influenced the periods at all.

Case Report - II

F. B. Age 18. Unmarried. General health not good. Recurrent colds,

markedly congested inferior turbinals, enlarged tonsils History of profuse bleeding for 8 to 10 days for each period with severe pain. "Lost more ground in each week of this than gained in one month" as a relative of the patient said All the usual remedies as Alstris Cordial, Liq, Sedans, Viburnum and Calcium had been tried without any lasting effect She was put on Colloidal Calcium injections On the 7th day of a profuse flow unchecked by mixtures, Ovaritone, Hydrastis etc, she was given an injection of Proluton 1/2 unit (Schering) on 14th June 1938 The bleeding stopped. For the next period, Proluton 1/2 unit was repeated on 7th and 10th July and Proluton 2 units on 11th No action On 12th an injection of Styphcin Merck. Bleeding stopped gradually on 15th July She was then put on wheat germ oil, 2 capsules during periods and one capsule otherwise, daily Within 2 days, the bleeding stopped and since then, the periods are painless, extend to 4 or 5 days only and the flow is moderate The treatment was continued for 3 months but for the last 20 months to date, the periods are regular

Case Report - III

P. Age 18. Unmarried History of dysmenorrhoea, passage of clots and excessive flow. Put on wheat germ oil capsules immediately after a period Next period painless and of moderate flow. Subsequent history could not be traced

Case Report - IV

G. Age 21 Married Premature labour in 8th month in her first pregnancy 3 years ago Subsequently, painful periods with excessive flow. Wheat germ oil capsules taken for 2 months did not have any pronounced effect except slight diminution of pain Subsequent detailed examination showed a retroverted fixed uterus with a slight cervical tear and an inflammatory mass in the left fornix for which she has been advised an operation by a well known gynaecologist.

It becomes evident that Vitamin E has got a definite action on the functioning of the non-pregnant uterus as apart from its action in correcting sterility and habitual abortion. In the case report in Indian Medical Gazette, I had suggested "The correction of the retroversion without any reposition or pessary. It would seem as if deposition of fat in the broad ligament and increased tone of the supporting structures resulted after Vitamin E, in this natural correction" It must be admitted that to draw conclusions from one case is unscientific, but I have ventured to take up the matter again for discussion in the light of the recent work of Einarson and Ringsted in Denmark, and Franklin Bicknell's clinical results with Vitamin E in muscular dystrophies and nervous diseases, based upon Einarson and Ringsted's findings.

Discussion

The first point that needs consideration is whether a Vitamin E deficiency is likely to be common in our diets We find that food-stuffs rich in this Vitamin are few e g wheat embryo and lettuce leaves and as a rule, not included at all in our diets. Food stuffs containing it in small quantity are common e g egg yolk, fresh milk, butter, animal fat etc But this Vitamin, though otherwise very stable, is easily destroyed in the presence of certain salts and fat, specially if rancid. Thus the slightest rancidity of butter will destroy any Vitamin on contact. Moreover, even these foods are conspicuous by their absence in our poorer diets and

rare in the average diets. Bicknell, referring to English diets, concludes: "It is not therefore wholly unreasonable to conclude that our diet may in some cases be on the edge of a Vitamin E deficiency." Naturally, our South Indian diets will have passed beyond this edge. Balfour and Talpade opine that "nearly all females show avitaminosis in South India where milled rice is the staple diet The incidence of premature and still births is three times greater in South India than in the North where whole wheat is the staple diet. Vitamin E may be the chief factor concerned"

The next point is how the deficiency acts on the system Vogt Moller even in 1936 says: "Although the beneficial effect of Vitamin E on abortion seems therefore well established, no certain explanation for it has so far been found." Shute suggests a normal condition in pregnancy of a balance between Oestrin like substance and Vitamin E. When this equilibrium is upset in the direction of an excess of Oestrin by its increase or by the decrease in Vitamin, abortion results This explanation applies only to its effect on abortion The recent work of Einarson and Ringsted (1938) in Denmark goes far beyond this and shows Vitamin E deficiency as causing primary degeneration in two important systems—the nervous and muscular Primary muscle degeneration is complicated also by the secondary muscle degeneration as a result of the involvement of the anterior horn cells in the spinal cord Later work by Morgulis and Spencer 1936, Morgulis, Wilder and Epstein 1938, Olcott 1938, Madsen 1936 on several different kinds of young animals proves beyond doubt that primary muscle cell degeneration occurs as a result of deficiency Unfortunately, animal experiments cannot throw much ght on the problems of dysmenorrhoea and menorrhagia as such, apart from proving histological changes. I am throwing up these suggestions so that competent quarters may take the subject up and work further on it. A working hypothesis would be that our usual South Indian diets are likely to be deficient in Vitamin E to varying extents; that in young growing girls, it can cause a primary muscle cell degeneration resulting in a poor tone of the uterus and supporting structures and in a flabby uterine musculature; that this causes again deficient control of bleeding leading to menorrhagia and dysmenorrhoea In habitual abortion also, this would explain much; but Mason's theory of interference with normal placentation and Shute's explanation of the balance of Oestrin and Vitamin E being upset, may also have decisive influences in abortion.

