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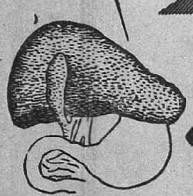

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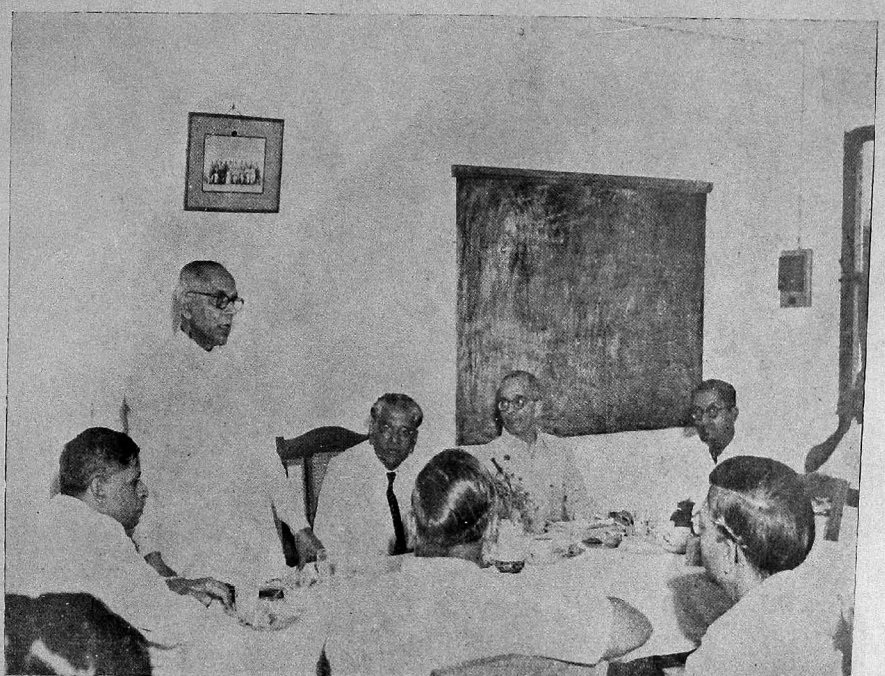


Hon'ble SRI A. B. SHETTY, Minister of Health, Government of Madras addressing the members of the Coimbatore District Medical Association on 28—3—1954, Hon'ble DR. U. KRISHNA RAO, Minister of Industries & Labour, Government of Madras is on the left of the Association President.

Hon'ble SRI V. V. GIRI, Union Minister of Labour addressing the members of the Coimbatore District Medical Association on 31—7—1954.

# EXPERIMENTAL PRODUCTION OF CONGENITAL DEFECTS*

Dr. P. K. DURAISWAMI, M. B., M. S., M. Ch. orth., Ph. D. orth. (Liverpool), F. R. C. S. (England)

Congenital defects are regarded by a large section of the population with awe or curiosity and only seldom with the detachment shown to acquired deformities. The early development of mammals, including humans, is concealed in the maternal uterus and is a difficult field for investigation. It should, therefore, cause no surprise that there has been so much confusion and superstition regarding the origin of congenital defects.

The frequency of anomalies of development is much greater than one would be inclined to suggest from an examination of the records of hospitals. The pathology of the human foetus is a relatively unexplored subject. Since but little is known of the detailed histology of the early human empryo, histological examination in cases of perverted growth is limited mainly to aborted foetuses which, unfortunately, tend to present varying degrees of post-mortem degeneration before accurate histological methods can be applied. It is precisely in this field that experimental work can offer invaluable help. According to Mall and others, the pathological changes that take place in human foetuses and those obtained experimentally in animals are not merely "analogous or similar but identical".

During the past few decades the discovery of genetic factors leading to congenital malformations has attracted a great deal of attention, while research in the field of environmental teratogenic factors has lagged behind. The importance of environmental causes of *human* congenital malformations has not received as much emphasis as it should have done. However, the association of developmental anomalies such as cataract, cardiac septal defects, patient ductus arteriosus, deaf-mutism, dental defects and microcephaly with epidemics of German measles, noted first in Australia by Gregg and later attributed to maternal infection in the early months of pregnancy by Swan and others demonstrates clearly enough that changes in the germplasm cannot always be invoked as the cause of *all* congenital abnormalities. It will, no doubt, interest the geneticist to know that types of congenital malformations which are sometimes genetically determined, such as microphthalmos, cleft palate, and certain skeletal abnormalities can be induced in the offspring not only by maternal nutritional deficiencies and x-radiation but also, at least in some animals, by the deliberate introduction of certain substances such as insulin into the environment of the embryo during its development.

* Lecture delivered before the Coimbatore District Medical Association on 1—5—1954.

In 1943 while investigating the rôle of glycogen granules in cartilage cells in chick embryos during endochondral ossification, the speaker made an accidental observation as a result of which he became interested in insulin-induced skeletal abnormalities in developing chick embryos. In the course of his first series of experiments he injected five units of insulin into chicken eggs at various intervals after the beginning of incubation and noticed that some of the chicks showed radiographic appearances resembling osteogenesis imperfects in the human. Some of them had developed abnormalities such as spina bifida, partial or complete suppression of development of one or more vertebrae, while others showed various deformities in the limbs such as angulations of tibiae and dislocations of knees and hips. Since then a variety of congenital abnormalities have been induced with other substances such as sulphonamide compounds, thallium salts, 3-acetylpyridine, lead salts, cortisone and benzyl alcohol. Some of these congenital malformations as well as certain inherited deformities such as club feet, dislocated hips and osteogenesis imperfecta from insulin-deformed chickens were illustrated by Kodachrome slides and a technicolour cine film during the course of the lecture. Detailed accounts of the experimentally induced defects have been given in (i) British Medical Journal, August 12, 1950, p. p. 384–390 and (ii) Journal of Bone and Joint Surgery Vol. 34-B, No. 4, November 1952, p. p. 646–698.

# DIAGNOSIS, PREVENTION AND TREATMENT OF THE CARDIAC ARRYTHMIAS*

DR. C. R. R. PILLAY, M.D., M.R.C.P. (E.)
Honorary Physician, Stanley Hospital, Madras

*Mr. Chairman and colleagues,*

It is a great privilege and honour for me to have had an opportunity of meeting you all this evening. My subject to-day is about the diagnosis, prevention and treatment of the cardiac arrythmias.

I shall be dealing with the various conditions with the main stress being placed for a possible bed-side diagnosis. In general these arrythmias result from disturbances in impulse formation or its conduction.

With a practical basis of a possible bed-side diagnosis I would like to have a classification on broad lines namely:— Whether the rhythm is regular or irregular and whether the rate is rapid or slow.

*Tachycardias with a regular rhythm are:*

(1) Sinoauricular tachycardia.
(2) Paroxysmal auricular tachycardia.
(3) Ventricular tachycardia and
(4) Auricular flutter—*most cases.*

The irregular tachycardias include:

(1) Auricular fibrillation.
(2) Sinus tachycardia with numerous premature beats.

Bradycardias with regular rhythm include:

(1) Sinus bradycardia.
(2) Nodal rhythm.
(3) Severe partial heart block with a constant degree of block.
(4) Complete heart block.

Bradycardias with an irregular rhythm include:

(1) Sinus bradycardia with marked sinus arrythmia.
(2) Partial heart block with changing degree of block.

**Diagnosis of the Various Conditions:**

As is evident from the above classification the first essentials in the diagnosis of tachycardias is to assess whether the rhythm is regular or irregular. If regular the tachycardia may be sinus tachycardia, auricular or ventricular paroxysmal tachycardia or auricular flutter. History and the mode of onset is very important in the diagnosis of the various conditions. A sudden onset and

* Lecture delivered before the Coimbatore District Medical Association on 27—6—1954.

cessation of palpitation with similar episodes having occured previously is very characteristic of the paroxysmal tachycardias and flutter but not of sinus tachycardia. If the heart rate is above 160 and especially between 160 and 180 or 200 the disorder is usually a paroxysmal tachycardia and most often auricular in origin. Both auricular flutter and sinus tachycardia have rates below 160. If the tachycardia occurs in paroxysm and lasts for more than a week, then it may be due to auricular flutter than to auricular paroxysmal tachycardia. If there is no organic heart disease the tachycardia will in all probability be due to paroxysmal auricular tachycardia.

Sinus tachycardia differs from the paroxysmal type in that it does not start or stop suddenly; the effect of change of posture and exercise is helpful because the cardiac rate does vary in this condition but not in the paroxysmal type; In the paroxysmal type there is almost a mathematical constancy.

Carotid sinus pressure is of great value in the differential diagnosis of these conditions. Sinus tachycardia may not alter or it may respond with slight gradual slowing followed by a rapid return to the original rate Auricular paroxysmal tachycardia is usually suddenly arrested and converted into normal sinus rhythm. Ventricular tachycardia is not affected at all which is understandable because of the absence of vagal control over the ventricles. Auricular flutter may be slightly and temporarily slowed or there may be a sharp reduction in rate due to induced heart block but sinus rhythm is not restored as it is in auricular tachycardia.

The association of organic heart disease is not common in the case of paroxysmal auricular tachycardia, so that in the presence of a well established organic heart case a ventricular tachycardia or a flutter must be excluded in the first instance.

Inspection of the cervical veins may be helpful in a limited number of cases. The theoretical usefulness of this examination cannot be translated into practice because if the rate is really rapid it will not be very easy to appreciate the venous pulsations and gather any useful information.

The heart sounds may help to distinguish ventricular tachycardia, for there is sometimes a recurrent variation in the quality or intensity of the first heart sounds. And on auscultation for a long time one may discover a slight disturbance in the regularity of the heart beat in the case of ventricular tachycardia as against auricular tachycardia.

If the tachycardia is irregular and if the rate exceeds 130 per minute, then in all probability the irregularity is due to auricular fibrillation. Below this rate the irregularity may be due to numerous extra-systoles. In the case of auricular

flutter it may be occasionally irregular when there are dropped beats due to heart block or variations in the degree of the block. By increasing the heart rate either by exercise or by atropine it may be possible to differentiate between fibrillation and extra-systoles. In the case of fibrillation when the rate has been increased to 140 or more, then the irregularity is much more pronounced whereas in the case of extra-systoles the irregularity may completely disappear. The same procedure may help one to differentiate an auricular fibrillation with a slow ventricular rate from a case of sinus arrythmia. But one thing must be kept in mind that in some cases of fibrillation the rate may be slow and regular and that the rate cannot be altered by exercise if there is a complete heart block and the ventricles are beating with their idioventricular rhythm or there is a nodal rhythm in a – v dissociation due to digitalis intoxication.

The final and definite differentiation depends on E. C. G. The findings and minor points of the various conditions are discussed with the projected slides.

