

**Retrospective address, for the year 1891 / by Rustomjee Naservanjee Khory.**

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GRANT COLLEGE MEDICAL SOCIETY.

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RETROSPECTIVE ADDRESS,

FOR THE YEAR 1891.

BY

RUSTOMJEE NASERVANJEE KHORY, M.D.,

M. R. C. P. LONDON &c.

PRESIDENT.

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GRANT COLLEGE ADDRESS SOCIETY

MEMBER OF THE AMERICAN ASSOCIATION OF COLLEGE ADDRESS SOCIETIES

# RETROSPECTIVE ADDRESS

FOR THE YEAR 1911

BY THE PRESIDENT

M. R. O. P. LADDON, M.D.

PRESIDENT

The address was delivered at the annual meeting of the Society held at the University of Chicago on the 15th of December, 1911. It was the first address of the kind ever given by the Society, and it was a most interesting and profitable one. The speaker, Dr. Laddon, is a well-known and successful physician, and his address was a most valuable one. He discussed the history of the Society, its present position, and its future prospects. He also discussed the importance of the address in the life of the student, and the value of the address as a means of self-education. His address was a most inspiring one, and it was a most profitable one. It was a most interesting and profitable one, and it was a most inspiring one. It was a most interesting and profitable one, and it was a most inspiring one.

# ADDRESS

OF

*RUSTOMJEE NASERVANJEE KHORY, M.D.,*

*M. R. C. P. LONDON. &c.*

**PRESIDENT**

**GRANT COLLEGE MEDICAL SOCIETY**

AT THE

**ANNUAL MEETING**

**January 26th 1892.**

GENTLEMEN, It affords me great pleasure to lay before you a retrospective view of the good work done in the past year by our Society, as well as a short resumè of some of the momentous questions which agitate the medical world; and these, alone, in my opinion, gentlemen, ought to form the legitimate subject of our customary Annual Presidential Address. Gentlemen, while in Europe and America, there are innumerable societies devoting their energies to the spread of medical knowledge both among the profession and the public and giving an impetus to work in the cause of suffering humanity to those enthusiastically devoted to our science, here in India or at any rate on this side of India, it is found difficult to maintain and keep up more than one such society.

The advantages accruing to the profession from such societies are manifold. They spread medical education among the profession in all its various

branches, give opportunities to aspiring members of our profession to prove their powers and show what stuff is in them, stimulate them to utilize their knowledge, and by frequently bringing them together, foster those brotherly feelings among them and by an interchange of mutual experiences, other than strictly medical, teach us those lessons so useful in practical life which no amount of reading can impart. They also serve as repositories of useful knowledge which is handed down from one generation to another and is copied and emulated by posterity. Again while in Europe and America each of the numerous branches or sections into which our science is divided has one or more societies specially devoted to the developement and encouragement of that particular branch of our science, in short, while there every speciality has its society or societies; here we have to do everything in, and through this our only Society. I am sure, gentlemen, one and all of you are acquainted with the names, and perhaps the work of most of such societies in Europe and America. Nevertheless I believe that in order to show the contrast between the energy displayed by our brethren of the West and that displayed by us here, the enumeration of a few of the most prominent societies of the United Kingdom will not be out of place. They are as follows :—

1. The Medical Society of London founded in 1873
2. The Medico-Chirurgical Society.. Do. 1805
3. The Hunterian Society ..... Do. 1819
4. The Harveian Society ..... Do. 1831
5. The British Medical Association. Do. 1832

There are some societies devoted to special subjects

VIZ :—

- |   |                 |
|---|-----------------|
| 1. The Pathological Society.....          | founded in 1846 |
| 2. The Epidemiological Society .....      | Do. 1850        |
| 3. The Odontological Society .....        | Do. 1856        |
| 4. The Medical Officers of Health Society | Do. 1856        |
| 5. The Obstetric Society .....            | Do. 1858        |
| 6. The Clinical Society .....             | Do. 1867        |
| 7. The Dental Surgeons' Association       | Do. 1876        |
| 8. The Ophthalmological Society .....     | Do. 1880        |