Two points in the case reports are specially interesting. One is the patient's own finding, in the first case M—that taking eggs regularly controls bleeding and pain during periods. It was much later on only that I found that egg yolk contains Vitamin E in small quantities. This not only proves the importance of eggs in our dietary but also explains how a "building-up" treatment with codliver oil, butter and eggs used to control excessive periods, even when we were ignorant of the rationale Another point is the difference in results between case IV and the rest Where a definite inflammatory or structural abnormality exists, this treatment is not of much use. This gives us the correct indication for its use viz in cases of what may be called functional menorrhagia in young girls. Before concluding, I would like to remark that in all these cases, pure wheat germ oil or extracts were used, containing both α & β Tocapherols, though in different strengths—Glaxo's Viteolin,

Crooke's wheat Germ oil and Merck's Evion. All were found effective.

Summary

A few case reports are given, showing the good results of Vitamin E administration in functional menorrhagia and dysmenorrhoea in young girls.

A theory is suggested that Vitamin E deficiency is common in the average South Indian diet and that this results in a poor muscular tone in young girls, leading in the case of the uterus to menorrhagia and dysmenorrhoea

A definite indication exists for its trial in such cases, considering the ease of administration, the low cost, the absence of any undesirable effects and the good results in some cases.

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"SUCCESS IN PRACTICE"

Ignorance of the practice of Clinical Medicine is pre-eminently compatible with great professional success, as long as our manner is good and we avoid such things as trying to operate when we are drunk or refusing to get out of bed for an urgent night call. It is not the skill that we show when we get to the case that matters— no, it's the *jumping* out of bed.

"Medical Press & Circular"

The Honorary Medical Scheme

Dr. T. SATAKOPAN, M. D.

The system of augmenting the staff of Government medical institutions by the appointment of honorary medical officers has been in working for the last fifteen years. The scheme naturally was halting and very cautious in the beginning. There were murmurs that the practitioners who were appointed as honorary medical officers might abuse the facilities in the hospitals and that they might not fit into the routine discipline of the institution After some time they found that those fears were baseless The annual administration reports of the Government General Hospital and the triennial reports of the Surgeon-General of those days bear testimony to the advantages and usefulness of the honorary medical scheme. And when the Government was convinced of its utility, efforts were made to enlarge the scope of the honorary medical scheme. Two Committees were appointed during the tenure of one Surgeon-General to devise means and rules for this purpose But unfortunately after General Sprawson left this presidency there was certain reluctance to give effect to those recommendations. It was at this stage that a new Government and a new Surgeon-General came on the scene It was rather unfortunate that before either of them were throughly familiar with the existing conditions many changes were introduced into the rules governing the honorary scheme These modifications were criticised by the various medical associations, and the evils which were likely to result were shown up. But no heed was paid to these criticisms All that the then government repeated was that the rules would be modified as and when difficulties arose in the working of these rules. And it is a matter for thankfulness that the Government has so soon come forward to take the opinion of various medical associations and individuals on the need to modify some of the present rules.

There are many things in the present honorary medical scheme which require careful consideration. But it would be enough to outline some of the principles which should govern the working of the scheme

The Government evidently realizes that hospitals which are teaching institutions should be staffed by medical men of mature experience It is essential that for the senior and important posts, viz, honorary physicians or honorary surgeons in these hospitals, only those who have previously worked in the same or very similar institutions as honorary assistant medical officers should be appointed. When, in exceptional circumstances, a person is directly appointed to such posts, he should have, besides the necessary academic qualification, outstanding reputation for ability in the profession and a record of recognized original work Further, the staff of the hospital should have a voice in the selection of such a candidate

Appointment of Honorary Medical Officers to other Hospitals and Dispensaries

The principle on which these appointments are made is not very clear. The primary object with which the honorary medical scheme was introduced in this province was that the state should avail

