

Aungier, was handed over to Fryer. The communication described who the distinguished patients were but counselled Fryer to be patient till a good and auspicious day presented.

'A good day coming, the Governor sent for me to Visit his Lady in the Haram, which was opposite to a Chamber he sate in, accompanied only with one pretty Wanton Boy, his Only Son by this Woman; upon which account he had the greater kindness for her; An old Gentle-woman with a Tiffany Vail, made many trips, being, I suppose, the Government of the Women's Quarters: at least I was called and admitted with my Linguist.

'At our being ready to enter, she clapped with her Hands to give Notice; when we were led through a long dark Entry, with Dormitories on both sides, the Doors of which Creaked in our passage (but I was cautious of being too Circumspect) till we came to an airy Choultry; where was placed a Bed hung with Silk curtains; to which being brought, I was Com-manded to place by it, from whence I might conveniently Discourse and Feel her Pulse, putting my Hand under the Curtains. It was agreed among them to impose upon me; wherefore at first they gave me a Slave's Hand, whom I declared to be Sound and Free from any disease, nothing contradicting the true Tenor and Rythme of Pulsation; when they began to be more ingenious, telling me, it was done to try me; Then was given me another Hand, which demonstrated a week languid Constitution; and collecting the Signs and Symptoms, I feared not to give Sentence; which met with their approbation, and so I was sent back the same way I came.'

A GOLDEN SHOWER OF PAGODAS FOR A VENESECTION

'The Caun had been acquainted with what had passed, and seemed pleased; whereupon I must visit the Haram again the next day to Bleed another of his Wives, he being tolerated Four, though he keeps more than three hundred concubines.

And now the Curtains was extended athward the Choultry, and an Arm held forth at an hole; but this was a slight fence for such Animals, who leaning too hard as they peeped, pulled it down, and discovered the whole Bevy, fluttering like so many Birds when a Net is cast over them; yet none of them sought to escape, but feigning a shamefacedness, continued looking through the wide Lattice of their Fingers: The Lady I had by the Arm was a Plump Russet Dame summoning the remainder of her Blood to enliven her cheeks (for among the darkest Blacks, the Passions of Fear, Anger, or Joy, are discernible enough in the Face) and she bearing a command, caused it to be hung up again; pouring upon her extravasated Blood a Golden shower of Pagodas, which I made my Man fish for.'

THE PLACE OF ELECTRO-SURGERY OF TONSILS IN INDIAN PRACTICE

By N. AHMED

Divisional Medical Officer, East Indian Railway

ELECTRO-SURGERY of the tonsils has assumed a definite place in oto-laryngology. There are no two opinions regarding its value, at least in those cases for which ordinary surgery is contra-indicated.

On 14th December, 1938, I sent a questionnaire to practically all the teaching institutions in India, Burma and Ceylon in order to ascertain what place electro-coagulation of the tonsils has in the practice of their attached hospitals, where young medical men receive

their training. The result of the investigation is given below. It has revealed a state of affairs which I consider needs attention. The copy of the questionnaire is given below :—

Electro-coagulation of Tonsils

by

Diathermy or Short-Wave Machine.

1. Name of Hospital—
2. Is it done at all in your Hospital?—
3. If yes, in which department—
  - (a) Radiological—
  - (b) Oto-laryngological—
4. Approximate number of cases treated in 1937-38.

The superintendents of the hospitals attached to 17 medical colleges and 27 medical schools were requested to supply the information :—

Amongst the 17 medical colleges two of them did not reply; ten replied 'No'.

Vizagapatam bought the short-wave apparatus in December 1938. Osmania Hyderabad said 'Yes but rarely', and gave no statistics. The Women's College, Delhi, replied 'Occasionally for tonsillar remains—none in 1937-38'.

It therefore comes to this that only 3 institutions attached to the medical colleges in India, Burma and Ceylon use electro-coagulation. They are the Grant and Gordhan Das Colleges in Bombay and the Medical College Hospitals in Calcutta. The cases they did were :—

J. J. Hospital, Bombay	..	8 in 1937
K. E. M. Hospital, Bombay	{ ..	6 in 1937
	{ ..	6 in 1938
Medical College Hospital, Calcutta.	{ ..	11 in 1937
	{ ..	8 in 1938

Amongst the 27 medical schools 14 did not reply; 11 of them replied 'No'. The only two, Agra and Darbhanga, said 'Yes' but Agra treated none in 1937 and only one in 1938, while Darbhanga did 3 cases in 1936 and none in 1937-38.

This being the state of affairs in the hospitals attached to the teaching institutions it would not serve any useful purpose to probe further into the question of what other leading hospitals in India are doing in the direction of fostering and promoting the advancement of electro-surgical methods in tonsillectomy. Whatever work is done in India appears to be wholly due to the individual efforts of the specialists and the enthusiasts amongst the general practitioners.

