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#### the ceylon medical students' journal

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vol XV anside no. 1

editor

raja. f. wannakukorale

1963/'64

faculty of medicine university of ceylon colombo

#### THE OATH OF HIPPOCRATES

I swear by Apollo the physician, and Aesculapius, and Hygeia and Panacea, and all the gods and goddesses, that according to my ability and judgement, I will keep this Oath and this stipulation.

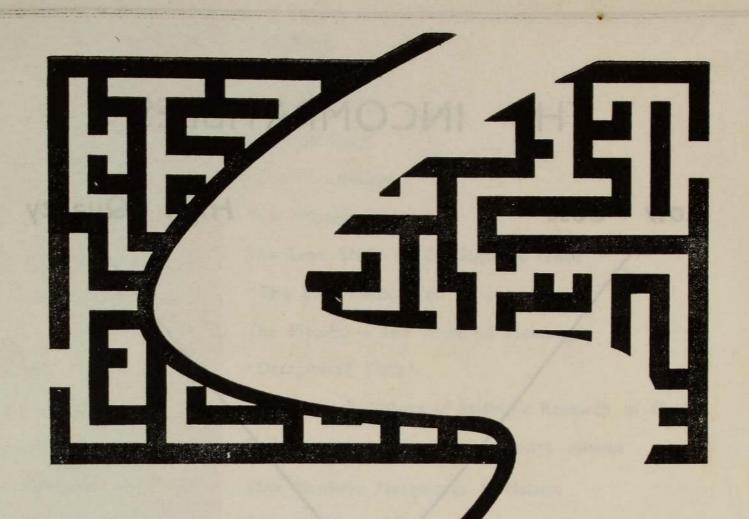
To reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others

I will follow that system of regimen which, according to my ability and judgement I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion.

With purity and with holiness I will pass my life and practise my Art. I will not cut persons labouring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption: and, further, from the seduction of females or males, of freemen and slaves.

Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret.

While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times. But should I trespass and violate this Oath, may the reverse be my lot.



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The views expressed by the various contributors to this Journal are not necessarily shared by the editor. We dedicate this issue of our magazine to the various Firms who patronised us with their advertisements.

Their contributions after covering the entire cost of this publication have left us with a handsome profit of over Rs. 3000/-

This money we hope to donate to the World University Service, to be utilised for the establishment of the proposed Medical Students' Book Shop.

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# Thank You .....

- Dr. N. D. W. Lionel for valuble advice, guidance and encouragement.
- 4 Lallith Mendis, the staff artist.
- A. Sellarajah.

  Lakshman Karaliedde.

  Sunil Liyanage.

  Buddhadasa Bodhinayake

  Daya Thenuwara.

  Palitha Vidanagama.

  and all other friends for their suggestions and assistance.
- ♣ Mr. B. H. L. Herath and Mr. T. M. B. Ibrahim.
  (of the Head Office, Faculty of Medicine) for their kind co-operation.
- All the contributors, who made this magazine possible.
- Our advertisers for their kind patronage.
- The Printers, Messers Felix Press, Maradana for an excellent product, for courteous and ungrudging service despite the many eccentricities they had to cope with from yours truly.

Thank you ...

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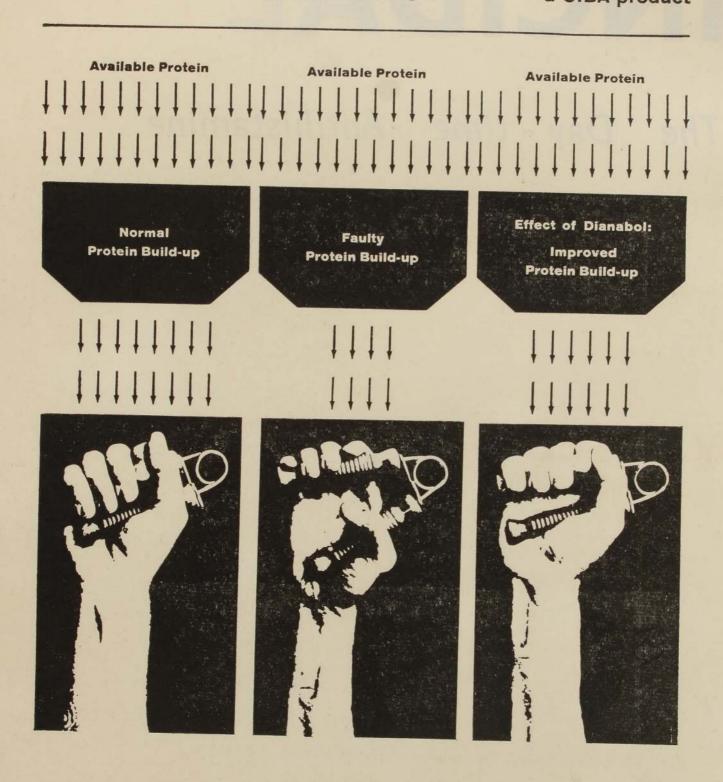
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#### WANTED:

A NEW OUTLOOK FOR MEDICOES

OF LATE, the medical profession has come for attack by the Civil Service. These "self-sanctified Brahmins"— as somebody put it — claim to be the "intellectual elite" of the country who have faced the most competitive examinations, undergone the best of training and risen up the ranks by serving at their best. With characteristic modesty, they have even remarked that the medical men hail from among the lower i.q. groups, face less competitive examinations, and rise up the ranks with comparative ease. As such, they maintain that any revision of salary-scales to the advantage of these medical men will be totally unfair by them and "iust not warranted". The very newspapers which gave publicity to the Civil Servant's opinion were however fair enough to release some space for the various replies counter-attacking these points from the members of the General Public. The top brasses of the Civil Service would have normally thought that as in the past their words would have gone unchallenged, their submissions and interpretations on the F.R. (Financial Regulations) and P.S.R. (Public Service Regulations) accepted as Gospel truth by the Government in power.

various The greatest obstacle the technical professions have still to face in Lanka is that of the administration. Doctors, as well as other professionals still come under the iron hand of the Civil Service administrator - yes, the same old Civil Service administrator under a different name. The administrator's word is treated with highest regard by the Treasury and the Professional opinion considered only next. This state of affairs has slowed down developmental projects and caused frustration amongst the various professional ranks. Just imagine (this is purely an example to illustrate our point an MD., DPH., being told to carry out instructions of the Permanent Secretary on the various methods to be adopted during an epidemic of small pox. Shouldn't after all his professional knowledge and experience be placed over and above the administrator's mere bureaucratic authority?

Anyone in the correct frame of mind would realise that the present struggle of doctors for higher salaries is just another struggle of the times - a struggle against the ever rising cost of living. After 5 years or more of painful existence at the Medical College - or shall we say hand to mouth existence, what do you get? An internee with no future to feel secure about. This sad state of affairs for an internee doctor could be pin-pointed by saying that the early years of his very survival depends on the dowry he is likely to get if all goes well. The public, with whom after all the doctors have been in very close association, have realised this and even after provocation by the Press there has not been a single case made out by them that the doctors should not be paid the highest salaries in the Public Service. The present doctors of Ceylon can congratulate themselves on maintaining Public relations of a very high order. Of course there has occasionally been the odd case, singled out, exaggerated

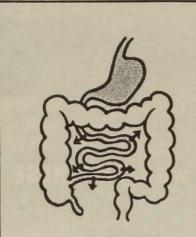
and highlighted by the Press which no fair-minded person would consider as "signs and symptoms" of general degeneration of the medical profession as a whole. We the doctors-to-be should be mindful of maintaining and furthering our healthy relations with the Public.

At this point when we have just mentioned public relations it is not totally inappropriate to mention how the present disposed medico should be AYURVEDA. It is high time we realised that some day - new development in ayurvedic research may result in ayurvedic medicine eventually becoming a discipline to be reckoned with. Even at present we must have the basic honesty to admit that certain fields of Ayurveda outshines Western Medicine. We cannot over-emphasise the fact the medico should be open-minded to accept any form of treatment irrespectively of the label under which it comes provided it has been shown to be effective by accurate methods of evaluation.

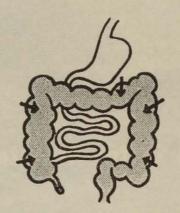
Times are different and continually changing — fast changing. There are other Universities in the running now — the cultural repositories of Lanka: Vidyodaya and Vidyalankara. We must be aware of the fact, that being young and immature they tend to look up to us at Colombo or Peradeniya in many a way. We must set the example. We simply have to change our ways, our outlook The tailpieces of colonial regime, our one-time ideals and sentiments must be abondoned and left to die out. Everything we do, much of what we say, is bound to have a vital effect on the destiny of our country. Let us not tempt Providence by any act of foolhardiness or headstrong rashness on our part We know that the country appreciates our position and understands the manifold problems attending it.

#### Re-education of the Constipated Bowel

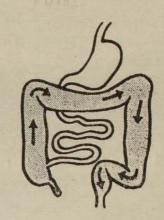
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Lancet, (1952), i, 655: Lancet, (1962), i, 1010

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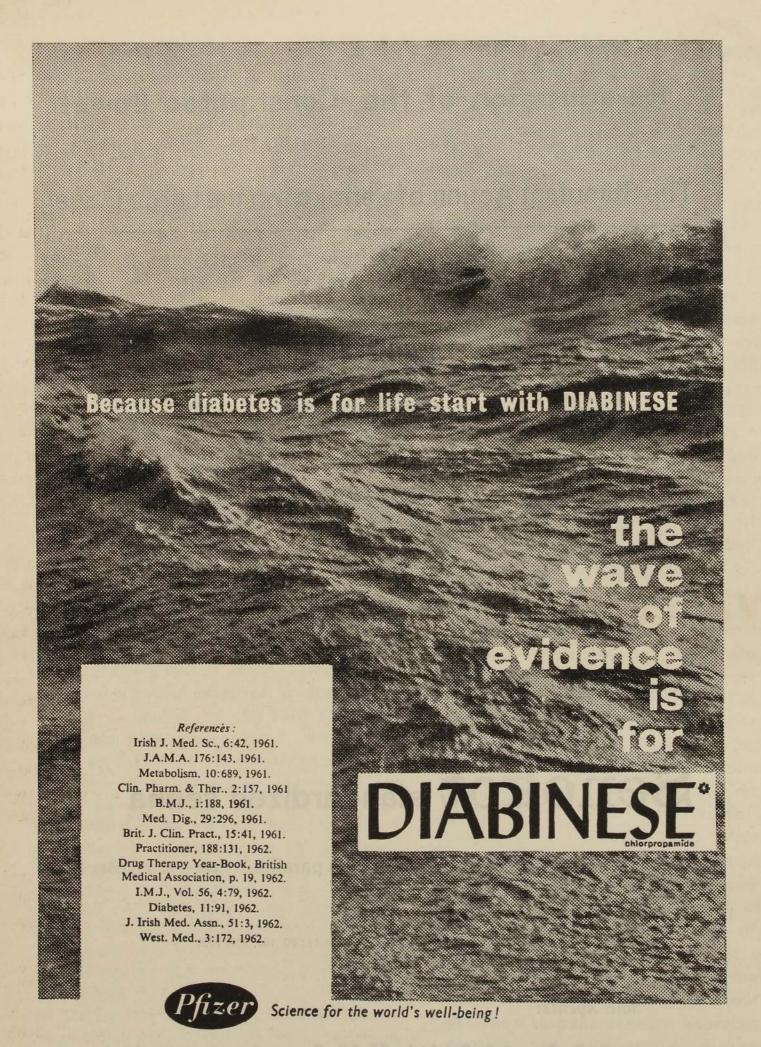
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The reappointment of Prof. O. E. R. Abhayaratne, as Dean of the Faculty of Medicine, for a further period of three years was welcomed by all. He has always taken a keen interest in the welfare of medical students, and has been with us all along, in moments of glory and need. We wish him an enjoyable and trouble free tenure in office.

We extent our heartiest congratulations to:—

Prof. K. Rajasuriya — on his being elected a Fellow of the Royal College of Physicians, London.

Prof. G. H. Cooray — on his being the first Ceylonese to be admitted as a Fellow of the College of Pathologists, London.

Drs. Quintus Peiris and H. K. T. Fernando — on their election as Fellows of the Royal Faculty of Radiologists, Ireland.

Dr. R. G. Panebokke — on his being awarded the M.D., in recognition of his original work.

We welcome Drs. Kirtisinghe, T. Varagunam, S. Aponso, Mrs. Gunawardene, as lecturers in the Faculty. We are happy to have with us once again, Drs. K. N. Seneviratne and D. D. Samarasinghe who have obtained the Ph. D.

Much to our regret, Prof. R. P. Jayawardene has relinquished duties as Professor of Medicine. He was undoubtedly one of the most popular of our Dons, and his uncanny knack of mixing facts with wit, made him a most interesting and inspiring lecturer. The Games Evening was held for the second year in succession, and proved to be a tremendous success. The keenness and enthusiasm shown by the members, ensures that this will be a regular feature in the years to come.

Much to the delight of the billiard fans, a new table was purchased. The rush at 8 a.m. to book the games for the day is ample testimony to the popularity of the game.

The following magazines have been introduced to the Medical Students' Common Room — Men Only, Rasavahini, Sarasaviya, Kumudam and Kalki. During the current year the M. S. U. published a news letter — "The Steth." It was a fair success and we hope that "The Steth" will be continued.

The canteen management changed in September; with it, "Uncle" who had catered to most of our teachers in their student days, has moved away from the scene. With fanfare and "kiri-bath" the new organisation was launched! but we are sorry to note that the high standard initiated, has not been maintained. On many an occasion, one parts with twelve cents in exchange for a drink optiomistically called "lime", where lime is present merely as an impurity and is not in assayable quantities.

After a lapse of two years, the traditional Block Social, Concert and Dance was held. For the sake of inauguration and encouragement, it was organised by the M. S. U. From this year onwards the Anotomical Society will take over this function. The vast numbers present, was an indication of the everlasting popularity of the Concert and Dance.

It is with feelings of great sorrow that we note the loss of one of our members.

Miss Mercy Thomas, who passed away after a brief illness. We extent our condolences to the members of her family.

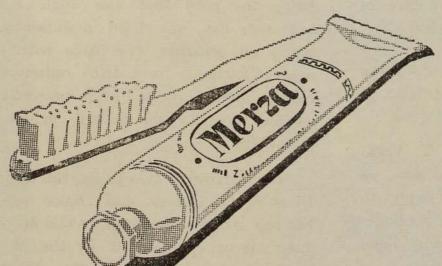
1964 is indeed a memorable year for the medical profession. It will go down in history as the year, when the doctors of Ceylon expressed their unity, and carried on a struggle against great odds. It was only the clamping down of a State of Emergency, with its special legislation that compelled the doctors to discontinue their strike, but the Government and the public are now aware that the conditions of service are utterly unsatisfactory. It has been said that the doctors are the elite of the country; we hope the rulers would come out of their shells, and accede to the just requests of the

doctors. The M. S. U. at a special meeting adopted a motion expressing its solidarity with the doctors in their struggle.

It had become an annual feature to record the lack of facilities for students doing casualty work at G. H. C. and deliveries of D. M. H. We are sad to note, that the unhealthy tradition has to be continued this year too.

During the last year, we were privileged to listen to some of the foremost doctors in the world. Among them were Prof. Rosenheim, Prof. Komei Nakyama, Prof. Cameron, Dr. Spencer, Mr. R. Cooke, Mr. F. A. R. Stammers, Mr. David Annis, Dr. B. J. D'Silva, Mr. Dunlop, Dr. Kawashima.

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#### Your General Secretary Reporting ...

The year under review has been one beset with controversies. No less than four emergency general meetings had to be called. Accordingly we had an unprecedent interest amongst the students in the activities of the union. However the lady medical students still shun the union meetings and are generally quite uninterested in the M.S.U. affairs which is grossly unfair in view of the dominant role they play in the election of office bearers.

The begining of our term saw the fresher medicoes in a spot of trouble after their excursions into a few secondary schools during the Law-Medical Match. The press bloated these incidents out of all proportions and consequently the University authorities took a serious view of these incidents. At this juncture the 'blockers' sought the aid of the M. S. U. The president of the M. S. U. addressed the 'blockers' and advised them as to the course of action they should take. This incident signified the fact that the M. S. U. functions today as a fully grown trade union.

The M. S. U. committee decided to sit down to a policy - making session which was to bring about some much needed changes. With the anatomical society defunct, providing a good social and dance to the students was a problem. Most students expressed the

view that the M. S. U. social in June did not come upto their expectations. It was therefore decided that in future there would be only one social. In view of the fact that the blockers were unable to run this social, for our term it was decided to convert it into a Medical Students' Union Concert, Social and Dance. This event was held in October with the Dean of the Faculty of Medicine as chief guest. The pains the M. S. U. committee took in organising this event were amply compensated by the very large attendance evident at the social.

It was also decided that the M. S. U. take up with the Dean certain pressing problems encountered by our members. The Library facilities, improvement in canteen facilities and sanitary facilities, increased accommodation for the M. S. U. common room. These shortcomings had already been presented by the previous committees to the authorities concerned, but the response of the authorities had been insignificant. Though During our tenure in office some headway was made, there still remains much to be done.

The coming in of freshers always creates problems for the authorities as well as for the union. Though the rag nowndays is not what it used to be, still incidents crop up and the year 1963 was no exception. The press gave an unsavoury twist to the

incidents by indicating that the Senior Medical Students were practising religious descrimination during the rag. As a result the public was perturbed as to what was happening. After an impartial and thorough inquiry conducted by a special commission appointed by the M. S. U. it was established beyond any reasonable doubt Medical Students never introduced religious discrimination into their ragging. However these incidents had created much ill feeling and it was indeed a black day for the M. S. U. when it had to deal with a matter of this nature. In this connection the M. S. U. wishes to express its gratitude to two of our senior professors, namely Prof. D. A. Ranasinghe and S. W. Bibile who devoted much of their valuable time to clear up the incidents. It is hoped that in future the union members will pay due heed to their recommendation - "that ragging of freshers in streets is to be condemned." We too feel that much of the trouble that arises during rags could be eliminated if these incidents are not exposed to the public.

The annual games evening was a splendid success. The popularity this event evokes deserves it to be treated as a major event. The Dean of the Faculty of Medicine was Chief Guest and distributed the prizes.

The medicoes watched with growing trepidation as the GMOA and the M. S. A. began their show down with the Government. The strike was ultimately called off due to the National Emergency which was enforced. The Medical Students discussing the issue passed a resolution expressing their solidarity with the G. M. O. A. and the M. S. A. We are now awaiting to see whether the most reasonable demands put forward by the G. M. O. A. and the M. S. A. regarding the increase of the doctors' salaries will also be denied.

The M. S. U. has now become a full member of the International Federation of Medical Students' Associations (I. F. M. S. A.). Our thanks go to Mr. R. Dassanayake and Mr. R. D. B. Dayaratne for their untiring efforts regarding the matter.

During the year we had a number of film shows and lectures. We hope that there will be more lectures sponsored by the union.

We also had a number of visitors from various other countries. The Japanese Medical delegation visited us in September and all who met them were captivated by the charm and warmth of their greetings. The World University Service project is well under way and soon the Medical Students will have their own book-shop. Arrangements are being made to substantially reduce the cost of medical books and equipment such as stethoscopes, knee-hammers and pen-torches. The secretary of our branch of the W. U. S., Mr. K. P. Gunasekare has already made headway in this project under the able guidance of Professor D. A. Ranasinghe, the President.

This review would be incomplete if we do not add our special thanks to the members of the staff who have helped the union by their actions and counsel, Mr. B. H. L. Herath for his untiring work in handling the union documents and accounts Our very special thanks to the Dean who has always been there on the side of the students at our troubles and tribulations, our success and joys. Finally we thank all members who have given us a helping hand. It has been a pleasure serving you.

S. CHANDRAMOHAN, Gen. Secretary.

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The Alcohol habit is rapidly gaining ground in this country, especially among the young, and it is time we took stock of this grave danger to the health, happiness and well being of the people.

Those interested in the trade, and therefore of popularising the habit among the populace, have been spreading the idea that we have always been a nation of imbibers of the drink that inebriates and arrack is therefore often referred to as the National drink. That this is quite incorrect can be seen from our historical records, a study of which has apparently been long neglected and only too superficially undertaken so far.

by

Professor

K. Rajasuriya

<sup>1.</sup> Forel, A (1900) Amer. J. Insan. 57, 297.

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"Their common drink is only water" wrote Robert Knox 2 nearly three hundred years ago, after a long study of the habits of the people of the Kandyan provinces during a period of nearly twenty years enforced residence among them "and if they drink Rack (i.e. arrack) it is before they eat, that it may have the more operation upon their bodies."

Paul Peiris<sup>3</sup> writing about the same period of our history says that "the delicious liquor extracted from the kitul palm was greatly in demand, arrack was not unknown .... but the positive prohibition against the use of intoxicants which was contained in their religion and the nature of their food and climate had made the Sinhalese a nation of total The high born man who abstainers. tasted the degrading stuff was socially disgraced (compare today !!!) and the views of the people in regard to its use by females was similar to that of the early Romans".

Much more recently John Davy<sup>4</sup> M.D., F.R.S. who was stationed in Ceylon in 1921 as Surgeon to His Majesty's Forces, commented that the natives are less liable to dysentry than Europeans due to, "habits of temperance and abstinence from intoxicating liquors."

The arrack habit was introduced by the Portugese in the 16th Century. Says Paul Peiris again "The liquor of the palm trees was seized by them and taken over at their own valuation to be converted into arrack." Much arrack was used during their battles and other military engagements and it is related by the poets how at the famous battle of Gannoruwa in 1638 the fleeing Portugese,

who were finally decimated by Raja Singha II, threw away ' jars of meddenning arrack in their flight."

Later on the Portugese who were settled in the country distilled arrack and kept taverns.

Under later Kandyan Kings the manufacture of arrack was punishable as an offence (D' Oyly).

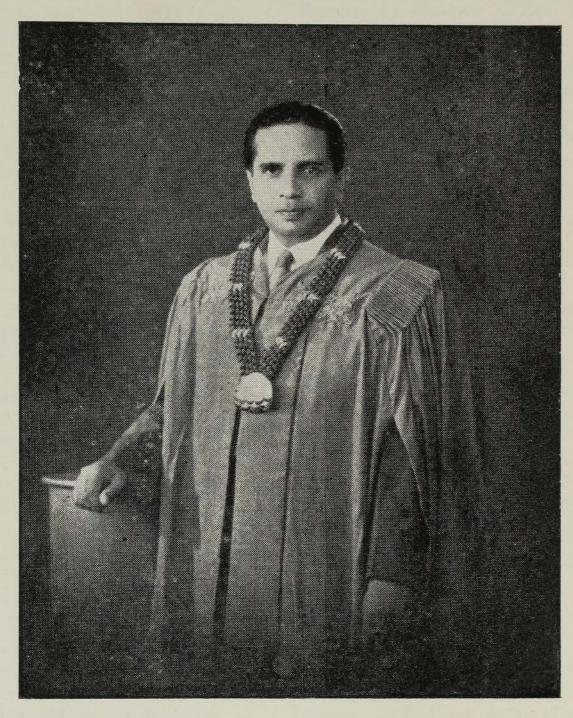
The Dutch, who followed the Portugese in the maritime provinces also "love drink, and practise their proper vice in this country" wrote Knox. He also describes how a Dutchman came into the presence of the King drunk, and when the King asked him why he "thus disorder yourseif" he boldly replied that "as soon as his mother took away her milk from him she supplied it with Wine and ever since I have used myself to it" .... "The Chingulays have a saying therefore that wine is as natural to white men as milk to children."

It is therefore obvious that the people of this country, apart probably from those in the maritime districts which were under the occupation of the Portugese and Dutch, were total abstainers till very recently.

How alcohol was introduced among this teetotal population is vividly described by an Englishman who for his forthought views and denunciation of his own people will go down to history as a great and noble gentleman. Thomas Skinner,<sup>5</sup> in his "Fifty years in Ceylon" has this to say. "That the vice of intemperance has become an enermous evil, and that it is rapidly gaining ground, there is left no room for doubt . . . . Renters purchase from Government the monopoly of the taverns of a

Knox Robert (1681) A Historical Relation of Ceylon (The Ceylon Historical Journal, Vol VI) page 139
 Peiris Paul E (1914) Ceylon, the Portugese Era, Vol. II page 103.

<sup>4.</sup> Davy John (1821) An account of the Interior of Ceylon 1st Edition Longman, Orme and Brown, London 5. Skinner Thomas (1891) Fifty years in Ceylon. W. H. Allen & Co., Ltd., London p. 220.



Prof. K. RAJASURIYA D. C. H., M. D., F. R. C. P.,

Head of the Dept. of Medicine.

FACULTY OF MEDICINE, UNIVERSITY OF CEYLON.

district; they are established in every district, almost in every village of any size throughout the interior, often to the great annoyance of the inhabitants, and in opposition to the Headman. To give the people a taste for the use of spirits, it is often at first necessary to distribute it gratuitously, the tavern-keepers well knowing that with the use, the abuse of the indulgence follows as a certainity. I have known districts, of the population of which, some years ago, not one in a hundred could be induced to taste spirits, where drunkenness now prevails to such an extent that villagers have been known to pawn their crops upon the ground to tavern-keepers for arrack. We know the train of evils which are the inevitable consequences of intemperance in the most highly civilised societies; but deprive the poor uncivilized, uneducated native of his great redeeming virtue of sobriety, and you cast him adrift at once, an unresisting victim to all the vices of humanity ..... It would have been more consistent with the duty of a paternal government to have limited the number of taverns in the rural districts, or at least not to have allowed them to be forced upon the people against their wish ".