Treatment of the various conditions : *Paroxysmal auricular tachycardia :* Here is a condition which may be amenable to pure mechanical stimulation of the vagus. To lean forward with the head down, to take a deep breath with the glottis closed after a deep inspiration, may all be that is necessary to stop an acute attack. Stimulation of the occulo-cardiac reflex by pressure on the eye-ball or stimulation of the vagus by irritating the pharynx may be very handy and helpful. Carotid sinus pressure particularly of the right side will abort a good number of attacks. If all these mechanical stimulation fails or if the tachycardia has been going on for a long time then drugs must be used to stop the attack. Apart from the drugs used to stimulate the vagus as mecholyl the two best drugs are the time-honoured digitalis and qunidine. Digitalis is the drug of choice in patients with underlying organic heart disease or in those in whom the attack has caused a failure or in those where qunidine has been administered without success. In urgent cases Digoxin ·25 mg. must be given I. V. If there is no urgent need full digitalisation must be achieved orally with Digoxin ·25 mg. tablet given one every four hours.

Qunidine is sometimes effective when all other measures have failed. It is always better to give a good high dose in the initial stages than give smaller doses. 5 grs every 2 hours for six to eight doses on the first day could be given and the same dose may be repeated the next day too and increased upto a maximum of 90 grs per day ; given in 12 divided doses. In majority of the cases we will have success with a much smaller daily dose.

For prolonged attacks which do not respond to other measures sedatives as phenobarbital or chloral are usually necessary.

If there are frequent attacks the two drugs that are most useful are digitalis and qunidine; when it is always better to keep the patient under full digitalisation.

*Ventricular tachycardia*: Qunidine is the drug of choice and will effectively restore normal rhythm in the majority of cases. The dosage that has already been recommended may be followed. One thing that must be kept in mind is that unlike in the case of auricular tachycardia digitalis may be dangerous in the case of ventricular tachycardia.

Both in auricular flutter and fibrillation the two drugs that are effective are digitalis and qunidine. In the case of extra-systoles if the irregularity is not very frequent and not troubling the patient the case does not require any particular treatment. In case the irregularity is troubling the patient the specific treatment is qunidine sulphate. Potassium chloride 2 to 4 gm. two or three times a day will be helpful particularly in those cases where the extra-systoles are due to digitalis intoxication.

The only new drug that has come into this field and found to be of use is procaine amide, which is very helpful in cases of ventricular tachycardia. This drug may be given orally or I. V. depending on the emergency of the case. So to sum up the two drugs that are most reliable and effective are the time honoured digitalis and qunidine. Judiciously and intelligently used and used in a more liberal and definite way these drugs are always very helpful.

Improvement of general health correction of anæmias avoiding the emotional stress and strain and the reduction of smoking may all go a long way to prevent these attacks. Any obvious focus of sepsis must also be corrected. And as has already been pointed out digitalisation may be a sure way of preventing the attacks.

# A TALK ON "CORTISONE"*

Dr. M. G. NAIR, M.B., B.S., T.D.D. (Madras), T.D.D. (Wales), Coimbatore

CORTISONE is one of the crystaline hormonal substances from extracts of adrenal crotex. In 1936 Kendell of the Mayo Foundation isolated Cortisone (compound E) from the Beef adrenal gland and was first synthesised from Bile acid in 1944. From 1948 onwards, it has been available for clinical trial. Cortisone acetate is a powder soluble in water and the structural formula is 11 dehydro – 17 hydroxycorticosterone – 21 acetate. It is available in tablet form for oral administration, in saline suspension for parenteral administration and as eye drops and eye ointment. The oral route is as good as the intramuscular route, but orally it has to be given once every six hours.

Cortisone exerts beneficial effects on a variety of disease processes which had not been previously considered as primarily hormonal in nature. Even now, that is only a conjecture. I shall not elaborate here the names of the various diseases for which Cortisone has been tried. But it has been found to be markedly effective in the following conditions :—

Foremost comes Adrenal cortical insufficiency as in Addision's disease and pan-hypo-pituitarism. In Addison's disease 12·5 to 50 mgm. per day has been found effective either orally or by injection and in Addisonian crisis, administration of larger doses of cortisone 200 to 300 mgms daily will be required. In some cases, D. C. A. is also given with it, in doses or about 20 mgm. The doses mentioned here are only approximate and each case has to be considered individually and the dosage regulated. For maintenance purpose, cortisone should be given orally in the form of a 25 mgm. tablet a day.

In case of pan-hypo-pituitarism, cortisone 25 mgms a day orally administered, has been found to be effective. Cortisone has also been found effective in the following cases :—

Acute inflammatory and allergic diseases of the eye, serum sickness, drug sensitivities and in the treatment of severe burns.

As a life-saving measure in status asthmaticus refractory to other therapies, Cortisone has been found to be effective, the dosage used being 100 mgm straight-away and 50 mgm every 6 hours.

Rheumatic Fever, Rheumatoid arthritis, disseminated Lupus-erythematosus, dermato-myositis, scleroderma, periarteritis nodosa and serum sickness are diseases grouped under Collagen diseases, as there is a fibrinoid degeneration

* Lecture delivered before the Coimbatore District Medical Association on 25—9—1954.

of collagen which is regarded as the basic pathological change in this group. In all these cases there are systemic disturbances such as fever and raised E. S. R., joint pain and swelling etc. In above-mentioned conditions, Cortisone is being used with very good immediate response.

In acute rheumatic fever, administration of cortisone brings forth rapid improvement in the patient. In a week's time, fever subsides and joint pains vanish. Even in cases with pan-carditis, Cortisone brings in rapid improvement. In some cases, the improvement is kept up even after the dis-continuance of the Hormone. In acute rheumatic fever, the course is short and in such short courses, no side-effects are usually noticed. In Rheumatoid arthritis, Cortisons has been extensively tried. The Hormone is administered by intramuscular injection in doses of 200 to 300 mgms for 2 to 3 days and there-after 100 mgms daily. It is now mostly given by the oral route in the same dosage. Within a few days of the commencement of the treatment, pain and swelling in the affected joints being to subside and stiffness is markedly diminished. In about 2 week's time, the incapacitated patient is able to resume normal activity. The E. S. R. which was high also falls to normal limits and mental condition improves to a great extent. In cases of acute inflammed weight-bearing joints, injections of Cortisone in 25 mgm suspension into the joint cavity have been found to give relief. At this stage I may mention that the Committee of the Medical Research Council treated some cases of early Rheumatoid arthritis with Cortisone and a similar number with Asperin and it was found that the results were similar, but there are cases on record to show that Cortisone group of remedies excel asperin or any other time honoured remedies.

In diseases such as disseminated lupus and pemphigus, Cortisone may be a life-saving factor. In conditions of limited duration as iridocyclitis, Cortisone controls the inflammatory process in such a way that grave risk to vision is prevented. That Cortisone suppresses acute symptoms has been observed by almost all its users.

Unfortunately continued administration of Cortisone is found to produce a number of side-effects, such as, disturbance of electrolyte balance leading to retention of salt and water, loss of potassium, congestive heart-failurs, hypertension, fullness of the face, acne, hirsutism, insomnia, voracious appetite, obesity, Diabetes Mellitus and nervousness. These undesirables are usually reversed on withdrawal of Cortisone but there a prompt return of the symptoms. In some cases where Cortisone has to be given in fairly large doses, serious complications which are not reversable do arise, such as haemorhage from gastro-intestinal tract, psychosis in patients whose personalities were previously odd, fracture of bones, collapse of vertebral bodies, phlebothrombosis and activitation of quiescent tuberculous lesions. In some of the cases were Cortisone is witheld

due to the side-effects, within a week of withdrawal, withdrawal symptoms such as extreme weakness, stiffness of joints, mental depression and loss of weight do appear. Even in mild cases where symptoms have been controlled for long periods by small doses of cortisone not producing undesirable effects, the withdrawal of cortisone results in relapse. Nobody has claimed a curative value for Cortisone. So Cortisone should be given a trial only when all the other established lines of treatment have been tried and failed. It is always better to avoid higher dosage and dosage of 50 mgm. daily may be said to be safe.

In all cases, patients should be observed daily until their response to Cortisone is fully evaluated and then a maintenance dosage may be established. Frequent observation is essential during treatment, frequent determination of B. P., body weight, urine analysis, E. C. G. and blood count are essential. Oedema can be minimised by restricting sodium in-take to 1 gram a day. Hypopotassemia can be prevented by administration of Potassium Chloride or Potassium Citrate in dosage of a 1 gram daily. In case hypopotassemia developes as evident from blood determination of serum potassium, the changes in the E. C. G. or when the patient complains of muscular weakness, potassium has to be given in higher doses. The presence of active or healed tuberculous lesion is absolute contra-indication to administration of Cortisone. I have had occasion to substantiate this statement.

Equally important is the withdrawal of Cortisone. Slow withdrawal is said to mitigate the chances of the side-effects of Cortisone administration.

Cortisone has not been proved as an ideal therapeutic answer to chronic disabling diseases. The usefulness of its discovery lies in the future possibilities of therapy. Notwithstanding the innumerable contributions that have been made to the literature relating to the uses of Cortisone, knowledge of the subject remains incomplete. At present Cortisone should be restricted in usage and whenever used, the side-effects should be carefully watched and handled. Better experience should be gained by greater use of Cortisone and by close and careful watch of its effects in various disease conditions. Cortisone is sure to be of immense potentiality in future.

# CONGENITAL SYPHILIS

Dr. C. ARUMUGAM, M. B., B. S.
Medical Officer in Charge, Municipal General Dispensary, and
Venereologist in Charge, Municipal Venereal Clinic,
Raja Street, Coimbatore

The most tragic aspect of syphilis is the capacity of an infected mother to transmit the infection to her unborn offspring. Congenital syphilis is caused by the same organism as acquired syphilis namely T. Pallidum. The infection of the foetus rarely takes place before the fifth lunar month of pregnancy. It is believed that an infected mother suffers from bouts of transient spirochetemia and during one of the bouts, if she becomes pregnant, the organisms reach the foetal circulation from the maternal circulation by way of the placenta, by the perivascular lymphatics of the cord or by an embolus of spirochates carried by the venous cord blood. The effect of syphilis on child bearing depends on the time of infection; syphilis may have been acquired at some time prior to conception, at the time of conception, or at some later period during pregnancy. According to the age of infection, the sequence of early miscarriage, still births, living syphilitic children and healthy children may result.

Congenital Syphilis may be divided into 2 groups:

1. Early — when the infant is younger than 2 years.

2. Late — when the infant is older than 2 years.

**Manifestations of early Congenital Syphilis:**

The clinical history is as follows:

A child is born apparently healthy and the mother who has either lost two or three children before by miscarriages or still births, feels happy and proud to have begotten a healthy looking infant but in a period varying from 6 to 12 weeks, the infant looks flesh, becomes irritable and refuses to suck at the breast, the skin hangs in folds and wrinkles and the face assumes an appearance of an old man.

Various manifestations appear:

1. *Snuffles:* Syphilitic Rhinitis with obstruction and blood stained discharge.

2. *The Aphonic cry* of syphylitic infants: This is due to the syphylitic laryngitis interfering with the production of voice.

3. *Cutaneous and mucus membrane lesions:* These lesions have a predilection for three regions of the body namely, (i) Oronasal region, (ii) palms and soles, (iii) anogenital region. The lesions may be maculopapular, scaly particularly on palms and soles, pemphigoid, bullous, moist erosive, moist fissured or condylomatous.