itself of the talents and services of independent medical practitioners to enlarge state medical relief. The rural medical scheme is a step in this direction. The facilities for hospitalization are still admittedly meagre. The resources of the state are said to be very insufficient for the purpose of providing bed accommodation for in-patients even in the existing hospitals In which case the ability of the Government to staff these hospitals adequately with salaried full time medical officers should be even less. If the Government can build and equip these hospitals and utilize the services of independent medical practitioners they can go much further with their funds By employing honorary medical officers in place of paid medical officers in suitable places, they could release a large number of paid medical officers to cater to the needs of the public in areas where facilities for medical relief are still non-extent. If this still be the principle which guides the Government, then medical practitioners, with some years' experience, who have a reasonable volume of practice in the area should be the persons to be ordinarily appointed to non-teaching hospitals in the City and mufassil If there are more such practitioners than required in an area, the best among them who are willing should be selected. But the recent appointments make one doubt whether the above is the principle which still guides the Government in the matter of honorary appointments The honorary medical scheme now in force seems on the other hand only to fullfil a desire to give more training to the independent medical practitioners—in other words—to provide an extended post-graduate training for medical practitioners. It is evidently with this aim that the ideas of a five years' tenure has been introduced to make the hospital facilities available to as large a number of practitioners as possible. This is a fundamental misunderstanding of the idea of the honorary medical scheme. The hospitals should be manned by the most efficient medical men available whether it be a fully paid service or honorary service The patients in state hospitals expect and are entitled to the best available medical aid, Therefore to staff these hospitals by medical men who have just finished their house surgeoncy and house physicianship is decidedly wrong It is argued by some that if a young and inexperienced medical man who has been selected to one of the paid medical services could straightway be appointed to be in charge of a hospital or dispensary, a similar arrangement should not be considered inadequate when such a person is appointed as an honorary medical officer. But the profession has always held that such an arrangement is wrong and it is to rectify such conditions that the profession has been pressing the claims of senior practitioners in the area to be associated with hospitals

Clinical Assistants

There is a demand from the profession that there should be opportunities for practitioners to get the advantage of working in hospitals Practitioners require facilities for post-graduate medical education. Till such facilities are created and even after that, the cadre of clinical assistants should be reopened This cadre existed before the last modification of the Scheme It was working well. For some reason this cadre was abolished. If this cadre is created, it can serve two important purposes (1) It gives opportunities for young doctors who like to be permanently associated with important hospitals to get more intensive training and gives them facilities for acquiring

higher qualifications. It supplies the Government with a large number of well equipped young doctors from among whom they could select the honorary assistant medical officers. (2) In this cadre, any medical practitioner who requires to be associated with the hospital in his area or in the bigger teaching hospitals for any period up to two years may be appointed He should occupy a position of definite responsibility in the hospital and while he helps in the working of the hospital, he equips himself better with later developments in medicine

For the above reasons the appointments of honorary medical officers should be as follows:

1. (a) Honorary Surgeons and Physicians in teaching hospitals should be men of mature experience and with an appreciable volume of practice. They should possess high academic qualifications.

   (b) They should be men who carry the esteem of other medical men and be acceptable to the staff of the institution in which they are to be appointed.

   (c) They should ordinarily have done a period of service as assistant medical officers

2. Honorary Assistant Medical Officers should be people who have previously done a period of service as clinical assistants for not less than two years Those who have higher qualifications like M D, M S, of a University or M R C P., F R C.S., or M R C.O G, may be directly appointed as Honorary Assistant Medical Officers

3. Honorary Clinical Assistants should be selected from

   (a) young qualified medical men who have finished at least one year's House appointment or

   (b) from practitioners who desire to renew contact with hospitals.

They should be appointed for a minimum period of two years. None should hold this appointment for more than five years at any time.

Tenure of Appointment

There should be no tenure for the appointment of honorary medical officers and assistant medical officers. Every care should be taken to appoint only suitable men. Infirmity, unsatisfactory work or commission of grave faults should be the cause of termination of service.

Honorary clinical assistants should ordinarily be appointed for a period of *two years The maximum period that* any one could hold this appointment should be five years.

Honorarium

If the appointments are made on the principles above indicated no honorarium *should be paid to honorary medical* officers and honorary assistant medical officers appointed to teaching and non-teaching hospitals. Only clinical assistants who are of the first category, namely, young medical men who have just finished their house surgeoncy should be paid an honorarium of Rupees fifty per month Clinical assistants of the second category namely those who have been in medical practice already and who seek to renew contact with hospitals need not be paid any honorarium.

But if the present practice of appointing honorary assistant medical officers from among the recently qualified medical men who have not yet settled down to practice medicine, or who have hardly any practice worth the name, then they should be paid an honorarium of Rs. 75 per month for the first two years and Rs. 50 per month for the subsequent period of three years,

But whatever arrangement is made, honorary medical officers and assistant medical officers who replace paid medical men should be paid a reasonable honorarium for the non-professional government work, they have to undertake such as looking after office work, government property, medico-legal work etc.

For appointments in teaching hospitals, both honorary medical officers and that medical officers should be paid a reasonable honorarium for teaching work For this purpose the important ward teaching should be recognized as teaching work The systematic class room lectures take a minor part in medical education so far as clinical subjects are concerned The honorary medical officers should be paid an allowance of Rs. 150 per month and the assistant officers Rs 75 per month.

The Government evidently recognize that, in teaching hospitals, honorary medical officers gather more experience and efficiency in return for the services they render.