With the maritime provinces as its main fount the vice of alcoholism has penetrated into the interior of the country and illicit distillation of liquor has become almost a cottage industry in the villages, the police force and Excise department notwithstanding. "Thousands of men in Negombo and Chilaw are registered at the Exchange as unemployed. Really they are engaged in a very lucrative profession. Women too find occupation in this profession. They are very necessary to attend to the productions of the article that is put up for sale. . . . . . Today new lands are being opened up in Settlers are brought in Chilaw district. from hot beds of pot arrack like Wennappuwa, Bolawatta, Gonawila, Katukurundu and Dankotuwa. The very first thing that these people do is to manufacture pot arrack for their own consumption. They then find that it pays such large dividends that they make it a full-time job "(N. E. Thangarajah, Observer Chilaw Correspondent. 3.11.60).

It will probably require another Thomas Skinner to rebuke his own government for encouraging the production of alcohol when it should take all steps to prohibit it altogether. But it is a sad commentary on the state of Sri Lanka today that Gal Oya is adding considerably to the amount of liquor imbibed in the island under the benevolent aegis of a paternal (or is it maternal) government.

Let us turn now to the result of the excessive imbibition of the drink that inebriates.

The commonest system involved in chronic alcoholism is the gastro-intestinal and the chief organs that are seriously affected are the liver and the pancreas.

Anorexia is an early symptom and as the drinking continues vomiting becomes a problem. Later haematemesis may be added. Severe diarrhoea may sometimes occur. These symptoms however are likely to subside if the patient is taken in hand and treated.

Enlargement of the liver sometimes markedly can occur in many alcoholics due to fatty infiltration with some impairment of function. Following a period of abstinence and with an adequate diet normality of size and functions can be regained and many such episodes may occur before the liver gets permanently damaged i.e. develops cirrhosis.

About two decades ago it was shown (Fernando, Medonza and Rajasuriya 1948)<sup>6</sup> that cirrhosis of the liver in Ceylon was

<sup>6.</sup> Fernando P. B., Medonza O. R. & Rajasuriya K (1948) Lancet ii 205

mainly due to a deficiency of lipo tropic factors in the diet of the common man and that alcohol only played a minor part in the aetiology. Today, however, the picture appears to be changing and it is common to get a history of chronic alcoholism in the majority of our cirrhotics. It is also noteworthy that the malady is affecting people of much younger age groups now than two or three decades ago.

Amoebic hepatitis and liver abscess are also not uncommon in our hospital wards today and in these cases too a history of chronic alcoholism is found in the majority of cases. In a recent study (Rajasuriya and Nagaratnam 7) it was found that in 97 cases of amoebic hepatitis 75 % were alcoholics, of whom 56 % were habitual or heavy drinkers; and of 14 cases of amoebic liver abscess all were alcoholics, and 78.5 % were habitual heavy drinkers.

Another disease that is being increasingly recognised among alcoholics now is pancreatitis.

A bout of excessive drinking may be followed by an attack of acute hamorrhagic pancreatitis characterized by acute severe abdominal pain, persistent vomiting, shock and death. Subacute attacks are probably more common with less dramatic onset and symptoms. These patients generally live to drink another day. Repeated attacks may result in progressive damage to and destruction of the pancreas leading to steatorrhoea and malabsorption syndromes.

The other group of disorders affects the nervous system. These neurologic illnesses may be classified into three categories (Harrison 8)

- 1. Acute inebriation.
- 2. The tremulous hallucinatory delerious states.

3. Nutritional diseases of the nervous system secondary to alcoholism.

Acute inebriation needs no description and the symptoms are familiar to everyone. Coma due to alcoholic intoxication however may be difficult to distinguish from others.

The second group of illnesses usually manifests itself in chronic alcoholics after the cessation of drinking. This group includes alcoholic tremulousness — also known as "the shakes" or "the jitters," alcoholic hallucinosis, delerium tremens and alcoholic epilepsy.

The third and major group of illnesses comprises the nutritional diserders affecting the nervous system. The chief of these are, Wernicke's encepholopathy, Korsakoff's psychosis, alcoholic polyneuropathy and nutritional amblyopia.

In Wernicke's encepholopathy there is evidence of an associated nutritional deficiency, particularly that of thiamine. The condition is characterized by a clouding of consciousness, disturbance of oculomotor functions and ataxia. A peripheral neuropathy may also be associated.

In Korsakoff's psychosis the prominent feature is the patient's inability to learn and retain newly presented material. This loss of retentive memory may be the only demonstrable disturbance of mental function. The other fairly typical clinical features are confusion and confabulation. Alcoholic polyneuropathy is a degenerative process rather than an inflammatory one and is due to an accompanying nutritional deficiency as shown by the fact that adequately nourished drinkers do not develop the disease.

Among diseases of the cardio-vascular system cases of Cardiomyopathy due to alcohol are now becoming increasingly

7, Rajasuriya K and Nagaratnam N (1962) J of Trop. Med. & Hgy. 65, 165

<sup>8.</sup> Harrison T. R. (1954) Principles of Internal Medicine, 2nd Edition M. Graw-Hill Book Co., Inc. New York, page 778.

recognised. Treatment is wholly dependent on abstinence and the condition is a reversible one. Continued alcoholism leads to death.

The above are chief among the diseases which can be caused by the legally manufactured spirituous liquors. However there are several illicit brews in this country which cause widespread and severe damage.

Blindness due to these brews is being recognised in the areas where illicit distilling of "Kassippu" is going on apace. Similarly an increase in the incidence of lung tuberculosis has been found in these drinkers and this is becoming a major problem in a country which is already hard pressed trying to control this great menace. For unlike the other maladies from which he suffers the chronic alcoholic who develops tuberculosis becomes a source of early infection to his family and associates.

Apart from these specific illnesses the alcoholic state probably lowers defence mechanisms and also disguises early symptoms of illness, thus delaying early diagnosis, with disastrous results sometimes, eg. meningitis and pneumonia. The effects of trauma may similarly be masked, e.g. in head injuries.

Apart from the dangers to the health of the individual himself alcohol has been the cause of accidents and injuries to others. The intoxicated driver in charge of a motor vehicle is of common enough occurence. But mahouts, persuaded to take drinks, have been incriminated as the cause of stampeding elephants at Peraheras in recent times, leaving destruction in their wake. Alcohol as a cause of crimes against persons takes a fairly high place in our society today in many part of the country. Yet a hundred and fifty years ago there was hardly any crime committed in the Kandyan Kingdom This was before "the most profligate of the low country Sinhalese flocked from the

maritime provinces into the interior and spread far and wide their contaminating influences over a previously sober orderly and honest race. Robberies and bloodshed became familiar to the Kandyan in districts where a few years before any amount of property would have been perfectly safe in the open air" (Skinner).

With the spread of the alcohol habit to the younger generation rowdy behaviour in public places and similar incidents are becoming more and more familiar to law abiding citizens of this country. The following account from a newspaper report (Ceylon Daily news of 30.3.60) of the aftermath of a "Big-Match" is revealing: - "Accompanying the 26th encounter between "X" and "Y" (the two schools) last Friday and Saturday were unprecedented scenes of the most disgraceful type of perverted schoolboy behaviour ever to be seen in Colombo. Staggering little teenage hoodlums, disgracefully drunk, invaded the town in mobs. In their wake they left a trail of wantom destruction rarely equalled for its viciousness. Cars were smashed up, cyclists and motor cydlists were beaten up and pedestrians were molested ....."

Alcohol may sometimes even endanger the security of the state. It is said to be widely used for the purpose of getting people to talk. Especially in little Ceylon where many people, big and small, are waiting to pounce on those free drinks that the embassy waiters are taking round, disgorging "secrets" (sometimes mixed with gastric secretions!) is said to be not unknown.

What remedies do we possess to arrest this alarming and unhealthy trend in this country. It is not sufficient to state in mitigation that it is happening all over the world. For example in 1956 the death rate from cirrhosis of the liver in France was the highest in Western Europe — 32.5 per 100,000 inhabitants compared with 2.6 in England and Wales. The average consumption of Wine

in France (approximately 0.7 litre per adult per day) is much higher than elsewhere. In London, a study group of the department of Public health of the London School of Hygiene and Tropical Medicine found that at a borough school not far from London 29% of the boys and 13% of the girls between 15 - 18 years of age drank alcoholic beverages at least once a week. Also that almost half of the 18 year old boys drank beer regularly (Practitioner<sup>9</sup>). This trend is evident in many Western countries too.

In Ceylon too in certain parts of the west coast, especially in the North Western Province children are often given to drink on festive occasions by their parents. Also alcohol is said to be good for worms!

What, one may ask, should the state do to arrest this known danger to the health and well-being of the community.

The government, it is reported, is earning Rs. 100,000,000 a year from legally manufactured liquor. (The kassippu mudalalis are probably making as much from their brand of "hooch") This represents a big income for the state which helps balance the budget in no small way.

If prohibition can be effectively imposed therefore one might argue that the state will lose all this income.

But let us look at the other side of the picture.

It is obvious to any medical man today that more and more patients are being admitted to the island's hospitals suffering from the effects of drink - both the legal and the illicit varieties, especially the latter.

Hospital beds which are sorely needed for the country's sick are cluttered with these human wrecks. More and more wards and hospitals are therefore becoming necessary. Further the treatment of these cases, especially cirrhosis of the liver and liver failure, is expensive. A month's stay in hospital for such a patient together with expensive drugs (e.g. Neomycin, Glucose injections, blood transfusions) costs a tidy sum for our free health services.

The loss of man-hours in employment is another factor to be taken into account.

Finally alcoholism has been called the "family illness" because the major repercussions affect the whole family — their nutrition, health, schooling, general behaviour and morals etc, are all adversely affected if the bread-winner father is an alcoholic. And if in addition he develops tuberculosis the results can be better imagined than related.

If all these factors are taken into account it will be seen that the state probably spends more trying to counteract the effects of the alcohol by the sale of which it makes a good slice of its yearly income!

For that reason alone total prohibition will be more economical to the state — if it can be enforced.

Our historical records show, as I have pointed out earlier, that there was an effective prohibition in force in the Kandyan Kingdom at least up to the occupation by the British in 1815,

But the paternal government that Skinner chided introduced it among the people with the object it is said of undermining the Sinhalese Society. Like opium which was introduced among the Chinese, arrack was introduced among the Sinhalese. This also brought in much revenue to the government of the time.

In the time of the Sinhalese Kings it was the headmen who were charged with the task of seeing that no liquor was distilled in the realm and there is much evidence from

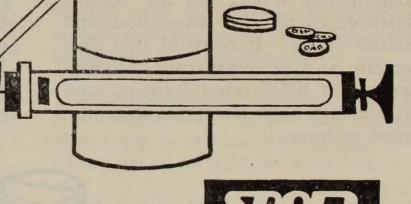
<sup>9.</sup> The Practitioner (1962) April p 578

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European writers that they succeeded in their task to a remarkable degree. In this of course they were greatly aided by the religious convictions of the people who abhorred the vile liquor.

Today however we have special departments like the Police and Excise who are expected to see that at least illicit liquor is not brewed in the country. It appears to be the general opinion among many that their presence is, to put it mildly, of very little help in arresting the menace.

What has happened today to the people's abhorrence for liquor which had been commented on in earlier times? We are today a multi religious and multi-racial society unlike a few centuries ago. Yet three of the four great religions in this country prohibit the use of intoxicating liquor by it adherents. But this salutary prohibition is observed more in the breach today and especially so among the so-called educated classes who should set a better example. We thus have the modern evil of what is called "Social drinking". It is the "done thing" and you have to do it, whether you like it or not. To graduate from social drinking through the next few phases to chronic alcoholism is not a very difficult thing for many people, especially those of low moral fibre, a breed which is by no means insignificant or scanty in Modern Ceylon. As long as we subscribe to these false standards of civilisation the menace of alcoholism will continue.

What are the practical remedies that can be suggested to halt this unhealthy trend. All are agreed that the only way to stop the illicit liquor menace is to enforce ruthless raids on the "Kassippu" dens by the Excise and Police departments. But we should also try to reduce as much as possible the drinking of licit liquor. We must educate the youth to keep off drink and get back to the standards set by their ancestors when

"the high born man who tasted the degrading stuff was socially disgraced" (Paul Peiris). Simultaneously some positive action should be taken by the state to reduce the incidence of drinking. One such thing would be to stop the production of liquor at Gal Oya. It is much better for the nation to pour it down the drain than to pour it down the gullets of the ignorant who are looking for cheap excitement.

The other method is to increase the price of liquor now available.

Professor John Seeley<sup>10</sup> of Toronto has an interesting study reported in the Canadian Medical Association Journal (1960) where he demonstrates that:— (1) deaths from liver cirrhosis are increasing rapidly and rise and fall with average alcohol consumption, (2) that alcohol consumption rises and falls inversely with alcohol price.

He therefore suggests that the price of alcoholic liquors be doubled by means of taxation, producing graphs and figures to show that this would have a most gratifying effect upon the incidence of alcoholism. Further, that the increased income from taxation could be devoted to developing the health services of the country!

This is a suggestion well worth adopting in this country too as an immediate measure while at the same time ruthless steps are taken to stamp out the illicit liquor menace.

And finally, taking the cue from the United States government which has ordered that, by January 1st 1965, all cigarette packets should contain a warning regarding the possibility of death from cancer to the smoker, our government might order that all bottles of liquor should carry the warning that the chronic imbiber is likely to have the choice of sudden death from acute pancreatitis or a slow lingering and painful one from cirrhosis of the liver!

<sup>10.</sup> Seely John R. (1960) The Canadian Medical Association Journal 83, 1861,

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SIGMUND FREUD ... a name that looms large in the field of psychological medicine, perculiarly enough, casts an even longer shadow in another field - modern culture. His ideas have given substance to the sex and poetry of perversion, that so many modern writers are obsessed with, and the mere invocation of his name has done much to lift pornography to the sublime heights of literature. Ironically the man who did so much to smash the Victorian sex taboos of his time, was in his own private life a most passionate Victorian: A fact that emerges with dramatic forcefulness from the love letters he wrote in the four years of courtship to the woman who ultimately became his wife - Martha Bernays. Like the windows of a darkened room these letters cast streams of light into the dark nooks and corners of the mind of a man who unleashed the unconscious upon us. In their light, there stands revealed a man, who is a far cry from the mould in which history has cast him.

As far as we know, there were but two women in life - Gisella Fluss and Martha Gisella Fluss was a childhood companion, whom was to meet again as a full blown dark-eyed beauty, at the age of seventeen, on a holiday to his home town. Freud was deeply attracted to her, but impeded by a streak of adolescent shyness, failed to communicate his admiration or even to speak to her. Three days later she went back to school and physically moved out of Freud's life. But mentally she remained the object of his adoration — a love affair in fantasy so typical of the Victorian romanticist temperament, a temperament that put women on a pedestal and sex in the cess pool. the love for the image of absent Gisella. had a profound effect on the young. Freud For, it was to cause the rechannelling of those social drives, that

L. G. Ratnasabapathy assert themselves, at this age, into the hyper-intellectual pursuits that came to capture his brilliant mind. Thus, mentally in love with Gizella Fluss, Freud looked upon no woman — an oversight he was to pay for dearly when he ultimately met the woman of his life — Martha Bernays.

no curvaceous Martha Bernays was blonde or internal beauty, but a slim, smallmade slip of a girl with positively features and a complexion tinged green by a now non - existent species of anaemia, called chlorosis. Even in the star struck eyes of her lover she appeared "I know you are not beautiful in a painter's or sculptor's sense. If you insist on the strict correctness of words, then I must insist you are not beautiful." But she had something more which no amount of mascara could achieve. "How much the magic of your being expresses itself in your countenance and your body, how much there is visible in your appearance that reveals how sweet, and noble you are ... Don't forget that 'beauty' only stays a few years and we have to spend a long life together. Once the smoothness and freshness of youth is gone, then the only beauty lies where goodness and understanding transfigure the features and that is where you excel".

Perhaps we do not choose the ones They come into our lives and we love. we love them despite ourselves. But such a platitude is no solution as to what factors initiated and maintained this love relationship. There is an indication that Freud resembled Martha's father and this father image of security and paternal affection may have been a source of her case. The distinct attraction in differences in personality of Freud and Martha might lead one to look for causes in 'complement fixation' that is the search by one personality for those factors and qualities that complement and complete it, in the personality of another. Thus the petite, fragile vivacious aesthete came to fall madly in love with the big, bold social cow of a scientist and vice versa. Such an explanation is at most an over simplification, but as to what exactly happened in that split second that Freud's eves met Martha's perhaps only God knows and if he doesn't exist the science of Psychiatry is still too much a puking infant to inform us. It all began one cold evening April 1882. Martha a friend of the family had come to visit Freud's sisters and was sitting talking to her in the drawing room. Freud returning tired after his research work under Prof. Brucke, was struck by the sight of her and forsaking his usual custom of rushing up to his den to be absorbed in study, he joined the company much to everybody's surprise. It was love at first sight, but he preferred to hide his admiration in a still more tightly woven cloak of eccentricity. Her attraction however, proved stronger than his self absorption, and he soon cast this cloak to woo her directly by sending her a red ros every day, each with a different motto. On the last day of May they had their first tete a - tete as they walked down arm in arm from Kahlenberg. That night, like all young lovers he wondered whether she felt towards him a fraction of the feeling that filled his being. On June 8th he found her making a portfolio for a cousin - Maxmayer, and was struck with the dread that he had arrived too late. But two days later she was so charming to him, that for the first time pessimistic mind dared to hope. By now the attraction was evidently mutual and on June 15th he wrote his first letter to her, the first of some nine hundred odd epistles. One June 17th they stamped their relationship by deciding, what modern terms, would be called

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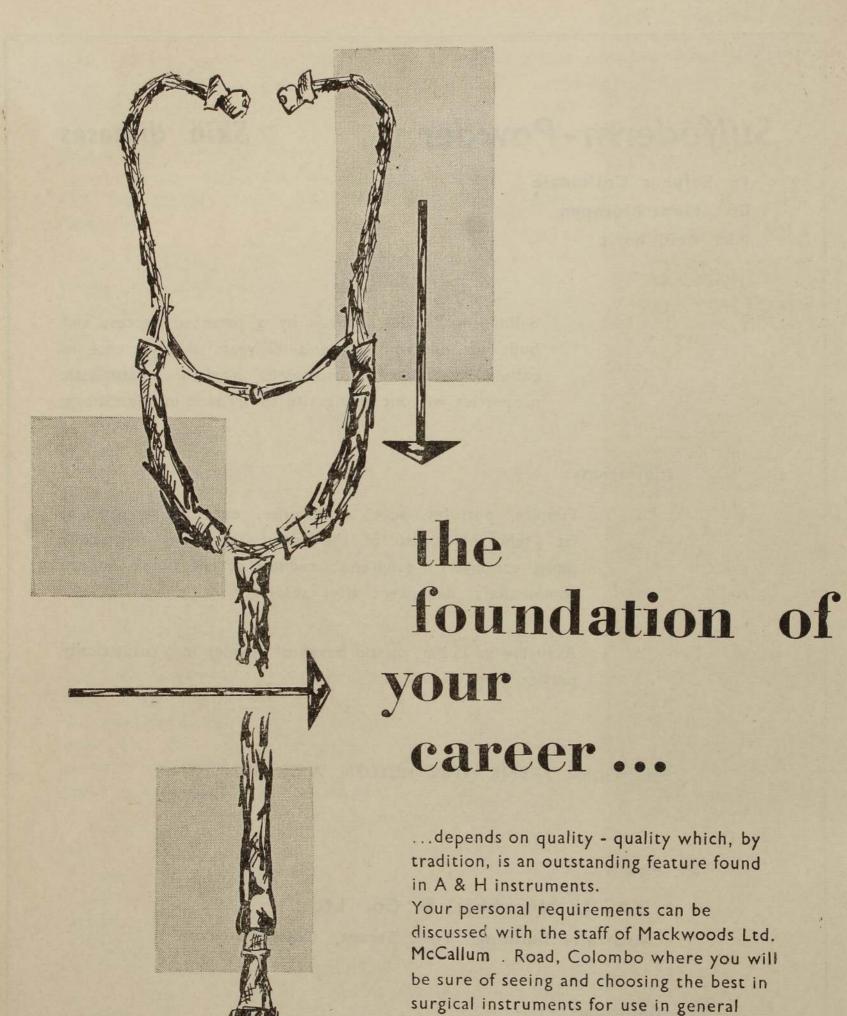
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steady. Two days later she left for Wandasbeck on holiday — the first of the many partings that proved to be the acid test of their love.

Freud's love for Martha was no mere enthusiastic ardour, but a veritable "grande passion" of the calibre that bleeds from Wagnerian operas. It was to lift him to the heights of lyric joy, cast him to the depths of depression, test him with doubt, try him with jealousy. Ernest Jones remarks, "If ever a fiery apprenticeship qualified a man to discourse authoritatively on love, that man was Freud". Martha's love, on the other hand lacked the passionate storminess of Freud's but it had a steadiness and resilience so peculiar to her personality. Yet Freud was given to doubting her love and often refers to what he calls 'the primum falsum' of their friendship - that she had accepted him despite not having loved him at the beginning. The cause of these unfounded doubts must be looked for in the mental disorder (evasively diagnosed by Jones as neurasthenia) that plagued the father of psychiatry. In the states of acute depression it induces, the mind to embark on intense self examination, and in these troubled states the events of reality takes on twisted magnified meanings and the overpowering need to be reassured may have motivated the absurd demands and tests that he imposed on Martha's love. The second source to Freud's doubts was the consciousness of his own unattractiveness. For he lacked the social graces and winning ways as compared to his two rivals, both men of the arts, and hence more in tune with Martha's background and temperament. Of them he says "I think there is an enmity between artists and scientists. We know that they possess in their art a master key to open with ease all female hearts, whereas we stand helpless at the strange design of the lock and have first to torment ourselves to discover the key to it."

As a lover Freud was jealous, possessive, demanding, and dogmatic to a degree that underlines his inner insecurity. He was to be her god, she was to have no strange gods, before him. She was to have no allegiance to her mother, her religion nor be friendly with any other man. Martha for all her docility would have none of this. A sore bone of contention was her close friendship to Fritz Wahle, an Artist. Freud claimed that Wahle was sub-consciously in love with her, but Martha poopoohed this theory despite the fact that on many occasions she had let Wahle kiss her. Freud's lesser rival was an earlier flame of Martha's, a musician named Max There came a time when she Mayer. was forbidden to refer to him, except as Mr. Mayer. In his lucid moments Freud realised all too clearly that his fears were groundless. "When a girl like Martha is fond of me; why should I fear any man or even a legion of men. It was an expression of my clumsy, self tormenting kind of deeply rooted love. Now I have shaken it off like a disease. My jealously sprang from a distrust of myself, not of you".

It may come as a surprise to some that the patron saint of promiscuity was, in his own private life, a most passionate prude. He was incapable of comparing Martha's feet to those of Venus de Milo, without hastening to add with a blush "pardon me but the lady has no hands." one occasion, Martha away in Hamburg, wrote asking his permission to go out skating. Freud treated it as a Major moral problem, consulted his friends and finally, reluctantly relented on the condition that she "did not hold her partner's hand whilst skating". On another occasion she wrote that she was going to visit a friend of hers, whom she described as 'having married before the wedding'. Back came a thunderbolt 'keep well away from all such sources of moral contamination?' Is it not a paradox of history then, that barely half a century later the ideas of such a man were to intellectualise the sexual neurosis and decadence that have come to characterise modern day moral values?

In April 1884 Freud began experimenting with cocaine, and stimulated perhaps by the euphoria it induces, wrote a paper in extravagant praise. Ignorant of its toxic effects he even sent Martha packets of it regularly. He introduced Fleischi, a close friend of his. who was tortured by neurities, to cocaine. Fleischi ultimately died a pathetic cocaine addict. 1884 he worked in association with Carl Kohler and they both explored its effect on the eye and other systems. September, Freud left for Hamburg to visit Martha, advising his friend Konigstein to continue the experiments on the eve. In the meantime Koller completed his experiments and published his historic paper, making only a passing reference to Freud's earlier work. In later years Koller went so far as to post date Freud's paper, to annex all available credit. It was a bitter blow · to the ambitious Freud seeking the fame and fortune that would enable him to marry Martha. Had it not been for this ill timed trip it would perhaps be the portrait of Freud not Koller that would enshrine the portals of Medical history as the pioneer of local anaesthesia. Few men have paid such a price in history, for a mere glimpse of their beloved.

The bone of poverty cut deep into this idyllic relationship, not only was it the basis of Martha's mothers objection to him, as a suitor, but the most powerful obstacle Being a Jew, Freud to their marriage. failed to get his appointment as Assistant to Prof. Brucke, and was forced to resume his medical career on a pittance, that put marriage out of the question. There was nothing to do but wait in anguish and impatience for better times when he could set up a practice. In 1886, assisted by friends, who lent him money and sent him patients, he set up his surgery in Vienna. One theme dominates the letters of this phase money; and far from being passionate love letters, they read like an engineer's esti-On September 13th fate finally mates. relented, and after five years of sojourn Freud and Martha reached their destination. On marriage he wrote: "our love passes from its lyric phase to an epic one. Society and law cannot in my eyes bestow on our love more gravity and benediction than it -- already possesses. When you, my dearest wife, before the whole world, bear my name, we will pass our lives in calm happiness for ourselves and earnest work for mankind until we have to close our eyes, in eternal sleep and leave to those nearest, a memory, that everyone will cherish."

References: The life & work of Sigmund Freud Vol. I and II by Ernest Jones.

The letters of Sigmund Freud
— Edited by Ernest Freud
Sigmund Freud —— by Rachel.
Baker:

Patient: "I have difficulty in breathing"

Medico: "When is it worse?"

\*

Pt. : "It is worse when I stand up."

So the history read....." The patient complains of dyspnoea on erection".

00

Student (reading discussion) to Professor: "Female patient, 35 yrs. of age. Chief complaint — married".