4. *Enlargement of the Liver and spleen :*

5. *Lesions of the bones:* These lesions may develope very early even during intrauterine life and consist of *periostitis* and *oesteochondritis* of the epiphyseal lines of long bones, recognisable during the 1st 6 months of the child's life. The 'Pseudo-paralysis' is merely a voluntary immobility of the limbs due to pain on motion due to the above. Sometimes we come across with symmetrical dactylitis of all most all the fingers.

**Manifestations of Late Congential Syphilis :**

1. *Eye affection:* (a) *Interstitial Keratitis:* It is a Syphilitic inflammation of the deeper layers of the Cornea of one or both eyes. This appears at any time from the 6th to 15th year.

(b) *Disseminate Choroiditis* of the pepper and salt variety. This is less common.

(2) *Gummatous affections of the skin and Bone*: Oesteomyelities of Nasal and palatal bones give rise to saddle nose deformity and perforations. Bossing of the skull on the frontal and parietal bones (Parrot's nodes or hot — cross bun appearance) is also Congenital affection. The tibia becomes curved forwards and thickened. (Sabre tibia).

(3) Radiating scars round the angle of the mouth due rhagades (fissures) and the unilateral enlargement of the inner end of Clavicle, the so called 'Clavicle sign' are the less well recognised stigmata.

(4) Symmetrical hydrarthrosis of the knees (Cluttons Joint).

(5) *Dental Deformity among permanent Teeth*: The Central permanent upper incisors are notched at the cutting edge, which is narrower than the base, and the teeth are spaced. This is called *Hutchinson's Teeth.* The first permanent molars may be doom-shaped, owing to the failure of development of the Central portion of the Crown (Moon's Test).

(6) Bilateral painless deafness occurring at or about puberty. The deafness may occur suddenly from gummatous destruction of the internal ear.

(7) C. N. S. is also affected — Feeble mindedness, idiocy, Juvenile paresis, tabes, dementia.

**Hutchinson's diagnostic triad:**

The stigmata are :—

1. The Interstitial Keratitis.
2. The typical Incisor Teeth.
3. Deafness.

**Treatment of Congenital Syphilis:**

The treatment of Congenital Syphilis should be commenced as soon as the diagnosis is reached. In penicillin we possess a drug which is almost completely non-toxic for the mother and the treatment is compressed with a minimum time period of a week or ten days. It is never too late to start treatment and Congenital syphilis can be prevented or cured in the infant even when the drug is administered in the third trimester of pregnancy.

2·4 to 6 million units of P. A. M. (Procaine Penicillin in oil with 2% Aluminium monostearate) will always almost ensure that a child of a syphilitic woman is born free from the disease.

For infantile congenital syphilis a total dosage of 150,000 to 250,000 units of P. A. M. per Kgm. of body weight will give optimum results. Twelve daily injections of 150,000 units of P. A. M. can be the schedule line of treatment. A minimum follow-up of 3 years is necessary, blood tests are made monthly for the first 6 months or until negative results are obtained and thereafter at three monthly intervals. Cerebro-spinal fluid should be tested before final discharge.

Late Congenital syphilis also responds to Penicillin. But in Choroido-retinitis and nerve deafness the structural damage done is usually irreversible.

# SIX WEEKS OF EMPLOYEES' STATE INSURANCE SCHEME IN COIMBATORE

An I. M. P.

Barely six weeks have passed since the Employees' State Insurance Scheme was introduced in Coimbatore. The purpose of this article is to record the initial experiences and the day to day difficulties met with in the working of the scheme with a view to smoothen them out wherever possible. The publication of the Annual Magazine of the Coimbatore District Medical Association just now has afforded the most suitable forum for this purpose.

It would be appropriate to give here a brief survey of the salient features of the E. S. I. S. The purpose of the Scheme is to confer certain benefits upon the Industrial workers in the country. The Organisation which confers these benefits is a Statutory Body called the Employees' State Insurance Corporation. All Industrial establishments in the State utilising power and employing more than 20 workers are brought under this Scheme. Everybody employed in such establishments receiving a monthly salary of Rupees Four Hundred and below are eligible for all the benefits under the Scheme.

The benefits conferred are:

1. Medical benefit.
2. Cash benefits.
   - (a) Sickness benefit,
   - (b) Employment injury benefit,
   - (c) Maternity benefit,
   - and (d) Dependants' benefit.

The Medical benefit is the only benefit in kind, while all the other benefits are cash benefits. The employee is now eligible for only the medical benefit, while for the other cash benefits he will have to wait at least six months after the Appointed Day.

The funds for conferring these benefits are derived from the following 3 sources:

1. From the employee — a percentage of his monthly earnings,
2. From the employer — a percentage of his monthly wage bill, and
3. From the State and the Central Governments.

The most interesting and important feature of the scheme is the fact that the employee is made to pay and is thus made to feel his share and claim his rights. He is told that he has a right to claim and obtain a better standard of treatment than his neighbour, the ordinary citizen of the country.

The insured employee is eligible for the following medical benefits;—

1. "Private Practitioner type of out-patient treatment" for all casual illnesses.
2. Treatment at his own residence when he is unable to attend the dispensary.
3. In-patient treatment in the Hospital, whenever necessary.
4. Facilities for Laboratory investigation, X-Ray examination etc.
5. Facilities for Specialist examination.

In Coimbatore, the insured employee obtains his O. P. type of treatment either from State Insurance dispensaries or from a Panel of Insurance Medical Practitioners. The State Insurance dispensaries are located in labour areas where there were no independent medical practitioners previously practising. These dispensaries cater to above 6,000 employees in the areas. The remaining 30,000 and odd workers in Coimbatore and suburbs are registering themselves with any of the Forty and odd Insurance Medical Practitioners. The process of registration still continues. A good majority of those who have so far registered themselves are those who are sick and need treatment or those who are prone to frequent illnesses. This will perhaps explain the very high rate of sickness incidence amongst the insured employees in the first few weeks itself. The worker now seeks treatment for certain chronic and even imaginary ailments. A patch of Alopecia in the Scalp of 2 years' duration, Leukoderma of over 10 years' duration are a few of the illnesses for which treatment is sought at the clinics of the Practitioners. But a good proportion of those who attend the clinics or dispensaries are those who are really ill and who need either simple routine treatment, or who need laboratory and X-Ray investigations and Specialist examinations and even in-patient treatment.

Now let us take the case of a worker who reports sick at the clinic with a history of fever and cold of 3 days' duration. He has been going to work even while sick and he can ill afford to be absent. His doctor examines him, gives him a bottle of medicine, gives him also a certificate to secure leave of absence from his work for 3 days and gives him a prescription for 16 tablets of Sulphadiazine to be taken for 2 days and strongly advises him to take complete rest for at least 2 days and report to him again on the 3rd day. The worker instead of going home to bed as advised, goes to his place of work and obtains leave on the strength of the certificate given him, then goes to the State Insurance Medical Stores to obtain the tablets his doctor has prescribed, only to find that

the stores has been closed for the day and returns home in a much worse condition than before. He goes to the Medical Stores next morning and obtains only 6 tablets out of the 16 prescribed and very much perplexed and very sore in body and in mind, he returns to consult his doctor again to find that the clinic is closed and will re-open in the evening. He waits at or near the clinic till the evening, probably without any food or nurishment. The doctor examines his patient again, and finds his condition worse than previous day, he accuses the patient of disobeying his instructions; he finds himself helpless against the vagaries of the Medical Stores and he curses himself for having taken up a work which will tarnish his professional dignity and reputation. He finds that his patient is too weak to return home and to repeat his journeys to the Medical Stores every day. Hence he sends a request to the local hospital to admit him for treatment. By this time, the out-patient department in the hospital is closed, and he is ordered by the attendant in the casualty department to come next day during the out-patient hours. The patient-the insured industrial worker-who has a right to claim *First Class treatment* towards the cost of which he partly contributes, finds that he is denied even what any other citizen normally secures without any trouble. Before the A-day, he could have received adequate treatment at his factory dispensary itself and he could have been made fit to earn his daily wages with in 3-4 days.

Consider the case of an insured industrial worker consulting his doctor for a chronic pulmonary catarrh. The doctor should diagnose the condition before he begins treatment- He suspects Sinusitis and refers the worker to the specialist. To enable him to consult the specialist, he has to be absent from his work for at least one half-day. So he takes half-aday leave and goes to the specialist who, unluckily for the worker, has taken leave for that day. Next day he goes again and finds that the specialist is too busy to examine him that day. So the 3rd day again he goes and is examined by the specialist and is given some medicine. No report or instructions were given for the Insurance Practitioner to follow. So the insured employee was asked to continue to use whatever medicine given by the specialist. He reports no relief from symptoms after a few days. The doctor thinks a blood examination for a total and differental leucocyte count will be helpful and accordingly fills up the form and directs the patient to the laboratory. For this purpose also the employee excuses himself from his work for 2 or 3 days (of course on complete loss of pay). Any way the blood examination has helped the doctor in coming to a diagnosis.

The above are extreme examples of some of the every-day happenings in Coimbatore ever since the A-day. No-body will deny that this is a really sorry state of affairs and it should be folly to allow it to continue much longer. A dissatisfied worker is not only a liability to the industry, but will become a positive menace to the peace and happiness of the community.

The system of Social insurance is quite new to our country and mistakes are bound to happen but wisdom lies in realising the mistakes in time and remedying the defects before much damage is caused. Mutual understanding of each others' view point and all round co-operation will help in smoothing out the difficulties and make the scheme a success. On the success of the scheme depends the conferment of Comprehensive Social Security benefits to the entire population of the country in the near future.

The scope for the distribution of the special drugs should be vastly enlarged. What the Medical Stores does, can be more efficiently and cheaply done by the Local Chemists themselves. The local hospital authorities can help a great deal by extending the out-patient hours and special departments upto 12 noon every-day at least with a skeleton staff and to liberalise the casuality department regulations for the industrial employees. The laboratories and X-Ray plants maintained by the independant medical profession in the city should all be utilised for this purpose so that the additional strain on the already overstrained Government institutions may be somewhat lessened.

Ultimately it is the Medical Practitioner who is responsible for the health of the worker in his charge and it is upto him to see that the securing of necessary medical aids are made easier for his patient. The Corporation and the Governments should realise this basic fact and should give due consideration to the views expressed by the Practitioners. The fact that these doctors have agreed to receive a remuneration should not make them mere mercenaries in the eyes of the Government or the Corporation. Similiarly the Medical Practitioner also should feel that in accepting to serve in the panel, though he may have his freedom of action cut to some extent, he should always have the interests of the worker top-most, even at the risk of incurring the displeasure of the Governments or the Corporation, if necessary.

# THE COIMBATORE DISTRICT MEDICAL ASSOCIATION

★

## THIRTIETH ANNUAL REPORT

### FOR THE YEAR 1954

*Ladies and Gentlemen,*

On behalf of the Managing Committee of the Coimbatore District Medical Association, I have the privilege of presenting to you the 30th Annual Report.

The year began with the Annual General Body Meeting on Sunday, the 28th February 1954 with Dr. P. N. Ramaswami Naidu, the President in the Chair. The Honorary Secretary Dr. S. Ganapathy, presented the 29th Annual Report together with the Auditor's Report and statement of accounts for the year 1953 which were adopted.