As I said before, gentlemen, these are only a few of the large number of existing societies. I particularly draw your attention to the dates of their establishment from which it will be seen that those in the first group are generally older than those in the second group, in other words those devoted to the cultivation of special subjects are preceded by those devoted to the cultivation of medical science as a whole. The rapid growth and increase in number of these societies since 1860 is a proof of the astounding developement of inquiring habits characteristic of our time. The British Medical Association may be taken as a pattern of a good medical society. It has an astonishing growth and presents gigantic proportions. Its branches are spread throughout the whole of the British Empire. It has its general as well as its branch meetings. To ensure success and to give a wide circulation to the medical literature formed under its auspices, the reports of the proceedings of its various meetings are published and for this purpose it has a medical journal of its own devoted to general as well as special subjects and containing a large amount of original work. It also

publishes reports of numerous Hospitals over Europe and some times in the form of a book it gives out to the world the result of the systematic work done by eminent persons. I cannot pass over without alluding to the extraordinary developement and progress made during the past half a century in our medical profession by societies all over Europe and America. The numerous Hospitals, Laboratories and Academies, as well as the long list of *savants* all over Europe and America connected with them bear testimony to their devotion to good work. Of a great outburst of our professional energy the Medical Congress held in London in 1881 known as the International Medical Congress is an example. In short these various associations stir up the ambition and stimulate the zeal of medical men in the common cause of advancing medical knowledge. Although our Association is well nigh half a century old, to me it seems strange that not a single society has been established for any special branch and why is that ? It can not be that here in India there is a paucity of materials for observation ; perhaps there are more diseases here than else where or at any rate than in the United Kingdom. We have moreover any number of well trained medical men in charge of Hospitals and Dispensaries as well as in private practice. It is a matter for regret that an old society, older than the Grant College Medical Society, has well nigh closed its useful career, I mean, the Bombay Medical and Physical Society. Those who have attended its numerous meetings are well aware what an amount of useful work

was done under its auspices, and it is really painful to me to record the death of such an useful society. I again ask the question, why is it so in Bombay? I attribute this to the fact that we medical men in Bombay lack a particular quality. We forget that man has different passions, that he may not quite agree with our views but may be clever and intelligent withal. Hence if we were to consider one side of his conduct to the exclusion of his other qualities we should certainly be mistaken. This is how the case stands. Owing to circumstances which it is not now easy to trace, medical men in India are divided into two distinct and well defined classes, viz the official class, and the private practitioners. Their interests unhappily clash with one another; the result of this clashing of interests is that it comes in the way of the progress of medical knowledge in this country. Now as President of this Society and as one who always struggles to put the question of the progress of medical science on a higher level than that of mere class and for the matter of that of local interests, I think it my duty to address a few words to these two parties. I think it is a mistake to regard the official class as favoured beings and as such to be always looked upon with displeasure; they ought rather to be regarded as fellow workers in the sacred cause of suffering humanity and their possession of splendid materials for observation and good work ought to be taken as so much wealth placed by Providence at the disposal of the profession as a whole. On the other hand the official class must

learn to regard private practitioners not as persons who try to pounce upon their prescriptive rights and privileges and therefore to be always kept at arm's length, but as fellow workers in the same sacred cause; the only difference being that the materials for work at their disposal are of a different kind. As for the respective merits of the contentions of the two parties, this is not the occasion, nor indeed the place to say anything. It is sufficient for my purpose to say that the fact does exist and to deplore it and to this more than to anything else I attribute the want of harmony which unfortunately exists in our profession. Let me therefore impress upon both parties that they have a higher and nobler vocation than merely to look to class or local interests, that by joining this noble profession they have pledged themselves to work alone as well as in concert in the common cause, and that to obstruct the noble work of suffering humanity for the sake of such petty local interests is nothing short of desertion from the ranks.

In connexion with this subject, I am of opinion that as the rights and privileges of these two classes remain so distinct and exclusive, and as there seems to be no likelihood of any early solution of the difficulty, there ought to be more Hospitals in this Presidency so as to afford the private practitioners' class opportunities of utilising their knowledge and energy in hospital work (as distinguished from private practice) which they can not get at present. It is therefore a pity that the project of having a new medical school and a