### "The Law-Medical '63" .. and After

## by Lakshman N. D. Abeyagunawardene.

The Law — Medical cricket match of 1963 remains fresh in my mind as an unforgettable event, not because it produced cricket of a high order, nor due to the overhelming victory gained by the Medicoes, but due to the tension, suspense and anxiety; we (third year students) were subject to, in the weeks that followed.

As tradition goes, the Blockers clad in black shirts were in high spirits on those two eventful days when C<sub>2</sub> H<sub>5</sub> OH flowed down throats like water in a stream. But spirits seemed to have rocketed sky-high, for certain unfortunate incidents occured, in which the "Blockers" were involved. The "invasion" of a Girls' School and interruption of play in a cricket match were the two "incidents."

Complaints were pouring in and the "blockers" were taken to task by the authorities. We were asked to explain our conduct and prove our innocence if possible. Punishment to be meted out to those found guilty was said to be severe and we realized what a sad plight we were in. We were in trouble, Yes! in real trouble; upto the neck, literally.

As days went by, the atmosphere became more and more tense. The allegations were serious and the consequences were bound to be serious too. The possibility of suspension for a couple years or even expulsion were not ruled out.

Inspite of the mounting tension, we were not prepared to accuse each other in an attempt to save one's own skin. The crisis, grave as it was, did not shatter the unity of the batch. A meeting of the students concerned was held and it was

decided to bear the responsibility collectively. Here again it was amply proved that "unity is strengeh," for this decision to bear collective responsibility and the unity that prevailed may have prevented a major disaster like the expulsion of a student.

The all important inquiry followed. In the lecture theatre of the Administration Block, 110 glum faced students sat still, but with restless minds, The inquiry was conducted in a way we never expected it would be done. The Dean began to question the students individually. We were taken by surprise and caught on the wrong foot. We were totally unprepared to give an explanation individually and orally at that. Some students had beads of sweat on their foreheads, while some others were biting their finger nails in a way they had never done before, all thinking up some kind of explanation.

The students who went about in trucks were asked to stand up. As decided earlier, all the students stood up. The Dean then requested all those who went to the Girls' school to own up, at the same time emphasizing the fact that punishment would be severe. This may have proved too much for a few students as they did not own up while the majority did so. It was revealed earlier in the course of the inquiry, that the truck in which the revellers travelled had entered the school premises, but was parked at the gate in such a way that part of the truck was actually outside the school compound. The Dean, addressing a student who did not own up asked.

"If the truck had gone to this school and if as you said you were in it, how can you say that you did not go there?"

The excited but quick witted student replied,

"Sir, I was in that part of the truck which was outside the school premises."

When it came to the other charge, that of having interrupted play in a cricket match, the reasons given by some students for having gone near the Umpire were quite amusing.

When asked why he went near the Umpire, a student replied that he went there to find out the score from the Umpire. Another student said that he asked the Umpire to make a particular side win the match. Yet another had wanted to find out the time from the Umpire. One, of the more inquisitive type, maintained, that having seen a crowd near the Umpire, it aroused his curiosity to such an extent that he ran on to the field to see for himself what was going on. Perhaps he deserved to be pardoned because, a "crowd" (players excluded of course) on the cricket field while

a match is in progress is certainly a rare sight and curiosity is something which everyone likes to satisfy.

The inquiry was over at last and we awaited the verdict. We were expecting the worst as the B. R. D. had by then developed a reputation for its stern decisions and also because even at that stage, some people were insisting that punishment should be severe even if it means punishing the whole batch. Some students, it was later rumoured, had actually been seeking employment, just in case . . . . .

Weeks of suspense ended when at long last, each one of us received a letter from the Registrar, University of Ceylon. It read, ".... The Board of Residence and Discipline has therefore decided that you be fined Rs. 10/- and suspended for two weeks with effect from the 13th of June."

And so we went on to enjoy our enforced holiday of two weeks, minus the Rs. 10 of course!

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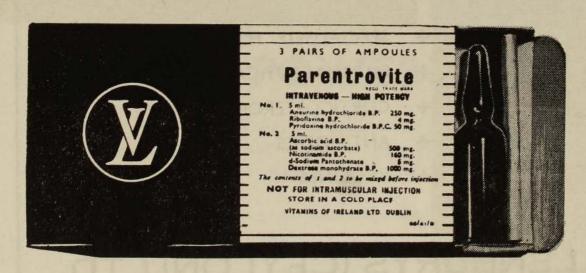
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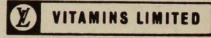
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## THE PLACEBO



### - THE POWERFUL HUMBUG

"Placebo-Consultants balm, Druggists treachery ..... found in all pharmacopoeias examined although in no case under its approved name. Some pharmacopoeias contain nothing else". (Peripatetic correspondent - The Lancet 1963. 2: 578).

The word placebo is derived from the Latin placere to please, and the Shorter Oxford Dictionary defines a placebo as a medicine given more to please than to benefit the patient. This definition is misleading, for anything that pleases a patient may also benefit him. Further, placebos do a great deal more than placate or pacify the patient. Placebos are therefore better defined as therapeutic measures or medicines which produce effects on the patient attributable to their administration and not to any pharmaco-dynamic properties possessed by the medicines or any inherent properties in the measures adopted.

The majority of medicines used from earliest times have been placebos. They are the oldest group of drugs used in medical treatment; in fact the history of medical treatment is the history of the placebo effect Placebos are relics of the days when there was little effective therapy. Ancient medicaments such as powdered pearls, rhinoceros horn and excretions of various animals produced relief of symptoms entirely by virtue of the placebo effect they exerted. Individual cases in which bizarre medicaments or therapeutic measures have brought about startling cures are well known to all, and a study of these cases indicate that the results could only be attributed to a placebo Such cases in fact have bolstered up the practice of quacks through the centuries. Even today many of the medicines commonly administered have been foud to exert only a placebo effect. It is however only in recent times that extensive placebo effects have been made and its of disease important role in treatment realized.

### Effect of placebos on subjective responses

Placebos are capable of altering subjective manifestations of disease, involving almost every organ and system of the body. Evans and Hoyle (1933) found that the pain of angina pectoris was satisfactorily relieved by a placebo (Sodium bicarbonate) in 38% of cases. (Quart. J. Med. 1933. 2: 311). These findings have been confirmed by other workers such as Greiner and his colleagues (1950). (Am. J. Med. 1950. 9: 143).

Jellinek (1946) in a study of the effects of drugs on 199 patients with headache found that the headache was relieved in 52% of cases by the use of lactose tablets (Biometric Bull. 1946 2: 87).

Wayne (1956) in a controlled clinical trial of a protein derivative in the treatment of bronchial asthma using as a placebo, saline injections, found that there was no difference in the two forms of treatment and that the placebo greatly reduced the number of

attacks in a third of the patients receiving the placebo. (quoted by Trouton. F. S. J. Ment. Sci. 1957. 103: 344).

Hamilton and Wilson (1952) in a study of drugs in the treatment of intermittent claudication found that an injection of placebo improved the exercise tolerance more than did tolazoline (Priscol) a vasodilator, in a controlled trial (Quart. J. Med. 1952. 21: 169).

Severe post operative pain is satisfactorily relieved by a placebo in over 30% of cases as has been shown by the studies of Beecher and his colleagues and confirmed by other workers (Beecher. H. K. et. al. 1953. J. Pharmacol and Exper. Therap. 169: 770).

Bibile and his co-workers (1957) found that a placebo completely relieved burning sensation in the feet in about 40% of patients in a controlled trial to assess the efficacy of pantothenic acid which was claimed to be effective in this condition on the basis of uncontrolled studies. They also demonstrated that pantothenic acid was no more effective than the placebo. (Brit. J. Nutr. 1957. 11: 434).

All these studies clearly demonstrate the great power of the placebo in relieving symptoms in a variety of disease states. Beecher (1955) in a study of 15 such reports involving 1082 patients, found that a placebo was effective on the average, in about 35.2 plus or minus 2.2% of patients, in a fairly variety of common human ailments such as wound pain, headache, pain of angina pectoris, anxiety tension states, mood changes etc. (J.A.M.A. (1955). 159: 1602).

With the demonstration that placebos are effective in about 35% of patients with subjective manifestations of disease it becomes obvious that many drugs introduced for the relief of these symptoms have no more than a placebo effect, and that clinical impressions are not dependable in deciding whether the effect of a particular drug is due to its intrinsic pharmacological activity or merely to a placebo effect. As Beecher states, "Many a drug has been extolled on the basis of clinical impressions when the only power it

had was that of a placebo." Unawareness of these placebo effects may thus lead to erroneous views regarding the efficacy of drugs.

#### Objective changes produced by Placebos

It must not be supposed that placebos effect only subjective manifestations of disease, for it has been clearly demonstrated that they can produce objective changes which can be measured.

Abbott, Mack and Wolf (1952) in experiments on a subject with a gastric fistula found that when placebos were used the gastric acid level increased in two experiments, decreased in eight experiments and was unchanged in three, whereas when nothing was given and the same experiments performed the level of gastric acidity increased in one experiment, decreased in four experiments and remained the same in eight. The level of gastric acidity fell about twice as often when a placebo was used as when no drug was given. (Gastroenterology 1952. 20:249).

Cleghorn and his colleagues (1950) have reported that a placebo injection (isotonic saline) produced an increase of adrenocortical activity in patients with severe anxiety, similar to that produced by ACTH in normal The increase in adrenocortical patients. activity was manifested by objective changes such as an increase in the circulating ecsinophils, a decrease in the circulating neutrophils and lymphocytes, and an increase in the ratio of uric acid to creatinine in the urine. They also found that the more severe the anxiety state the greater the objective response to the placebo. (Proceedings of the First Clinical The Conference. Philadelphia. ACTH Blakiston Co. 1950, p. 561).

Rinzler and his co-workers (1953) in a comparison of the effects of heparin and placebo on serum lipoprotein found that administration of a placebo also produced a

reduction in the concentration of lipoproteins, which was statistically significant. (Am. J. Med. 1953. 14:438)

#### Toxic effects of placebos

Placebos not only produce beneficial therapeutic responses but can in some instances give rise to toxic effects, a fact which is not widely known:

Beecher (1955) noted the following toxic effects in their studies using placebos, without the subject or the observer knowing that a placebo had been used.

Percentage of subjects
50
25
18
ntrating 15
10
10
9
9

(Beecher, H. K. 1955, J. Amer. med. Ass. 159: 1602).

Wolf and Pinsky (1954) in a controlled trial of Mephenesin in anxiety-tension states observed that many of the patients experienced minor side effects such as drowsiness, palpitation, nausea, insomnia and tremors and the incidence of these minor side effects with mephenesin and the placebo were identical. Three of the thirty one patients included in the trial developed severe toxic reactions.

One patient developed a diffuse itchy erythematous maculopapular rash diagnosed as dermatitis medicamentosa while taking a placebo (lactose) and which disappeared when it was withdrawn.

Another developed sudden weakness and collapse accompanied by nausea, pallor, clammy skin and a lowering of blood pressure — signs of an anaphylactoid reaction within 15 minutes of taking the medication.

It occurred both with the placebo and mephenesin. In the third patient epigastric pain followed by watery diarrhoea, urticaria and angioneurotic oedema of the lips occurred first with the placebo and then with the drug. (J. Amer. med. Ass. 1954. 155: 339).

Thus unfavourable as well as favourable bodily reactions may follow administration of a placebo. All this evidence therefore indicates that many subjective manifestations of disease are capable of being changed by impulses arising in the cerebral cortex as a result of suggestion attendant on administration of the drug, or employment of therapeutic measures, and which may be conditioned by such factors as the respectivity of the patient and the environment. The mechanisms responsible for the objective changes described, also appear to be influenced by impulses arising in the cerebral cortex.

It is also seen that there are two types of placebo effects, which can be called positive and negative effects. The positive effect is the result of the patient believing what is suggested by administration of the placebo. The negative effect is the result of rejection of the suggestion. For example if a man is given aspirin which he thinks is a placebo it may fail to raise the pain threshold, and pain may not be relieved. The negative effect accounts for the cases where placebo makes the symptoms worse. For example, in a controlled study of the effects of xanthine in the relief of pain, 15% of patients reported an increase of pain with the placebo which was lactose.

#### Indications for the use of placebos

The use of placebo is justified in the following circumstances:—

1. Where the diagnosis cannot be made till certain investigations are carried out, but the patient is temperamentally impatient and wants immediate treatment. In such instances administration of a placebo till the investigations are completed will be of value in making the patient believe that something is being done.

- 2. To wean the patient away from narcotics before he becomes addicted to them. Patients easily become addicted to narcotics if given repeatedly for some therapeutic indication and may begin to ask for them even when the necessity for giving them no longer exists. In such instances substitution of a placebo for a short period may help to prevent the patient becoming dependent on the drug. Leslie (1954) quotes the instance of a man who has had both legs amputated, and was given narcotics for severe phantom limb pain. As he was becoming dependent on the narcotic, two daily injections of saline were substituted without the patient being aware and he continued to say his pain was relieved by the injections and even complained of severe pain when the saline injections were omitted. (Am. J. Med. 1954, 16: 854).
- 3. In the management of patients with symptoms not likely to be helped by specific therapy but who require reassurance that the doctor is taking care of him. In such a situation, in order not to disappoint the patient by appearing to denv treatment, and at the same time in order to avoid prescribing a potent drug and thus exposing him to any risks that may entail the use of such a preparation, a placebo should be given. It would be cruel to deny the patient a medicine in such cases, as it would imply in effect that nothing can be done for his illness. Giving "I will a medicine is a symbol of saying, take care of you", and taking the medicine provides reassurance and support even in the absence of the doctor.
- 4. In controlled trials to determine the true effects of drugs apart from suggestion.

A physician once described the introduction of a new drug as "the launching of pharmaceutical sputniks into the therapeutic heavens. While these sputniks often returned promptly to their launching sites, some may orbit for years and years, sustained by two powerful forces: medical ignorance of the placebo effect, and the dissemination of this ignorance by the drug industry."

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As Leslie (1954) states, "over credulity is importuned and exploited by manufacturers of drugs, and therapeutic products, who enthusiastically bombard us with glowing reports on new remedies. The number of substances which have gone from popularity to oblivion attests to their placebo nature and illustrates the need for critical evaluation of new drugs." (Am. J. Med. 1954, 16: 854).

Placebos therefore have several legitimate uses but like any other treatment it may be misused, and can easily become the mainstay of quackery. They should therefore be used wisely, the situation being studied more carefully than if a specific therapy was to be given.

#### Ethics of Placebo Therapy

Some doctors have misgivings over the use of placebos because of the idea that it is a form of deception. It is true that the patient is led to believe that he is being treated with a drug which is specific for the disease or symptoms; this is justifiable on ethical grounds because the patient trusts the doctor to do what the latter considers to be the best in the particular circumstances, and this is exactly what the doctor does when he gives placebo for a legitimate indication. It is not unethical to practice deception when it is for the welfare of the patient. Even as regards the use of placebos in patients for the purpose of evaluating a new drug it is no more unethical than the practice of giving new drugs to patients without any attempt at proper evaluation of its therapeutic effects, many of which eventually turn out to have no more than a placebo effect.

As Bradford Hill states, "Though they may not always be doing so knowingly, doctors are surely using placebos every day in exhibiting drugs of which they do not know the value and many of which will disappear in the course of time." (Brit. Med. J. 1963. i: 1043).

#### Selection of a Placebo

Placebos are of two types; pure placebos which are pharmacologically inert substances such as lactose tablets, and impure placebos which are substances which have inherent pharmacological actions but which are of no value in the conditions in which they are used. Familiar examples of impure placebos are the glycerophosphates and strychnine used as 'tonics', and the use of vitamins in numerous conditions where the pharmacological actions are obviously of no value and beneficial effects could only be due to a placebo effect.

Pure placebos have the advantage that they are cheap, inexpensive and non toxic and deceives only the patient. placebos on the other hand are usually expensive, often produce side effects and deceive not only the patient but the doctor es well. The dramatic improvement he may sometimes obtain with impure placebos is often attributed not to a placebo action but to the pharmacological actions they possess. The popularity of a large number of drugs devoid of any pharmalogical activity in the conditions in which they are used, is due to this failure to appreciate the power of suggestion inherent in the administration of any medicine,

The inability to appreciate the power of the placebo has inevitably led to the prescribing of numerous expensive drugs to patients, merely on the basis of uncritical claims made by drug manufacturers.

To quote an example, a preparation containing vitamin A, E, and B6 (Sclerobion) began to be extensively prescribed in this country for symptoms of arteriosclerosis because of the powerful persuasive propaganda put out by the manufacturers. Examination of the evidence on which claims were made for this drug, revealed that they were based on animal experiments by Weitzel and his co-workers on fowls, (which indicated that this combination of vitamins decreased the

arteriosclerotic changes in the blood vessels), and on a few uncontrolled clinical studies such as those of Szirmai and Reucher.

No mention was made by the drug firm, of the co-operative double blind study of an identical vitamin combination, on patients with manifestations of arteriosclerosis, carried out in the medical clinics of the Universities of Cologne, Leipzig, Marburg, Munich, Tubingen, Heidelbergh and in the Medical Clinic of Stuttgart Bad Cannstadt, which clearly showed that this vitamin combination was no more effective than a placebo.

In the trial, 269 patients were studied over a 12 month period. The trial was preceded by a preliminary open trial where the results were assessed with a full knowledge that the drug given was the vitamin combination. The results of the trials have been summed up as follows:—

"When the symptoms of the individual groups of patients with coronary, peripheral or cerebral circulatory disturbances are considered seperately, it emerges that the rate of improvement is not statistically significant in comparison with the placebo."

"One remarkable feature was the astonishing frequency with which patients showed improvement after administration of the placebo. In the various complaints attributable to arteriosclerosis, improvement was found to occur in 20 — 36% on the placebo alone."

"The results suggest that there is a definite difference between the effects of giving a vitamin preparation as an unknown in the course of a double blind study and knowingly giving the same preparation in an open trial. When the preparation is given in an open trial the rate of improvement of cerebral manifestations and even more so, that of anginal complaints was distinctly higher. (German Medical Monthly. English Edition. 1962. 7. 235)

#### Route of Administration

One must also decide on the route of administration which depends entirely on the type of patient to be treated.

#### Injections

Injections are generally regarded as more potent than oral preparations. As Leslie (1954) states, "nothing can approach the psychotherapeutic impressiveness of puncture of the integument by a hollow needle." The practice of injecting coloured solutions such as Vitamin B Complex, or Vitamin B12, for fatigue and vague aches and pains, in the absence of clear cut signs of vitamin deficiency, is wide-spread is this country. Although megaloblastic anaemia is rare in this country the sales of injections of Vitamin B 12 in the last 2 years have been stupendous. It is one of the most frequently prescribed preparations for injection. Undoubtedly any benefit produced in most of the conditions, is due to a placebo effect, as demonstrated by controlled clinical studies.

#### Oral Preparations

Oral preparations are for many reasons the best for routine use and in selecting an oral preparation, physical qualities such as colour, shape, size, taste, odour are important factors in influencing the placebo effect. People are sceptical of preparations which do not look, taste or smell of medicine. A capsule or tablet which is coloured will have a greater placebo effect than a white tablet. Colouring of the mixture enhances the placebo effect.

Similarly, medicines which have a suitable taste such as compound tincture of gentian or cardamon, are very effective in creating the illusion of a potent medicine.

The odour is also important for the same purpose. It is even more important in the case of substances used for inhalation. For example, people are usually reluctant to inhale pure steam but addition of menthol or compound tincture of Benzoin, will, because of their characteristic odour make the patient attribute beneficial effects to them and therefore induce them to inhale steam which alone is responsible for any beneficial effects.

Substances known to have potential toxic effects should never be used as placehos because many harmless substances can be used in place. To take one example, liquor arsenicalis was formerly believed to stimulate blood regeneration and act as an alterative, that is, re-establish normal healthy functioning of the various bodily processes. It is included therefore in many so-called "Tonics", such as the well known Tonic and Stimulant mixture. With the advancement of knowledge it was found that liquor arsenicalis had none of the beneficial properties attributed to it. As emphasized in an annotation in a recent British Medical Journal, "it is now well recognized not to be a helpful adjunct to the iron therapy of anaemia. Its tonic effects are non existent." (Brit. Med. J. 1963, 11: 194).

On the other hand it is generally accepted that arsenic given orally usually, in the, form of liquor arsenicalis, can cause skin cancer. Nebauer (1947) in a review of 137 cases found that 49 cases had been treated with arsenic for conditions such as anaemia and general ill health. (Brit. J. Cancer. 1947. 1: 192).

Recently Robson and Jellife (1963) have reported six cases of lung cancer which appear to be associated with the administration of inorganic arsenic in therapeutic doses; two of these cases had been given "Tonics" containing liquor arsenicalis for several years. (Brit. Med. J. 1963 2: 207). Yet a tonic known as "Piovitone" which contains liquor arsenicalis is manufactured locally and is being extensively prescribed by certain doctors in place of a notoriously popular tonic the import of which has been recently banned.

#### Placebo effect of physical measures

The placebo effect is not confined to drugs, for treatment by physical methods or even surgery produces results due to a placebo action.

Lipkin (1946) used an apparatus employed for mecholyl iontophoresis on a group of patients suffering from Raynauds disease. They did not use mecholyl but only saline and either did not turn on the current but "simply clicked the dials" or used only 2 milliamps, of current which was insufficient to exert any specific action. "Some improvement was reported in every case and the results were excellent in 6 cases." One patient "could not go out in cold weather without suffering spasm unless she wore fur-lined gloves and carried a muff" and "was unable to work for the first hour after she reached the office,' because, "touching the typewriter keys would throw her fingers into spasm." After treatment using saline and current insufficient to exert any specific action she found she "could dispense with the muff" in cold weather", and "could work as soon as she reached the office." (N.Y. State. J. Med. 1946, 46: 1718).

#### Placebo effects in surgery

Surgical procedures too can exert such effects. For example it was the practice at one time to do a laporotomy in tuberculous peritonitis or pelvic inflammatory disease, but today no one would ascribe to this procedure anything more than a placebo effect.

#### Surgical treatment of angina pectoris.

In more recent times proof has been forthcoming that one of the surgical procedures which has been advocated with great enthusiasm for the relief of angina pectoris has no more than a placebo effect.

In 1939 Italian workers suggested that ligation of the internal mammary arteries could greatly relieve angina pectoris and initial uncontrolled studies in the United States indicated that spectacular benefit was obtained in the majority of patients although such improvement usually lasted at the most only several weeks or months. For example Kitchell and his co-workers (1958) ligated the internal mammary artery in 50 patients with angina and reported that 68% showed clinical improvement and 42% showed objective evidence of improvement (Amer. J. Cardiol. 1958 1: 46). Harken (1958) in a study of 35 patients who had been subjected to the same type of operation reported that more than 30% experienced great relief of pain while 75% reported great improvement. (Circulation, 1958, 17: 945).

These uncontrolled studies indicated that not only was there subjective improvement, but that there was objective evidence of improvement in that there was a greater reduction in the number of trinitrin tablets taken and also an increase in the exercise tolerance after the operation.

However some began to wonder if this might not be a placebo effect, and two groups of workers planned double blind studies to test whether the beneficial results obtained could not have been due to a placebo effect. They told their patients that they would like to carry out a study of this operation in which neither the patient nor the doctors would know what had been done until the study was completed. They were told that half of them would have their internal mammary arteries ligated while the other half would have their internal mammary arteries exposed but not ligated.

In this way Diamond, Kittle and Crockett (1958) carried out a double blind study in 18 patients. In 13 patients the arteries were ligated while in five patients only skin incisions were made. Neither the doctor assessing the results nor the patients knew what was done. 10 out of the 13 patients in whom the arteries were ligated reported

marked improvement while all 5 patients who had a sham procedure also reported remarkable improvement. (Circulation 1958 18:712).

Cobb and his co-workers (1959) in a similar controlled study selected 17 patients suffering from severe angina and ligated the internal mammary arteries in 8 patients while in the remaining 7 patients only skin incisions were made. When the results were analysed it was found that there was no significant difference in the proportion of patients in the 2 groups who showed improvement. One patient in this study who after 4 minutes of standard exercise had severe pain in the chest with inversion of the T waves in the E.C.G. was subjected to a skin incision only and after the operation could do the same type of exercise for 10 minutes without pain and inversion of T waves. (New Engl. J. Med. 1959. 260. 1115).

As a result of these two well controlled studies this operation which was introduced with great enthusiasm was completely discredited within 2 years of its introduction and all the investigators who initially reported good results have now abandoned the operation.

The studies also showed that the placebo effects are not limited to subjective improvement but also includes objective changes.

It is thus evident that where evaluation of a surgical procedure is based mainly on subjective improvement, studies should be properly designed to exclude a placebo effect.

#### Removal of the carotid body in Asthma.

Recently, interest has been aroused in the treatment of chronic intractable asthma by removal of the carotid body (cervical glomectomy). Nakayama, a Japanese surgeon was the first to advocate this operation. In 1962 he reported on a series of over 3,000 patients operated on by Japanese workers since 1942

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and claimed that 80% showed marked benefit at the end of 6 months but the improvement rate gradually fell to 72% at the end of 2 years and to 58% at the end of 5 years. (Aust. N. Z. J. Surg. 1962. 31: 214).

Overholt (1962) in America impressed by the results of Nakayama performed the operation on 160 patients and claimed that 80% of patients showed improvement in the first few months but in a 5 year follow-up period the improvement rate fell to 50%. (J. Amer. med. Ass. 180: 809).

The most recent report has been from Australia where O'Rourke and O'Rourke (1963) removed the right carotid body in 40 patients and found that during a 4 month follow-up period 85% of patients had shown improvement but at the end of 1 year the success rate had fallen to 64%. (Med. J. Aust. 1963. 2: 1040).

A study of these three reports indicate that not only was there subjective improvement but also objective evidence of improvement such as a decrease in the number of brenchodilator druss used and an increase in exercise tolerance after the operation. In many respects the results are similar to those obtained by ligating th internal mammary arteries in patients withe angina.

