

which turns the majority of medical practitioners into job hunters. They do not feel confident to give the patient the appropriate treatment or advice. The patient senses this diffidence and turns his back on the M.B.'s, L.M.S.'s, L.M.P.'s and the rest to seek aid from others whom the M.B.'s, L.M.S.'s, L.M.P.'s and the rest seek to eliminate by the aid of legislation. The fault lies with the M.B.'s, L.M.S.'s, L.M.P.'s and the rest. They know it and instead of giving medical relief to the weak, the ill-nourished, the sick and the dying, by means based on up-to-date information in medicine, surgery, nutrition and public health, they seek medical relief given to medical men by the security of posts. Such is and has been the situation in our country ever since the Western medicine came to us through the East India Company. It is about time we ended it and mended things.

Elsewhere in this issue there is an announcement concerning medical education: Views are solicited from educationists, critics, practitioners and others interested in the topic. Send them along if you are interested. Do not worry about the expression and the style. We will rectify minor flaws in them, if present. Send us the points.—EDITOR, *I.M.G.I.*

#### SELECTION OF MEDICAL TEACHERS

SIR,—In view of the importance of selection of proper medical teachers for our expanding medical teaching institutions it seems to me very necessary that we should have clear ideas about the attributes we desire in our teachers. Public service commissions with a majority of non-professional selectors are perhaps not the ideal bodies to recruit the best medical talent available, but accepting this method as a necessary evil for some time to come, the profession (*i.e.* the Indian Medical Association) should furnish certain guiding principles to help them. One such tentative scheme is suggested for discussion.

Total marks—100.

A. Qualifications ..	.. 20 marks
B. Professional experience ..	.. 30 marks
C. Original contributions ..	.. 25 marks
D. Special attributes ..	.. 25 marks

A. Qualifications—20 marks.

(i) Pre-graduate professional examinations—10 marks. Two marks each for the first, second and third professionals and four marks for the final professional. Full marks for standing first. 50 per cent for the first 10 positions in an examination.

(ii) Post-graduate qualifications—10 marks. Full marks for an M.D., or M.S., or M.R.C.P., or F.R.C.S., etc., etc. Fifty per cent for less colourful 'tails'.

B. Professional experience—30 marks.

(i) Recognized house appointments—5 marks. Full marks for appointments of one year's duration or over.

(ii) Appointments in the speciality—10 marks. Full marks for appointments of five years' duration or over—two marks for each year.

(iii) Teaching experience—5 marks. Six months or over.

(iv) Foreign travel and professional experience—5 marks. Six months or over.

(v) Two references—5 marks. For an adverse report from a referee deduct 10 marks. For two adverse reports deduct 20 marks.

C. Original contributions—25 marks.

Five marks each for an original contribution published in a recognized journal. Full marks for even one outstanding contribution.

D. Special attributes—25 marks.

(i) Personality—5 marks. Including dress and personal hygiene.

(ii) Sports record—5 marks. College blue, etc., full marks.

(iii) Ability to lecture—15 marks. The candidate should be required to give a demonstration lecture on any selected subject for at least 15 minutes.

Yours, etc.,

P. N. CHUTTANI.

LONDON,

11th September, 1948.

#### MEDICAL BOOKS

SIR,—There are a number of valuable old medical books, printed in various countries of Europe in the 18th and 19th centuries, lying unknown and unutilized in India and gradually disappearing or disintegrating.

The Government of India have recently approved of a scheme to search for salvage and examine the old medical books in various libraries in India with a view to preparing a special catalogue of these valuable books. Circulars have been sent to all the medical colleges and other medical institutions in India, requesting lists of such old books for detailed examination. Some of the books will have to be photographed to show the title pages or illustrations. An analysis of the contents and the importance of the books as well as biographical notes of the author will have to be added.

Special attention has to be given to old medical books dealing with the health problems and diseases of India and neighbouring countries, and also to those books written by various medical men serving in India, either as East India Company's doctors or as surgeons attached to native States or private missions.

Some of these books have been printed in India and may not be available easily in Western countries and libraries. Their existence or contents are unknown to European and American teachers and writers on medicine. Even in India, all the books printed in India on diseases of India in the 18th and 19th centuries are generally unknown to the Indian medical profession. When somebody knows about the existence of an old medical book, it is not available in certain parts of India. There is no list of such old books and whether they are available in India and if so where.

May I request your readers to pass on any information they have regarding the existence of old medical books, particularly those printed in India or manuscripts, in any private collection or in the private libraries of the medical practitioners of the last century. Many of the private libraries of the native States, zemindars, educated and cultured families, missionary establishments, various printing presses and publishing houses may have a few valuable old medical books, which may not be available in the public or medical college libraries. All lists of such books or the addresses of persons where such books are available or even the books themselves may be sent to the undersigned.

Yours faithfully,

D. V. SUBBA REDDY,

Officer on Special Duty of Re-organization of Medical Libraries in India, Madras.

#### LEPROSY SUFFERERS NEED 'NEW DEAL'

SIR,—The Government of West Bengal are going to implement the health plans of the Bhow Committee. As leprosy is a major health problem of this province, it will doubtless receive their due attention. A few months ago the Government set up a Committee to plan a comprehensive leprosy scheme for this province. The plan has now been prepared and the Government will soon take decision on the proposals submitted to them.