In non-teaching mufassil hospitals the facilities and the scope for improving one's efficiency is not identical. All the same, the variety and volume of clinical work is sufficiently large And medical men who are keen and capable can certainly gain experience and efficiency to a remarkable degree Such an opportunity of controlled and continuous clinical experience is not possible even in a busy practice That is the main reason why medical men with a fair practice desire to have association with hospitals. In the case of young medical men fresh from the colleges when they newly settle down in an area to practice medicine, they hardly have any contact with the public Further, much of the time of the day they are likely to be idle. Therefore by being associated with hospitals they keep themselves busy, continue their clinical learning and incidentally get contact with the public which is definitely helpful to them in their future career in the area

A number of uncharitable reasons is ascribed to the fact of medical men volunteering their services free to these hospitals Abuses are possible in any organisation Such abuses are not more likely in the honorary scheme than elsewhere

Beyond the advantages mentioned above honorary medical officers do not need any recompense nor do they ask for it All that they ask for is that they should be treated with the respect and consideration due to a class of people who definitely help the Government to render better medical relief with less expense to the state

Abstracts and Notes

USE AND ABUSE OF SULPHANILAMIDE

The reports which still continue to appear of agranulocytosis following the use of sulphanilamide and sulphapyridine suggest that the best method of employing these drugs is still not generally appreciated. It cannot be too strongly emphasized that the aim should be to deliver an early and decisive knock out An adult dose of *3 tablets 4th hrly for the 1st 48 hours followed by 2 tablets 4th hrly. for the next 48 hours* should suffice for *any* infection Thereafter one or two tablets T D S. may be given for the next 2 or 3 days after which the drug should be stopped If the patient is not better by this time his condition is not one which will yield to sulphanilamide In fact definite improvement should be manifest after 48 hours There is no use in keeping up the administration of the drug of the drug indefinitely—ten days should be the extreme limit

Perils of Inadequate Dosage

If these simple rules are followed, little should be heard of agranulocytosis An initially inadequate dose is bad practice for the reason that an organism such as the streptococcus normally highly susceptible may if given time develop a high degree of drug resistance in which case we are powerless In prophylaxis, of course, smaller doses than those recommended should be sufficient but 6 tablets a day for at least 2 days should be the minimum As these drugs usually cause some unpleasant tinnitus, vertigo and dyspepsia patients taking them should keep in doors and preferably stay in bed The drug must not be given indiscriminately Eggs, onions and purgatives are best withheld though cyanosis should, it occur may be ignored.

"Medical Press & Circular".

PEPTIC ULCER STUDIES

Peptic ulcer is sixty times more common in South India than in the North and is found more in men than in women in the ratio of 95 to 5 This information has been yielded by researches conducted under the auspices of the Indian Research Fund Association.

The highest incidence in South India is in the centre and north of Travancore. The diet of these districts is marked by deficiency in protein and in Vitamins A and B

Test meal examinations carried out on normals in South India, the Deccan and in North India, have shown that the South Indian stomach is commonly affected by chronic gastritis and duodenitis and possibly for this reason the acidity though high is not excessive

A large proportion of these who complain of dyspeptic symptoms have no actual ulcer but a condition of irritable duodenum which may go on to ulcer formation

The enquiry has not established any valid reason why the ratio of ulcer incidence amongst men and women in South India is 95 to 5, though certain suggestions have been made

It has been noted in a small series of barium meal examinations on normal Travancorean women that the stomach lacked tone and motility when compared to the male stomach.

Lack of protein and of Vitamin A and B in the South Indian diet appears to be the direct cause of the high incidence of peptic ulcer and the addition of milk and milk products, cereal grains and green vegetables to the diet would protect the stomach from the nerve degeneration and inflamatory change which precede ulcer.

(*Principal Information on Officer Govt. of India*)

NUTRITIONAL PROBLEMS OF INDIA

A dietary map of India showing, among other things, the defects of diet in different areas is being prepared by nutrition research workers at Conoor, under the auspices of the Indian Research Fund Association.

Diet Surveys have been carried out in Madras City, Delhi Province, the United Provinces, the Central Provinces, Bengal including Calcutta, Orissa, Assam and Kangra district in the Punjab. Data about the state of nutrition have been collected, the major portion of which relates to rural areas

A survey of families with leprosy in Madras revealed that these families consumed an extremely deficient diet A point of interest was the relative freedom from dental disease of children examined in Delhi province.

The examination of nearly 5,000 children has established a definite relation between certain signs of deficiency disease and selection by the A C H. index of nutrition.

The index has been recommended as a useful supplementary method of assessing the incidence of malnutrition in a group of children between six and twelve.