Unfortunately these are all uncontrolled studies, no observation being made of the effect of a surgical incision only, without removing the carotid body, in a group of patients acting as comrols. This is absolutely essential for the correct evaluation of any therapeutic procedure in the case of a disease such as asthma and therefore the psychotherapeutic value of any operation in such a case cannot be ignored.

#### Conclusions

As Beecher (1961) states, "It is therefore essential for the surgeon to be on his guard, lest he deceive himself and others in

perpetrating costly dangerous even fatal operations whose effectiveness is only that of a placebo." (J. Amer. med. Ass. 1961. 176: 1102).

It is possible that by a study of the results of operations on hundreds of cases over several years that one may eventually, prove a given procedure valuable or worthless but why should hundreds of patients be subjected to such an operation, at the cost of so much unnecessary expenditure, discomfort and suffering, if eventually it turns out to be useless when a small well designed controlled study could give the answer with the minimum cost in money, time, suffering and life itself, for these operations are not without hazard.

Many doctors would consider it unethical and unthinkable to carry out sham operations on their patients. However, as Beecher (1962) states, "The position of the highminded physician or surgeon who says that he never could be a party to such a "sham procedure", is worthy of some consideration. He introduces a new treatment or operation and carries out scores of hundreds of these and with his colleagues and followers some thousands of procedures are done. As with most major undertakings, some risk is involved: major surgery is always associated with a death rate. Then an equally highminded investigator comes along who, with the cansent of his patients, carries out a properly designed study which might in many cases consist of no more than 25 sham operations and 25 full procedures, for a total of 50 individuals. This investigator finds that the procedure has no more power than a placebo, transient at best. What then is the position of the high-minded physician or surgeon who refused to make such a clear headed study? Those who have been subjected to his new procedure have lost a great deal of money and time. They have experienced discomfort and suffering and

several are dead. How, then, is the highminded practitioner to face up to his failure to carry out a properly designed study? It does indeed seem at times that we are more considerate of our laboratory animals and their welfare than we are of the welfare and lives of our patients when we deny them an adequate test, when we subject them to the continuing risks of inadequately designed major the rapeutic procedures."

This does not imply that all surgical procedures should be evaluated by double blind

techniques for they are not necessary when physical correction of diseased states is the primary problem, as for example the drainage of an abscess or removal of an obstruction to function, but where the principal change to be produced by a surgical procedure is subjective, then controlled studies using sham procedures are essential for correct evaluation.

The power of the placebo must be appreciated by all those engaged in evaluating the effect of any therapeutic measure.

Heard at anatomy tute:

- "Miss, describe the thyroid gland"
- "My God! Miss, Your mind is wandering. You are thinking of something else."

"Mister, what is the relation of the artery to vein?"

"Lateral Sir"

"Mister, you have got out of the wrong side of the bed —— Yes, Miss, You ——

"Sir, sir postero — lateral."

"I say miss, you also have things reversed. I hope you didn't get up from the same bed."

"Miss, what is the length of the spongy part of the urethra?

"36 inches sir"

"Heavens! Miss your boy friend must be a hell of a fellow,"

Surgeon to assistant:

"I shay mishter, why are you sho caushious. You will never break. You'll alwaysh dilate."

•

There was a young lady of fashion, who had the oodest oodes of passion,
To the bride-groom she said
On the night she was wed
Here's one state they can't ration.



Prof. G. H. COORAY,
O.B.E., M.D., B.S. (Lond.), M.R.C.P. (Lond.), M.R.C.S. (Eng.),
D.T.M. & H (Eng.)

Head of the Dept. of Pathology. FACULTY OF MEDICINE, UNIVERSITY OF CEYLON.

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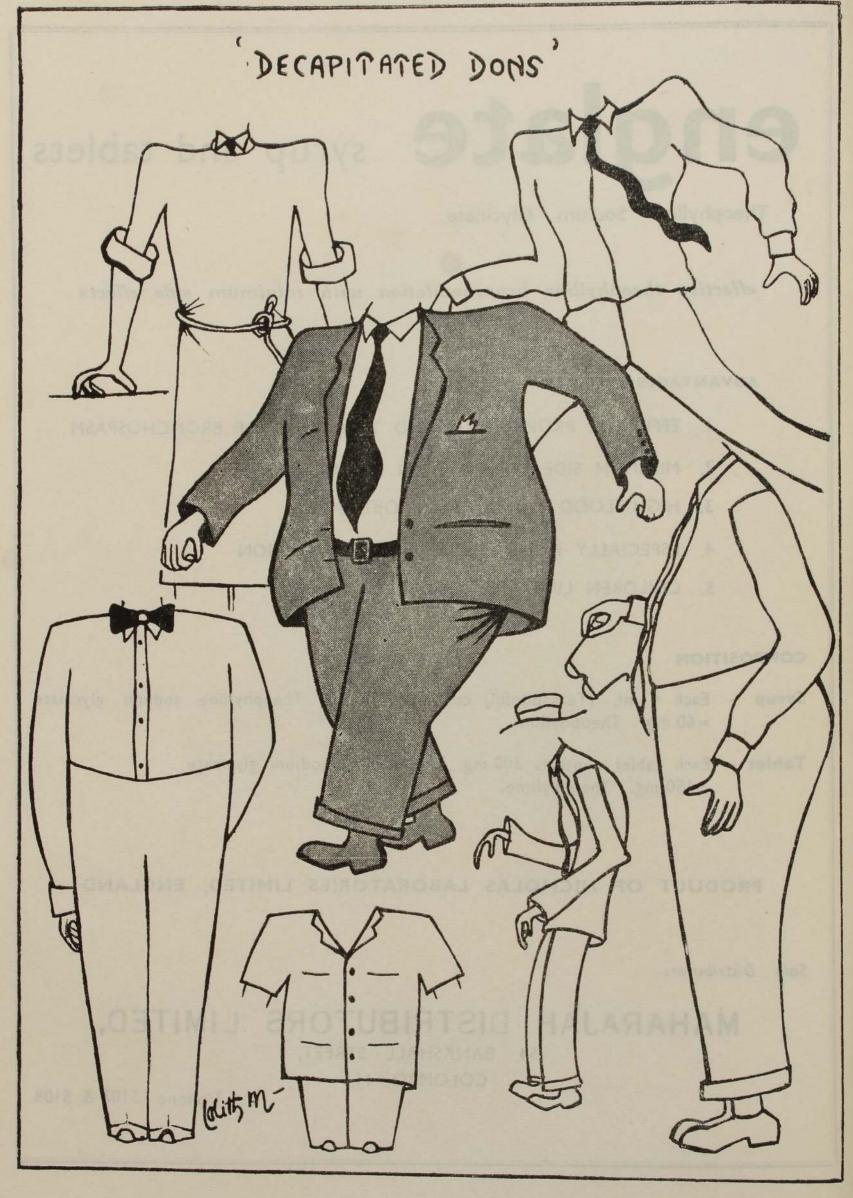
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A surgeon from the cradle, to our belief
In wit enormous, shuns the stupid, and the ridiculous
Baffles the young amateur, with his speed tremendous

The task of the stork is his treasured line

Accomplished with a touch almost divine

Cool, calm and collected; always is he

But encountered otherwise, I would prefer to flee.

All molecules that liveth under the sun

Is the speciality of our diminutive don

Them he twists, turns, spins and creates

And sends them in 'cycles' for the students to chase.

With the jump of a flea he alights on the stage A pocket Hercules, in spite of his age With the flapping of wings, he drives it in That parasites could be the most interesting thing

Paediatrics in a lighter vein

Bawls he a 'gona,' 'haraka'

Or an animal less sane

His indigenous panacea — the 'anamalu'

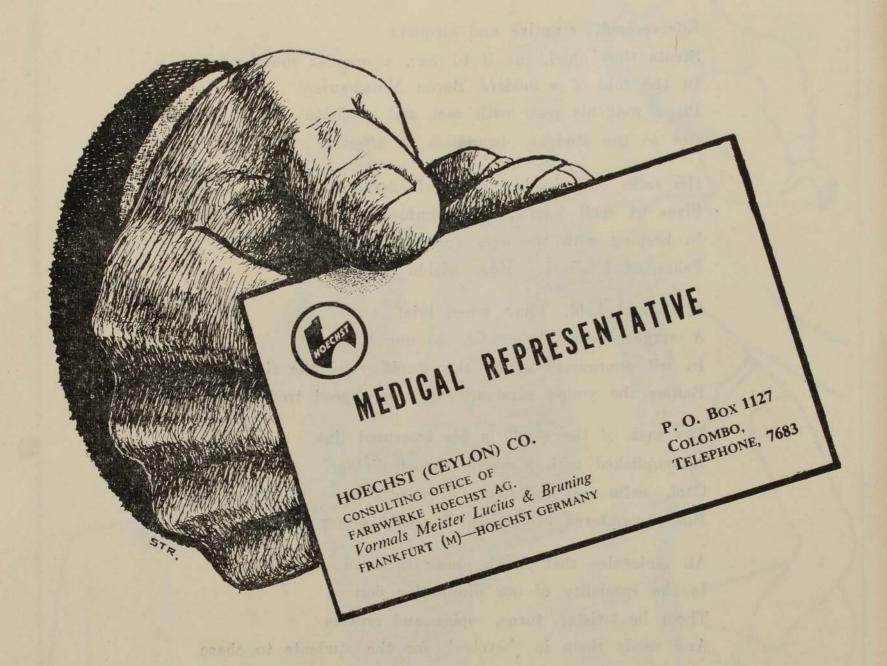
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#### The Scope & Nature of Scientific Research in Ceylon

The shorter Oxford English Dictionary defines Research as an investigation directed to the discovery of some fact by careful study of a subject; a course of critical or scientific inquiry.

To operative words are careful, critical and scientific.

On this authoritative definition, there has been a considerable, though still inadequate, amount of research done in Ceylon. I have already detailed this to some extent in my Presidential Address to the Ceylon Association for advancement of Science in 1961, so I need not recapitulate all that.

Research is classified broadly into two types.

(a) Pure and (b) applied. Pure Research is usually undertaken for academic reasons

who follows a particular line of investigation finds several new avenues of inquiry opening up before him before he has finished his study.

It is true that the output of pure or applied research at the University of Ceylon has been woefully deficient in quantity. The causes for this are not so well-known. It is certainly not due entirely or even chiefly to laziness on the part of the academic staff.

Firstly, it is due to the lack of a research tradition. The University is the heir of the preceding University College which was a teaching body interested only in getting their under-graduates through examinations held by a University 7000 miles away.

The second point is that the teachers in the technological departments are heavily

## Prof C. C. de Silva M.D., F.R.C.P., (Lond.) Head of the Dept. of Paediatrics

in Universities and other seats of learning and done by men to satisfy their own thirst for knowledge and it is a search for truth for the sake of truth without any concern for its usefulness; but it must not be forgotten that the ultimate object of all research is essentially practical to help man control nature. Often a plan followed for the sake of pure delight is transformed into a design of immense practical importance. The classic example is the aiscovery of electricity by rubbing silk on a wooden stick. When this was demonstrated to a British Prime Minister, he remarked, "Of what good is that to human kind?" The scientist replied "Sir, some day you will be able to tax it ".

So pure research, wittingly or unwittingly, often leads to applied research and a scientist

overloaded with routine teaching duties. As Needham points out in his report in our science departments the average number of lecturing hours per teacher is 12 per week. In any University with a healthy research tradition this does not exceed 8. Therefore, we should on these premises alone have a 50% increase of teaching staff, but that is not the solution as I shall show later.

Thirdly, if the country wants research, it must pay for it. According to the Press, the University has been given a mountain, and has produced a mouse. But the mountain consists of a delightful campus with hills and valleys, a river, luxurious buildings and park-like gardens. These do not constitute a University or induce and stimulate anyone to do research. What are missing are

research laboratories, and efficiently trained, skilled and conscientious technicians. Adequate time and leisure are also lacking to follow an investigation to its conclusion without let or hindrance and there are too many distractions from other curricular or extra-curricular activities.

Provision must in future be made for grants for research to Universities to be made independently of those for teaching and administration. The State must be prepared to spend generously in order to get adequate returns. What is not understood or even dimly visualised by the public of Ceylon is the fact that research of any value, that is likely to make any advance on the frontiers of knowledge is no longer a one-man job. That time is long past as science had advanced too much and too rapidly for a modern Harvey or a Pasteur to make a shattering new break through. Certainly there must be a leader of high intellectual and moral calibre but he must be assisted by a team of many persons from ancillary and near or even distantly related disciplines. In modern medicine, for instance, we need today for any research of value a biochemist, a pathologist, often a radiologist, sometimes a biologist and occasionally a physicist. No one man can have a modicum of knowledge in all these subjects, Modern first rate research is hardly ever the work of one man but the conjoint effort of a whole band waggon! This kind of team work has yet to be born in Ceylon.

Fifthly, it has been pointed out that research of a high order that can make any impact on the scientific world or advance the frontiers of knowledge cannot occur without full-time research staff of a high intellectual calibre. Such staff will not offer themselves for research posts unless at the outset of their careers they can visualise a ladder by which they can climb to the top. Scientists are also human beings. They must live, eat, procreate and make provision for their

families. They must have some sense of security of tenure in their jobs else they will not take them.

In order to do this there should be special research departments set up in the main scientific and technological faculties with full-time research fellowships and provision made for their occupants to be promoted eventually to research professorships etc. Unless this ladder is provided, on one of any intellectual pre-eminence will put his foot on the first rung.

Recently, a foreign Company offered a research fellowship in Chemistry to the University of Ceylon for 3 years. No one has applied for this fellowship because at the end of 3 years, what? He would have had to look for another job elsewhere and he would have lost 3 years of his life! If the University had some means of guaranteeing him a post if his research had been found to be of value, then more than one applicant would have tried to avail himself of this generous offer.

That is my answer to those who find it so easy to scoff at the University's lack of research but apparently also find it so difficult to discover the real reasons for these deficiencies.

The Technical Research Institutes like Coconut, Rubber, Tea and Paddy have done very valuable applied research of immense economic benefit to the country - one need only mention instant Tea, the discovery of the new hybrid H 4 paddy, the magnesium and other deficiencies in our soil and the development of new clonal rubber seeds etc. The public seem to take all these for granted and like Oliver Twist keep on asking for more. More will certainly be forthcoming but at least there should be some sign of appreciation for good work well done over long periods by many scientists. This lack of a sense of appreciation is one of the many causes for the generation of a sense of frustration.

In some fields of work the main difficulty seems to be the ancient hierarchical system whereby the head of the institution dictates to the researcher what he should or should not do or at least what he should or should not publish! The most fundamental necessity for a research worker in most fields is intellectual freedom and the undisputed right to follow his own line of thought in order to confirm or reject what he believes to be correct. If someone is in a position of authority over him, who may interfere, dictate, and sometimes even obstruct him, then no one, not even an Einstein or a Raman can do what he is capable of doing.

I would here like to quote the words of Sir Harold Himsworth, an erstwhile colleague of mine who has retired from the post of the Secretary to the Medical Research Council of U.K. In his Harveian oration delivered to the Royal College of Physicians of England in 1962 he said "only in so far as we maintain our intellectual integrity and the independence to give it expression, can we serve society; and only in so far as society confers authority to our judgment in those matters that fall within our competence as clinicians or research workers can we render the service required of us".

Two things are necessary above all for advancing the cause of science in this country.

Firstly, the creation of a climate of scientific public opinion whereby science will be kept in the forefront of the nation's thinking and doing is priority No. 1.

The establishment of science laboratories in the rural schools is a first step towards this and the present government must be congratulated heartily on this healthy new development but it must be careful as to the calibre of the personnel appointed as science teachers. Everything depends on them their skill and training, their devotion to duty and their love of their people. They must be given adequate incentives to do more than their bare duty!

Science also must be taken to the adult masses. This should be done both by those responsible in the department of Education for adult Education as well as by voluntary organisations like the C.A.A.S. There must be more co-ordination between these two Our Association is about commence a fairly extensive campaign in this direction but we are handicapped by a lack of funds and of personnel willing to go out into the villages and to teach the adults about scientific matters. For the next 2 or 3 years we hope to concentrate on soil science and how best to improve our soil and hence our productivity by the use of fertilizers, weedicides, proper drainage, control of soil erosion and the scientific cultivation of crops in general. We need many, many more volunteers with a scientific training and background.

This effort on the part of our intellectuals should comprise one of the most effective and significant components of the Shramadana movement in which I, for one, see great hope for the future of our nation.

The second item for the progress of science and particularly of scientific research in this country is the establishment of a National Research Council.

Almost every Commonwealth country has a National Research Council. India has had one almost from the day she gained her Independence. Nehru was the first Minister of Science anywhere in the world. Even Ghana which became independent long after has a Council with President Nkrumah himself as the Chairman. In all the older White dominions there have been very strong and well-established Councils since the early years of this century. In Ceylon one is still struggling to be born. The C.A.A S. has begged and pleaded for the establishment of one for the last 10 years. We hope a Science Commission with top grade scientists from abroad and at home will be appointed to it and that this Commission will review the whole matter and advice

the government on the feasibility or not of the early establishment of a National Research Council.

Unless this is done there can be no stimulus given to scientific workers who are at present suffering from this serious disease of frustration.

A scientist is still of very little importance in the affairs of the government or of the country at large. His status is lower than that of a film star or of a dancer! In all progressive countries scientists are on top all the time. No Minister of intelligence will act on any matter of scientific, industrial or developmental importance without consulting technological experts.

Further, in Ceylon at present there is some overlapping of research done by various departments. This can only be prevented by a body like the N.R.C. which keeps a watchful eye over all research in the country, in an advisory capacity and prevents this redundant waste of energy and talent which we can ill afford at the moment.

This Council when established must be set up at a very high level, else it is next to useless. Either the Hon. Prime Minister or her Cabinet nominee must be the Chairman and there must be a full-time Director General with adequate technical and clerical assistance. All Institutes, Corporations, Universities and Government Departments doing research must be represented on it.

No country could now hope to develop to a significant extent unless it spent adequate sums of money on research. Research does not invariably pay dividends. I was told by a representative of the Rockefeller Foundation that if they got a 10% return on the sums disbursed, they would be satisfied. They waste 9/10 of their income in order to obtain the 1/10 of pure gold!

The Country must also recognize the importance of sending scientists to International Conferences. It is one of the ways by which stimulation is sought and obtained by intellectual workers. It should not be regarded as a useless expenditure but as a valuable investment. We have still to develop this attitude. A cultural or political international conference is honoured by the presence of several Ceylonese but the recent Geneva Science Conference for underdeveloped countries presided over by Professor Thacker from India and attended by nearly 3000 delegates, had only one lone ranger from Ceylon.

I would like to end by quoting the words of Abba Eban, Minister of Education and a distinguished Scientist from Israel. "The new nations are proud — they are entering a world where an indigenous science, however limited its scope, is a part of national greatness, an emblem of self-respect....... without a living science the new countries will have no access to the cultural world fraternity that the fabric of scientific understanding implies. They will not share in the lofty concepts that form the priceless heritage of the scientifically literate peoples."

(Final Year girls to Prof.) "Sir we want to get some tips."

Prof. "Well listening to me today you will hardly catch anything. Even if you do, it won't be the tip you expected."

• • • •

Then there was the bright fellow who said thiamine difficiency causes dermatitis over parts exposed to sin.

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#### LET THAT HEART BEAT FOR ONE MORE MINUTE

#### • Tilakasiri T. Kasturiratne.

Our profession, the Medical Profession is a noble one — if not the noblest. Then there is hardly any need to say that we, the people who profess it, too should be noble. Of course — we are human, prone to err; but we should model our lives in such a way that HIPPOCRATES — the father of Medicine could watch us from the Heavens and be pleased with us. During our student carrier at the Medical College,

real facts of life. The more he sees, the more he realises the facts; and the more he realises the facts, the more he becomes humble and noble. His conscience is his guide. He is the true Doctor — Doctor in the real sense of the word.

"The higher the bamboo grows ... the lower it bends" I do not remember who said it, but it is Gospel truth, and this is



if we do not train ourselves to follow the unwritten laws and ethics of our profession, well I don't think we could ever become 'doctors' in the true sense of the word; and in no time, the love and affection a grateful patient showers on a dutiful doctor, will be lost forever.

Once a person chooses this profession, he humby dedicates his life to the sick. His whole life thereafter revolves round a nucleus of suffering and pain — pain of mind and pain of body. Only he sees the

how one really should be. The higher you climb the ladder of success, the more humble should you be. It is absolutely useless to add a few letters at the end of one's name and just keep quiet. We are here to serve the PEOPLE; we are here to reduce pain, and we are here to reduce suffering. If that is done to the best of our ability. Then only, have we achieved our goal.

We are dealing with the sick, young and old, male and female. Yet we must remember that they are SICK. Look straight

into those eyes. "Oh doctor help me" those eyes would seem to say. Then why not PLEASE HELP them? Here I have to stress the word HELP. You may ask me why? because the day to day happenings I witness in my student life force my conscience to stress it and remind all my friends about it—remind them again, again and again.

The other day the "case" alloted to me in the ward refused to be examined. He looked very annoyed, and though his original ailment was a mild one, he looked more ill. Needless to say I questioned the patient about it, and the story he related to me was pathetic. Yes, I repeat, it was PATHETIC. He had to be the guinea pig at the ward class and later was "examined" by thirty students - all in a single day! You could imagine what a person's plight would be when he is manhandled by thirty students - a SICK person at that. Having had to answer all those endless questions, then move his head and limbs and body to enable their "Examinations" with repeat performances, and added to it the pain he axperienced each time they pressed his lump, he refused another day in hospital — the Institution of healing! It was no surprise to me then. Even a perfectly healthy man would have succumbed to that (treatment).

This sort of thing happens day in and day out in the teaching hospitals. Of course, it is another 'good case' for you and me. The 'better' the case the greater the number who "examine" him. We are so used to seeing this life in hospital, that we tend to work like machines—just repeat

the same procedure daily. We little realise that it is another life — a life similar to yours and mine, but a life that needs much more care and attention. Put yourself in that patient's position, and ask yourself whether you would have stood that ordeal — even if you were hale and hearty. We very often forget that, that poor chap is some one's father, some one's brother and that he may be some one's only son. — The only breadwinner in the family. He has come to you for help — HELP, I repeat. Then why not help him, instead of harassing him, dear friend?

It is true that you and I are here to We do need practice — practice in examining PATIENTS — and NOT CASES of course, but then don't you think that your convenience is SECONDARY to the convenience of the patient? If the patient had been examined by several students, it is nothing but common courtesy to leave that SICK man alone for the day. That is the best treatment that you and I could give that patient. There are hundreds of other similar cases in the hospital, and any one who is sufficiently keen could surely find a case who has NOT been manhandled. The few extra drops of sweat you shed in doing so, affords a poor patient a few more comfortable and trouble free hours and perhaps it will carry with him, sweet memories of this institution of healing.

So, I most humbly appeal to you, my dear friend, to extend your hand of healing to that suffering soul, and let a grateful heart beat for one more minute. Then only could you rest assured, that you have done your duty.

Then then there was the truck driver who stopped, to avoid a little child and fell off the bed.

Then there was the case of the young girl who had the itch between her toes \_\_\_\_ er \_\_\_\_ er \_\_\_\_ er \_\_\_\_ er \_\_\_\_\_

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Dr. A S. Dissanayake
M.B.B.S. (Ceylon),
B.Sc. (Ceylon),
Ph.D. (Lond.),
Lecturer in Parasitology,
Faculty of Medicine,
University of Ceylon

Time was when malaria took pride of place as one of the most serious of human diseases. It was perhaps the most important cause of illhealth and death in many countries. In recent years, however, man has come to understand the disease and its aetiology more fully and has thereby succeeded in controlling and even eradicating it from many parts of the globe. Contributing in no small measure to the advance in our knowledge of this disease have been the discoveries of malaria parasites of monkeys and apes followed by detailed studies on these parasites from the early years of the present century. We are all aware of developments that have been possible in the chemotherapy of malaria by experimenting with the monkey parasites. We also know that an outstanding contribution to our knowledge of malaria parasites came from the demonstration of liver stages of Plasmodium cynomolgi of monkeys.

In human malaria, the parasite — a species of Plasmodium, the vector — an anopheline mosquito, and the vertebrate host — man, are involved in the cycle of transmission, and the methods of prevention and control have been directed against the parasite and the vector. In our own country control has chiefly been effected by attacking the adult Anopheles culucifacies, which happily enough was the only vector that transmitted malaria. Residual spraying of insecticide has been the main method employed and as a result the number of cases has dwindled to just about a handful each year. Ceylon is now well on the way to complete eradication of this one time dreaded disease.

# MOSQUITOES & MALARIA

#### Simian Malaria Parasites

It is interesting to note that several simian malaria parasites have been discovered and described from Asia and the African continent as well as from S. America, and that these parasites closely resemble the human ones. For instance Plamodium vivax the human benign tertain parasite has its counterparts in P. schwetzi of African apes. P. gonderi of lower monkeys in Africa and P. cynomolgi of Asian monkeys; Plasmodium malariae is represented by P. rodhaini (now shown to be identical with P. malariae in the African chimpanzee, while P. inui is the corresponding quartan parasite of Asian monkeys; Plasmodium falciparum has its representative in the almost identical P. reichenowi of African apes, and very recently a closely related parasite P. coatneyi has been described from a Malayan monkey, although the latter has no cresent shaped gametocytes. A P. ovale type parasite has also been found in Malayan monkeys. In addition to those the lower monkeys have a quotidian parasite, i.e. a parasite with a 24 hour cycle, P. knowlesi which has no human counterpart.