Calcutta has the distinction of being the pioneer city in India for researches in leprosy. This work was started by Sir Leonard Rogers as early as 1916 and since then with the establishment of the Calcutta

School of Tropical Medicine considerable progress has been made and leprosy research has been placed on a permanent basis. It is however regretted that although leprosy has been recognized as the major endemic disease in West Bengal, yet it has not received the same administrative attention as it deserves.

In organizing an adequate leprosy campaign for the province it is essential that leprosy should be viewed as an ordinary organic disease and, except where special measures are necessary, be treated in the wards of general hospitals. In Madras, routine treatment of leprosy has been accepted by the Government as a legitimate function of the general medical service of the presidency.

A further advance in the preliminary organization of a leprosy campaign in Madras was made by the Surgeon-General in making it incumbent upon all district hospitals to admit patients suffering from leprosy who require immediate medical or surgical treatment, either for diseases other than leprosy or for acute complications due to leprosy. These patients should, however, be admitted to the septic or infectious diseases wards, if septic or infective.

It is now an agreed principle that a leprosy patient has as much right to receive treatment at a general hospital as has a person suffering from syphilis, tuberculosis or cancer. Therefore treatment of leprosy should be available at all Government, municipal, district board and local fund dispensaries. There is no justification, apart from traditional prejudice, for withholding treatment.

One of the greatest handicaps in the development of a leprosy campaign is the lack of interest of the medical profession. While active measures are undertaken for the control of malaria, tuberculosis, plague and other infectious diseases, the approach to leprosy is elementary. In the medical curriculum, both undergraduate and post-graduate, the scientific aspect of leprosy is not sufficiently stressed. It is imperative that in every teaching hospital an adequately equipped and fully staffed department, with adequate facilities for lectures and demonstrations on the clinical and pathological aspects of the disease, should be provided.

Medical education is being reorganized at the moment and it will be a great tragedy if leprosy does not receive the attention it deserves.

With the advancement in knowledge of leprosy, there is no reason why the disease should not be brought under control within a measurable period of time. The use of sulphones—promin, diasone and sulphetron— in the treatment of advanced cases has been found satisfactory in many instances. The prolonged use of these medicines in rather large doses has reduced swellings, cleared blemishes and caused ulcers to heal and even made some patients free of the causative germs. All these have been verified at the Calcutta School of Tropical Medicine. How far these beneficial results will be permanent, it is too early to say. Even so, it is a great landmark and opens a new era of research.

These latest additions to the therapeutic armoury of leprosy will not, however, solve the problem of treatment, because no curative remedy for leprosy can ever overcome the permanent damage and disability caused by the disease to such organs as eyes, nose, throat, voice box, or cure trophic ulcerations and muscular atrophy. Much damage, disability and suffering can, however, be prevented and reduced by application of electrotherapy, actinotherapy, physiotherapy, neurosurgery and orthopaedy. Unfortunately, there is no leprosy institution in West Bengal where these modern facilities are available. The greatest handicap to their wider use is high cost. Here again, the Government should step in and do their utmost in enabling the average leprosy patient to procure the drug at a price suited to their meagre purse.

It should be realized that treatment, however much efficient it may be, will not alone control the spread of the disease. Leprosy being a contact disease its prevention can be accomplished only by effectively isolating infective cases from contact with susceptible

persons as there are no means by which such persons can be rendered resistant to the disease.

Preventive measures must be based on the fact that the child, being the most susceptible to leprosy, is most liable to contract the disease from contact with an infective case. Adult leprosy *per se* receives a disproportionate share of attention in our leprosy campaigns, but the main importance of an adult infective case of leprosy, from the public health point of view, is the number of children within contact range of the patient.

If the infection of children could be stopped it is likely that leprosy would not survive long by adult infection alone. It is extremely unfortunate that the conscience and imagination of our nation have, as yet, not been aroused to the essential tragedy of this needless infection of children.

Yours, etc.,

P. SEN,

Leprosy Officer, B. E. L. R. A.  
(West Bengal Branch)

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## Any Questions

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### INDIAN MEDICAL AND PUBLIC HEALTH JOURNALS

SIR,—I shall be grateful if you will inform me of the names of all the *Medical* and Public Health Journals that are published in India, preferably province-war.

SAKLASPUR

(HASSAN DT.),

4th October, 1948.

Yours truly,

D. SHAMANNA,

Assistant Surgeon.

### [LIST OF INDIAN MEDICAL AND PUBLIC HEALTH JOURNALS

#### Bombay :—

1. Indian Journal of Medical Sciences.
2. International Journal of Sexology.
3. Indian Journal of Venereal Diseases and Dermatology.
4. Indian Physician.
5. Medical Bulletin.
6. Medical Digest.

#### Calcutta :—

1. Calcutta Medical Journal.
2. Indian Journal of Medical Research.
3. Indian Journal of Malarialogy.
4. Indian Medical Gazette.
5. Indian Medical Record.
6. Leprosy in India.
7. Journal of the Indian Medical Association.
8. Science and Culture.
9. Indian Journal of Pediatrics.
10. Immunity Bulletin.
11. International Medical Abstracts and Reviews.
12. Annals of Biochemistry and Experimental Medicine.
13. Bengal Public Health Journal.
14. Calcutta Medical Review.
15. Indian Journal of Ophthalmology.

#### Delhi :—

1. Indian Journal of Veterinary Science and Animal Husbandry.
2. Indian Journal of Entomology.

#### Madras :—

1. Antiseptic.
2. Indian Medical Journal.
3. Indian Veterinary Journal.
4. Indian Journal of Surgery.