Then the following Office-Bearers for the year 1954 were elected:

| | |
|---|---|
| President: | Dr. P. N. Ramaswami Naidu. |
| Vice-President: | ,, (Mrs.) Anna Vareed. |
| Honorary Secretary: | ,, C. Arumugam. |
| Associate Secretary: | ,, S. G. Rajarathnam. |
| Honorary Treasurer: | ,, C. V. Ramarai. |

MANAGING COMMITTEE MEMBERS:

1. Dr. P. K. Kalyanaraman.
2. ,, A. G. Leelakrishnan.
3. ,, T. V. Sivanandam.
4. ,, L. Munuswami.
5. ,, G. T. Gopalakrishna Naidu.
6. ,, E. Rajuvadan.
7. ,, S. V. Subramaniam.
8. ,, S. Ganapathy.
9. ,, V. S. Kesavan.
10. ,, Miss. K. M. Jalajam.
11. ,, G. N. Rajagopalan.
12. ,, S. Balasubramaniam of Perumanallur.
13. ,, R. G. Iyer of Tirupur.
14. ,, P. M. Kamath of Gobichettipalayam.

THE FOLLOWING MEMBERS WERE ELECTED TO THE COUNCIL OF THE MADRAS STATE BRANCH OF I. M. A.:

1. Dr. N. K. Sampath.
2. ,, T. V. Sivanandam.
3. ,, A. G. Leelakrishnan.
4. ,, D. Sundareswaran.
5. ,, C. V. Ramaraj.
6. ,, S. Ganapathy.
7. ,, L. Munuswami.
8. ,, C. Arumugam (Ex-Officio).

THE FOLLOWING MEMBERS WERE ELECTED TO THE CENTRAL COUNCIL OF I. M. A.

1. Dr. T. V. Sivanandam
2. Dr. L. Munuswami.

By a resolution moved on 1st May 1954 by Dr. N. K. Sampath, the past Presidents of the Association were taken as Ex-Officio members of the Managing Committee.

We are happy that 3 active members of our Branch have been elected as Office-Bearers of the Madras State Branch of I. M. A. for the year 1954—'55. Dr. Y. P. Vasudevan was elected President, Dr. T. V. Sivanandam, as Senior Vice-President and Dr. C. Arumugam as Honorary Joint Secretary.

**Membership:**

The total membership of the Association is at present 153 of which 117 are Resident and 39 are Non-Resident.

**Meetings:**

There were 11 meetings during the year under report, out of which one was the Joint meeting with the Nilgiris District Medical Association at Ootacamund and another, a clinical demonstration in Government Head Quarters Hospital, Coimbatore. We had the privilege of having a number of distinguished members of the Profession as Speakers including Dr. S. C. Sen, President of the I. M. A. Our thanks are due to all the Speakers.

**Managing Committee Meetings:**

There were 7 Managing Committee Meetings during the year.

**Attendance:**

The attendance at these meetings has been good, the average ranging from 55 to 120. We thank all those who took part in these meetings and to those members who were hosts at those meetings.

**Obituary:**

We have been very unfortunate to mourn the loss of 3 of our active members of our Association. Dr. Miss. A. Ranganayaki, M.B., B.S., Dr. V. S. Kesavan, B.Sc., M.B., B.S., and Dr. P. M. Kamath, L.M.P., of Gobichettipalayam have been snatched away from our midst and our Association has sent its condolences to the members of the bereaved families.

**Activities:**

Our members are taking keen interests in the I. M. A. and our representatives are regularly attending the Provincial and All India Conferences and Provincial Council Meetings and taking active part in the proceedings.

On invitation from the Madras Government, our President and Secretary attended the Cabinet Meeting at Madras in connection with the Employment State Insurance Scheme. Dr. T. V. Sivanandam and Dr. C. Nanjappa were nominated by the Government as members of the Allocation Committee for Coimbatore in the above Scheme. We are glad that the E. S. I. Scheme was inaugurated in Coimbatore on Republic Day, 26th January 1955 and we are proud to say that the scheme has been introduced in the Madras State, *First* in Coimbatore. 44 Doctors have been taken as Panel Doctors in the Scheme and in Singanallur and other areas where sufficient doctors were not available for Panel Scheme, the Service System has been introduced and State Dispensaries have been opened, manned by Assistant Surgeons. We hope this Scheme will prove a success in Coimbatore and it will benefit the workers.

Our members are also taking part in Public Health and Social Activities of Red Cross, the St. John Ambulance Association and Anti-Tuberculosis Campaign. The B. C. G. Campaign was launched in Coimbatore on 14—11—1954. Our members gave their full co-operation in the campaign.

**Reading Room and Library:**

The journals are being circulated through the peon to all resident members. During the current year the circulation was not regular due to the frequent change of peons. I hope the present peon will be regular in circulating the journals. Our building has to be expanded for the Library and we hope, in the near future, to accomplish the same when our finances improve.

**Our Buildings:**

There is an urgent need to build a compound wall and make additions to the building with a view to provide facilities for both in-door and out-door games and for providing accommodation for Non-Resident members visiting the Headquarters.

**Finance :**

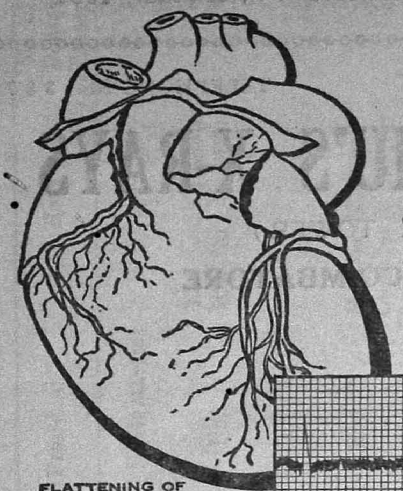
Our poor financial position at present is the chief impediment in carrying out our schemes. We have before us a proposal to conduct a Raffle to augument our finances and it will be taken up after April 1955 and I appeal to all the members to help in this direction in raising funds.

**Conclusion :**

In conclusion I take this opportunity to thank you all for your kind co-operation during the year which enabled me to carry out my duties as Secretary. I have to specially thank our President Dr. P. N. Ramaswami Naidu, our Treasurer Dr. C. V. Ramaraj, our Associate-Secretary Dr. S. G. Rajarathnam and all the members of the Managing Committee for the help and guidance they have given me in carrying out the work of the Association. My thanks are due to various authors of the Scientific articles contributed to this Annual Number, and the various Firms who contributed towards the advertisements. Our thanks are also due to Mr. N. C. Rajan, our Official Auditor, Mr. K. G. Ramachandran, our part-time Accountant & Typist and Messrs. The Coimbatore Co-operative Printing Works, Ltd., our Printers and various other individuals who helped in carrying out the work of the Association during the year 1954.

Coimbatore,
28th February 1955.

*C. Arumugam,*
*Hony. Secretary.*



FLATTENING OF
T WAVES INDICATING
MYOCARDIAL DEFECT

# • *Myocardial Damage*
# • *Cardiac Insufficiency.*

# HERZOLAN CIPLA

*EXTRACTUM CORDIS TOTALIS*

ORAL

"Cardiovascular diseases are caused primarily by the degeneration of heart muscle. If we replace the used up and missing active chemical constituents contained in the heart muscle responsible for normal myocardial activity, the onset of organic heart diseases could be prevented and a number of lives thus saved",

HERZOLAN is a concentrated heart muscle extract containing all the important chemicals and the essential enzyme Cytochrome C present in the heart muscle. HERZOLAN is a natural food and nourishment for the degenerating heart muscle which quickly responds to this nourishment and regains normal activity. (Ref: Abstract of World Medicine, Sept. 1950. No. 1047; Science 104.)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BOTTLE OF 6 OZ.

*Cipla*

BOMBAY • 8.

**"HERZOLAN"**

*Exhaustive Literature sent on request*

## DETAILS OF MONTHLY MEETINGS IN THE YEAR 1954.

| S. No. | Date | Name of lecturers | Subject | President | Host | No. of Doctors Present |
|---|---|---|---|---|---|---|
| 1 | 24—2—54 | Managing Committee Business Meeting | | Dr. P. N. Ramasami Naidu | | 9 |
| 2 | 28—2—54 | 24th Annual General Body Meeting Dr. R. Subramaniam, M. D., M. R. C. P. (Lond.) | Diagnosis & Treatment of Cardiac Emergencies in Gl. Practice | Do. | The South Indian Mfg. Co., Madurai | 93 |
| 3 | 15—3—54 | Managing Committee Business Meeting | | Do. | | 12 |
| 4 | 19—3—54 | Dr. S. C. Sen (President of I. M. A.) | Panel system of E. S. I. Scheme | Do. | Messers. N. Dasai Gounder & Co. (for supply of drinks) | 75 |
| 5 | 28—3—54 | Hon'ble Dr. U. Krishna Rao, M. B., B. S., Minister for Industries, Labour and Co-operation, Govt. of Madras and Sri. Hon'ble A. B. Shetty, Minister for Health, Govt. of Madras | State Insurance Scheme | Do. | Dr. S. G. Rajarathnam & Dr. V. S. Kesavan | 95 |
| 6 | 1—5—54 | Dr. P. K. Doraisami, M. B., B. S., M. ch. (Ortho), Ph. D. (Ortho) (Liverpool), F. R., C. S., (Eng.) | Experimental production of congenital bony defects | Do. | Dr. T. N. Devaraja Iyer & Dr. K. Narayanan | 75 |
| 7 | 19—5—54 | Managing Committee Business Meeting | Election of Allocation Committee & Re: Election of President and Vice-Presidents of I. M. A. 1954–55 | Dr. (Mrs.) Anna Vareed | Dr. (Mrs.) Saradambal & Dr. N. Subramanian | 33 |
| 8 | 22—5—54 | Joint meeting with the Nilgiri District Medical Association | | | | |

## DETAILS OF MONTHLY MEETINGS IN THE YEAR 1954.

| S. No. | Date | Name of lecturers | Subject | President | Host | No. of Doctors Present |
|---|---|---|---|---|---|---|
| 9 | 27—6—54 | Dr. C. R. R. Pillay, M. D., M. R. C. P., (E), Madras | Cardiac Arrhythmias, Diagnosis, Prevention & Treatment | Dr. Y. P. Vasudevan | Dr. C. N. Santhanam & Dr. M. Krishnaswami | 55 |
| 10 | 12—7—54 | Managing Committee Business Meeting | Re: Membership fee for Couple members | Dr. Y. P. Vasudevan | Dr. L. Munuswami | 9 |
| 11 | 22—7—54 | Lt. Col. Sangam Lal, F. R. C. S., I. M. S., Director of Medical Services, Madras | Address to Members Re: E. S. I. Scheme | Dr. P. N. Ramaswami Naidu | Dr. Miss. G. Devavaram & Dr. Miss. Thambidorai | 110 |
| 12 | 31—7—54 | Hon'ble Sri. V. V. Giri, Union Minister for Labour | Address to Members Re: E. S.I. Scheme | Dr. P. N. Ramaswami Naidu | Dr. Miss. N. Meenambal & Dr. K. Tiruchitrambalam | 75 |
| 13 | 25—9—54 | Dr. M. G. Nair, M. B., B. S., T. D. D., (Mad.), T. D. D., (Wales) Coimbatore | Cortisone | Dr. Y. P. Vasudevan | Dr. N. K. Sampath & Dr. S. V. Siva Iyer | 48 |
| 14 | 12—11—54 | Dr. K. S. Ranganathan, Director of B. C. G. Laboratory Madras, & Dr. T. S. Adisubramaniam, D. I. H. (Eng.), Director of Public Health, Madras | The Place of B. C. G. in the control of Tuberculosis | Dr. P. N. Ramaswami Naidu | Dr. S. Thiagaraja Chetti, Dr. V. Krishna Rao & Dr. N. R. Narayanaswami Naidu | 120 |
| 15 | 11—12—54 | Managing Committee Business Meeting | Business Meeting | Dr. P. N. Ramaswami Naidu | Dr. G. N. Rajagopalan | 17 |
| 16 | 2—2—55 | Managing Committee | Business Meeting | Do. | Dr. S. V. Subramaniam | 12 |
| 17 | 12—2—55 | Clinical Meeting in Nurses Quarters of Govt. Head Qrs. Hospital, Coimbatore | Demonstration of interesting cases in Hospital | Do. | Dr. & Mrs. Eapen | 70 |
| 18 | 22—2—55 | Managing Committee | Business Meeting | Do. | Dr. A. G. Leelakrishnan | 9 |