It appears then that the human malaria parasites have evolved more or less from the simian parasites and that the parasites in the higher apes are more closely related to the human ones. In Asian countries, so far, over half a dozen species of *Plasmodium* have been isolated and described from the lower monkeys, and very recently at least three of these species have been found to occur in Ceylon monkeys. The three main types of monkeys in Ceylon are the Toque monkey (*Macaca sinica*) commonly known as the Rilawa and used by gypsies for

performing, the Grey langur (*Presbytis* entellus) or the Hali Wandura, and the Black monkey or Purple face monkey (*Presbytis senex*) known as the Wandura. Of these, the Toque and the Grey langur have been found to harbour malaria parasites, and the incidence of infection seems to be pretty high. Furthermore, monkeys from practically all parts of Ceylon appear to be infected.

Many of the monkeys in nature have no demonstrable parasites by ordinary methods of examination of thick or thin blood films. If such animals are splenectomised parasites start appearing in their peripheral blood within a few days in such large numbers as to cause severe illness or even death. Such apparently uninfected monkeys are said to have a "latent" infection. If a few ml. of blood from such a "latent" monkey are injected into a "clean" monkey the latter will become infected. The North Indian Rhesus monkeys have for the past five decades or so been used in experimental work on monkey malaria and it has been difinitely established that they are never infected in nature and so are the ideal "clean" laboratory animals for monkey malaria research.

#### Malaria as a Zoonosis

In 1960, Don Eyles and his colleagues discovered, quite by chance, that a strain of simian malaria parasites which had been isolated from a Malayan monkey and which was named *P. cynomolgi bastianellii*, was transmitted to two laboratory workers in the United States due to "careless" handling of infected mosquitoes. This was the first demonstration of mosquito transmission of monkey malaria into man. Prior to this

certain other parasites of monkeys and apes had been transferred to man by blood innoculation, P knowlesi of Malayan monkeys and two parasites of African apes P. Schwetzi and P. rodhaini were the parasites involved. An interesting point about monkey malaria is that while it is possible to transfer some simian parasites to man by blood innoculation, the reverse has never been shown to take place. Malaria therapy has for long known to have beneficial effects on cases of G. P. I. and more recently on Buerger's disease and with the non-availability of human parasites it has been shown that simian parasites like P. knowlesi can be used for the same purposes.

The findings of Eyles and others were important as they showed that man could take the place of the monkey in the normal cycle of events, monkey - parasite - vector, and the WHO took serious note of this when its Expert Committee in its eighth Report viewed with some concern the possibility of simian malaria being transmitted to man in nature. This was particularly important in the context of the malaria eradication programmes of WHO. In fact WHO and other arganisations felt it was imperative to initiate co-operative research projects to determine the epidemiology of simian malaria in various countries and to find out whether malaria is really a zoonotic disease in nature.

Subsequent to these findings experiments were conducted on prison volunteers and it was proved conclusively that *P. c. bastianelli* will infect most people and produce clinical symptoms and also that the parasite shows some adaptation to the human host. The position therefore is that experimentally at

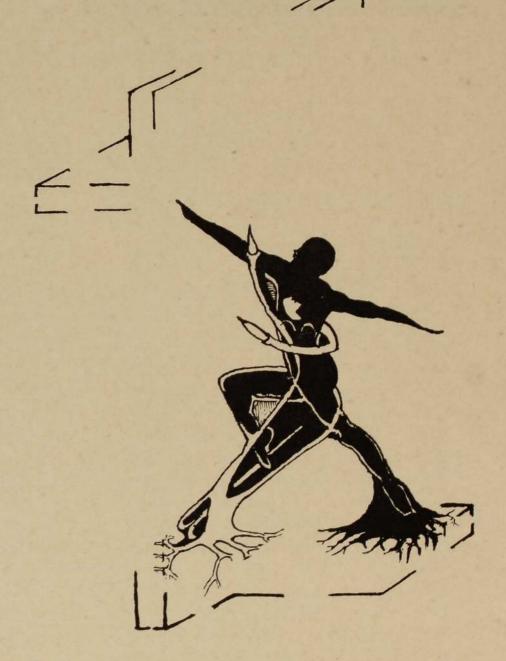
any rate, malaria is a potential zoonosis. By zoonosis is meant an infection or disease of animals that is transmissible to man in nature. The most important question to be settled therefore is whether simian malaria parasites can be transmitted to man in nature, and whether they will constitute a serious danger to man after human species of *Plasmodium* have been eradicated!

mosquito transmission of Although monkey malaria to man in the laboratory has been shown to be a definite possibility and although this has been accomplished on more than one occassion in many laboratories, whether this event will occur at all or sufficiently frequently in nature to be a problem in the future remains to be seen. Nevertheless the prospect of monkey parasites taking a foothold and adapting themselves to man seems remote. This is particularly so because the mosquito vectors of monkey malaria in nature have so far been found to be members of the "leucosphyrus" group of anophelines. These are mainly jungle mosquitoes and the chances of them "invading" human habitations are still more remote. On the other hand occassional human beings going into the jungle in an enzootic area can become infected and bring the infection back to human habitations, but whether they can become a "sufficient" source or a reservoir of infection to their fellow men depends on whether, in the course of time, the parasite will adapt itself to the anthropophilic mosquitoes or vice versa. One important consideration in this connection is the fact that in the not too distant future in many areas of the world we will be having "non-immune" populations which will therefore be perhaps more susceptible to the simian parasites.

Spouse of a pretty young thing, came home from war in the spring. He was lame, but he came with his hand on his cane.
A discharge is a wonderful thing.



I carry her image in my heart. I think of her always. I will preserve her self respect, her reputation, her chanacter. I love her acter. I love her and deeply, that I will sacrifice anything to make her happy.



## THE SEEKER

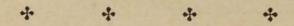
THE tall man walked up the path leading to the summit of the rock which rose to the sky. He had an air of uncertainty about him and seemed to be bearing the troubles of all mankind on his stooping shoulders. He paused near the Northern side of the rock and muttered something. The colossal figure of the seated lion projecting out of the rock face gazed at him in amazement. He dropped his body like a pile of firewood and buried his nutbrown face against a projecting ledge of stone at the edge of the rock.

The picture of Saman, was vivid in his minds eye. The girl he saw for the last time that morning .......with that mischievous smile playing on her lips, her hair lovely, hanging about her shoulders, her hand holding the saree with blue and white surrealistic splashes close about her. Every gesture of her......the black beauty spot on her cheek, her warmth, her charm. Saman, was not merely beautiful, she had a vivacity that was irresistible.

During the 3 years that followed their association developed from a nodding acquaintance to a close friendship. He admired and respected her views and ideas which tallied with his own, in most instances..... He recalled a particular instance during the course of a discussion regarding his life at the University with his parents when he described her in admiration. It rather puzzled him as to why his mother suddenly became very curious and questioned

him in detail about her and finally advised him not to have an intimate friendship with this particular girl.

6 months passed after that incident, when he began to notice that she was taking more than a friendly interest in him. When ever they met, she would greet him with her brightest smile. Her twinkling black bright eyes would gaze into his.



A young man was brought in with a history of having taken an insecticide. A student was holding the patient's head, whilst two others were holding the lower limbs. Saman was there stooping, with a stethoscope in her ears, in a vain endeavour to record his Blood Pressure.

"Aiyo! Sandun, we have been using all our power to suppress this man's violent movements, I can't record his B.P." She looked up at him for help. Sandum weighing the situation, went to the bedside and gripped the outstretched arm of the patient......

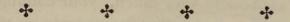
He was keenly aware that her supple body was pressed against him......She took a long time to record the B.P.....

She mumbled her gratitude with downcast eyes. "Thank you very much." She said "If not for you I couldn't have recorded his B.P." and then looking up her eyes met his He saw more than gratitude in her eyes. He saw happiness and he saw admiration.



During the days that followed Sandun found it impossible to keep her out of his thoughts. He decided that it was his duty to convey his feelings to his parents. "We do not wish to place obstructions in the path of your happiness. We bless you. But we

strongly advice you to finish your studies first and think of these matters later." his mother said.



"I must convey my feelings to her and then I can sit and study hard, the rest can follow later" thought Sandun.

"Aiyo Sandun, I forgot to return a library book" and she ran off.

She still seemed to crave for his company and always seemed to be happy to see him. They talked about various subjects, but everytime Sandun attempted to disclose his feelings towards her. Saman either tactfully changed the subject or ran off mumbling an excuse.

"I must give her sufficient time to study me. She must know me well. I must be fair by her, she should not make a mistake in her decision which would affect her future happiness", thought Sandun.

"I will write a letter and explain my position. She can decide in peace. I am a man, I can accept her decision whatever it turns out to be"



Another patient month passed.....She was studying in the library. He realised that it was neither the time nor the place to

discuss what he had in mind and felt guilty about distracting her from her studies, but his patience was at an end.

"Saman I hear that you did Gram and Ziehl Neelson's staining yesterday". Sandun said forcing a cheerful note into his voice.

"Yes, we did", her voice was cold.

"Can you please tell me the steps".

"Don't you have them in your notes?"

"I do, but I couldn't bring my notes. I have Bacterio-practicals this afternoon."

She evaded his eyes and gazed upwards. She seemed uncertain and some what bewildered. With some difficulty she recollected and told him the steps.

"Saman what are you doing at 3 O'Clock?" He asked.

"Oh! we have a ward class."

"Can you please spare me five minutes after your ward class"

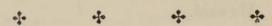
"No! I must go home by 4 O'Clock.' She mumbled.

He walked out of the library.

\* \* \*

Her friends went to the ward class. But she did not. She went home at 4-45 p.m.

"I Carry her image in my heart. I think of her always. I am in indecision. I hate to be like this. My mind is bewildered. I cannot study now. I must get an answer. Perhaps she cannot tell her parents I don't want to distract and disturb her mind. I will make matters easy for her. I will go and see her father and explain everything. I have a back bone. It is the correct thing." thought Sandun.



After a self introduction to her father in his office, Sandun began "I came to see you

to discuss a personal matter. Can you please spare me a few minutes of your valuable time".

"Most certainly". He smiled.

"I met a girl about  $3\frac{1}{2}$  years ago at the University where I study. I have associated her during this period. A feeling of admiration and respect for her entered my mind. She is a very good student".

"You are speaking about my daughter"?

"Yes, she is the one" Sandum continued "I don't know why such a feeling entered my mind".

"It is quite natural for a young man to get such feelings". He smiled.

"When this feeling came to my mind I thought that it was my duty to tell my parents".

"Yes, a man came to see me about 8 months' ago he told us about you." He said firmly.

Sandun looked puzzled. He thought that his parents many have inquired about her. But he failed to understand at that time, why they did not tell him about this visit.

"We told him that it was too early for anything and that we would consider it when the time comes." said her father.

Sandun suffered in silence. If he knew this earlier, he would have thought twice before going there.

Composing himself, Sandun said "I must explain why I have come today. I am beginning to think of her all the time, I need an answer, because my mind is bewildered"

"I am not in a position to give an answer' My daughter must decide for herself. She is quite intelligent to make a decision of her own." He said.

"I consider that parents should give the correct advice on these matters. My mission today is to ask you to advice her so as to

help her to arrive at a decision. Futhermore this should not interfere with her studies". Sandun said.

"I appreciate very much, your coming to see me. You had better concentrate on your studies. Here's my good wishes" and he gripped the right hand of Sandun very warmly.

"We will think about this when the time comes" He said. Sandun returned unsatisfied. He needed a more positive answer.

+ + + +

"I will take steps that will preserve her self respect, her reputation, her character. This is essential for a girl. I love her so sincerely and deeply, I will sacrifice anything to make her happy."

+ + + +

He recollected the night when he went to the Post Office to post the "red letter' in the heavy rain amidst thunder and lightning He recollected his visit to a pirith ceremony on his way back. He wandered why the high priest called him suddenly and blessed him saying that whatever he had done before coming there would be a success.

Suddenly he recollected the memorable sight which made a deep impression in him when he witnessed in front of her house a few days ago, the full moon, behind a passing cloud which had the shape of a human heart.

\* \* \* \*

Holding the phone Sandun spoke. "Hullo, may I speak to Saman".

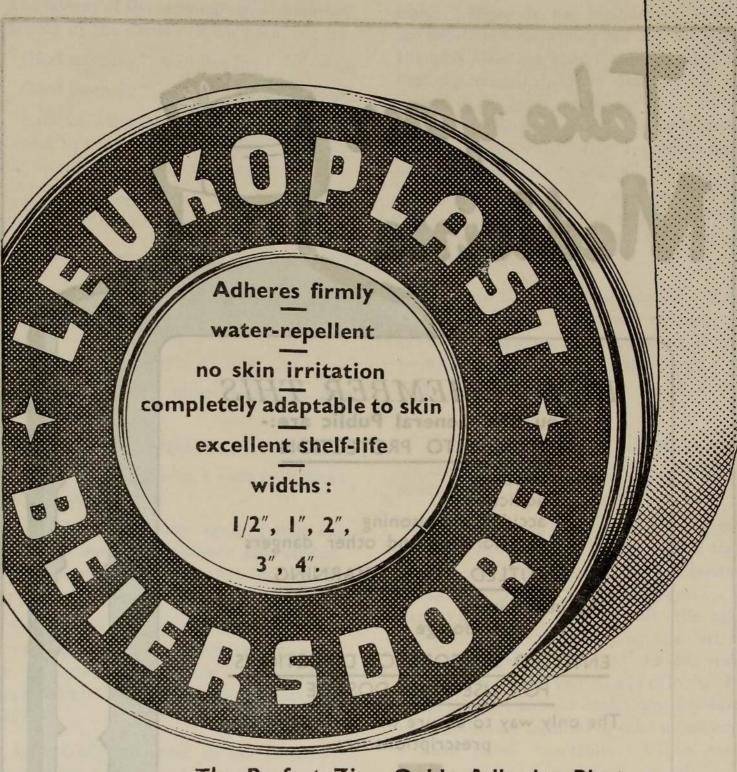
"Speaking."

Sandun was not sure of the voice. "May I speak to Saman" He repeated.

"Speaking".

A shadow of doubt entered his mind. He kept the phone close to his ears. The voice went on "Hullo.....Hullo.....Hullo.....

There was a tinge of sadness and impatience in the voice. Suddenly he realised he wasn't doing the right thing and gently replaced the receiver.



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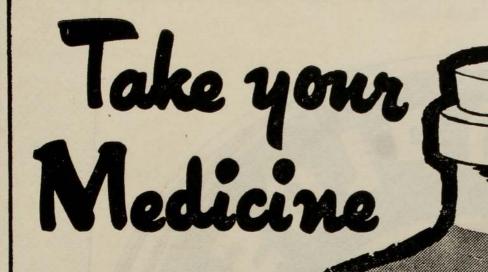


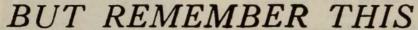
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The silence of the morning was disturbed suddenly by the sound of a car horn.

"Good morning" said Sandun.

"Good morning" replied Saman's father.

"Sandun, will you come to my car. I want to speak to you". Sandun walked thoughtfully up to the car and leaned against it.

"I am very sorry to say this, young man, My daughter has no interest in you".

Sandun felt as if the earth had suddenly given way under his feet. He saw all his dreams and hopes for the future fading away into nothingness.

He composed himself.

"I thank you very much for coming here to tell me this."

Saman's father started the car.

"Please don't go away, I have an explanation to make.....

"I wish to say once again young man you had better concentrate on your studies" and he threw away the 'red letter'. The car disappeared.......

Sandun picked up the 'red letter'. "It is not opened. Why didn't he open it?" he muttered in deep pain. He stumbled back into his room and buried his face in his pillow.

At 12 O'Clock he went to the University. He saw her beaming with happiness.

He returned to his room. The very sight of the unopened red letter was unbearable to him.

"Her father should read this. I sent this for him to read." He muttered. He went to her father's office the next day and left the red letter with another letter, requesting him to open the red letter and read it and destroy it.

+ + + +

Three months passed after that incident. "Still I can't forget her" muttered the tall

man. "Today is her birthday. What is the irrestible force which led me to post a Birthday Greeting Card? Yes! I sent her back the image I held so dear to me and carried in my heart. I wished her all the happiness and success." Suddenly he looked miserable and lonely. His eyes conveyed a deep sadness. He gazed at the sky and looked down again. The emptiness of the space above and below made him acutely conscious of the emptiness in his heart. A cold wind passed him..........

His heart began to beat rapidly. Blood rushed to his face. His eyes widened, the eye balls became red and looked as if they were going to burst. He stared down. He took a deep breath and stood up as if in a trance.

"Your mind is shaken" he heard a voice. He looked around! There was no one "I need peace" he shouted.

Suddenly he slipped down. His arm went around a slab of stone. He grasped it tight. There was a long silence "Now I understand the agony of dying. I need happiness...... Can't I derive it by bringing back life again into this world? by developing the 'art' of healing,? by sheer struggle? In this way I can enjoy the value and dignity of living. I've struggled for years to make my emotional and intellectual faculties to exist in harmony. I have failed miserably. I can marry another girl, but I can never give the same love to anybody else. Why should I cause misery to another. I cannot forget the memories of my true love. This is my weakness. I cannot hate her. She has no interest in me. She cannot love me. They say time is a good healer. I have lost everything. Have I lost my will? Can I construct a new life on the foundation of my failures?" He muttered to himself.

He scrambled up with difficulty and started an unsteady slow descent of the steps. His eyes gradually turned brighter as he drank in the rays from the sun that were coming from the Western horizon. He paused near the 'mirror wall' attracted by the frescoes. His eyes glowed with a brilliance as if awakened by an intuition.

"There is something disturbing, something exciting, something romantic in the bold rhythmic pattern of lines, the organization of the form of this flamboyant sensuous golden yellow damsel. There is something strange, transcending from this painter's desires and love. He has expressed faithfully his deep emotions in his language of art in purest spontaneity and spiritual nakedness. He has expressed something more than mere actuality. These clouds in this painting represent his feelings of discouragement and despair, which bewildered him at times, which should have passed away like clouds across the luminosity of his vision."

Suddenly he noticed another shadow cast on the mirror wall beside his own, and as he watched, it gradually merged into his own shadow. "This painter's individuality is a spiritual triumph and he has enjoyed a secret strength which remained constant throughout the circumstances of his life."

He turned round to see from where this voice came. He was surprised to find an elderly Hermit with a long beard, garbed in Saffron standing behind him.

Pointing to the frescoes the hermit continued. "That 'golden yellow' damsel with a Sandun flower in her hand was not the wife of King Kassapa, or an Apsara or one of the harem of Kuvera as some would have you believe, but a lady of the upper class of the Sinhalese society of Ceylon in the 5th century. Her name was Jeevarani meaning queen of life. The other dark skinned damsel was the mother of Jeevarani. That 'red object' in her right hand contains a mystery. That object was given by this painter to his love, this golden yellow damsel. She refused to accept it. It was later sent by him to her father. This painting shows the mother questioning her daughter with

that unopened object in her hand. The golden vellow damsel refused to answer. Not only that, she did not allow her parents to open the red object either. It remains a mystery. Her behaviour bewildered the artist and he painted this masterpiece. These clouds represent his disappointments and despair. His name was Surath. He loved Jeevarani. The 'lovers' at Isurumuniya was a Souvenir done by him to rejoice over their invinciattachment to each other which culminated in their happy union years after. It was taken from the summit of this rock and fixed there later. Surath lived here with his love. He named this rock castle 'Sugiri'. In the course of time people called it 'Sigiri' for convenience. This artist is born again in Lanka. He will marry his love in about 4 years time and lead a very successful and happy life said the hermit.

"Who is this artist who is born again in Lanka"? questioned the tall man.

"He is an artist of life".....

"Tell me who is this artist?" shouted the tall man. The hermit embraced him saying "It is you my son! It is you. You will regain your love. You cannot break this bond. It is so solid, like the lovers at Isurumuniya"

"I want to forget her. Don't give me false hopes. You made me miserable again. Allow me to go. Please allow me to go,"



"He is mad, he is obsessed with delusions." muttered the tall man while coming down the steps. He paused near the last step, suddenly seeing a Saman flower falling from a Sandun tree. He picked it up, old memories flashed one after another. There was a weary sadness in his eyes. He kissed the flower. "You messed up your studies' you ruined your career' came his mother's voice. He looked back. The hermit was there no more. He stared nauseatingly at the painful, swollen palm and threw away the flower that was in the other hand. He shouted "Can I stop the wheel of circumstances that torment both my mind and body? Where can I find peace? Can anybody help me? I've failed miserably! I am alone! I've lost the whole of my 'self'. He stared at the Sandun tree as if to get inspiration, but only saw the hollowness within the tree. He did not see the Saman creeper which was twining around embracing it.

"Mv 'individuality' is gone. Now I see the reality of my existence and the contribu-

tion that my living body and the conscious mind could make to the prosperity of mankind." People around him were laughing jeering and giggling at him. His eyes were bathed in tears. But he wouldn't allow even a single tear to fall. Suddenly his lips parted At last I have a controllable physical mind. I know it's limitations too. Pride is self veneration. I have no pride now. I am a humble living entity, but I am fearless and confident. I can stand on my own feet anywhere on this earth and against any adversity. I have killed hatred. I can live in complete harmony in any society. Thus only happiness can come out of me where ever I live or where ever I go. People will not understand me. They will call me by various names, But I will have only compassion for them for they are ignorant.

He opened his eyes wide and marched forward in the darkness.

(All situations and characters are fictious)

A. Waniganetti

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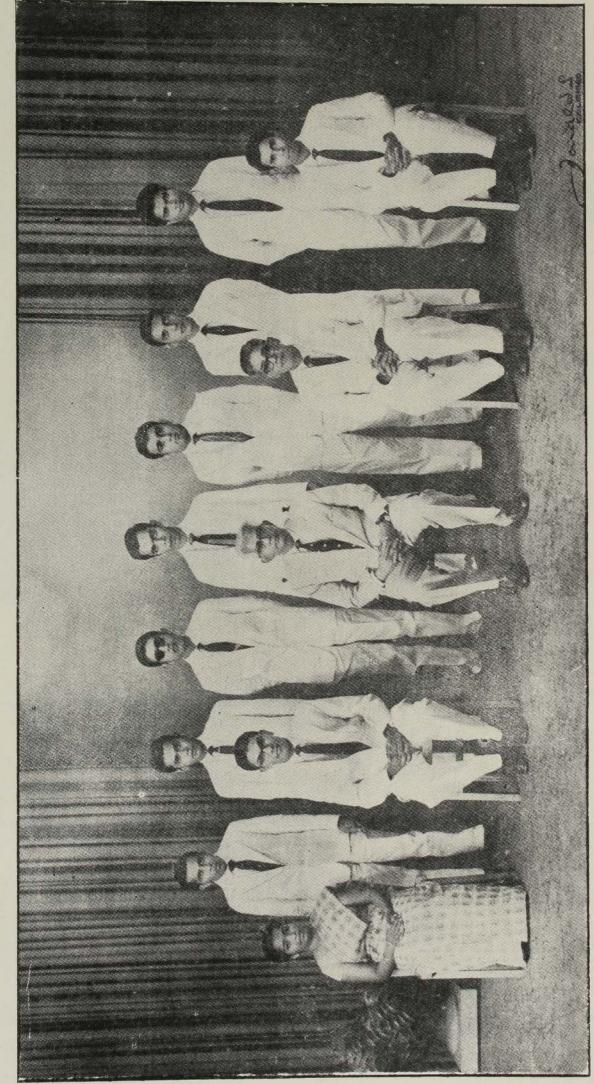
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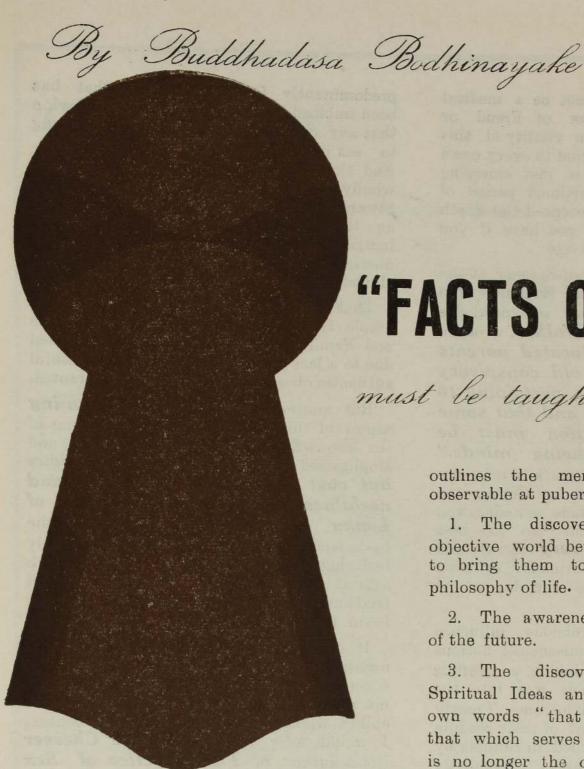
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Man's life can be divided into three major phases: Childhood, Maturity and Old Age. Between the first 2 phases is interposed. puberty.

Age of physical puberty varies with climate rather markedly. In our climate which is warmer than that of a Western Country, say England, physical puberty occurs earlier. The onset of the psychological changes evident at puberty precedes the beginning of the physical change. Psychologists indicate that the adoloscent psychological changes spread from about the 11th or 12th year till about the 19th to even the 22nd vear.

Oswald Schwarz Austrian Medical Psychologist and colleague of Alfred Adler

"FACTS OF LIFE"

must be taught in school

outlines the mental changes that are observable at puberty as follows:

- 1. The discovery of the Ego and an objective world beyond it and an attempt to bring them together by means of a philosophy of life.
- 2. The awareness of time: a concept of the future.
- 3. The discovery of the realm of Spiritual Ideas and Values: In Schwarz's own words "that 'right' is not merely that which serves a purpose; 'honour', is no longer the outcome of strength and vigour". "Although this god-like approach toward the world takes place on the whole front of our personality" continues Schwarz "Sex plays the part of a spearhead."