Parsee Hospital in this city, started sometime ago has not received that kind of support, which the importance of the project deserved. I appeal to the Parsee *shettias* who are fortunately all intelligent men and my professional brethren to banish from their minds the false idea that the project was meant as an opposition to the existing hospitals or that there was no necessity for a new Medical School or a Hospital. They must, on the contrary regard an hospital of this kind as a fresh addition to the means of alleviating human suffering as well as affording a field for observation to medical practitioners hitherto excluded from hospital practice. I need hardly say that the profession must always regard every addition of this kind not as a rival institution, but as so much materials placed by Providence at its disposal for alleviation of human pain. It is a false idea that we have got many hospitals. Those who have been to Europe will bear me out, when I say that, looking to the extent of our Presidency and its immense population we have not enough hospitals and there is a great field for philanthropists and charitably disposed persons to utilize their money which can not be so well spent as when it is employed in alleviating human suffering. But such hospitals must not exclude any class of medical practitioners. Let all have equal opportunities for observation as observation made from different points of view and by persons of different nationalities is always more valuable than that made by persons of a single class. I repeat that in all that I have said I do not mean to espouse the cause

of any party. I look at this question from merely the broad medical point of view. I say we have fewer hospitals than the needs of the country require and that observations are mainly made by one class only and that also belonging to one nationality and therefore they must be necessarily one sided. I appeal to you, gentlemen, not to misunderstand my meaning. When I say that the observations must be one sided, I do not mean to offend any party. What I mean is simply this, that the natives of this country are not of one nationality. They are divided into innumerable sects, whose habits and modes of life are widely different from those of one another. It is therefore natural that observations made by one who is born here and conversant with and perhaps himself following the same habits and modes of life, are of quite a different nature and value from those of individuals having different modes of life and habits and coming from a country where different customs prevail. I do not for one moment mean disparagement of the official class. On the contrary I say that those talents which most of the Service men have inherited from their nation and that indomitable spirit of perseverance so characteristic of them are brought to bear by them on medical problems so successfully that even without an acquaintance with native habits and modes of life, the results are more brilliant than could be expected. But with all that they can not be said to be complete. Let European talents and perseverance be combined with an intimate knowledge of the habits, and modes of life possessed by practi-

tioners born here and themselves following the same habits and mode of living and the result will certainly be I venture to say more valuable. I therefore appeal to both parties now to co-operate with each other in the cause of science, as by that means alone can we build up a truly Indian medical profession. Native medical men should not forget that these officers belong to a Service which all of us in India are bound to respect and esteem. It was men from this Service that introduced true medical science into this country; it was they who first fought against prejudice, ignorance and quackery. They gave us hospitals and colleges and, above all, education which enables us to meet here to-day and which has been the means of saving the lives and of relieving the sufferings of millions of human beings. They have also given to the world works, valuable works, on some of the Indian diseases. They can with justice boast of many among them who have done enduring service to humanity in days gone by and even in our generation they have amongst them such names as Fayerer, Lewis, Cunningham, Carter, Moore &c., of which any Service may well be proud. Being always placed in easy circumstances through the liberal emoluments of the Service, they keep up the position and the status of the profession with dignity and honour wherever they are and on account of the splendid materials for observation which they possess and the facilities which their official position enables them to enjoy, they have always managed to keep up for themselves a high standard of medical

knowledge. Hence however much, we may disagree with the members of the official class with regard to local or sectarian questions, we can not deny their right to our respect and admiration for their present as well as past services to our profession.

In addition to these class differences there is unfortunately misunderstanding of one kind or another between individual members of each class and this renders the matter still more complicated. Our position as medical men is every day becoming more and more responsible, not only is there a greater demand on our services, but as the public are getting more intelligent those services are exacted with greater strictness. The public are watching our every movement and when there is dis-union among us we forfeit our right to their confidence and esteem to which we would be otherwise entitled.

It is well known to you, gentlemen, what the character of our work is, how great are our responsibilities, what amount of anxiety and trouble we undergo and how precarious private practice is, how strict is the demand for integrity of character and how keenly is our conduct towards our professional brethren watched by the profession and by the public. It therefore becomes doubly necessary that we should work in harmony and what is there so well calculated to bring about such union as a medical society. I mean a medical society which strictly confines itself to the work of the advancement of our science. If there is any friction between members on account

of accidental circumstances, the Society by affording them opportunities to discuss matters far higher and nobler than their petty quarrels, removes the irritation or at any rate lessens it to a great extent, and during the time that we are there, we forget all our cares, anxieties and worries. Much as I deplore the death of the Medical and Physical Society I venture to hope that the good work it was performing will not be allowed to stop. I appeal to those members who constituted that society to come forward now that they are free and to join this Society. I am sure our Society is sufficiently representative to induce any body to join it. It contains on its roll the names of Professors of the College, of Surgeons Major of Civil Surgeons and Assistant Surgeons, of old G. G. M. Cs. of M. Ds, L. Ms., L. M. & Ss. and of gentlemen with European diplomas. It has on its roll Physicians and Surgeons who have made a name in public and also eminent specialists *e. g.* Obstetric Physicians, Ophthalmic Surgeons, Dental Surgeons, Medical Jurists &c. There are some on its roll who have an extensive practice, while unfortunately there are also those who find it difficult to make both ends meet. To the latter my advice is that they should seek for *fresh fields and pastures new* elsewhere than in Bombay.