*Receipts and Payments account for the*

| RECEIPTS | | | | | Rs. | A. | P. |
|---|---|---|---|---|---|---|---|
| To Opening Balance: | | | | | | | |
| In Current account with the Coimbatore City Co-operative Bank, Ltd. ... | 1,271 | 2 | 0 | | | | |
| In account with the Jaipur Bank, Ltd., Coimbatore ... ... | 492 | 13 | 0 | | | | |
| Cash on hand ... ... | 101 | 0 | 0 | | 1,864 | 15 | 0 |
| ,, Suspense account ... ... | | | | ... | 13 | 0 | 0 |
| ,, Security Deposit ... ... | | | | ... | 120 | 0 | 0 |
| ,, Miscellaneous Receipts ... | 286 | 14 | 9 | | | | |
| Dr. Sen's account ... ... | 56 | 0 | 0 | | 342 | 14 | 9 |
| ,, Recovery of advance of pay from Peon ... | | | | ... | 30 | 0 | 0 |
| ,, Sale of list of members ... | | | | ... | 5 | 1 | 0 |
| ,, Advertisement charges ... | | | | ... | 590 | 0 | 0 |
| ,, Recovery of advance from Secretary ... | | | | ... | 409 | 11 | 8 |
| ,, Interest on Current account with Bank ... | | | | ... | 7 | 0 | 9 |
| ,, Donation for 1953 Annual ... | | | | ... | 280 | 0 | 0 |
| ,, Subscription: | | | | | | | |
| Resident ... ... | 2,614 | 0 | 0 | | | | |
| Non-Resident ... ... | 439 | 0 | 0 | | 3,053 | 0 | 0 |
| ,, Donations: | | | | | | | |
| Flood Relief ... ... | | | | ... | 101 | 0 | 0 |
| | | | | Total ... | 6,816 | 11 | 2 |

Examined and found correct subject to my report of even date.

Coimbatore,
28th February, 1955.

(Sd.) N. C. Rajan, F. C. A.,
*Chartered Accountant.*

*year ended 31—12—1954.*

| PAYMENTS | | | | | Rs. | A. | P. |
|---|---|---|---|---|---|---|---|
| By Typewriter purchased | ... | | | ... | 533 | 3 | 0 |
| ,, Journals & Periodicals | ... | | | ... | 214 | 8 | 9 |
| ,, Printing & Stationery | ... | | | ... | 519 | 8 | 0 |
| ,, Contribution to C. F. C. including prepaid for next year Rs. 638/- | ... | ... | | ... | 1,248 | 0 | 0 |
| ,, Postage | ... | ... | | ... | 115 | 4 | 9 |
| ,, Staff Salary including last year's outstanding Rs. 49/- | | | | ... | 605 | 7 | 8 |
| ,, Honorarium to Accountant including last year's outstanding Rs. 25/- | ... | ... | | ... | 300 | 0 | 0 |
| ,, Bank charges | ... | ... | | ... | 13 | 3 | 0 |
| ,, Audit Fees for 1953 | ... | ... | | ... | 50 | 0 | 0 |
| ,, Refund of Security Deposit | | ... | | ... | 20 | 0 | 0 |
| ,, Property Tax | ... | ... | | ... | 18 | 9 | 0 |
| ,, Miscellaneous Expenses | | ... | 237 5 9 | | | | |
| Dr. Sen's account | ... | ... | 56 0 0 | | 293 | 5 | 9 |
| ,, Advance to Secretary | | ... | | ... | 516 | 4 | 8 |
| ,, Electricity Charges | ... | ... | | ... | 63 | 13 | 6 |
| ,, Souvenir Expenses | ... | ... | | ... | 200 | 0 | 0 |
| ,, General Expenses | ... | ... | | ... | 8 | 5 | 0 |
| ,, Water Charges | ... | ... | | ... | 10 | 0 | 0 |
| ,, Travelling Expenses | ... | ... | | ... | 26 | 4 | 0 |
| ,, Closing Balance : | | | | | | | |
| In current account with the Coimbatore City Co-operative Bank, Ltd. | | ... | 1,568 1 1 | | | | |
| In current account with the Jaipur Bank, Ltd., Coimbatore | ... | ... | 492 13 0 | | 2,060 | 14 | 1 |
| | | | | Total ... | 6,816 | 11 | 2 |

*(Sd.) P. N. Ramaswami Naida,* *President.*
*(Sd.) C. V. Rama Raj,* *Hon. Treasurer.*
*(Sd.) C. Aramagham,* *Hon. Secretary.*

*Income and Expenditure account for the*

| EXPENDITURE | | | Rs. | A. | P. |
|---|---|---|---|---|---|
| To Journals and Periodicals | ... | ... | 214 | 8 | 9 |
| ,, Printing & Stationery | ... | ... | 519 | 8 | 0 |
| ,, Contribution to C. F. C. Fund | ... | ... | 1,228 | 0 | 0 |
| ,, Postage ... | ... | ... | 115 | 4 | 9 |
| ,, Staff Salaries ... | ... | ... | 606 | 7 | 8 |
| ,, Honorarium to Accountant | ... | ... | 300 | 0 | 0 |
| ,, Bank Charges ... | ... | ... | 13 | 3 | 0 |
| ,, Audit Fees ... | ... | ... | 50 | 0 | 0 |
| ,, Property Tax ... | ... | ... | 18 | 9 | 0 |
| ,, Electricity Charges ... | ... | ... | 63 | 13 | 6 |
| ,, Miscellaneous Expenses | ... | ... | 237 | 5 | 9 |
| ,, Souvenir Expenses ... | ... | ... | 200 | 0 | 0 |
| ,, General Expenses ... | ... | ... | 8 | 5 | 0 |
| ,, Water Charges ... | ... | ... | 10 | 0 | 0 |
| ,, Travelling Expenses ... | ... | ... | 26 | 4 | 0 |
| ,, Balance being excess of income over expenditure during the year ... | ... | ... | 610 | 11 | 1 |
| Total ... | | | 4,222 | 0 | 6 |

Examined and found correct subject to my report of even date.

Coimbatore,
28th February, 1955.

(Sd.) N. C. Rajan, F. C. A.,
*Chartered Accountant.*

*year ended 31—12—1954.*

| INCOME | | | | | Rs. | A. | P. |
|---|---|---|---|---|---|---|---|
| By Subscriptions: | | | | | | | |
| Resident members ... | ... | 2,614 | 0 | 0 | | | |
| Non-Resident members | ... | 439 | 0 | 0 | 3,053 | 0 | 0 |
| ,, Sale of list of members | ... | | | ... | 5 | 1 | 0 |
| ,, Advertisement charges | ... | | | ... | 590 | 0 | 0 |
| ,, Interest on Current account | ... | | | ... | 7 | 0 | 9 |
| ,, Miscellaneous Receipts | ... | | | ... | 286 | 14 | 9 |
| ,, Donation for 1953 Annual | ... | | | ... | 280 | 0 | 0 |
| Total | ... | | | | 4,222 | 0 | 6 |

*(Sd.) P. N. Ramaswami Naidu,* President. *(Sd.) C. V. Rama Raj,* Hon. Treasurer. *(Sd.) C. Arumugham,* Hon. Secretary.

*Balance Sheet*

| LIABILITIES | | | | Rs. | A. | P. |
|---|---|---|---|---|---|---|
| **Fund:** | | | | | | |
| Balance as per last Balance Sheet ... | 17,080 | 14 | 0 | | | |
| *Add:* Excess of income over Expenditure this year ... ... | 610 | 11 | 1 | 17,691 | 9 | 1 |
| **Building Fund:** | | | | | | |
| Balance as per last Balance Sheet ... | | | ... | 19,043 | 6 | 9 |
| **Furniture Fund:** | | | | | | |
| Balance as per last Balance Sheet ... | | | ... | 660 | 0 | 0 |
| Suspense account ... ... | | | ... | 13 | 0 | 0 |
| Security Deposit ... ... | | | ... | 100 | 0 | 0 |
| Donation for Flood Relief Fund ... | | | ... | 101 | 0 | 0 |
| **Outstanding Liabilities:** | | | | | | |
| Staff Salaries ... ... | 75 | 0 | 0 | | | |
| Audit Fee ... ... | 50 | 0 | 0 | 125 | 0 | 0 |
| Total ... | | | | 37,733 | 15 | 10 |

Examined and found correct subject to my report of even date.

Coimbatore,
28th February, 1955.