School Tests

Previous experiments had shown that the nutritive value of the poor South Indian diet could be improved by the addition of calcium salt It has now been observed that children living on diets largely composed of rice and consuming little or no milk, benefit from the regular administration of calcium lactate. Children receiving 0 5 to 1 0 gramme of calcium lactate for three to five months showed significantly greater increase in weight and height than children not receiving calcium. The results were confirmed in two different schools.

Stomatitis, resembling in certain respects the stomatitis of pellagra, is common in malnourished individuals in India This can be cured by substances rich in the Vitamin B 2 complex such as yeast and milk Evidence has accumulated in America that nicotinic acid produces a rapid cure in pellagra. Stomatitis does not, however, respond dramatically to nicotinic acid.

Considerable attention is being given to a method of detecting incipient malnutrition by workers in Europe and America. Conflicting reports of the value of the test are now appearing in the journals and fallacies are coming to light. The method has been applied to groups of children in South India and the results obtained suggest a high incidence of Vitamin A deficiency. At present, however, the tast cannot be recommended for general application.

(*Principal Information Officer Govt of India*)

TETANUS & LESIONS OF THE SPINE IN CHILDHOOD

Although at one time, intravenous and intrathecal injections of antitetanic serum

were thought to be much superior to other methods of treatment, Dietrich, Karshner and Stewart empatically state that in Juvenile Tetanus at least intrathecal administration is frequently fatal Intravenous injections, are probably useful only in severe cases and then should be given in conjunction with adrenalin to prevent cerebral oedema as a result of serum reaction. Small doses of serum should be injected about the wound prior to debridement. A total dosage of 30,000 to 50,000 units of antitoxin intramuscularly should prove adequate in practically any case of Juvenile Tetanus The authors also state that sedation plays an important role in the treatment of tetanus, and Amytal, Avertin and Paraldehyde adminstred parentarally or by rectum have been recommended.

With the increasing recovery rate, there has been a marked increase in the number of patients showing vertebral deformities Rontgen examination of nine out of thirteen patients who had tetanus in childhood showed compression of thoracic vertebrae. Objectively it is noted that the motions of the affected segment are slightly restricted and the affected area is marked by kyphosis It is the authors' conception that the many minor tetanic convulsions hammer the mid-thoracic bodies until the whole structure is crushed down within itself. According to this theory of the causation of the deformities sedatives may prove of value in preventing them Otherwise treatment of the spinal lesion is said to be futile.

("Journal of Bone & Joint Surgery")

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CONTRIBUTIONS of medical interest—original articles, case notes, clinical memoranda—are invited. They should be addressed to the PUBLICITY OFFICER, JOURNAL OF SOUTH INDIAN MEDICINE 56, Thambu Chetty Street, Madras and should be accompanied by a stamped addressed envelope if their return is desired in case of non-publication.

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MANUSCRIPTS must be written clearly or preferably type-written, with double spacing, on one side of the paper only

Books and pamphlets for review should be sent to the Publicity Officer who will be pleased to receive also reprints of which abstracts will be of interest to the profession. Journals for exchange or review should be addressed to the Publicity Officer.

South Indian Medical Union

MINUTES OF THE ANNUAL GENERAL BODY MEETING

The Annual Meeting of the South Indian Medical Union was held on Monday the 24th June 1940 at 6 p.m. at Gokhale Hall, Madras.

The following members were present:

1. Dr. N. Gangadharan,
2. Dr. T Satakopan,
3. Dr P.T. Raghavachary,
4. Dr. Saiyid Niamathulla,
5. Dr. S. Subbanarayanan,
6. Dr. K.C. Roy,
7. Dr. S Thambiah,
8. Dr P S. Krishnamurthy Rao,
9. Dr. G S. Katre.
10. Dr. J.A.S. Masilamani,
11. Dr. L.V. Srinivasan,
12. Dr. P. Natesan,
13. Dr. E V Srinivasan,
14. Dr V C Sudarsanam,
15. Dr. K V Subramanyam,
16. Dr R. Subramanyam,
17. Dr. P.S. Varadarajan,
18. Dr. B.M. Sundaravadanan,
19. Dr. V D. Nimbkar,
20. Dr. K B. Bhujanga Rao,
21. Dr S T Narasimhan,
22. Dr S. Sivaramakrishnan,
23. Dr U. Srinivasa Rao,
24. Dr V Govindarajulu,
25. Dr K Suryanarayanan,
26. Dr N Natesan,
27. Dr. M Krishnamurthi,
28. Dr S. Rajagopalan,
29. Dr G. Zachariah,
30. Dr K.C. Nambiar,

There was Tea at 6 p.m. After the Tea the meeting began with Dr. B.M Sundaravadanan in the Chair.

The annual statement was presented by the Secretary.

Dr. P. T Raghavachary proposed and Dr. N. Natesan seconded that the report be adopted. The resolution was carried unanimously.