Even if one dismisses the thesis of manifestation of sexual instinct from early infancy as expounded the pioneering psychologist Sigmund Freud in his books "Interpretation of Dreams' (1901) and "Three Contributions to the theory of Sex " (1905) and opposed by his contemporary colleagues. one cannot reasonably dissociate oneself from the fact that, at Puberty, the sexual change though only part of the whole transformation taking place - is the most conspicuous and overwhelming.

And surely, one need not be a medical psychologist of the calibre of Freud or Schwarz to appreciate the vitality of this all-important formative period in every one's existence. As one who is just emerging out of the "officially acclaimed period of Adoloscence" I have experienced the depth of it myself, and so would you have, if you have reached or passed my age.

A Hunterian Professor of Surgery at the Royal College of Surgeons England, who did so much to popularize sex-knowledge among laymen, Kenneth Walker, wrote in 1940 "that most educated parents now realize that the old conspiracy of silence (on matters pertaining to sex) must be broken and that some measure of information must be imparted to the growing minds." Presumably he made this remark in reference to his own country, but in Ceylon the

to his own country, but in Ceylon the first ever-suggestion to include sex education in school curriculam came — to the best of my knowledge — only **very** recently and that too, to reside in dormancy or even recede into oblivion since the day of its utterance.

In view of the pernicious influence alone, of the numerous nonsensical notions and perverted trends of thinking concerning sex that have found their way into the minds of my brother-adoloscents (partly but considerably on account of their reading trashy sex-literature published in Sinhala by uninformed "harvest makers" frequently under pseudonyms), a strong case for systematic and a well thought-out programme of Sex Education in schools is fully justified and well merited.

We must emphasise the following aspects of this long over-due subject, as these would be decisive to make such a scheme of Sex Education a success or a failure.

- (a) The **most** appropriate age at which the sex information should be given.
- (b) The training of specialist officers-preferably medical-men, in the implementation of the sex-education programme.
- (c) The back-ground knowledge of the child who might be considered 'ripe' for receiving sexual guidance.
- (d) How and to what extent should Sex Instruction and information be given?

It may perhaps be on account of the

predominantly Oriental Culture that has been imbibed into our way of life in Ceylon that any systematized knowledge pertaining to sex has been more or less taboo. And the inevitable and sinful result of this wholly unscientific and unrealistic attitude towards a subject that has been referred to as the "Atomic Force of Life" is the increasing incidence of Venereal diseases, aberration and unhealthy livelihood amongst almost all strata of our Society.

That Venereal disease has taken its ample toll from all walks of Ceylonese life and Family-life often wrecked and ruined due to a lack of Sex knowledge are truthful authentic observations now taken for granted.

But another important and alarming aspect of this lack of scientific imparting of sex knowledge is yet to be observed and emphasized: that is the not too obvious but vast deprivation of talent and usefulness of the future citizens of Lanka who in their ignorance of the basic facts of life, powerfully but wrongly feel that they must measure their strength against the vicissitudes of life by error and trial and in the process recklessly and pitifully harm themselves and future generations.

It must also be said that this grim necessity for sex education in Schools is so severely felt as the 'home atmosphere' does not provide for a proper development of the child's whole personality. In this context I would refer to Dr. Eustace Chesser (joint-author of The Practice of Sex Education) who clearly admits that "if you have a happy home and wise parents and were taught to understand in advance what stages of growth of the human being should be, you have probably sailed along smoothly. Unfortunately many young people start on the period of development from childhood to manhood without any notion what to expect, and therefore find things very strange."

At this point may I venture to ask: How many thousands of Ceylon students have today become **self** accusative and wasteful in their ways of thinking for associating themselves with perfectly normal phenomena of life, without any accessibility to established fact?

And is it not sinful for our educationists to perpetuate their 'conspiracy of Silence' any more?

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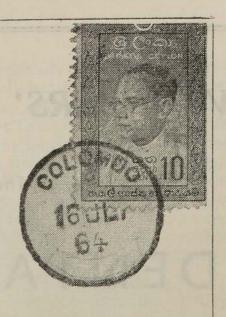
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# A Letter to My Son



Faculty of Medicine Kynsey Road Colombo 8.



Dr. N. D. Gunasekere, M.D., Ch B., (Edin) Lecturer in Pathology, Faculty of Medicine, University of Ceylon

My dear Son,

Now that you have been selected to do Medicine may I take this opportunity of congratulating you on your success. You know even as a child you showed an interest in Medicine; while the others were playing with their toy motor-cars, train sets and tri-cycles you went round giving 'injections' to all and sundry with the plastic syringe from your 'doctor set' — you were so happy that Santa Claus had answered your letter. How proud you were — all dressed up in white trousers, white jacket and skull-cap with a large red cross prominently displayed in the front of it.

Later on, when you were in your early teens you even took over the responsibility of packing my wee black bag—the one that contained all the various drugs for the treatment of minor maladies that commonly afflict the average person. In our own family illnesses such as a tummy upset, flu, headache, a dry irritable cough, and minor injuries such as a sprained ankle, abrasions, etc. were a common feature. Even at that age you appeared to have an uncanny knowledge of just the right medicines that might come in useful for these conditions should they arise when we are on our annual holiday in the hills.

Well do I remember one dreadful night when Mummy took rather seriously ill with a severe anginal-like pain. I knew what I wanted but I didn't for the world imagine that you would have had the fore-sight to pack the small metal container of Amyl Nitrite capsules. So you could imagine the relief I had when I saw the container at the verybottom of the bag.

On another occasion, your interest in Medicine was demonstrated very vividly in the painstaking care you took when cleaning and dressing a wound — a very grossly infected wound on our gardener's foot. I was by now fully convinced that you were cut for a medical career. Your personality, your concern for others difficulties, trials and illnesses, your gentleness, were all so skilfully blended in you that I had no doubt about the final outcome. So you can now understand how happy I am to learn that your efforts have finally crystallised in your being selected to follow a course in Medicine.

Now that you are waiting the commencement of the new term in the faculty let me give you some ideas of what is in store for you.

Remember that from now on you will be very much on your own. You will be called upon to make your own decisions; you will be meeting all kinds of people, from various social strata. In the course of your training you will be faced with numerous problems and even very awkard and embarassing situations. You will have to make a very determined effort to master the art of mixing with people and what is most important, learn to acquire the skill of carrying out your actions with tact. I dont wish to be an alarmist but it is my daty to tell you that there are many trials ahead of you. No doubt the difficulties that lie ahead will help mould your character. Adverse forces and circumstances are very necessary features in this world of ours. If it were not so, life would not be possible. You must learn to take and

also give blows or else you will be trodden on by those with stronger personalities. Believe me, Son, you are living in a very cruel world At times I fear that you may find the strain a trifle more than you can bear. It is at such times that, your upbringing, your stock, your religious principles and most important of all your character, show up. I know you will always uphold the noble traditions of your family and your College. There may be times when you find others - your contemyour associates taking unfair advantage of your kind disposition. They may even go to the point of being positively rude to you; it is so very tempting to retaliate, after all, you are also human, but rather you bear these indignities patiently and with courage because I have absolutely no doubt, Son, that there is such a thing as Retribution, some day, somewhere, sometime.

Lest you get a distorted slant on life let me remind you that there are people who have developed the Dale Carnegie technique of how to win friends and influence people by the use of 'honeyed' words in their day-to-day activities. I don't wish to imply that everyone who does talk to you with eloquent words necessarily has something up his sleeve; that would be both unkind and unfair; but watch out for the not so sincere individual who adopts this technique with an ulterior motive. You'll be able to detect this flaw, the tone of insincerity ere long, and from then on you just keep him at arms length.

With regard to your Medical Course itself the training you will receive is so designed that you will have acquired a certain minimum of knowledge that will enable you to be of real service to your fellow beings. Recently a new measure has been introduced—one year's internship prior to actually practising Medicine. I think you should make full use of this opportunity to study carefully the changing patterns of disease processes in relation to the make up of

individuals. There are some who take up illness very seriously, while there are others who make light of ill-health. You will also come to realize the different thresholds of pain in human beings. These are things that can only be learnt at the bedside.

I don't wish to burden you with such technicalities as how best you should approach the study of the various subjects in the curriculum. This duty your teachers will perform. But, by way of emphasis I would strongly advice you to be sound in all the Fundamentals of the various subjects that you will be called upon to study.

Although your teachers are concerned with the imparting of knowledge in the various branches of Medicine you will be well-advised to have a good knowledge of the high ideals of your calling as set out in Hippocratic Oath.

However, in the course of your work there'll be occasions when you'll be torn between two conflicting lovalties. Let me explain this to you. Now suppose you are at the bedside of a paraplegic octogenarian who has been bedridden for the last ten years. You find that he is suffering from broncho-pneumonia. At the moment your patient is drowsy and very seriously ill. Now, should you pull him out of this state by using powerful antibiotic drugs which are at your command and in so doing follow the letter of the law - "I will use all ways of medical treatment that should be for the advantage of the sufferers, according to my power and judgment " - (Hippocrates;) or will you let him sink gently into a deep sleep from which he will never awaken?

Your inner conscience would say — 'what right have you to take the life of an individual even though his existence be not unlike that of a vegetable — "a mere caricature of human existence". But if you, my son, quite honestly and sincerely believe that (in this particular case) you have acted correctly

by withholding that life-saving drug — then it will be difficult for anyone to say that you stand convicted for your action. All said and done, my boy, I do believe that no set of rules, regulations or laws will ever solve this vexed problem. Dr. C. J. Gaveney sums it up rather well — "The world is not ready for the established practice of Euthanasia and the decision as to when, if ever, a patient should be helped over the border, rests on a higher plane of judgment than can be laid down in rules or laws and it is for each practitioner to decide for himself carefully how far he can assist his desperate patient without transgressing the law".

Then again, in the field of Obstetrics you may be attending on an expectant mother - if, however, at long last, you have assisted in the delivery of a grossly deformed child, and if during the puerperium this child develops an acute bronchitis, what would you do? Will you help the child recover or.....? Once again your conscience will speak up - "How can I foresee the future of this child? Have I a right to interfere with life - to take it away just like that?" The decision is difficult. But, you must bear in mind that you are living in an age when Medical Science is progressing at a most fantastic speed. Son, don't be hasty; don't allow such factors as poverty of parents and a large family of children, influence your decision. In my humble opinion, I feel that you must strain every nerve and muscle, even spend sleepless nights to save this poor unfortunate child.

 to show that the sensation of dying is like that of falling asleep. And if a person accepts his death as an act of service to an ideal or as the end of his Life's Work, it could be a blessing. It could be accepted more willingly if we knew that we had fulfilled our duty in life". Now that's as far as the patient is concerned. But, you know Son, these are times when it is extremely difficult to explain the actual cause of death. Now this is something that I have observed in the course of my work - mind you even after a most complete and through postmortem examination has been performed. In the course of your professional work make every effort to find the cause of death in a particular case. We have a long way to go in solving the mystery of death.

At the moment there are occasions where the cause cannot be determined. Be honest and say so. Remember, Son, in all your dealings in all your work — 'to thine own self be true' I know it is a failing, even among Medical men to cover their ignorance. Unconsciously perhaps, in some cases, by using long scientific terms unintelligible to the average layman. This is something that is foreign to the honest individual. If you don't know a thing be sufficiently bold to say so. No intelligent being will think the less of you for your frank and outspoken attitude.

You will recall that I referred to an article in the Readers' Digest a little while ago. This merely serves to emphasize the importance of general reading. You must be alive to things going on around you, so, take time off for general reading — magazines, womens' journals, childrens' journals and anything you like. I am aware of the fact that you have been educated in your mother tongue—the Sinhala language but it does not necessarily follow that you should neglect a few of the gems of English Literature. I would implore you to endeavour reading one — any one work from the English Classics, at least one every month.

I would also urge you to read from time to time, the History of Medicine and learn something of the lives of great men like Louis Pasteur and more recently, Sir William Osler, to name only two. Let their lives so condition you as to influence your work and conduct. I know you will aim high — you always made it a point to do your best in whatever you undertook, But, please don't crush others in your struggle to reach the summit; but rather lend a helping hand to those less fortunate, less talented, perhaps, than you.

Once you have reached the top of your chosen profession there is something that you must remember. Do not forget that, you, too, once upon a time, were a student—perhaps an average student at that. No doubt, by perseverance and hard study you have realised your ambition. But, this what I wish to impress upon you, Son, don't lose that 'common touch'. Your conduct should be such that your subordinates will respect you for qualities such as humaneness and approachability. Your attitude will then automatically command the respect that it deserves.

You know Son, the hallmark of a gentleman is "consideration for the feelings of others". Money, education, fame and success pale into insignificance before that one simple and beautiful word — Consideration.

Learn to treat your fellow creatures with compassion and humility. Respect their feelings. In other words, be human. If you will adopt this attitude in all your dealings with others I am certain you will have no difficulty in the future.

Let me give you another piece of advice — Never prostitute the high calling of your profession to the base purpose of amassing wealth. This outlook is incompatible with the correct practice of medicine.

Oh, I know it is considered that it is a good thing, a sign of wealth and rated high.

too, if one moves about in a swell limousine and can also boast of a fat bank balance. But, dear boy, don't be misled — what does matter is your attitude towards the sick and suffering, the down-trodden, the less fortunate souls. Make it a point to bring speedy relief to them. Always endeavour to prevent human suffering. In this connection I am reminded of Alexander Gibson's thoughts on "Bedside Manner." "It is not a garment like an overall to be put on when visiting a patient with an infectious fever and hung up, on leaving; rather must it be the expression of a life dedicated to the business of healing".

Remember Son, that in all grades of service there is work for which no payment is possible. Poorer patients cannot afford to pay adequately for what is done for them, and there are many others whose burdens ought to be lessened by the charge of smaller fees during a period of stress. Affluence must be accepted as well as poverty and the work done irrespective of the amount paid, for all rewards are relative.

Son, I feel that my eyes are getting tired. I am a little drowsy and need some rest now. But, before I wind up this letter and turn into bed, I ask you to be determined to live a humble server of the Almithty, and of Truth and Justice, and you will have made most of life and its possibilities.

Then there was the case of the photographer who got married recently. Just before he went off on his honeymoon he whispered to his best-man "I'll be taking a few shots at every stop. See that you put the exposure-meter and the tri-pod stand in my car."

\* \* \*

1st medico; "Did she blush when her shoulder strap broke." 2nd medico: "I didn't notice."

A slightly drunk medico once phoned up Dr. Wasserman.

×

"Hello, is that Dr. Wasserman"

"Yes, Wasserman here."

"Are you positive?"

Old time mosquito: ——— "and to think that when I was young I could only bite girls on their hands and faces".

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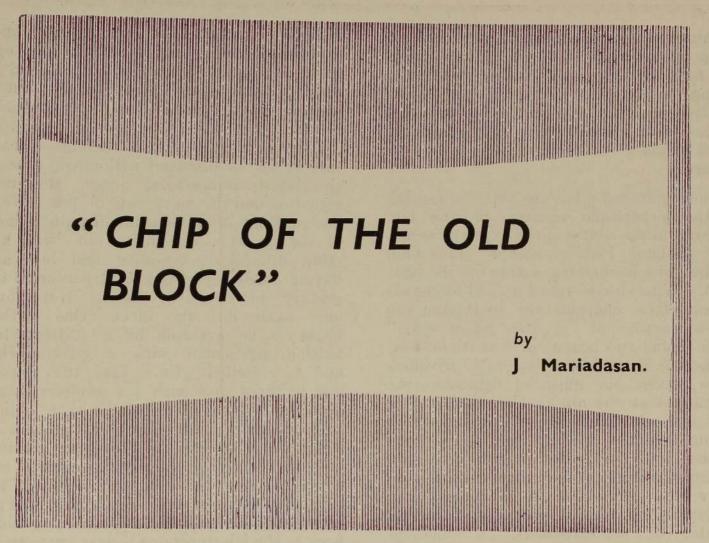
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To the casual visitor, allured by the heavenly aroma of human carcasses in various stages of decomposition, the Block with its grey fungus-clad walls, presents an amazingly austere outer facade. On an ordinary morning, when the larks on the wing and all that lark, with the air heavy with mimosa and formalin, the sun shines shyly on the street ahead save for the loud red Austin squatting smugly on part of the pavement (contravening the Highway Code,) the entire scene is a tranquil one.

Directly facing you is a melancholy doorway, supported on its left by a member of the Block staff and flanked on its right by a drainpipe. If the support on its left were removed the doorway would doubtless collapse. If the hour is around 9.00 a.m. the standard time of arrival of the reference student (8.30 is considered fantastic and 8.00 absolutely sacrilegious), it is customary to bestow on this gentleman a sleepish look and then scattle from the immediate vicinity before the look is translated as wolf in sheep's clothingish. Having negotiated

this obstacle with a modicum of sang froid one is then free to effect an exaggerated nonchalance and traverse the first corridor in the usual mode of locomotion - a cross between an inebriated Charlie Chaplin and a decerebrate dog. Having arrived at the divergence of the corridor one would now bear left and making a deep inspiration, and with a puffed - out chest enter the large slaughter-house at the end dignified the nomen "laboratory." While perambulating through a hole in the wall, which remarkably resembles a doorway. lost in a contemplation of the charms of the nearest girl, one is suddenly made aware of a strange manifestation of the occult. Inanimate objects like buckets and spittoons have suddenly come alive and are doing a zulu war-dance, while a large majority of the inmates are making such strong expiratory efforts through pursed lips that they are beginning to show signs of asphyxia. Although this strange syndrome doubtless rouse the clinician's enthusiasm, being a sound physiologist one would ignore it as best one could and blushing red, sink one's head in the nearest group of dessectors and drawing out scalpel and forceps swish them around frenziedly. Strange to say, this procedure seems quite effective in curing the syndrome and so if no howls of minlged rage and agony are heard within a few minutes one is free to proceed.

Looking around a bit, one may now drink in the picturesque scenario of the lab. Way out in the centre of the room is seen a very studious looking group, performing research of a momentous nature on the light bulbs. With sleeves rolled up and foreheads furrowed the chappies are oscillating the bulb to the tune of "A little bit of soap" while timing the pendulum with their feet. At one end of the lab, a deplorably frivolous fellow, under the guise of demonstrating movements at the hip-joint is performing a most intricate manoeuvre of the hula-hula. Sliding round a worldly wise pillar one bounces into an ardent youth disclosing cherished anatomical secrets to eager female bookworms. With a muttered apology one then snails off into a quiet corner where, deserted by its caretakers, a lonesome cadaver is smoking a nonchalent cigarette held lightly in its sphincter ani. After a spell in the company of the cadaver one seeks again the company of a cad and so lopes off to the south-west corner. Here a sinister looking mob is discussing politics and elections, and patiently hatching a plot; so one deserts them only to chance upon an innocuous duo obviously plotting a hatch. Everywhere one sees surplus adipose tissue, being transferred from corpse to person, while the more chivalrous males are even letting the girls take some home in their purses. While all this activity is going on, every now and again a demonstrator or lecturer pays a social call. This is greeted by a hush and a temporary lull in proceedings which are however resumed no sooner the demo presents the lab with a broad rear view. The lessfrequent visits of the Professor are greeted by profuse sweating, apnoea and even temporary cessation of heart-beat.

On the rare occasions when one has been dissecting, it is considered etiquette, after about an hour's fruitless fumbling for a nerve, that is as elusive as the Scarlet Pimple (or is it Dick Turnip, I mean), to adjourn to the canteen. The procedure

adopted consists of bunching shoulders, looking dazed around the eyeballs, letting one's hands hang flaccid as chinese noodles and then lounging out of the lab with the nearest head of hunchbacks. Settled in the canteen, over a cup of yellowish brown liquid emphemistically termed tea one discusses with grave concern the latest professional jokes, the next signature and the next cup of tea. When one runs out of excuses for lingering longer in the canteen, one drifts out with the crew, brimful of tea-water and bile, and having made a generous contribution to the urinary physiologists assets, trots over once again into the Block. One is then liable to be accosted by a distinguished looking gentleman with a grizzled chin and a chiselled grin. Like the Hamlet guy he fixes one with his gimlet eye and declares his love for Aphelia with a hollow mirthless laugh and a caustic comment on the prodigal tea drinking prodigies. Fortunately it is only good-natured ribbing and although one's legs temporarily desert the gel phase for the sol, equanimity and gel phase are soon restored, and one soon wobbles back to the lab to resume former pursuits.

Once in a prussian blue moon, a mass movement of the inmates of the block, in the general direction of the lecture theatre. occurs. Having convened with a vast display of teeth, the mob sits back and enjoys the lecture which is a mixture of gestures and jests with a smattering of In pursuance of a new policy calling for the manufacture of husbands as well as doctors some of the lectures are on the domestic pastimes of breadbaking, cake making and so on. Some lecturers even make reference to the cinema when thay talk about the value of 'serials.' If one is duty conscious "the college expects every man to do his duty "-one bellows at the spicy jokes, snickers at the rest and going beyond the limits of human endeavour one might even sacrifice shoe leather in the cause of polishing.

On the day of reckoning — signature day, — students are herded into comfortable groups and the massacre of the innocents commences. The signature is an innovation primarily instituted for the amusement of the demonstrations, who would otherwise languish with boredone. On these

occasions are practised the most refined forms of torture known to man, child or even woman. For close on an hour with blear-eyed batchmates exhaling carbon dioxide heavily over their necks, the lambs are examined and cross-examined, grilled and While the quaking wretches woo them with soft malady, the demos with their Gioconda smiles and araconda style wait watchfully, ready to pounce on the first sign of faltering in the inexpert Finally with the students just bluffer. about ready for the sacrificial altar they relent and with a reluctant remark and signature, mercifully release the victims.

Every so often one is afflicted by the G. I. blues (Gastrointestinal disorders) or some such malady, and one then trots over to the administration Block, and pours out

one's woes on an attentive U. M. O. The doctor there axpands into a wide grin, by way of a sugar coated pill and telling one not to worry, disposes of one. Apart from this the block student has to put up with much hardship in his everyday life. Outside the Block, for instance in following his romantic instincts, he has to contend with the sabotaging senior with a partiality for a "chick" of the Old Block.

Dispite all this however, he is satisfied with life in general and on a balmy Monday morning when he wakes up from a deep dream of peace compounded of equal parts of Double Distilled and Rockland Gin, he greets the world with an elequent grin, happy in the knowledge that after all, he too is a chip of the Old Block.

#### Death - be not proud!

Betwist this world and the other
He lay; deep thoughts in his face
Of a life he led as a healer.
Days of conquering pain.
Of those soothing words he given
And the grateful smiles that sparkled;
Of the sufferers whom he saved.
From pain on their own death beds.

Alas! no more those trumpets

No fan fare or the bouquets

His own life too is ending.

Nobler, never could do it be made.

The healer faces sorrow;

The pain of parting friends.

No more it is a pain

Thinking of the life he led.

Farewell he wishes all healers. Be noble in the life you spend. Of healing others; you healers. Then you could 'battle' death.

M. B. de Silva.

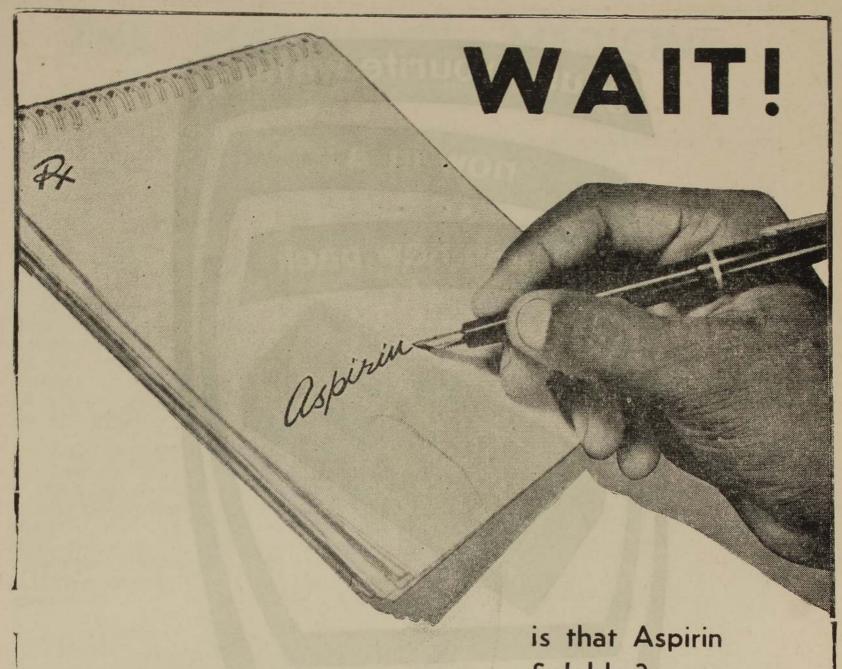
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## THE MARCH OF MEDICINE

.... Mervyn. A. P. J. Joseph

The early history of Medicine, is like the primitive medicine of today in native Africa bound up with witchcraft, magic and superstition. Disease becomes an expression of the malevolence of the gods and is regarded as due to the presence in the body of an evil or nefarious spirit and so treatment involves sacrificial rites to propitiate the Gods, amulets and charms to ward off evil spirits or incantations and purification rites to expel them. To the aid of their physical expulsion came on the Neolithic period over 4000 years ago the operation of trephining - holes made in the skull by sharpened flints or fishes teeth repeated as often as five times on the same person.

The first glimmerings of scientific medicine date back over 2000 years when physicians of the Hippocratic era recognised that to understand nature it is necessary to observe her accurately. Thus came the earliest descriptions of disease based on fact and not hypothesis. The patients history and signs are accurately and concisely recorded. Thus:—

'The woman with quinsy, who lodged with Aristion, her complaint began in the tongue; voice inarticulate; tongue red and parched. First day, shivered then became heated. Third day, rigor, acute fever, reddish and hard swelling on both sides of neck and chest, extremeties cold and livid respiration elevated; drink returned by the nose; she could not swallow; alvine and urinary discharges suppressed. Fourth day, all symptoms exacerbated. Fifth day she died.'