Our Society moreover, bears the name of the only Medical College in the Presidency an employment in which is the aspiration of most of the Service men. It was founded by some from their own ranks and is located in the premises of

the Grant Medical College; lastly it has endeared itself to the private practitioners' class. I appeal therefore to members of both classes who have not yet joined it to hold back no longer. But in order to induce them to join it, I must admit that the constitution of our Society requires to be changed. The Rules and Regulations though good for the time they were framed, have now become inadequate. The Society ought not to rest content with only paying members. It ought to have on its roll, men of eminence as Honorary Members, it ought to have also its Corresponding members. It ought to have its Patrons and its Presidents. It ought to have also Chairmen of various sections into which it ought to be divided. In fact let it be modelled on the plan of the British Medical Association which as I have said elsewhere, in its life of half a century, has developed into gigantic proportions. It has its numerous sections, and its equally numerous investigation committees, and has its ramifications all over the British Empire. Its general meetings are like veritable congresses. In connection with this subject I may mention that some gentlemen from the official class have formed a branch of the British Medical Association in Bombay. I have nothing to say against the movement, but I put it to these gentlemen whether they would rest content with merely incorporating themselves with that association. Do they not think that the time has come when the Bombay Presidency ought to have a main society of its own, instead of establishing a branch of an association

however great it may be? Moreover this branch association as established here is exclusive. It is solely composed of members of the official class, who have generally no permanent abode in this country, hence the stability of the association is not on a solid basis and I am afraid before long it will also share the fate of the Bombay Medical and Physical Society. In England once a society need show some good work, and then the support it will receive from the profession and the public, will be marvellous. Look at the laboratories, the museums, the donations, and endowments in connexion with such societies in England. Why are they so well supported? It is because the public and the profession see that these societies are capable of doing good work that they come forward to help them. Our Society is also doing useful work, but it is doing it quietly and unostentatiously. It has not yet received any support or aid from outside, but there is no reason to despair. Let us put our shoulders to the wheel and continue to show good work and then we shall have no cause to be sorry. It is also strange that though our Society has existed for the last 40 years it has not yet been officially recognized and though our members are quite competent to undertake any work which would promote medical education and research, they receive very little encouragement from Government. Let us therefore put forth all our energies and by good and earnest work satisfy the Government and this public, that the Society's work deserves their support and encouragement.

The Society must however mainly look to its old and well experienced members for support and guidance.

I am sorry to say that financially our Society is not in a very flourishing condition. How this has been brought about and what causes have been at work to produce this state of things are questions which in the interests of the Society I need not go into. Suffice it to say that such a state of things can and ought to be remedied.

It will be seen from the report of the Secretary that our financial losses by resignation, and by non-payment of subscriptions in arrears, have been considerably lessened this year, and I have very great pleasure in announcing that during the time I have had the honour of being its President a large number of new members have joined our Society. There are 3 resignations as against 17 new admissions. The balance sheet will tell its own tale. Many of you must remember that in former years our Society had formed among its resident members a book club for the circulation of medical periodicals. The system has been continued ever since but owing to the insufficiency of the existing arrangement, it was changed during the last year and a new scheme has been adopted by our energetic present Secretary. The result of this change has been that, whereas in former years hardly half a dozen members received fresh periodicals and several of them got papers several months old, which they did not care to peruse; during the past year, each resident member

has had an equal and fair share of reading regular and fresh numbers of periodicals. New periodicals directly received from England were during the week of their arrival or at the latest within a fortnight circulated among members. I hope that this arrangement will, with certain modifications, meet with the approval of members. The change I beg to suggest is that the number of days each member keeps a periodical under the present arrangement be extended from 2 to 3 days for each paper. In connection with this subject I cannot allow this opportunity to pass without bringing to your notice the fact that the Grant Medical College Library which is in this very hall where we hold our monthly meetings is at our disposal and that it has afforded facilities for reference and study to members from the time of the existence of our Society.