Dr. E. V Srinivasan proposed that Dr V. D Nimbkar be elected President. Seconded by Dr Saiyid Niamathulla and supported by Dr. K B Bhujanga Rao. Dr V.D. Nimbkar was elected President unanimously.

Dr. V D. Nimbkar proposed and it was seconded by Dr. K V. Subramanyam that Dr. Saiyid Niamathulla Sahib be the Vice-President.

Dr. P.T Raghavachary proposed and Dr. K. V Subramanyam seconded that Dr. G Zachariah be elected Vice-President

Since no other names were proposed Dr. Saiyid Niamathulla Sahib and Dr. G. Zachariah were elected Vice-Presidents unanimously

It was proposed by Dr V D Nimbkar and seconded by Dr. Saiyid Niamathulla Sahib that the Secretaries should continue. Therefore Dr. T. Satakopan and Dr N. Gangadharan were elected unanimously as Secretaries

Then the meeting proceeded to elect the members of the Council. 17 names were proposed and as a result of the ballot the following were elected to be members of the Council for the year.

1 Dr. B.M Sundaravadanan

2. Dr. P. Natesan,

3 Dr S Thambiah,

4. Dr E.V. Srinivasan,

5. Dr. P S Varadarajan,

6 Dr C.R Krishnaswamy,

7. Dr. P T Raghavachary,

8. Dr. J.A S Masilamani,

9 Dr L V Srinivasan,

10. Dr. K B Bhujanga Rao

11. Dr. K.C. Paul,

12 Dr. M Krishnamurthi.

Dr. P.T. Raghavachary proposed and Dr. L. V. Srinivasan seconded, that Dr P Govinda Rau be elected Publicity Officer. Dr P. Govinda Rau was elected unanimously.

With a vote of thanks to the Chair the meeting terminated

JOURNAL OF SOUTH INDIAN MEDICINE

JULY, 1940

Ourselves

We are glad to greet our readers once again with the issue of the Journal. During the years that the Journal was published, the Union was able to achieve something for the independent medical profession of this province. The medical profession in this province has been disorganized and silently suffering. It is not to be wondered at, considering the state of the Provincial and subordinate medical services twenty years ago. In the midst of humiliation and disabilities, these services were content to carry on without as much as an audible murmur. It was only after they began to complain and protest that many of their disabilities were removed These services had all the time to contend with a well organized superior service When their efforts at self improvement began successfully to encroach on the privileges of those above them, they started at self aggrandizement at the expense of the independent medical practitioners. Till then the latter had no organization or medium to make themselves heard The services were vocal and they were able to make it appear that they were the profession and those whom they did not represent did not count at all It was to rectify such conditions that the Union first issued its Bulletin.

Its circulation rapidly went up to nearly two thousand copies. a proof that such a publication was greatly needed Hardly a day passed when some new member of the profession did not write to us to be placed on the mailing list. Much of the credit during all those times for the success of the Belletin goes to the late Dr. T. Krishna Menon. He spent much of his time, thought and energy for the work of the Union and the success of its publication The success spurred him to enlarge the scope of the Bulletin. But his unfortunate and untimely demise necessitated the shifting of the responsibility to other shoulders. The publicity activities of the Union have since carried on sometimes very well and sometimes indifferently till the Journal ceased coming out last October

It is particularly unfortunate that this incident should have occurred at a time when the whole of the medical profession has been in one of its most difficult periods. Experiments in medical administration under amateur auspices contributed to the widespread and universal dissatisfaction The need for sober and informed criticisms of medical men and measure was felt, and there has been increasing desire on the part of the profession to resuscitate the Journal Others who at times said hard things about the Union and its publication missed the

Journal badly, and have expressed more than once the desire to see the Journal once again take the role of the independent critic of medical administration. The Union is therefore happy to issue the first issue of the new volume. We have great hopes of the long life and usefulness of the Journal. A number of younger members of the profession is keen and enthusiastic The work of publicity has gone into younger and more energetic hands We are assured of generous and vigorous support from members of the profession who had previous experience of medical journalism in this province And the medical practitioners as a whole realise the need for a medium through which they could exchange notes about clinical and medico-political questions We earnestly hope that they as a class will see to it that the Journal gains from strength to strength.

During the years that the Union has published the Bulletin and then the Journal, we have seen the independent medical profession getting more and more recognition from the public and the state The honorary medical scheme owes its existence and enlargement to the lead given by the Journal. Some of the evils in the working of the State Medical Services have been removed and some others are on the way to correction We are not so vain as to claim all this as entirely the work of the Union or its publications. But the evils pointed out have been acknowledged and the remedies indicated in the pages of the Union's publication have been accepted and supported by others who are interested in the medical profession. So much for the past, But about the future ?