(Sd.) N. C. Rajan, F. C. A.,
*Chartered Accountant.*

*as at 31—12—1954.*

| PROPERTY & ASSETS | | | | Rs. | A. | P. |
|---|---|---|---|---|---|---|
| Land & Buildings: | | | | | | |
| At cost as per last Balance Sheet ... | | | ... | 32,281 | 11 | 6 |
| Furniture: | | | | | | |
| Balance as per last Balance Sheet ... | | | ... | 1,511 | 4 | 9 |
| Electric Fittings: | | | | | | |
| Balance as per last Balance Sheet ... | | | ... | 2·4 | 12 | 9 |
| Library: | | | | | | |
| As per last Balance Sheet ... | | | ... | 405 | 0 | 0 |
| Typewriter at cost ... ... | | | ... | 533 | 3 | 0 |
| Investment: | | | | | | |
| Balance as per last Balance Sheet — | | | | | | |
| 5 Shares in the Coimbatore Co-op. Printing Works, Ltd. | | | ... | 50 | 10 | 0 |
| Deposit with Municipal Electricity Department | | | ... | 10 | 0 | 0 |
| Advance to Secretary ... ... | | | ... | 28 | 7 | 9 |
| Advance Contribution to C. F. C. Fund ... | | | ... | 638 | 0 | 0 |
| Closing Balance: | | | | | | |
| In Current account with the Coimbatore City Co-operative Bank, Ltd., Coimbatore ... | 1,568 | 1 | 1 | | | |
| In Current account with the Jaipur Bank, Ltd., Coimbatore ... ... | 492 | 13 | 0 | 2,060 | 14 | 1 |
| Total ... | | | | 37,733 | 15 | 10 |

*(Sd.) P. N. Ramaswami Naidu,* *President.*

*(Sd.) C. V. Rama Raj,* *Hon. Treasurer.*

*(Sd.) C. Aramugham,* *Hon. Secretary.*

# THE COIMBATORE DISTRICT MEDICAL ASSOCIATION

## 1954

★

### RESIDENT MEMBERS

| | | | |
|---|---|---|---|
| 1 | Dr. Ananda Rao, K., | L. M. P., | Ramalingam Road, R. S. Puram P. O. |
| 2 | ,, (Mrs.) Anna Vareed | M. B., B. S., F. R. C. S. (Edin.), F. R. F. P. S. (Glass.), D. C. O. G. (Lon.), L. M. (Rotunda), | R. S. Puram P. O. |
| 3 | ,, Antony, L. B. (Miss), | L. M. P., | Shanmugam Chetty Road, R. S. Puram P. O. |
| 4 | ,, Appaji, S. V., | L. M. P. | Ramanathapuram |
| 5 | ,, Arumugam, C., | M. B., B. S., | Medical Officer, Municipal General Dispensary, Raja Street |
| 6 | ,, Balakrishnan, P. P., | M. B., B. S., D. O. (Mad.), | Imperial Bank Road |
| 7 | ,, Balakrishnan, S., | M. B., B. S., D. L. O., | Oppanakara Street |
| 8 | ,, Balasubramaniam, S., | M. B., M. S., | *District Medical Officer* |
| 9 | ,, Chandrasekharan, R. G., | M. B., B. S., | *9/105, Dewan Bahadur Road,* R. S. Puram P. O. |
| 10 | ,, Devaraja Iyer, T. N., | L. M. P., | Dewan Bahadur Road, R. S. Puram P. O. |
| 11 | ,, Devavaram, G. (Miss), | M. B., B. S., | Devanga High School Road |
| 12 | ,, Devaraj, S. R., | | R. S. Puram |
| 13 | ,, Dharmaraj, S., | L. M. P., | Sengupta Street, Ramnagar |
| 14 | ,, Eapen, K. E., | L. M. P., | Oppanakara Street |
| 15 | ,, Eapen, (Mrs.), | L. M. P., | Oppanakara Street |
| 16 | ,, Ganapathy, K. C. (Mrs.), | M. B., B. S., D. G. O., | Civil Asst. Surgeon, Govt. Head-quarters Hospital |
| 17 | ,, Ganapathy, S., | M. B., B. S., | "Tirupur House", Avanashi Road |
| 18 | ,, Gnanaolivu, J. K., | M. B., B. S., | Union High School Road |
| 19 | ,, Gopalakrishna Naidu, G. T., | L. M. P., L. P. H., | District Health Officer, R. S. Puram P. O. |

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|---|---|---|---|
| 20 | Dr. Jagannathan, N., | M. B., B. S., T. D. D. | Big Bazaar Street |
| 21 | ,, Jalajam, K. M. (Miss), | M. B., B. S., | Raja Street |
| 22 | ,, Jesudasan, M. P., | D. M. S., | Brooke Bond (India) Ltd. |
| 23 | ,, Job Daniel, C., | L. M. P., | Jail Road |
| 24 | ,, Jayakumar Nair, | M. B., B. S., | Head-quarters Hospital |
| 25 | ,, John, C. M., | L. M. P., | Oppanakara Street |
| 26 | ,, Kalyanaraman, P. K. | M. B., B. S., | Ramnagar |
| 27 | ,, Kanaka, M. (Mrs.), | L. M. P., | R. S. Puram P. O. |
| 28 | ,, Kandaswami, N., | L. M. P., | Rangai Gounder Street |
| 29 | ,, Kondaswami, N. G., | D. M. S., | Peelamedu Post |
| 30 | ,, Krishnamoorthy, G. S., | M. B., B. S., | Raja Street |
| 31 | ,, Krishnan Nair, N., | M. B., B. S., | R. M. O., Govt. Head-quaters Hospital |
| 32 | ,, Krishna Rao, V., | M. B., B. S., | R. S. Puram P. O. |
| 33 | ,, Major Krishnaswami, N., | L. M. & S., | R. S. Puram P. O. |
| 34 | ,, Krishnaswami, V. S., | L. M. P., | R. S. Puram |
| 35 | ,, Krishnaswami, M., | L. M. P., | Subramanyam Road, R. S. Puram, P. O. |
| 36 | ,, Lakshmana Rao, R., | L. M. P., | R. S. Puram P. O. |
| 37 | ,, Leelakrishnan, A. G. | M. B., B. S., | Raja Street |
| 38 | ,, Lily Jayakumar Nair, (Mrs.), | M. B., B. S., | The Kuppuswami Naidu Memorial Hospital |
| 39 | ,, Mascarenhas, J. A., | M. B., B. S., | Jail Road |
| 40 | ,, Meenambal, N. (Miss), | M. B., B. S., | Mill Road |
| 41 | ,, Menon, M. N., | M. R. C. P. (Edin.), | Hony. Physician, Head-quarters Hospital |
| 42 | ,, Menon, U. A., | L. M. P., | Big Bazaar Street |
| 43 | ,, Munuswami, L., | M. B., B. S., | Oppanakara Street |
| 44 | ,, Naidu, B. P. B., | M. D., M. H., D. P. H., D. T. M., | Research Laboratory, Imperial Bank Road |
| 45 | ,, Nanjappa, C., | L. M. P., | Variety Hall Road |
| 46 | ,, Nair, K. V. N., | M. R. C. S., | K. G. T. Colony, Trichy Road |
| 47 | ,, Nair, M. G., | M. B., B. S., T. D. D. (Mad.), T. D. D. (Wales.), | Raja Street |

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|---|---|---|---|
| 48 | Dr. Narasimhan, S. S., | L. M. P., | R. S. Puram P. O. |
| 49 | ,, Narayanan, K., | L. M. P., | R. S. Puram P. O. |
| 50 | ,, Narayanan, T. K., | L. M. P., | Ranganathapuram |
| 51 | ,, Narayanaswami Naidu, N. R., | L. M. P., | Avanashi Road |
| 52 | ,, Natesan, P. A., | L. M. P., | Oppanakara Street |
| 53 | ,, Padmanabhan, R., | M. B., B. S., | Edayar Street |
| 54 | ,, Palaniappan, N. S., | M. B., B. S., | 10/50, Jail Road |
| 55 | ,, Parthasarathy, B., | M. B., B. S., | Power House Road |
| 56 | ,, Parthasarathy, P. S., | L. M. P., | 4/27, Trichy Road |
| 57 | ,, Pai, M. P., | M. S., F. R. C. S., | 9/65, Dewan Bahadur Road, R. S. Puram P. O. |
| 58 | ,, Paul Rathnavelu, (Mrs.) | L. M. P., | R. S. Puram P. O. |
| 59 | ,, Pitchi Robert, I., | L. M. P., | M. G. Eye Hospital |
| 60 | ,, Prabhu, V. K., | M. B., B. S., | 11/358, Sukravarpet |
| 61 | ,, Radhakannan, (Miss) | L. M. P., | R. S. Puram P. O. |
| 62 | ,, Rajagopalan, A., | M. B., B. S., | Variety Hall Road |
| 63 | ,, Rajagopalan, G. N., | M. B., B. S., | Raja Street |
| 64 | ,, Rajammal, G. V. (Mrs.), | D. M. S., | Ramnagar |
| 65 | ,, Rajagopal Udupa, P., | D. M. S., | Oppanakara Street |
| 66 | ,, Rajan, G. N., | D. M. S., | Cross-cut Road |
| 67 | ,, Rajuvadan, E., | D. M. S., | Sukravarapet |
| 68 | ,, Rajarathnam, S. G., | M. B., B. S., | Kattur |
| 69 | ,, Ramaswami Iyer, C. S., | L. M. & S., | Raja Street |
| 70 | ,, Ramaraj, C. V., | M. B., B. S., | Ramnagar |
| 71 | ,, Ramaswami Naidu, P. N., | L. M. P., | Pappanaickenpalayam |
| 72 | ,, Rangala, E. (Mrs.), | M. B., B. S., | Kuppuswami Naidu Memorial Hospital |
| 73 | ,, Sampath, N. K., | M. B., B. S., | Jail Road |
| 74 | ,, Santhana Mary, G. (Miss), | D. M. S., | Thomas Street |
| 75 | ,, Santhanam, N., | M. B., B. S , | Radiologist, Govt. Headquarters Hospital |
| 76 | ,, Sarada Ayyadorai, (Mrs.) | L. M. P., | Arokiaswami Road, R. S. Puram P. O. |

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|---|---|---|---|
| 77 | Dr. Santhanam, C. N., | M. B., B. S., | Ramnagar |
| 78 | ,, Saradambal, R. (Mrs.), | D. M. S., | R. S. Puram P. O. |
| 79 | ,, Saraswathy, D. (Miss), | M. B., B. S., | R. S. Puram P. O. |
| 80 | ,, Saraswathy, M. K. (Miss), | M. B., B. S., D. G. O., | Jail Road |
| 81 | ,, Sarkar, H. K. (Capt.), | L. M. & S., | Oppanakara Street |
| 82 | ,, Sarojini, P. (Mrs.), | M. B., B. S., D. G. O., | Kuppuswami Naidu Memorial Hospital |
| 83 | ,, Sengaliappan, S., | L. M. P., | Jail Road |
| 84 | ,, Shanmugha-sundaram, | M. B., B. S., | House Surgeon, Govt. Headquarters Hospital |
| 85 | ,, Siva Iyer, S. V., | M. B., B. S., | R. S. Puram P. O. |
| 86 | ,, Sivanandam, T. V., | M. B., B. S., | Hony. Surgeon, Govt. Headquarters Hospital |
| 87 | ,, Srikantan, S. R., | L. M. P., | R. S. Puram P. O. |
| 88 | ,, Subbian, C., | M. B., B. S., | Govt. Headquarters Hospital |
| 89 | ,, Subbian, N., | D. M. S., | Nanjundapuram |
| 90 | ,, Subbian, P. R., | M. B., B. S., | Pappanaickenpalayam |
| 91 | ,, Subramaniam, K. V., | L. M. S., B. S. SC., | R. S. Puram P. O. |
| 92 | ,, Subramaniam, K. V. (Path.), | M. B., B. S., | Avanashi Road |
| 93 | ,, Subramaniam, N., | M. B., B. S., | R. S. Puram P. O. |
| 94 | ,, Subramaniam, T. K., | L. M. P., | Avanashi Road |
| 95 | ,, Subramaniam, S. V., | M. B., B. S., T. D. D., | Oppanakara Street |
| 96 | ,, Sudhakara Rao, R., | L. R. C. P., M. R. C. S., | R. S. Puram |
| 97 | ,, Sundaram, V. (Mrs.), | M. B., B. S., | 6/6, 7th Street, Gandhipuram |
| 98 | ,, Sundararajan, R., | M. B., B. S., | R. S. Puram P. O. |
| 99 | ,, Sundareswaran, D., | M. B., B. S., L. O., | Ramnagar |
| 100 | ,, Sundareswaran, T. V., | B. SC., M. B., B. S., B. S., SC., | Municipal Health Officer |
| 101 | ,, Swarnambal, S. V. (Miss), | M. B., B. S., D. G. O., | Arts College Road |
| 102 | ,, Thambidorai, L. (Miss.), | L. M. P., | Devanga High School Road |
| 103 | ,, Thomas, E. A. (Mrs.), | F. R. C. S., | Kuppuswami Naidu Memorial Hospital |