The collection of books as we find preserved in this apartment in several cupboards and arranged in order of medical subjects at first sight seems to be ample, but considering the ever increasing knowledge of medical science and the numerous publications in connection with it, I need hardly say that it needs considerable expansion. I wish our Society had a separate library of its own as is the case with other societies in Europe. Those who have travelled over Europe and visited those well-known and time honoured societies know well that each society has a well equipped library of its own. But for a good Library a large sum of money is required which is at present beyond our means.

Gentlemen. It gives me great pleasure to note that the papers and discussions during the past year have been equal, if not superior, to the average of former years in interest, ability and importance and from the list of those to be read in future it will be seen that we have an abundance of good materials to occupy us during the greater part of the next session. It is to be regretted that the reports of the previous year record a falling off in the attendance of members and although it is somewhat satisfactory to note that during the present year there is an improvement in this respect yet looking to the number of resident members it can not be denied that the attendance might well be larger.

Let us now review briefly the medical work done by our Society.

### March 1891.

The first paper of the season was by Dr. Dada-bhoy Jamasjee. It was a record of the medical work done in the Jamkhundee Charitable Dispensary from 1st April 1872 to March 31st 1873. These records are always very valuable as they give us a good idea of the value of a particular plan of treatment, the tendency of particular diseases to recovery or untoward results, as well as the kind of diseases prevalent in a particular locality. In former years our Society used to receive the records and reports of the various Hospitals and Dispensaries in the Presidency and they afforded valuable materials for good work. I do not know why they have

been discontinued, and I hope the practice will be resumed as is the only way now left to private practitioners by which they can to a certain extent keep in touch with hospital practice. I have no doubt that observations, accurate records and patient investigations, embodied in such reports when compared from month to month and year to year can not fail to mature our judgment, quicken our perceptions and prepare us to become useful and experienced Physicians and Surgeons. I am sure that if the medical officers of the various hospitals and charitable dispensaries in our midst in Bombay and in the Mofussil are consulted on this point, they will most willingly and cordially co-operate with us and assist our Society in its objects of self-improvement and advancement of medical knowledge.

### April 1891.

Dr. W. K. Hatch showed 4 valuable specimens. It is really a good idea to bring before the Society living specimens of cases, as they give us a better idea of the disease, than any description can do. I need hardly say that these cases bear testimony to the extensive surgical knowledge and skill of Dr. Hatch. I hope that other professors will follow the example of Dr. Hatch and help in advancing the work of the Society.

At the same meeting Dr. J. A. Da Gama read an excellent paper on Cocaine, the history of its discovery, uses &c. We all know that every thing coming from Dr. Da Gama is carefully studied and well

prepared and this paper was in no way inferior to his other communications to the Society. The paper gives evidence of his powers of careful observation and patient industry and does credit to Dr. Da Gama.

### July 1891.

*Brigave Surgeon* J. Arnott read two papers:—

- (a) Notes of a case of Puerperal convulsions, reported by the ward superintendent (Miss Mackenzie).
- (b) Notes of a case of Decapitation reported by the same ward superintendent.

I need not point out to you the value of these papers. They not only keep us in touch with the practice prevailing in hospitals, but lay before us the result of the experience of a skilled and experienced obstetrician like Dr. Arnott and enable private practitioners to compare notes with officers, having charge of hospitals. Dr. W. K. Hatch showed a number of specimens. and the same remarks apply to them as to his last contribution.

### August 1891.

I had the honour of reading a paper on a case of Epithelial Vegetative Cancer of the Cervix, Operation and recovery.

In connexion with this paper I take this opportunity of thanking Dr. J. Arnott for allowing me to operate in this case and to conduct it from the beginning to the end.

## September 1891.

Dr. L. B. Dharghalkar read notes of a case of an unusually large Abscess of the Liver.

The case was unfortunately that of one of our medical brethren. It was a carefully prepared paper and does credit to Dr. Dharghalkar more especially as he read this paper the very next month after his election as a member.

## October 1891.

Dr. J. Arnott again favoured the Society with two papers:—

Notes on the following cases reported by the ward superintendent (Miss Mackenzie).

- (a) Fever (puerperal state)
- (b) Pericarditis with double Pneumonia.