Apart from the question of training medical students, one wonders what happens to those patients whose tonsils are in need of removal, but for whom ordinary surgery is contra-indicated or to those who abhor or dread surgery and refuse it on account of the risk to their health, happiness and even life. To whom in India should go the aged, the very weak and debilitated, the tuberculous, the syphilitic, the hæmophiliacs, the invalids with serious kidney, liver, heart and pulmonary lesions, those with goitre, acute rheumatism,

inflamed septic tonsils or infected tonsillar remnants, the very nervous, who readily agree to anything but a knife, when their tonsils are in immediate need of removal?

It is my experience that the majority of the old practitioners, and not a very small proportion of the doctors who have recently qualified, if shown a diathermy machine are not able to say what it is.

After many years' experience, I am fully convinced of the very great scope and the extensive utility of the electro-coagulation of tonsils in Indian practice. I do not agree with those who advise against its adoption as a routine procedure. I see nothing in the method that warrants such an attitude. The only drawback, as far as the procedure itself is concerned, is its slowness, but, if a patient can afford the time, I see no reason why a doctor, who has the time, should insist on submitting him to the knife and its disadvantages and risks.

I realize the conditions that exist in big provincial hospitals. I do not blame a surgeon who is accustomed to use his knife and guillotine hesitating to adopt new methods when time is limited and the number of the patients great, but if he finds it convenient to use his knife or guillotine for reasons of his preference or the conservatism of the hospital organization and equipment, it is no fault of the coagulation and the method need not be condemned as unsuitable as a routine. I have actually experimented and found that 10 patients can be anaesthetized in half an hour, and not more than one hour would be taken for the day's coagulation of them.

The absolute limitations of the procedure are only two. Children under 6 years and the individual of any age and sex who will not open the mouth for even a few seconds for the work. During the period of six years I have seen only two such cases, a girl of 10 years and a lady of 22 years of age. The girl had

to be gagged and the lady needed patience to the point of exhaustion to get her to open her mouth and that also only on some days.

Electro-coagulation is an office procedure. It is easy, convenient and safe. It is my observation that Indian patients, educated or ignorant, bold or nervous, who are generally averse to the knife, very readily take to it, appreciate it, like it and after the experience of it have nothing but praise for it. Dan McKenzie, the famous oto-laryngologist writing on the subject, remarked—

'Little or no complaint is made and his endurance is never seriously taxed. He is, in fact, to continue the treatment from start to finish without leaving his work whatever it may be.....the disappearance of the slough takes place without the patient being aware of it.....so quiet and uneventful is the process, indeed, that even large tonsils seem to melt away almost imperceptibly.'

It is a pity that the premier hospitals are not giving a lead in using and popularizing this method, which has a great future in India.

The hospitals attached to all the medical colleges and schools in India could show a record of only 40 cases in two years in 1937 and 1938, while Dillinger in America put forward 2,200 cases of tonsils removed in 4 years by electro-coagulation and that too in 1926 to 1930.

The aim of this article is to urge the big hospitals to use the method and to let students be at least acquainted with it to the extent that they may in future be able intelligently to prescribe or actually use it for suitable cases in their practice.

My sincere thanks are due to the authorities of the hospitals, colleges and schools who so very kindly supplied me with the required information. I have also to thank Dr. S. C. Chatterji, the Chief Medical Officer, East Indian Railway, Calcutta, for permitting the publication of this article.

## Medical News

### TUBERCULOSIS WORKERS' CONFERENCE

The first Tuberculosis Workers' Conference organized by the Tuberculosis Association of India was opened by Her Excellency the Marchioness of Linlithgow, the president of the Tuberculosis Association of India, in the Red Cross Conference Hall on the 20th November, 1939.

In requesting Her Excellency to open the Conference, Major-General G. G. Jolly, the chairman of the Tuberculosis Association of India, referred to a similar Conference held five years ago under the auspices of the King George Thanksgiving (Anti-Tuberculosis) Fund, the immediate predecessor of the present Association. The present Conference was the first to be held under the new Association founded by Her Excellency. This Conference met under circumstances when the finances of the anti-tuberculosis movement had been vastly augmented by Her Excellency's Appeal

for the King-Emperor's Anti-Tuberculosis Fund. Five years ago the total amount available to combat tuberculosis all over India was Rs. 9½ lacs, but to-day the collections had reached nearly Rs. 85 lacs. 'If the striking change in the finances of the movement against tuberculosis in India is any measure of the increased interest in the disease and of increased determination to tackle it, then the position is one which must give great satisfaction to all tuberculosis workers in India.' On behalf of the central committee and the delegates the chairman expressed his gratitude to Her Excellency for the honour she had paid them in coming to open the Conference. Her Excellency's presence, he said, was a demonstration of the active interest which, as president, she took in all the affairs of the Association.

Her Excellency in opening the Conference said:—  
'The Tuberculosis Association of India is the outcome of a resolution which I formed over three years ago