We realize the difficulties in the way of good standard medical journalism in the country. There are too many journals and but few contributors to their pages. A medical journal depends for its material on teachers of medicine and capable clinical workers. There is now a large number of teachers and clinicions in this province. And if they would co-operate there is scope for one good journal which could speak with authority about the progress of Medicine in this province

We realize with infinite pain that there exist many groups in the profession. Each group has its own difficulties and aspirations. But we make bold to say that all groups have two aims in common-namely the betterment of the health of the people of this province and the removal of the disabilities which fetter the profession and which hinder it from giving of its best to the public.

We certainly shall endeavour to our utmost to remove the many disabilities which hamper the independent medical profession. While doing this, it shall always be our aim to work for the common purposes of the profession as a whole.

Our Service Bureau

VACANCIES

Advertisements for the following Honorary appointments appear in the Fort St, George Gazette Dated 25th June 1940.

APPOINTMENTS WITHOUT HONORARIUM

Government General Hospital Madras.	One Honorary Physician.
	Two Honorary Assistant Medical Officers (Dental Dept.)
Government Head Quarters Hospital Coimbatore	One Honorary Assistant Medical Officer (Dental Dept.)
Government Royapuram Hospital Madras.	One Honorary Assistant Medical Officer (Skin Dept.)
Government Royapettah Hospital	One Honorary Physician.
Government Head Quarters Hospital Ootacamund.	One Honorary Assistant Medical Officer (E. N T. Dept.)
	Two Honorary Assistant Medical Officers (General).

APPOINTMENTS WITH HONORARIUM

Government Hospital, Srivilliputtur Ramnad Dt.	Honorary Assistant Medical Officer in the duty post of Civil Asst. Surgeon.

For further details kindly refer to the Gazette.

THE MEDICAL ORGANISATION YOU NEED AND TO WHICH YOU SHOULD BELONG.

The General Secretary,

SOUTH INDIAN MEDICAL UNION,

Ritherdon Road, Vepery, Madras

Dear Sir,

I desire to become a memberof the South Indian Medical Union, and request you to place this application before the Governing Body

I am, yours truly,

Membership Fee :

Madras Rs. 6 per annum.

Mafussil Rs. 3 „

*Name*_____

*Address*_____

_____

Please detach and post.

Jottings

1. The new rules about the paid medical services and private practice are said to be in working But we understand that Life Insurance Companies still continue to requisition the services of Government Medical Officers to examine cases for them We hope such mistakes will soon cease.

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2 The war has brought on many new surprises. In this presidency it is said to have created an epidemic invalidism among those called up for military duty. This is creating a severe strain on Special Medical Boards. We hope steps will be taken to control the epidemic in time

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3 Young medical men in this province have been very anxious to get a chance of doing some active service during this war. They were disappointed that their offers were apparently turned down. During the last few weeks however, many of them have been called up for training and service We are sure many more will be given a chance of proving their worth. We congratulate them on their opportunities and we wish them all well

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4. The elections to the Medical Councils are happily over There have been controversies over principles and personalities But these elections were true to type. We often talk nationally when we act most communally; we mean persons when we most talk of principles He is best who talks least

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5 There is a good deal of quiet propaganda to bring about recruitment for the local medical services. The medical department is said to have exhausted all their resources so far as replacing paid medical men by honorary medical officers. It is difficult to understand this position while almost all the honorary medical officers are brought on the supernumerary list

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6. A few departments like those of Pathology, Bacteriology, Bio-Chemistry, Jurispurudence etc require full time medical officers and assistants. There is no reason why clinical departments should not get on with honorary staff altogether

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7 One would have thought that the days of *one medical officer looking* after multiple departments had gone Evidently it is not so Please look up the skin department in the Government General Hospital!

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8 Smooth floor, bright walls and clean clothes with a cheerful doctor go along way in making the patients happy in hospitals. Not all mofussil hospitals satisfy these conditions. The only item which does not cost money is the cheeful doctor. If the Government or local bodies cannot find all the money for the various items, they should encourage the medical officers to go about with a charity bowl for the necessary means.

Madras Medical Service

SPECIAL RULES RE: CONSULTING PRACTICE GOVERNMENT MAKE AMENDMENTS.

The Government have amended the Special Rules of the Madras Medical Service, in respect of consulting practice coming into effect from January 1940

The following sub-rules have been substituted for sub-rules (b) and (c) of Rule 13 :—

"(b) No other member of the service in any class, other than class X, shall engage himself in private practice except as provided in sub-rule (c)

(c) (i) A member of the service in any class other than class X, referred to in sub-rule (b), shall be allowed consulting practice.