This description written nearly  $2\frac{1}{2}$  millenia ago helps us to diagnose with confidence ulcerative tonsilitis and pharyngeal infection, possibly diptheratic in nature.

The first step towards the modern approach to medicine was taken around 4th century B.C. Physicians made generalisations embodied in their aphorisms, which they applied to individual cases.

"Those naturally very fat are more liable to sudden death than the thin. Sleep that puts an end to delirium is a good symptom.

To eat heartily after a long illness without putting on flesh is a bad portent.

The uniformity of recurring patterns and sequences of signs and symptoms led to the differentiation of seperate diseases. Thus the Persian Physician RHAZES over a thousand years ago described and differentiated measles and small pox; which in the following centuries thousands of diseases have been described — plague, leprosy, scurvy, rickets etc.,

It was in the ninteenth century that the modern view of the disease was born. It started from essentially two ideas. The first was as old as Plato in concept which held that health represents harmonious working of the body whilst disease implied discord. Thus it is necessary to know the normal structure (its Anatomy) and its normal functioning (its Physiology), if deviations from the normal are to be understood.

The digestive powers of gastric juice was shown to be paltry due to hydrochloric acid and in diseased states e.g. duodenal ulcer, were found to be associated with excess of acid and others eg. pernicius anaemia and cancer of stomach with lack of acid. In diabetes the blood showed excess of suger. Since blood analysis was useful in diagnosis, methods were devised to estimate constituents of blood in small quantities, and this led to results which were of wide implication such as the presence of subclinical states of diseases; i.e. changes in blood unaccompanied by any symptoms of disease. For example in gout the uric acid level in blood is raised but the rise of level may not be manifested clinically, this helps us in two ways firstly to prevent and treat before severe signs appear and secondly to study the hereditary characteristics of disease which throws light on the mechanism of disease processes.

The instruments of physics have made tremendous contributions to the advance of Medicine. From the use of clinical thermometer and the invention of the opthalmoscope about two centuries ago, we have successfully used physics in the study of

medicine. We can now directly have a look at the inside of the gut, bronchial, tubes, lungs and other organs, X — rays used first 60 years ago to show fractures and bone disease, kidney and bladder stones are now by various ingenious devices used to obtain direct vision of the urinary tract, gall baldder, brain, spinal cord etc.

Electrical changes accompanying the functioning of heart, muscles, brain, and other organs are modified by disease. These help to diagnose certain diseases. The electrocardiograph and the electro-encephalograph have made tremendous contribution towards the diagnosis and prevention of heart and brain disorders.

The cause of the disorders in the human body or disease itself was then carefully analysed and it was seen that the first major contribution in this field came with the discovery of lower forms of life like bacteria and protozoa.

Louis Pasteur in 1870 demonstrated that micro organisms were responsible for the silkworm disease. This established the scientific study of bacteriology. With the aid of bacteriology, the mysterious scourges like Glanders, Diphtheria, Cholera, Dysentry and Malaria were all made to yield their secrets. They also found that there were vectors of certain diseases and that patients who had one attack of some disease were immune from a similar one again. This led to the development of vaccine. Jenner in 1796 used cowpox to produce immunity against small pox.

Further advances in Medicine was made when James Lind a naval surgeon found that orange and lemon juice could cure scurvy. Beri Beri and Pellagra were shown to be caused by dietary deficiencies.

In 1912, Gerald Hopkins, established that quantity alone would not suffice but quality

and minute amounts of so called vitamins were daily needed in our diet. A lack of vitamins showed researchers the presence of rickets, scurvy, beri beri, pellagra pernicious anaemia etc.

The overactivity of certain glands of the body caused certain striking disorders like gigantism and dwarfism due to pituitary gland disorders, myxoedema, and cretinism due to thyroid disease also virility and weakness due to adrenal gland disease.

The discovery of the sulpha drugs marked another era in the control of bacteria. The sulphonomides attacked bacteria responsible for pneumonia, erysipelas, meningitis etc. Diseases which were hitherto fatal recovered. Thus with the help of sulphonamides and antibiotics, bacteria were kept at bay.

The science of Epidemiology added another chapter to the story of the victoricus march of medicine. This deals with the incidence and spread of disease in population. The part played by pure water, milk and food supplied in the promotion of public health is well recognised by all epidemiologists. People who live in crowded and ill ventilated houses are susceptible to lung diseases, whilst people who drink water from contaminated sources run the risk of bowel infections. Epidemiology helps us to prevent the disease by eliminating the cause and thus save much pain of mind and body.

Finally it would be not inappropriate to mention here that the height of achievement in the field of medicine are so gigantic that it is impossible to describe most of them, but the fact which we have to bear in mind is that correct observation and interpretation of basic facts through the centuries with the aid of science and the instruments of the science has made us to live and also to alleviate the pain of the sick.

A cute little thing from Galle
Wore newspaper to a fancy-dress Ball
The dress caught fire
And burnt her entire
Front page, sporting section and all.

Inside a Gyn theatre: "I say miss, you come forward. These fellows might put an arm round you thinking you're a boy-and-all-that".

## The Potential (She) Medico

by Ana

After passing the so called "Selective Test," which acts as the passport for higher education, the potential medico finds its way to the senior class, of course with a superior air and strongly backed by the members of the home front.

Her parents have just stressed the importance of being a Doctor. She is in fact quite thrilled with subjects like Chemistry, Physics, Botany, etc. But mathematics— "Oh"! She says "its not so important for Medicine."

Chemistry is the subject she and her friends pick, to discuss in busses and bus queues. Other than these places the subject is not even thought of.

She spends a few years in that class in trying to obtain the requisit number of credits. By this time she has earned a considerable fame as a potential medico, in buses and trains in which she travels. She is equally noted for carrying big books wherever she goes, but it is left to be seen whether she has mastered everything in them. Visiting friends and relations accompanied by her parents is now an important item of her extra curriculum although, prior to her so called achievements shel ed a sedentary life.

After struggling with S. S. C., the potential medico now joins the University entrance class, little knowing the difficulties one got to experience there. The size of the books she used to carry has increased in accordance with the class in which she is studying.

Very often one could see her carrying the latest edition of Smith's physics, or Semi - Micro and Macro analysis by Vogal or physical chemistry by Gladston.

Whenever she is in the bus, she more often than not decides to open the Zoology text book. Amidst the turmoil inside she holds the book up. So that her neighbour can see what she is reading. Invariably she turns to a general account on reproduction although she hardly knows what goes where.

Inquisitive old gents would avail themselves of the opportunity of questioning these potential medicoes, when happened to be seated next to them in these busses.

"Excuse me please. Are you studying anywhere?" the potential "Mahestro" lifting her eyes from the book in which she was just gazing at would promptly reply with a glint in her eyes.

"Yes, I am doing Medicine." (with those words the eyes go back to her book). The old gent not being quite satisfied with the answer, would point to the dessecting set, that is enclosed in a dissecting case, and question, "What have you got inside that case." The potential Medico would think twice to find an answer to make herself important and would reply in a shriek voice.

"You see, this contains, the instruments with which we operate on various specimens, for the betterment of humanity." "But of course, I must admit, Surgery is not the only solution to a disease." "Modern drugs are effective in bringing about a full cure of any disease". "for that matter, the Isotopes which we now study in chemistry is much used in medical science for various purposes." Although these students talk about surgery, drugs and Isotopes the fact is that they are not even quite sure of *Dalton's atomic theory*.

By now the people in the close vicinity would have heard this comotion and would have stretched their necks to focus their eager eyes on this potential medico. As she reaches her destination one would get up to ring the bell others would pave the way for her to get down.

When ever this young lady sees some of her friends specially those who have failed to pass the ever important qualifying hurdle for higher education — the S. S. C. She will ignore them and pretend not to know them, inspite of the fact that the friends have recognised her.

When the examination is round the corner she would burn the

midnight oil but yet fails to pass the exam. Then she will give vivacious excuses as to why she failed in spite of establishing the fact that she did well at the examination, before the results were out.

At times she will blame the University authorities without admitting the fact that she has done insufficient work.

The potential medico, although sitting for her third shy at the U. E. Exam. considers herself as a very senior medico, for the simple reason that she has a few friends in the senior batches. She admires the other doctors and fully approves the way they enjoy themselves after passing out. The potential medico, in her mind has reached the standard of a Surgeon and thinks of F.R.C.S. though in reality she has not even passed the University entrance examination.

## Bleak Thoughts

What does one write about when its an article to the M. S. U. Magazine? Politics? Music? Religion? Medicine? or about ourselves. There is so very much to say ourselves — which is why so many of us have no time to talk of anything else. It explains why so many of us think only of ourselves. When we are so wonderful why should we think of anything or anyone else unconnected with us? Even so there are some fools who feel that we are being selfish, inconsiderate.

This article intends proving to anyoue who dares to say such a thing, that they are quite wrong.

We are not selfish or inconsiderate — if we were, we would not go to the wards to see "cases" (not patients) we would not persist in eliciting every physical sign possible, we would not scold the patient if, when he cannot bear our continuous badgering he refuses to allow us to examine him. We always bear in mind the fact that

when a person enters a non-paying ward that he becomes sub-human and is there mainly for our benefit.

If we were selfish and unfeeling we would not laugh when a patient who is struggling to do the finger nose test for example, ends up with his finger on the ear. When he is showing by the expression on his face how much he wished to succeed, it would be the most unfeeling thing to do to wait without laughing as if we were at a very serious film.

When we are doctors we will never bother to be absolutely thorough about all our patients or fight for a patient's life doing everything that is in our power to do. Only fools behave like that.

Didn't I say that there are fools who think that we are not wonderful, that we are not the salt of the earth.

Who cares about them? We do not.

- A Medicoress

It was at that time that Adam had a fight with Eve. He was so annoyed he took his 'leav' and left.

Exactly one week later Adam returned. Eve was still angry and said "Well, Why did you come back"

Said Adam, "Oh! My leav's up"

• • • •

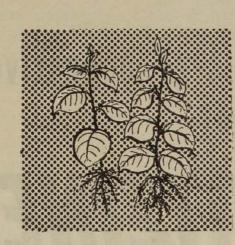
At dead of the night, Professors telephone rang. He picked up the reciever cursing the intruder.

"Hello Professor.....here"

"Hello Sir! Please give me a lecture"

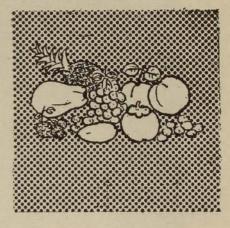
"What, a lecture at this time."

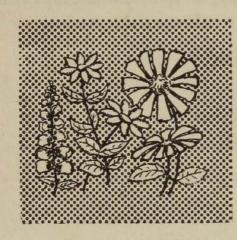
"Yes sir, I can't sleep."



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## Status Topless

#### by Bottomless

The fashion world has plunged woman into a topless world. The reactions to this revealing approach of the fashion makers have been varied. Let us for a moment consider it from an initiative medical students point of view.

Being by a nature a keen student, he visits a ward one afternoon and patiently wait for the arrival of a new admission. A fifteen minute wait and he is rewarded ..... but to his embarrassment, in trots a "topless." Plucking up courage he manages a professional gait, and sets about the normal routine of name, age, address, etc On inquiring into the chief complaint there is an unhealthy silence, sufficient to warrant an increase in perspiration. He pulls out a hankie and methodically wipes the cold sweat off his brow. He looks at the patient straight in her face and poses the same question rather in the affirmative. The lips begin to form words, but she is stopped short by a triumphant voice ..... "That's enough, I know the diagnosis" ...... The heaving apex, the parasternal heave, and occassional extrasystole and a few scattered abnormal pulsations are all staring in the student's face. The diagnosis being

made he inquires into the history of the complaint to confirm his diagnosis. A new approach to the problem and a complete reversal of established routine. He walks home light on his feet, thrilled at his "topless approach to clinical medicine." Throwing the time honoured method of presentation to the winds he prepares this case adopting the new style ..... diagnosis first and later the history to confirm the diagnosis

His troubles are just beginning. He presents the case next morning to the boss, with all enthusiasm adopting the revolutionary and unconventional mode of presentation, expecting at any moment a pat on the back with a "Well done Sonny, You are a figurehead in the medical world." His soaring enthusiasm drops at the impact of well polished shoe leather on his bottom, to the accompaniment of roars of laughter from his male collegues and a few suppressed grunte from his female contemporaries (obviously annoyed at his "topless approach.") His case is dismissed ....... dejected he ponders as to who has been plunged into a "topless world" the woman or the enthusiastic medico ....... all the while feeling rather bottomless.

He had joined the army, gone abroad and was fighting to save the Empire. It was rarely that he wrote to his parents.

In his first letter he said; "father, I cannot say where I am, but today I shot a bear."

About a month later: "Father, I still I cannot say where I am, but today
I danced with a beautiful girl."

Exactly three weeks later came the third letter: "Father, now I am in hospital. My doctor says that I ought to have danced with the bear and shot the girl."

The Obstetrician was in the theatre. The patient was jerking restlessly.......
"Well, Ladies and Gentlemen, this reminds me of a friend I used to go riding with. You know, first day I had a nasty horse who was rather violent, but he managed it quite well. So, later I told him—Jimmy you must be quite a horseman. You were very good. 'My God doc, this is my first ride, but you see, my wife had whooping cough on our honey-moon'.

## Speculative Spicula.

Doctor to mother of five sets of twins:

"Do you always have twins?"

"Oh, no, doctor. Plenty of times I have nothing".

+ + + +

The bee's a busy little soul,
He dosen't practice birth control;
That's why in happy days like these,
You see so many sons of B's!

+ + + +

Hear about the two peculiar judges? They tried each other.

+ + + +

There once was a youthful reporter, Who thought that his girl was a snorter, He put her to test, and now he is blest With a highly specific aorta.

+ + + +

Doctor: "Are you troubled by improper thoughts?"

Patient: "No, I rather enjoy them."

+ + + +

Two homosexual spiders kept getting at each other's flies.

+ + + +

"Breast milk bank" — look a bit silly going to make a deposit.

+ + + +

Some of the representatives at the recent Gynaecological and Obstetrical Conference were:

were:

Irish Representative: Luke O'Rea.

English Representative: Sir Vical Erosin. French Representative: La Cont Raception,

Notable Absentee, the Indian rep: Mrs. Meena Phose. United we stand, divided we fall. Eh!

+ + + +

Heard in O.P.D.,

Woman: "I want to see an out-turn". Nurse: "No. you mean an intern".

"Oh, well, I want a contamination anyway."

"No, no, you mean an examination."

"Alright, alright, in any case I want to go to the fraternity ward."

"No, no, it's the maternity ward you want.

"What the hell — out-turn, intern; contamination, examination; fraternity, maternity. All I know is that I haven't demonstrated for three months and I think I'm stagnant."

+ + + +

A mother is an invention of necessity.

+ + + +

A little danger is a learning thing.

+ + + +

Then there was the ingenious soldier who obtained leave by explaining that his wife was going to have a baby. On his return his Captain asked:

"Are the mother and baby alright?"

"What baby?"

"The baby you said your wife was going to have."

"Oh, don't be silly, sir, it takes nine months.

+ + + +

Remember . . . "Prevention is better than curette."

+ + + +

They tell of the medical student who recentlybought himself an electric "raiser".

- Speculum

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#### As The Examiner Sees It

The student facing his qualifying examination can hardly feel with Robert Louis Stevenson that to travel hopefully is better than to arrive. Nevertheless it is true, as Sir Walter Raleigh (the one-time professor of English literature at Oxford) was wont to remind his own students, that there are two crucial examinations — Final, and the Great Assize. Translated into advice suitable for the medical faculty, it means that the student should seek first to become a good doctor, and all things shall be added unto him. He is more likely to get through Final if he takes it in his stride rather than if he crams for it.

#### THE YEARS BETWEEN

The first thing, then, which the student has to learn is that it is useless to leave reading for Final until the final year. mainly because of the training in the wards, outpatients, and clinic room, whereby the student exercises his intellectual muscles especially in the days of his apprenticeship as clerk or dresser. Unless he builds solidly there, the foundations of anatomy, physiology, and pathology supporting each acquisition of experience in the wards, he will labour in vain. No-one else can do the building for him. It takes time to learn and to understand, and the clinical years are short enough even for the simple foundamentals which the sympathetic examiner asks of the Final candidate. All too often those years are largely wasted because the student relies primarily on reading books or on listening passively to a popular teacher, rather than on his own painful struggle to find his way. The child who first tries to draw a house will only be discouraged and bewildered by the perfect picture drawn for him by an architect;

## SATISFYING THE EXAMINER

Medicine, being a practical art (or, if you like, an applied science), cannot be learned from books. The farmer who does not spend his days in the fields or the shippons or the stackyard can never be a good farmer, nor pass any searching test of good farming. The reading of books may help him to interpret or to enlarge his experience, but without the daily routine of farm work he will never know much about farming however many notions he may have gathered about it from reading books.

So too in medicine — we learn primarily by doing. In the doing of it, what we have experienced and what we have read become part of us, instead of something extraneous which we so easily mislay when we most need it. The Final hurdle is surmounted but let him have paper and pencil and try for himself, and after some weeks he will be drawing something with a roof and windows and a door which, though crude and simplified, has a vitality in it which could never be got by merely tracing some adult's drawing.

"And so what?" the examination victim may ask. Let us look back to the first days of young Galen's clerking, and to his first patient. He has probably forgotten by now, but it was a Mrs. Jones who had jaundice. Could he but remember all the beautifully concocted clinical apercus of the case which clinical tutor poured into his receptive noddle, Final would have no terrors. Alas! however, it leaked out of his understanding as through a sieve. He did not know at the time that it was far more

profitable to listen to Mrs. Jones telling him about herself, than to the medical tutor. He ought to have read about jaundice in his textbook of medicine and worked out for himself what he was to look for when he examined Mrs. J. He ought to have looked again at the detailed anatomy of the bile and pancreatic ducts, and reminded himself of various points in the physiology of bile secretion, in particular the essential differences between obstructive and other types of jaundice. Fortified with this, he could have examined Mrs. J.'s stools and urine with intelligent anticipation; and after all this discipline he would have found that the tutor's bedside talk illuminated and drove home essential points which he had already discovered for himself. Moreover, if he had taken a sheet of paper, headed it with Mrs Jone's name and the final diagnosis, and summarised the salient features of her

is long and time is fleeting, and nowadays so many teachers claim his attention that he is left with no private leisure for thought or contemplation. Let him be confident, in any event, that the examiner will be as delighted to see evidence of clinical observation and nous, of time spent at the bedside and in the clinic room, as he will be unimpressed by a catalogue of facts which are repeated parrot-wise.

#### THE DAYS BEFORE

And so at last the student comes to Final — an examination which is a test not only of knowledge but also of physical stamina. It is silly to work up to the last moment, trying to stuff the brain with last-minute facts, battening down the hatches so that for a few days at least they will not escape. A stuffy brain is an unreliable tool

## SATISFYING THE EXAMINER

case and his own discoveries, he could have filed it away for later reference, together with his notes on Mrs. Brown and her thyrotoxicosis, Mr. White and his disseminated sclerosis, and the rest. By the time he had finished his clerking and dressing, he would have had a collection of examples which would almost have made up an elementary textbook of medicine, written in terms of personal encounters and living experience. In his Final year, he could have revised large tracts of his subject from his own notebooks; jaundice, for example, would remind him of Mrs. Jones's impacted gall-stone, Mr. Black's carcinoma of the head of the pancreas, young Tom Noddy's acholuric jaundice, and so on.

The student, no doubt, feels that he has not the time for all this; the art of medicine

with which to tackle Final. The student would do far better to spend the last week before the examination on the golf-course, or loafing on the top of a hill, gazing aimlessly at long views while he airs his red blood-corpuscles. This he can do without panic, the more good humauredly he accepts the fact that even if he is inadequately prepared for the test, what he can cram in a week will make no difference. Let him go to bed early, and if (as is natural) he cannot ignore the shadow of coming events, let him nevertheless cultivate a protective fatalism. If he must read, there are always thrillers to occupy the time; if he must hover round the flame of medicine, Osler's Aequanimitas is as good a book as any to keep him out of mischief.

### APPEASING THE EXAMINER

At last the day comes. He has sat "padded up" long enough, and now he must go out to bat, strung up with that curious feeling in the pit of the stomach—but, if he has taken my advice, with an untired eye which is likely to see the ball well from the start. There are the questions and he has three hours for them. He must not allow himself to be hurried. Twenty minutes or so looking at the questions, drafting out the main lines of his answers on scrap paper, will save time in the end. This leaves him with half an hour for the actual writing of each of five answers. Even when he starts writing in earnest, additional ideas on the answers still to come will well up into his consciousness, and he will jot them down in the appropriate place in his scrap notes.

left ventricular failure with oedema of the lung and marked dyspnoea (and maybe congestive failure as well), determines an inflammatory reaction in and over the necrotic area (pericarditis, leucocytosis, pyrexia, a particular form of myocardial pain, an abnormal electrocardiogram) - and so on. In this way the answer to even a "factual" type of question can be made to reveal clinical intelligence. With the less obvious type of question — for example, "Discuss the significance of pallor"remembered facts are liable to absent themselves at an examination, and the approach from first principles will save much heartrending. Think, therefore, of the anatomy of the skin, and recall its blood-vessels with their nervous control, and the tissues that surround them. What physiological and pathological conditions, local or general, can so affect the blood-vessels that they are

## SATISFYING THE EXAMINER

In order to qualify, you have to "satisfy the examiner." An intelligent approach to a question will go far to make him like you. He dislikes lists which you have obviously learnt by heart, all the more so if, as often happens, you get them wrong and thus betray that you do not understand what you are talking about. It is always wise, both in learning medicine and in examinations, to try to correlate medicine, surgery, and the rest with anatomy, physiology, and pathology. example, you might be able to For number off a whole platoon of manifestations of coronary thrombosis - if only you could remember them all. It is far less trouble to visualise the infarct of, say, the left ventricle, which wrecks it as an efficient pump (low blood-pressure, oliguria), causes

relatively empty of blood: what conditions inside or outside the blood-vessels can obliterate them or make it impossible to see the normal colour of the blood in them? Here again, the student must have pursued this discipline throughout his clinical studies; he cannot hope to adopt it suddenly for an examination, it must be an attitude of mind which has already become second nature to him.

Spare a kind thought for your examiner, and write legibly. He wants to let you through if he can conscientiously do so. He is a very human fellow, and if he has already read through sixty papers before he comes to yours, he will be jaded and bored, though he will sternly discipline himself not to let that

matter. Nevertheless, if he has to spend all his energies in trying to decipher what you have scribbled, you are "asking for it." You exasperate him, and then he is apt to say to himself "I suppose that I must not fail this chap because I cannot read his handwriting, but I would very much like to." Remember that your examiner is a friend, though a reasonably exacting and just friend. You are a fool if you throw that friendliness away, such a fool that you do not deserve to be made a doctor until you have learned better. It is true that the examiner knows that in Final you are probably not quite compos mentis, and makes allowances accordingly; but though he is not likely to plough you because you have irritated him, he will certainly be disinclined to stretch a point actively in your favour.

will have afforded him refreshment in what is usually a parched and arid land. This is a further argument against the use of lists—they are so wearisome, so unutterably boring to read.

Abbreviations, too, are irritating. In an examination paper they look like the product of a raw and uncultured mind. Not only do they bias the examiner towards thinking that you are a sloppy fellow, but also they may be unfamiliar to him. He will not like you if he has to waste time trying to puzzle out what they mean. To be able to spell correctly in your own tongue is also an advantage. I do not suppose that any Final candidate was ever ploughed solely on the grounds of bad spelling, but the man who writes sifelus, tubuclosis, falaceous, obviously cannot read, and ought to be referred back to the kindergarten.

## SATISFYING THE EXAMINER

Write legibly, therefore; and if you can write good, clear, readable English your examiner will be cheered to encounter at least one civilised student. You will bias him into thinking that here is evidence of worthiness of entry into a learned profession, for you

Finally, do not hedge—your examiner knows what you are doing, and thinks the less of you for it; and do not try to bluff him, for he has had infinitely more practice at low cunning than you have.



In Memoriam



Mercy Kandiah (Nee Thomas)

Died on 12th Sept. 1963.

We extend our sincere and heartfelt sympathies to the members of her famliy.

She loved much, She has given much She suffered much alone, Then God smiled on her and in death, Claimed her as his own.

Adversity's gigantic clouds

Could never make her frown

She bore her lot with fortitude

God never let her down

Through troubles like a wilderness Her smile showed like the sun A sign of inner happiness That dwarfed everyone.

Through the stormy seas of life Her frail bark sped through time, To reach God's hailsome calm and safe With blue skin all the time

Now she has found eternal love And though we miss her here She's safe up in her house above To Him so very dear.

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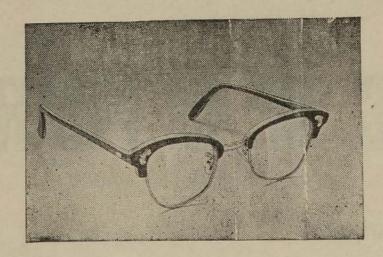
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The Buddhist Brotherhood, Faculty of Medicine is now 21 years old. period under review, maintained traditions of the Brotherhood and made an endeavour to et more of our members to join in Special Service work, for the good of the many underpriviledged.

Meetings: We express our thanks to the following, who addressed the Brotherhood :-

"Buddhism as Sir Lalitha Rajaraksa a World Religion"

Mr. S. R. Wijayatilaka "The Spirit of Self Denial in Buddhism"

G. de S. Wettimuni "The Problem of Consciousness"

Dr. K. Vaachissara Thero 'Buddhism as a Popular Religion"

Mr. S. F. de Silva "Sangha"

We sincerely wish that more members will consider it a point of duty to attend our meetings and thereby help to maintain the satisfactory standards of attendance.