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|---|---|---|---|
| 104 | Dr. Tiruchitrambalam, K., | M. B., B. S., | Pappanaickenpalayam |
| 105 | ,, Thiagaraja Chetty, S., | L. M. P., | Krishnaswami Mudaliar Road |
| 106• | ,, Vareed, K. P., | M. B., B. S., | R. S. Puram P. O. |
| 107 | ,, Vasudevan, Y. P., | M. B., B. S., B. S. SC., | Ramnagar |
| 108 | ,, Venkateswaran, C. H., | M. B., B. S., | Sir Shanmugam Chetty Road |
| 109 | ,, Vedachalam, K. S., | M. B., B. S., | Jail Road |
| 110 | ,, Venkatesan, G. S , | B. SC., M. B., B. S., | Police Hospital |
| 111 | ,, Venkatesalu, K. R., | M. B., B. S., | Cross-cut Road, Gandhipuram |
| 112 | ,, Yegneswara Iyer, R., | L. M. S., | Karuppa Goundan Street |
| 113 | ,, Venugopala-krishnan, N., | M. B., B. S., | 6/24, 9th Street, Gandhipuram |
| 114 | ,, Rajagopalaswamy, V. K., | M. B., B. S., | Govt. Headquarters Hospital |
| 115 | ,, Sriramulu, V., | M. B., B. S., | 2/90, Sirukaliammankoil Street, Pappnaickenpalayam |
| 116 | ,, Gopalakrishnan, V. S., | M. B., B. S., | A. D. M. O. |
| 117 | ,, Rahman, R. A., | M. B., B. S., | 187, Nawab Hakim Road |

## NON-RESIDENT MEMBERS

| | | | |
|---|---|---|---|
| 1 | Dr. Anantharaman, D., | M. B., B. S., | Dharapuram |
| 2 | ,, Angappan, S. (Mrs.), | D. M. S., | Satyamangalam |
| 3 | ,, Ayyaswami, K., | B. SC., M. B., B. S., | Civil Asst. Surgeon, Andhiyur |
| 4 | ,, Balakrishnan, G. V., | L. M. P., | Gobichettipalayam |
| 5 | ,, Balasubramaniam, S., | L. M. P., | Perumanallur P. O. (via) Tirupur |
| 6 | ,, Chandrasekharan, G. A., | L. M. P., | Local Fund Dispensary, Chettipalayam. |
| 7 | ,, Chandrasekharn, K. S., | M. B., B. S., | Gobichettipalayam |
| 8 | ,, Daniel, P. H., | M. B , B. S., | Chief Medical Officer, Karamalai Group, Valparai P. O. |
| 9 | ,, Damodharan Nair, T., | M. B., B. S., | Anaimalai P. O. |

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| 10 | Dr. | Eapen, A. V. (Miss), | L. M. P., | Pollachi |
| 11 | ,, | Iyer, R. G., | L. C. P. S., | Tirupur Post |
| 12 | ,, | Kandaswami, O. | M. B., B. S., | Ganapathy Post |
| 13 | ,, | Kolandaswami, J., | L. M. P., | Podanur P. O. |
| 14 | ,, | Krishnan Unni, T., | M. B., B. S., | Erode |
| 15 | ,, | Kumble, G. A., | M. B., B. S., | Madukkarai Cement Works, Madukkarai |
| 16 | ,, | Kuruvilla, M. (Mrs.), | L. M. P., | Civil Asst. Surgeon, Govt. Hospital, Palghat |
| 17 | ,, | Leela Samuel, (Mrs.), | L. M. P., | Gobichettipalayam P. O. |
| 18 | ,, | *Madhavan Nair*, K. V., | L. M. P., | *Asst. Surgeon, Govt.* Hospital, Palghat P. O. |
| 19 | ,, | Meenakshikutti, T. (Miss), | L. M. P., | Pollachi |
| 20 | ,, | Menon, A. G., | M. B., B. S., | Asst. Surgeon, Pollachi |
| 21 | ,, | Mukunda Rao, N. S., | L. M. P., | Medical Officer, Chittode P. O. |
| 22 | ,, | Rajamani, R. B., | M. B., B. S., | Gobichettipalayam |
| 23 | ,, | Ramarathnam, S., | M. B., B. S., | Railway Hospital, Podanur |
| 24 | ,, | Raman, K. N., | M. B., B. S., | *Anaimalai P. O.* |
| 25 | ,, | Saguna Bai, (Mrs.) | M. B., B. S., | Gobichettipalayam P. O. |
| 26 | ,, | Sengottayan, K. N., | M. B., B. S., | Gobichettipalayam P. O. |
| 27 | ,, | Seshadri, C. R., | M. B., B. S., | South Village, *Chittoor—Cochin* |
| 28 | ,, | Sankunni Kellet, | L. M. P., | Pollachi |
| 29 | ,, | Sitaraman, P. R., | L. M. P., | Medical Officer, Vettakaranpudur |
| 30 | ,, | Srinivasan, U. V., | M. B., B. S., | Udamalpet P. O. |
| 31 | ,, | Subba Rao, V., | L. M. P., | L. F. Hospital, Pedappampatty P. O. (via) Pollachi |
| 32 | ,, | Subramaniam, S., | D. M. S., | Satyamangalam |
| 33 | ,, | Sundaram Pillai, N., (Major) | M. B., B. S., | Karthikeya Buildings, Chittor—Cochin |
| 34 | ,, | Thirumoorthy, K. S., | L. M. P., L. T. M., | Tirupur P. O. |
| 35 | ,, | Thiruvengadam, C. R., | M. B., B. S., | Asst. Surgeon, Palghat P. O. |
| 36 | ,, | Venkataraman, G. K., | L. M. & S., | Gobichettipalayam P. O. |
| 37 | ,, | Venkataraman, G. N., | M. B., B. S., | Andhiyur P. O. |
| 38 | ,, | Viswanathan, B. S., | L. M. & S., T. D. D., | *Ramalingam Sanatorium*, Perundurai P. O. |
| 39 | ,, | Vijayaraghavan, C. (Capt.), | L. M. P., | Medical Officer, Thondamuthur P. O. |

# LIST OF MEDICAL OFFICERS IN THE DISTRICT

*

## Government Head-quarters Hospital, Coimbatore.

1 Dr. S. Balasubramaniam, M. B , M. S., District Medical Officer
2 ,, V. S. Gopalakrishnan, B. A., M. B., B. S., Assistant District Medical Officer
3 ,, (Mrs.) K. C. Ganapathy, M. B., B. S., D. G. O., Woman Assistant Surgeon
4 ,, M. Krishnan Nair, M. B., B. S., Resident Medical Officer
5 ,, N. Santhanam, M. B., B. S. (Radiologist), Civil Assistant Surgeon
6 ,, G. Chandrasekharan, M. B., B. S., do.
7 ,, C. A. Krishnamurthi, B. Sc., M. B., B. S., D. T. M., do.
8 ,, Jayakumar, M B., B. S. (Pathologist), do.
9 ,, (Smt.) S. *Joseph*, L. M. P., do.
10 ,, Y. Narasimha Shetty, M. B., B. S., do.
11 ,, M. Natarajan, M. B., B. S., do.
12 ,, (Smt.) R. Meera Bai, M. B., B. S., do.
13 ,, R. Padmanabhan, M. B , B. S. (Anaesthetist), do.
14 ,, K. Veluswamy, L. D. S. (Cal.), Part time Dentist

### *Honorary Medical Officers.*

1 Dr. T. V. Sivanandam, M. B., B. S., Honorary Surgeon
2 ,, M. N. Menon, M. R. C. P., M. R. C. S., Etc., Honorary Physician
3 ,, P. K. Kalyanaraman, M. B., B. S., do.
4 ,, M. P. Pai, M. B., M. S., F. R. C. S., H. A. M. O. (Sr.), Honorary Assistant Medical Officer
5 ,, S. Balakrishnan, M. B., B. S., D. L. O., do.
6 ,, D. Sundareswaran, M. B., B. S., L. O., do.
7 ,, N. Jagannathan, M. B., B. S., T. D. D., do.
8 ,, S. V. Subramaniam, M. B., B. S., T. D. D., do.
9 ,, P. P. Balakrishnan, M. B., B. S., D. O., do.
10 ,, N. Subramaniam, M. B., B. S., do.
11 ,, S. V. Swarnambal, M. B., B. S., D. G. O., do.
12 ,, (Mrs.) Anna Vareed, M. B., B. S., F. R. C. S., do.
13 ,, (Miss.) K. M. Jalajam, M. B., B. S., do.
14 ,, G. Rajaratnam, M. B., B. S., do.
15 ,, C. N. Santhanam, M. B., B. S., do.
16 ,, A. G. Leelakrishnan, M. B., B. S., do.
17 ,, S. Ganapathy, M. B., B. S., do.
18 ,, Tiruchitrambalam, M. B., B. S., do.
19 ,, R. Lakshmana Rao, L. M. P., do.
20 ,, Venugopalakrishnan, M. B., B. S., do.
21 ,, R. A. Rehman, M. B., B. S., do.

## I. Government Medical Institutions.

*Dharapuram :*

1 Dr. D. Nagarajan, M. B., B. S., L. M. P., Civil Assistant Surgeon.
2 ,, (Smt.) Kunhammalu Kavi, L. M. P., Civil Assistant Surgeon.

*Erode :*

1 Dr. K. Harijeevan Shetty, M. B., B. S., Civil Assistant Surgeon.
2 ,, (Kum.) N. Kunhikutty, M. B., B. S., Civil Assistant Surgeon.
3 ,, T. S. Balakrishnan, M. B., B. S., Honorary Assistant Medical Officer.
4 ,, L. K. Muthuswamy, M. B., B. S., Honorary Assistant Medical Officer.

*Gobichettipalayam :*

1 Dr. P. S. Dorairaj, M. B., B. S., Civil Assistant Surgeon.
2 ,, (Kum.) M. Sharada, D. M. & S., Civil Assistant Surgeon.

*Kollegal :*

1 Dr. H. Krishna Rao, M. B., B. S., Civil Assistant Surgeon.
2 Vacant.

*Pollachi :*

1 Dr. A. Gopala Menon, B. A., M. B., B. S., Civil Assistant Surgeon.
2 ,, (Kum.) Vadavalli Thayar, L. M. P., Civil Assistant Surgeon.
3 ,, S. N. Iyer, M. B., B. S., Honorary Assistant Surgeon.
4 ,, Palaniswamy, B. Sc., M. B., B. S., Honorary Assistant Surgeon.

*Tiruppur :*

1 Dr. R. K. Narayanan, L. M. P., Civil Assistant Surgeon.
2 ,, (Kum.) S. Ananthalakshmi, M. B., B. S., Civil Assistant Surgeon.