EXPLANATION

For the purposes of this sub-rule, 'consulting practice' shall mean—

(1) examination in the member's own private consulting room, or at any place other than the Government institution in which the member is employed, of patients brought or introduced by a registered practitioner;

Provided that it shall be open to the member to take up the case of a patient who has not his own general practitioner and who wishes to seek medical aid in an emergency even though the patient has not been introduced to him by a registered practitioner,

(2) treatment of patients at the request of and in the presence of a registered practitioner,

(3) operations in a patient's house or in a nursing home or elsewhere than in the Government institution in which the member is employed, with the intervention of a registered practitioner;

Note. A patient may be treated after an operation, but shall be handed overto the registered practitioner from the commencement of convalescence.

(4) Scrutiny of medical certificates of proposers for policies in Insurance companies and giving expert opinion on them.

(ii) A member of the service referred to in clause (i) employed in a place where no other medical practitioner is available may attend on an urgent case if suddenly called on to do so, but such attendance shall be independent of any consideration of fees that might be paid by the parties concerned and shall be without prejudice to the member's regular duties and subject to such instructions as may be issued in that behalf by the Surgeon-General or the Provincial Government. If after attending on any such case, the member finds that the party concerned can pay, he may send a bill for his services.

(iii) Members of the service referred to in clause (i) shall comply with all urgent calls for attendance in labour cases. Where the party concerned is able to pay the cost, a bill may be sent

(iv) Members of the service referred to in clause (i) may attend on members of families of those who are entitled to free medical attendance

(v) In this sub-rule, the expression 'registered practitioner' shall mean a registered private medical practitioner within the meaning of the Madras Medical Registration Act 1914.

(vi) Nothing contained in this sub-rule shall apply to cases governed by the Secretary of State's Services (Medical Attendance) Rules, 1938"

Our Members

We congratulate Capt S. Thambiah M C, M R C.P, D T M & H F.D S (Lond) on his appointment as Additional Professor of Medicine. Dr Thambiah's appointment is specially welcome to us since he is one of the very few members of the Madras Medical Service who continue to be on the rolls of the Union.

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Dr N Natesan M.B B S, formerly Hon. Asst Physician, General Hospital has taken charge of his new apppintment as Honorary Physician, Government Royapettah Hospital Knowing him as we do—a most painstaking and capable clinician—we are certain that he will bring credit to his new appointment.

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Dr. T. G Balakrishnan, M B B.S., who has recently been retired from his appointment as Honorary Physician, Government Royapettah Hospital, was very popular both with his colleagues in the hospital and with the very large numbers of patients that have gone through his wards He carries with him the esteem and regard of the profession of the city. We wish him a career of continued usefulness to the public and to the profession.

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Elections

ALL INDIA MEDICAL COUNCIL

The Election of the All India Medical Council has come and gone leaving the voters to their customary peace and tranquility. It is an established fact that our voters prefer calm and composure to excitement and turmoil which are the inevitable results of elections in other spheres of life. The phrase "Healthy Rivalry" seems suspiciously like a bitter pill with sugar coating.

Coming to personalities, our hearty congratulations go to Dr Satakopan than whom no quieter gentleman exists in the profession Without wishing to detract even a single point of merit of the rival candidate, Dr. Tirumurthi, the result of this election is a very fair measure of the popularity of the respective candidates. It must however be admitted that one stage of the electioneering campaign it was thought that Dr. Tirumurthi would carry the day with him as it was expected that his enticing election manifestoes and his skill in the art of publicity, would influence the wavering minds to vote in his favour. But the eventualities have conclusively proved the fact that the majority of the medical voters exercise their franchise with considerable sagacity and thought. However Dr Tirumurthi "was beaten but not disgraced" as expressed through this hackneyed phrase

It must be a source of satisfaction to all concerned that a certain percentage of the votes from among the members of the Independent Medical Profession has gone to the other candidate While it is only fair to admire this sporting spirit of the voters, it must be said the wisdom of such a move is questionable, in view of the fact that all the other representatives from this province on the Council are from the services. All said and done, it is really very difficult for the successful candidate to appreciate the view points of all the sections representing the election, nor is it fair to expect it of him.

Does failure to get elected really mean loss of all opprtunity for service to the profession? We don't think so; one who is keen on doing his best for the profession can do so outside the Council as well It is true that those members of the profession who are used to having all their activities floodlit through publicity may feel that a life of retirement is a relegation to the back ground of public life. Even they should realise that the climb down to the terra firma is at best free from the risk of a big drop from the giddy Olympian heights

MADRAS MEDICAL COUNCIL

A team of six medical men led by Dr. V R. Kamath, and Dr. Gurumurthi have been elected by medical voters of this Presidency. We noticed a feeling of defeatism in the minds of a certain section of the profession with regard to taking part in this election This we thought was not justified and the elections have proved that the large majority of the voters were free from any prejudice. Now it is all over we wish there was no dragging in of personalities and no distinction made between licentiate and graduate voters The council should combine, whether licentiate or graduate, whether honorary or non-honorary, to do their work without fear or favour and whenever and wherever possible raise the status and increase the priveleges of the Medical profession of this province.