Religious activities:

The Pova Bana Preachings were held as usual on the Sunday following the Pasaloswaka Pova day, in the common room. The attendance is most encouraging.

The annual pirith and dana was held on the 21 and 22nd of September 1963. The Pirith Mandapaya was constructed in the traditional style in "Gokkola." In this connection we sincerely thank Mr. Karunaratne, Mr. Waidyaratna and our members who worked tirelessly on this project. It was very encouraging to see many members of the staff, members of other religious organisations and the large number of our own members who attended the ceremony.

The annual Pahan Pinkama was held on the 21st of February 1964, at the Vajiraramaya. The Pahan Pinkama was followed by a Bana Preaching by Ven'ble Piyadassi Thero. The Pinkama was very well attended.

#### Pilgrimages:

During the course of the year, we had two pilgrimages, about 50 members participating in each. The first was two day pilgrimage to Weherahena, Kataragama, Kiri Vehera and Tissamaharama.

Our sincere thanks to Prof. K. Rajasuriva. Dr. & Mrs W. J. Gomes and to Dr. & Mrs. Stanley de Silva, who accompanied us. We sincerely thank Dr. D. G. de S. Kularatne who provided us with tea at Galle, & Dr. Sunil Wickramasuriya who entertained us at Dinner and arranged for our accomodation at Tangalla in their own Mr. Bandusena of the reliable house. Motor & Tractor Engineers of Tissamaharama for the Lunch and the Doctors at the Ratnapura Hospital, and Dr. A. P. Kuruppu for providing us with our Dinner. second pilgrimage to Dambulla & Sigiriya was held on Sunday the 19th of January 1964. Our sincere thanks to the doctors of the Kurunegala Hospital for providing us with Lunch and Gate Mudaliyar Dharmasiriwardana for providing the evening tea. Once again we sincerely thank Dr. & Mrs. W. J. Gomes who accompanied us on this pilgrimage too.

#### Wesak Programme:

On the morning of the wesak day. The Brotherhood distributed clothes food and

other necessities to the children at Maitri and Jayanthi Orphanages and to the Children at the Convalescent Home at Talagolla. Our sincere thanks go to the members of the staff of the large number of students who participated on these proceedings and to all those who contributed in every other way to make it a success.

#### Library:

Even though we have a fairly good collection of Magazines and books, very few members seem to make use of the opportunity provided for them. We hope more members will make use of the Library in the future. We wish to acknowledge the receipt of The Y. M. B. A. Buddhist, The Journals of the Buddhist Publications Society and all other magazine and books received.

#### Social Service:

The members of the Buddhist Brother-hood were indeed fortunate to be able to help at the Saukyadana Camp of Sri Pada organised by the Saukyadana Movement. The number was limited due to the lack of accommodation.

In response to a request by the Hospital Service of the All Ceylon Buddhist Congress, our members helped in the organisation of and took part in the Wesak Bakhti Geeta Programme.

The Orphans of the Maitii & Jayanthi Orphanages were looked after as in the past. We wish more of our Junior Members to volunteer their services for these activities.

Our members helped in the flag days organised by the All Ceylon Buddhist Women's Association. The National Council for the Deaf and Blind and the All Ceylon Buddhist Congress.

We take this opportunity to congratulate Professor K. Rajasuriya, an Ex-President and a live-wire of the Buddhist Brotherhood, on his being awarded a Fellowship of the Royal College of Physicians. We also congratulate Professor G. H. Cooray, our Senior Treasurer on his being admitted as a Founder Fellow of The College of Pathologists, London.

Finally we thank our President and all members of the staff for their valuable advice and guidence and all the members who extended their co-operation in all our activities throughout the year.

May all beings be well and Happy.

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LAL JAYASINGHE,
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## The Hindu Society

#### The Annual General Report of the Year 1963-64

The Society has much pleasure in presenting this report for the year 1963/1964. The Co-operation and assistance of the General Membership has at all times been made available, without which many of our activities could not have been the success they proved to be Details of our activities for the year under review were:

#### 2 Office Bearers

Patrons: Prof. A. Sinnatamby

Prof. V. Sivalingam

Senior Treasurer: Dr. A. G. Muthuthamby President: Mr. A. M. Vedhanayakam

Secretary cum:

Treasurer: Mr. C. Sivapalan

Asst. Secretary: Miss. Y. Thuraisingham

Final Year Repre- Mr. H. Navaratnam Fourth,, ,, Mr. T. Sivendran Third,, ,, Mr. S. Sivathondan

#### 3 General Meetings:

We are grateful to the following gentlemen for having enlightened us with their rich and illuminating discourses:-

- (a) Swami Ranganathanandajii on "Swami Vivekananda's Message on Science & Spirituality" (Swami Ranganathanandajii is the Secretary of the R. K. M. Calcutta He visited us when on a Lecture Tour in connection with Swami Vivekanandas centenery celebrations).
- (b) Mr. James George on "East and West"
- (c) Prof. A. Sinnatamby, our Patron on Aims of the Society",
- (d) A debate on the subject:

'Are rituals necessary for modern religion?' For the first time/a debate was conducted by our Society. The participants maintained a very high standard of discussion. All meetings were well attend.

#### 4 Religious Functions:

Saraswathy pooja was observed on a large scale in the Men's Common room. Prof. A. Sinnatamby officiated at the proceedings. The function commenced with the offering of pooja and singing of Saraswathie-thothiram

to Saraswathy the Goddess of Learning by students. Musical and dance items by students and guests followed. We are thankful to all the doctors who contributed generously towards this cause, and regret our inability to mention their names due to the non-availability of space.

#### 5 Pilgrimage:

The annual pilgrimage comprised of a two day visit to Batticoloa. The party of 40 students was accompanied by Prof & Mrs. Sinnatamby. The party was given a very warm and cordial reception at all places visited. They visited many temples, the Ramakrishna mission, and took a day off to dip themselves in the Kalkudah Lagoon. They also gave a public performance at the Hindu Girls School, Batticoloa. The Society is particularly grateful to the following:—

- (a) The Principal of the Training College for having made accommodation for the party.
- (b) Dr. Vivekanandarajah SHS Batticoloa, Dr. Thiagalingam, Dr. Velupillai, Dr. Thavasothy, Dr. Manickam, Dr. K. Subramaniam, Dr. Poopalarajah.

For providing us with meals and catering to our general needs.

- (c) Swami Nadarajanandajii of the R. K. M. for having provided us with a very instructive evening at the R. K. M.
- (d) Mr. Shanmuganathan for having provided us Tea and Dinner at Kalkudah.

#### 6 Social Service:

We distributed several second hand books, magazines and other literature to schools, built by our Society in the Chilaw district. We also made our annual contribution to the Saiva piniyalar Sangam of the Leprosy Hospital, Hendala.

#### 7 Folk Drama:

To revive the fast vanishing traditional folk dramas of this land we published two folk drams salvaged from the village of maru thankulam in the Chilaw district, at a cost of 2500/-. We are particularly thankful to Prof. Sinnatamby for his untiring effort to get them in print.

#### 8 The Constitution:

The original constitution of the Society was re-modelled with the introduction of the following new Posts:— Vice - President, Junior Treasurer, Editor, and two lady Committee members. The post of Assistant Secretary was deleted. This clause in the Constitution was passed by a majority of 35 votes.

In conclusion the Committee wishes to thank our joint Patrons and Senior Treasurer for their guidance, advice and willing assistance rendered to us at all times. We wish the new Committee every success.

T. SIVAPALAN
Hony. Secretary.

### Student Christian Movement

President: Selvarajan Jesudasan
Vice-President: Lawrence Ratnam
Secretary: Edwin Singaratnam
Treasurer: Nihal Gurusinghe

Study Secretary: Rajan Ratnesar Social Action Secy.: Victor Gnanadurai

Choir Secretary: Karunyan Arulananthan

Devotiona Secu : Siring Perera

Devotiona Secy. : Sirima Perera

Editor: Naomal Jayasundera Librarian: Devani Gunasekera

#### Class Representatives:

4th Year;Sunil Liyanage3rd Year;Nirmala Nadarajah2nd Year;Sriyani Fernando1st Year;Sunetha FernandoFinal Year;Joga Dissanayagam

#### Senior Committee Members.

Adviser: Dr. G. N. Baptist
Treasurer: Dr. D. Gunasekera

We started our programme of the year with the Opening Service which was held at the Chapel of the Hope of World on 9th January 1963. The preacher was the Rev. Dr. Bryan de Kretser. The main feature of the Service was the christening of the new Medical students. This was followed by a Social at which the President welcomed the freshers and outlined briefly the aims and objects of our Movement.

The rest of the programme can be outlined under the following heads; -

#### Worship:

Chaplaincy Service is held at the Chapel of the Hope of the World every Sunday except during vacation. Some of our members attend the Service and the social hour following this is still popular.

The S. C. M. Prayer Cell meets every Wednesday at 12.40 p.m. in the Clinical Lecture Theatre except when the hospital is out-of bounds to Medical Students. Prayers are offered for the sick, inmates of the City Refuge, homes helped by the C. N. A P. T. for the work in the hospitals and for any special occasion.

We are glad that our members were able to make their presence felt at the Opening Service of the Science and Engineering S. C. M. Peradeniya S. C. M. and Aquinas University College S. C. M. We thank them for their invitation.

The Annual arol Service organised by us in association with the S. C. M. of the Faculty of Science and Engineering was held on 18th November at the Chapel of the Hope of the World. The preacher at this Service was the Rev. Dr. W. G. Wickramasinghe. The conductor and members of the choir are congratulated for the good singing.

#### Talks and Studies:

We had talks during all 3 terms.

1st term the talks were given as follows:—

"Christian Medical Students" by Dr. D. N. Gunasekera.

"Evil Spirits and Diseases" — two talks by Rev. Matthew Peiris.

During the 2nd term we decided to get the leaders of the Trionnial Conference to speak to us on the corresponding Workshop they led.

They are—

"University Problems" by Dr. Chandran Chinnappa. "Student and the Family" by Mr. Lionel Fernando. "Political Responsibility of Christians" by Mr. Vijaya Widyasagara. "Christian Stewardship" by Rev. A. J. C. Selvaratnam.

This term we chose the much discussed topic viz. " hurch Unity" as the subject, and we got priests of various churches to speak to us. It was heartening to see more members at those meetings, than in the previous terms. The talks were given by the Rev. Dr. W. G. Wickremasinghe of the Baptist Church, The Rev. C. I. Abeynaike of the Anglican Church and the Rev. Fr. Manik Muthucumaru of the Roman Catholic Church. Number of members of the Catholic Society were at talks and is an encouraging step towards hetter understanding among Christians,

During the term we had a series of Bible studies at which too there were some members of the Catholic Society. The attendance at these studies were good. We followed the series of studies done at the Trionnial Conference. The topic was "Christians in Todays Society" which was done in 4 studies namely — My Creator, My Healer, My Saviour and My Sustainer.

#### Retreat:

The spiritual needs of members were felt and our annual Retreat was revived. The Retreat was held at the Study Centre and the leader was the Rev. Herold Goodchild of Christa Seva Ashram, Chunnakam. The attendance at this was fair.

#### Social Action:

We haven't made much progress in this field but still we continue to do the good service started by our predecessors. The work at the City Refuge was unsatisfactory due to lack of volunteers. At the City Refuge we conduct Service on Sunday evening and also distribute malted milk, oranges, etc. which were bought out of donations from our members. During the festive season of Christmas we organised a Christmas party for these inmates in the Common Room of the Faculty of Medicine. They were entertained by tea and a sing-song on the end of which Santa Claus gave them all Christmas presents.

We also help the C. N. A. P. T. in their programme of home visiting. During part of the year we went home visiting every Friday but later we had to make it fortnightly due to the inavailability of the C. N. A. P. T. van. Volunteers went by van and distributed the weekly ration given to the T. B. struck homes and also helped them in their various needs. Apart from making visits in the van some of the keener members went on their own to those homes and made them happy. During the Christmas season a party was organised for the children of those homes. They were taken on an outing to the Zoological Gardens and they all had a nice feed there. We are very grateful to the Director of the Zoological Gardens for the free admission to these children. The next day Santa Claus visited their homes and gave them presents in the form of cloth, books and toys. We are grateful to our Hindu and Buddhist friends who helped us in this service.

#### Conferences:

During this year we had two conferences.

From May 3rd to 8th the S.C.M. of Ceylon held the annual conference at Jaffna College, Vaddukoddai. I am very sorry to say that only one member represented our unit. We hope the attendance will be much better in the years to come.

In December 1963 we had the Trionnial Conference at Kandy which was attended by delegates from India, Pakistan and Ceylon. Altogether we had about 235 delegates. Our unit was represented by 8 members. This gave those who attended a rich experience in life.

#### Carol Singing:

The Catholic Society of the Faculty of Medicine organised a Carol Singing which was held in the Common Room. Our members were invited to participate in it. Quite a number of our choristers took part. We thank the Catholic Society for the invitation and at the same time say sorry to them for not giving them the fullest co-operation in organising practises because of the preparation of our own Carol Service. We hope that next year the new committee will think of this in advance and organise a combined Carol singing.

#### Carol Party:

The members of the Science and Engineering and Medicine S.C.Ms visited the homes of the members of the University staff on 16th December night spreading the joyful tidings in the form of carols. We thank the members of the staff for their kind entertainment, and contibutions.

#### Picnic:

This year too due to non-availability of a holiday, we had a half a day picnic to Salawa Estate. We had an enjoyable evening.

In conclusion, I thank all those who helped us in our activities and made them a success.

A. EDWIN SINGARATNAM General Secretary.

## Socialist Society

#### Committee

President — A. M. Samahim Vice-President — L. Jayasinghe

Secretary — C. Vinayagamoorthy
Treasurer — P. Arasaratnam

Librarian — P. Arasaratnam

— K. Sathanandan

#### Representatives:

Final Year — U. A. M. Perera Fourth Year — K. H. De Alwis Third Year — S. K. Alwis

Second Year — Sumathipala

I would like to recall the statement made by the late Mr. S. W. R. D. Bandaranayake that "We live in a period of transition" As he rightly predicted our society is undergoing a rapid change from capitalism to socialism. Even the political party that represented the western imperialists in this country has for the first time realised the existence of this change and has designed and forwarded a new so-called "socialist programme" So that things are now becoming more favourable for the establishment of socialism. At this moment a step took by the left parties of this country in forming a united front with the aim of achieving socialism, with the parliamentary system intact was disputed by a few. But our society has lent its whole hearted support to the 'United left front" at various occasions . and has taken part in its various activities.

As regards the activities of the society we have arranged lectures by left leaders and provided opportunity for the medical students to listen to their views. Even in there

lectures we have attempted to study the necessity of the united action of the left and the problems involved in it. Mr. Pieter Keuneman who addressed us on "the problems of left unity" analysed the various problems in clear and simple manner, as he usually does. At another occasion we had Senator Doric de Souza, who addressed us on "the prospectives of the U.L.F."

Prof. C. C. de Silva addressed our society on "The Soviet Mirach", soon after his visit to Russian to study the child health in that country. Though he started saying that he had not been converted to a socialist, he was really impressed by the tremendous improvement the soviet union has underwent. He said that he was unaware of the means by which they achieved it but what they have achieved was really magnificient.

Then Dr. Vitharne had kindly consented to give as a series of lectures on "Maxism". Of the six lectures he gave, he explained the various aspects of capitalists economy and its disadvantages, "imperialism wars, and monopoly", "Structure of the state apparatus and parliament", "The road to socialism" etc and finally concluded the series by discussing the "problems of stalinism". I would like to add that the response to these lectures by our students was very good.

I take this opportunity to thank the committee and the members of the society for their help and co-operation.

C. VINAYAGAMOORTHY
Secretary

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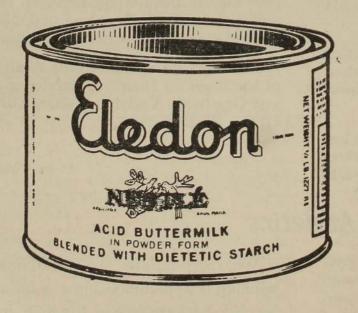
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### Cricket

Once again medicoes were in the limelight in the field of cricket. 7 of them represented the Varsity in the P. Saravanamuttu trophy Tournaments and 3 others played in some of the games. 8 represented the Varsity in the "Daily News" trophy Tournament.

B. G. Reid, Mahaulal Fernando and Lareef Idroos were called for trials, which were held for selecting the C.C.A. team to play Madras for the Gopalan Trophy. B. G. Reid played in this match and he also represented All Ceylon against the Australian Cricket XI in both matches he gave a very creditable account of himself; his scores being 46 and 23, and 29 N. O. respectively.

The annual "Law-medical" was played on the Municipality Sports Club grounds. The poster parade, the entertainment put up by the freshmen of both sides and the match itself generated as much hilarity and excitement as in the past, but the "atmosphere" of the Colombo Oval was indeed lacking. For the first time medicoes from Colombo and Peradeniya represented the Medical team. The match ended in a draw the final scores being

Law. 179

Medical 258 for 5. Carlyle Perera scored an unbeaten 102 for the Medicoes.

Our sincere thanks go out to the Vice Chancellor for permitting the match to be played. Our sincere thanks are also extended to our Dean Prof. O. E. R. Abhayaratne for all the encouragement given to us during the pal-match preparations and for presiding at the match and giving away the awards.

We are very grateful to

Sir Nicholas Attygalle

Prof. D. A. Ranasinghe

Prof. C. C. de Silva

Dr. L. N. Bartholomeusz

Dr. D. F. de S. Gunawardena

Dr. P. R. Anthonis

Dr. E. V. Pieris

Dr. W. Ratnavale

Dr. A. Lucas

for so graciously donating the prizes.

CARLYLE PERERA
Captain of Cricket

## Table - Tennis

This year the Medical College Table Tennis tournament was seen on a handicap basis with resounding success. The tournament revealed a mass of talent amongst the students, many of who showed a keen interest in the game.

We played five matches against leading clubs; our team won four and lost the other. We bear our sister faculty at Thurstan Road convincingly.

Out of our players, Mr. G. N. Lucas has had the honour of representing his country in Table Tennis in the All India interstate

tournament held at New Delhi; — Heartliest congratulations to you.

Its pleasing to note that Table Tennis is growing in popularity amongst both Boys and Girls of the College and undoubtedly, the general standard has improved immensely.

Finally, I would like to thank all members of the team for their unreserved co-operation and Goodwill I wish my energetic successor all the Best.

S. VISAGESAN Capt. Table Tennis

### Athletics

The inter — faculty meet for the year 1963—'64 was held in June '64. Though we did not come upto expectations, we won the Relay Trophy with the greatest of ease — winning all three relays.

We congratulate Mr. P. Mahendran for winning the championship cup for field events for his performance in the high jump. We also did well in the sprints,

Our girls did not get any proper competition from the other faculties and thus walked away with the Women's Championship Trophy.

Our only regret is that only a handful of athletes took part. Though their perfor-

mances were all the more creditable, we hope more would participate and join in the fun in the future.

ASOKA JAYAWEERA
(Captain)

## Swimming and Water Polo

#### Swimming:

In spite of the step-motherly attitude towards sport in general swimming and water polo had an exceptionally good period

Medical Faculty fared extremely well at swimming. In the Inter Faculty Swimming meet (Colombo), Medical Faculty had no difficulty in defeating their closet rivals, by a big margin.

4 x 55 yds. Free Style relay team consisting of J. Gunasegaram, C. D. Thenuwara, F. L. Jayakoddy, U. D. B. de Silva, broke the existing university record while J. Gunasegaram, F. L. Jayakody, C. D. Thenuwara, and U. D. B. de Silva won their events. Others who did well were K. M. Saravanamuttu, C. N. Sumitharatchi, and G. N. A. Nanayakkara.

In the Colombo vs. Peradeniya Swimming meet J. Gunasageram, F. L. Jayakoddy, U. D. B. de Silva, were members of the teams that broke both the existing records in the 4 x 55 medley relay and the 4 x 55 yds. Free Style relay. J. Gunasagaram established a new university record for the 55 yds. Butterfly stroke. C. D. Thenuwara, J. Gunasegaram and Miss V. Swan won their events and F. L. Jayakody, U. D. B. de Silva, C. N. Sumithiaratchi,

K. M. Saravanamuttu were placed in the other events.

J. Gunasegaram won the best performance award Championship events.

In the novice events G. N. A. Nanayakkara won the best performance and V. Dooldeniya too fared well.

#### Water Polo:

Playing regularly for the first time in a league, the University team did extremely well to win the Ellawala league water polo tournament and the Monotype challenge cup for the relay. In the relays as well as in the matches, the University team remained unbeaten.

The greater number of players were from the medical faculty. They were

J. Gunasegaram

U. D. B. de Silva

C. D. Thenuwara

F. L. Jayakoddy

L. Senanayake

K. M. Saravanamuttu

We sincerely hope that in the future more interest is shown in the faculty sports, and that this interest is not going to be limited to the participants.

U. D. BERNARD de SILVA Capt. of Swimming.

## Women's Hostel Report for June - '63 - '64

We began the year with our annual Social in June last year. We are greatly indebted to all our friends who helped us in making it a great success.

In October last year we bade farewell to our warden Dr. E. H. C. Alles. We are grateful to him for the interest he took in the welfare of the hostel. We wish him well. We welcomad Prof. Waas as our Warden with great anticipation. We hope

he'll prove to be a source of help and encouragement to us in all our activities.

We had our usual high quota of successes in examinations, especially in the Final MBBS. thanks to our new Doctors, we spent a glorious day at San Michele.

We continue to live in fear of leaving the homely atmosphere of '220' for our new abode across the road. Towards the end of each month gloom pervades the atmosphere

of '220' at the prospect of crossing the road. Yet, we hope that the conceited efforts of a greater number might force the authorities to lend a more sympathetic ear to our grievances.

Despite our tumbling finances, we were glad to extend our hospitality to many visitors — especially to guests of CUSF and also to a visiting cricket team.

Though the atmosphere is occasionally disturbed by a passing cloud, '220' continues to be a haven of peace and harmony. For this we thank our sub-warden Dr. (Miss) Ivy de Silva who continues to give us her unstinted help and advice.

KIRUPA SELLIAH (Secretary).

## Bloemfontein

President: Vice-President:

B. RajaratnamK. S. Jeyadevan

Secretary:

M. B. de Silva (June-July)

S. Pathmanathan

#### **Entertainment:**

Secretary:

S. Spittel

Treasurer:

D. P. Senanayake

Librarian:

G. B. Perera

Sports Secretary: M. Ramasamy

In the history of Bloemfontein, the period under review has been a period of transition. Changes are evident in every aspect of hostel life. The number of hostellers has been doubled. Changes are noticeable in the traditions and customs of the hostel. But such changes, we are happy to note, have been moderate and so the traditions and customs still continue but in a modified form.

At the beginning of the period our main concern was settling down to a new way of life. We spent a good part of the year in doing so.

The annual social was not held due to unavoidable circumstances. But the various religious ceremonies observed every year. were oibserved this year too with much enthusasm. A new feature was carol singing during Christmas. The money collected was spent wisely on a charitable institution. We thank the Doctors for their generosity. Dr. Kulendran was our host on New Year Eve. Another new feature was the "come-as-you-are" Dance in which the Women's Hostel also took part.

In the academic field our results were as usual. With 100 % results in the August final Examinations, 75 % success at the December 3rd M. B. Examinations with two of them obtaining 2nd class.

In sport we did not fare as expected. We were unable to send a Team to take part in the annual Road-Race but we were victorious in the Inter-faculty Tug-of-war. Individual performance in the various sports was very good.

We bid good-bye to Dr. E. H. C. Alles who was our Warden for two years. During this short period he contributed much to the hostel. We wish him every success in the new venture he has undertaken in England.

The vacancy created was filled for a very short period of three months by the Pean of the Faculty of Medicine. In addition to the burden of his usual duties, as acting Warden he has helped us to tide over a difficult period under such prevailing conditions most of the burden was shouldered by our Sub-warden, Dr. C. Palasundaram. He has efficiently carried out such duties which would have astounded a lessable person.

We welcomed into our Midst Prof. J. Waas who is our new Warden. We wish his association with Bloemfontein will be a long and enjoyable one.

The hostel spirit that prevails now indicates a very bright future to the hostel. The changes that are yet to come and are inevitable, we are sure, will be faced with courage and unity.

S. PATHMANATHAN Secretary.

+ + + +

The article "Satisfying The Examiner" which appears on page 71 is reproduced by kind courtsey of "The Lancet"



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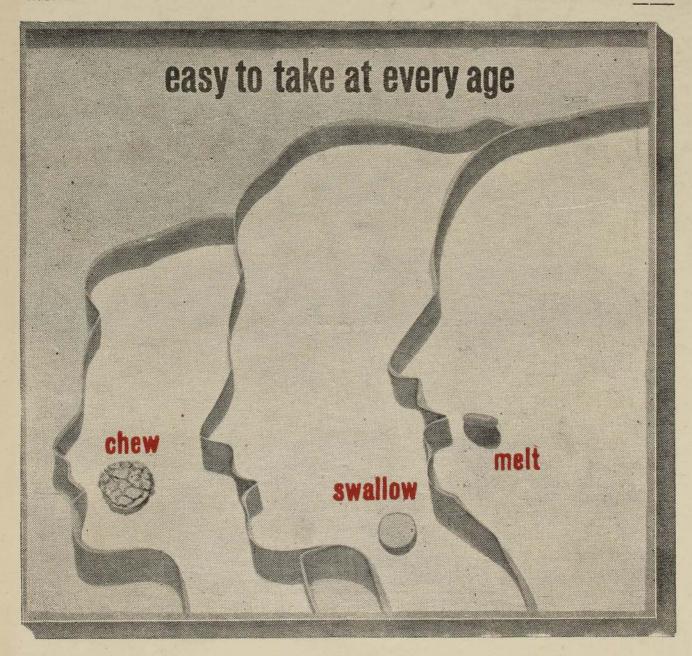
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