*Udamalpet :*

1 Dr. T. D. Taravanar, M. B , B. S., Civil Assistant Surgeon.
2 ,, (Mrs.) H. B. Francis, Civil Assistant Surgeon.
3 ,, Srinivasan, Honorary Assistant Medical Officer.

*Mettupalayam :*

1 Dr. A. Kanakaraj, D. M. & S., Civil Assistant Surgeon.
2 ,, (Smt.) Mary Viola Abraham, M. B., B. S., Woman Assistant Surgeon.

*Lawley Road, Coimbatore :*

1 Dr. A. Nabhiraja Ariga, M. B., B. S., Civil Assistant Surgeon.

*Police Hospital, Coimbatore :*

1 Dr. G. S. Venkatesan, B. A., M. B., B. S., Civil Assistant Surgeon.

*Central Jail, Coimbatore:*

1 Dr. C. A. Vijayaraghavan, L. M. P., Civil Assistant Surgeon.
2 ,, George Thomas, M. B., B. S., Civil Assistant Surgeon.

*Government Cinchona Plantations:*

1 Dr. V. K. Pillai, M. B., B. S., Civil Assistant Surgeon.
2 ,, (Kum.) T. M. Sundari Bai, L. M. P., Civil Assistant Surgeon.

*Government College of Technology Dispensary, Coimbatore:*

1 Dr. A. Nabhiraja Argia, M. B., B S., Civil Assistant Surgeon.

*Lower Bhavani Project Camp Dispensary, Bhavanisagar:*

1 Dr. George Thomas Enoch, M. B., B. S., Civil Assistant Surgeon.

*Amaravathi Reservoir Project Dispensary, Amaravathinagar:*

1 Dr. M. Sulaiman, M. B., B. S., Civil Assistant Surgeon.

## II. Local Fund Medical Institutions.

| | | | |
|---|---|---|---|
| 1 | Dr. P. O. Kuriappan, M. B., B. S., | Civil Assistant Surgeon | Bhavani. |
| 2 | ,, K. Aiyaswamy, M. B., B. S., | do. | Andhiyur. |
| 3 | ,, M. Nages Rao, L. M. P., | do. | Kangayam. |
| 4 | ,, S. Gopalaswamy, M. B., B. S., | do. | Palladam. |
| 5 | ,, Sivaraman, M. B., B. S., | do. | Kottur. |
| 6 | ,, S. S. Muthanandam, D. M. & S., | do. | Thondamuthur. |
| 7 | ,, E. Rajuvadan, D. M. & S., | do. | Sulur. |
| 8 | ,, C. A. Ramaswamy, L. C. P. S., | do. | Avanashi. |
| 9 | ,, G. A. Krishnamoorthy, L. M. P., | do. | Cowdhalli. |
| 10 | ,, R. Raja Ram, L. M. P., | do. | Hanur. |
| 11 | ,, V. Subba Rao, L. M. P., | do. | Peddappam-patti. |
| 12 | ,, C. O. Thomas, L. M. P., | do. | Uthukuli. |
| 13 | ,, P. R. Sitaraman, L M. P., | do. | Vettaikaran-pudur. |
| 14 | ,, C. R. Vittal Rao, M. B., B. S., | do. | Satyamangalam |
| 15 | ,, C. V. Viswanathan, L. M. P., | do. | Valparai. |
| 16 | ,, P. Rangachar, L. M. P., | do. | Talavadi. |

## III. Municipal Institutions.

1 Dr. C. Arumugham, M. B., B S.,
Civil Assistant Surgeon and Medical Officer in Charge,
General Dispensary, Raja Street, Coimbatore.

2 ,, (Mrs.) Sarada Aiyadorai, L. M. P., Woman Assistan Surgeon,
General Dispensary, Raja Street, Coimbatore.

3 Dr. P. R. Ramaswamy, M.B., B.S., Civil Assistant Surgeon, Sir Thyagara Dispensary, Devangapet, Coimbatore.
4 ,, (Mrs.) Ratnavelu, Woman Assistant Surgeon, Sir Thyagara Dispensary, Devangapet, Coimbatore.
5 ,, G. N. Rajan, D.M. & S., Sub-Assistant Surgeon, Municipal Dispensary, Gandhipuram.
6 ,, S. Dharmaraj, L.M.P., Sub-Assistant Surgeon, Municipal Dispensary, Ramanathapuram.
7 ,, C. K. Srinivasan, L.M.P., Sub-Assistant Surgeon, Municipal Dispensary, Pappanaickenpalayam.
8 ,, T. S. Ganapathy, M.B., B.S., Sub-Assistant Surgeon. Municipal Dispensary, Selvapuram.
9 ,, S. Viswasam, L.M.P., Municipal Dispensary, Tiruppur.
10 ,, (Miss) A. V. Eapen, L.M.P., Municipal Woman Assistant Surgeon, Children Dispensary, Pollachi.

## IV. Medical Officers Attached to the Primary Centres.

1 Dr. N. S. Mukuntha Rao, L.M.P., Civil Assistant Surgeon, Chithode.
2 ,, M. Chinnappan, M.B., B.S., do. Ganapathipalayam.
3 ,, S. B. Augustus, B.Sc., M.B., B.S., do. Kunnathur.
4 ,, V. D. Chumar, M.B., B.S., do. Sivagiri.
5 ,, M. R. Narayanan Nair, L.M.P., & L.T.M., Civil Assistant Surgeon, Perundurai.

*Government Dispensary, Topslip :*

Dr. M. A. Nambiar, M.B., B.S., Civil Assistant Surgeon.

*Community Project Health Centres :*

1 Dr. S. R. A. Babu, M.B., B.S., Civil Assistant Surgeon, Kasipalayam.
2 ,, (Kum.) Lalitha Chinnadorai, Civil Assistant Surgeon, Punjaikolanalli.
3 ,, P. G. Verghese, M.B., B.S., Civil Assistant Surgeon, Thuckanaickenpalayam.

## V. Rural Dispensaries.

| | | | |
|---|---|---|---|
| 1 | Dr. Shamshuddin, | L.M.P., | Alandurai. |
| 2 | ,, G. A. Chandrasekharan, | L.M.P., | Chettipalayam. |
| 3 | ,, V. Ramalingam, | L.M.P., | Kodumudi. |
| 4 | ,, C. S. Sivaraman, | D.M. & S., | Kinathukadavu. |
| 5 | ,, S. Arunachalam, | L.M.P., | Kallipatti. |
| 6 | ,, G. A. Ramakrishanan, | L.M.P., | Negamam. |
| 7 | ,, C. V. Rama Iyer, | L.M.P., | Kavandapadi. |
| 8 | ,, C. R. Subramaniam | | Pulavadi. |
| 9 | ,, S. Balasubramaniam | | Perumanallur. |
| 10 | ,, N. V. Vaidyanathan, | L.M.P., | Kundadam. |

# A LIST OF THE PANEL DOCTORS UNDER THE E. S. I. SCHEME

| | *Name of Doctor* | *Code No.* |
|---|---|---|
| 1 | Dr. P. N. Ramaswami Naidu, L. M. P., | 51—001—CBE. |
| 2 | ,, Smt. R. Saradambal, D. M. & S., | 51—002—CBE. |
| 3 | ,, V. Sriramulu, M. B., B. S., | 51—003—CBE. |
| 4 | ,, K. Thiruchitrambalam, M. B., B. S., | 51—004—CBE. |
| 5 | ,, N. R. Narayanaswami Naidu, L. M. P., | 51—005—CBE. |
| 6 | ,, K. V. N. Nair, M. R. C. S. (Eng.), L. R. C. P. (Lond.), | 51—006—CBE. |
| 7 | ,, T. K. Subramaniam, L. M. P., | 51—007—CBE. |
| 8 | ,, A. Rajagopalan, M. B., B. S., | 51—008—CBE. |
| 9 | ,, R. A. Rahman, M. B., B. S., | 51—009—CBE |
| 10 | ,, B. Parthasarathy, M. B., B. S., | 51—010—CBE. |
| 11 | ,, T. K. Narayanan, L. M. P., | 51—011—CBE. |
| 12 | ,, S. G. Rajaratnam, M. B., B. S., | 51—012—CBE. |
| 13 | ,, P. R. Kuppuswamy, L. M. & S., | 51—013—CBE. |
| 14 | ,, R. Lakshmana Rao, L. M. P., | 51—014—CBE. |
| 15 | ,, S. R. Srikantan, L. M. P., | 51—015—CBE. |
| 16 | ,, V. K. Prabhu, M. B., B. S., | 51—016—CBE. |
| 17 | ,, K. E. Eapen, L. M. P., | 51—017—CBE. |
| 18 | ,, P. S. Parthasarathy, L. M. P., | 51—018—CBE. |
| 19 | ,, T. R. Venkataraman, L. M. P., | 51—019—CBE. |
| 20 | ,, L. Munuswamy, M. B., B. S., | 51—020—CBE. |
| 21 | ,, P. A. Natesan, L. M. P., | 51—021—CBE. |
| 22 | ,, S. V. Subramaniam, M. B., B. S., T. D. D. (Madras), | 51—022—CBE. |
| 23 | ,, K. P. Venkatasubba Iyer, L. M. & S., | 51—023—CBE. |
| 24 | ,, S. Ganapathy, M. B., B. S., | 51—024—CBE. |
| 25 | ,, V. S. Krishnaswamy, L. M. P., | 51—025—CBE. |
| 26 | ,, S. S. Narasimhan, L. M. P., | 51—026—CBE. |
| 27 | ,, M. G. Nair, M. B., B. S., T. D. D. (Madras), T. D. D. (Wales), | 51—027—CBE. |
| 28 | ,, A. G. Leelakrishnan, M. B., B. S., | 51—028—CBE. |
| 29 | ,, R. Yegneswara Iyer, L. M. & S., | 51—029—CBE. |
| 30 | ,, H. K. Sarkar, L. M. & S., | 51—030—CBE. |
| 31 | ,, K. R. Krishnan, M. B., B. S., | 51—031—CBE. |
| 32 | ,, O. Kandaswamy, M. B., B. S., | 51—032—GPY. |
| 33 | ,, S. V. Appaji, L. M. P., | 51—033—IGR. |
| 34 | ,, S. R. Devaraj, L. M. P., | 51—034—KMR. |
| 35 | ,, N. Subbian, D. M. & S., | 51—035—NJP. |
| 36 | ,, P. R. Subbian, M. B., B. S., | 51—036—PMD. |
| 37 | ,, N. G. Kondaswamy, D. M. & S., | 51—037—PMD. |
| 38 | ,, T. J. Venkatakrishnan, M. B., B. S., | 51—038—PMD. |
| 39 | ,, P. R. Ramaswamy, M. B., B. S., | 51—039—PRNP. |
| 40 | ,, Kolandaiswamy, L. M. P., | 51—040—PDR. |
| 41 | ,, K. Ananda Rao, L. M. P., | 51—041—PDR. |
| 42 | ,, T. A. Gopalakrishnan Rao, L. M. P., | 51—042—SLR. |
| 43 | ,, R. G. Chandrasekhar, M. B., B. S., | 51—043—SPM. |
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