I have the same remarks to make with regard to these as I have done elsewhere. These cases were remarkable both for their intrinsic merit as well as for affording private practitioners an opportunity of keeping themselves in touch with hospital practice. I may mention by the way that Miss Mackenzie has since then passed her final examination with credit and has been placed in the first class. Assistant Surgeon S. F. Gandhi's communication was read by the Honorary Secretary. It was a case of Cancer of the Penis and Amputation with fixation of the Urethra to the Perinæum. The paper speaks much for the surgical skill and pluck of our rising Assistant Surgeons. Placed in a mofussil city and far from skilled assistance and necessary

materials, several successful operations performed by Assistant Surgeons are worthy of our admiration and I congratulate Dr. S. F. Gandhi on the success of this operation. These mofussil gentlemen are in a position to keep us occupied here as they also keep themselves by getting many important cases and I appeal to them always to prepare notes of such cases for the Society.

### November 1891.

I read notes of a Case of Uterine Polypus, Operation and recovery. The case is important in as much as it evoked a very healthy discussion in which two obstetricians of note viz. Dr H. P. Dimmock and Dr. Dh. N. Parukh took part and laid before the Society their experience of the use of Electrolysis which is now a days greatly used as a Gynæcological therapeutic agent.

### December 1891.

We had two meetings.

Two papers from Assistant Surgeon E. S. Bharucha were read by the Honorary Secretary viz:—

- (a) Scirrhus of the Breast; excision.
- (b) Malignant disease of the Lymphatic glands on the Inguinal regions coming on two months after Amputation of Penis for Cancer. Operation.

These were really carefully prepared cases and the skill and pluck displayed in the absence of skilled

assistance and necessary materials is worthy of our admiration. I congratulate Dr. Bharucha on the success of his operation.

Dr. F. N. Bisni brought two cases of curvature of the Spine before the Society and read notes of their cases. The practice of bringing patients before the Society whose cases are being read is a very good one and we hope others will imitate Dr. F. N. Bisni's example. The discussion the case evoked was a very healthy one as it afforded various members an opportunity of comparing notes with one another as regards the causes, pathology and treatment in each case.

Dr. K. B. Shroff read notes of a case of Remittent Fever with congestion of the Brain and Secondary Pneumonia ending in recovery. He deserves great credit for pulling the patient through a formidable malady as those who had seen the case had given up all hopes of his recovery. Dr. Shroff is one of our Honorary Assistant Physicians and contributes from time to time communications to the Society. I hope he will continue to do so for the benefit of the Society.

We have also in store a paper from Dr. W. K. Hatch, viz. notes of two cases of Osteotomy for ill united fracture of the Femur. Dr. J. C. Lisboa's paper of Traumatic Gangrene, followed by Tetanus; Dr. H. K. Tavaría's paper :—

Notes of a case of scarlet Fever with other notes from case books April to December 1891 ;

Papers from Dr. Bejonjee Dadabhai viz., notes of the following cases :—

1. A case of Mole Pregnancy.
2. A case of Spurious Pregnancy.
3. A case of Placenta Prævia.

I have also prepared papers, on Tonics or drugs of indigenous growths having tonic properties as used in Native Medical Practice and another on Electrolysis. Besides these we have received promises of many other papers.

We had in all eight meetings with 22 communications, a state of things which gives us hopes of a better future for the Society.

But what is this work compared with the work of the profession as a whole. Our science is advancing not by slow steps, nor by leaps and bounds but with electric speed. The old practitioners alone can realize what I mean. As far as changes of opinion which take place in our science and the innumerable new agents that are discovered to aid our work are concerned, to the old practitioners a decade does not mean 10 years but an age. Taking into consideration the short space of time that is allotted to a President's address, to attempt to review the work of our profession even for one year and do justice to it at the same time is totally out of question ; all that I can do is to take up a few subjects which at present occupy the minds of medical men in India.

The first question which engages our attention is that of Leprosy. It is also a grave public

question as on the decision and opinion of the commission appointed for the purpose, depends the liberty of a large number of unfortunate individuals cursed with a most loathsome disease. The question is as old as the oldest records of history and people in different ages have settled it in the light of the knowledge they possessed about the disease. The tendency of these opinions of olden times in connexion with this disease is generally to regard it as an infectious as well as a contagious disease and the helpless wretches cursed with this fell disease were condemned by religious as well as by national laws to a degrading course of life most revolting in itself and outraging all the nobler feelings of humanity. It does not appear that our profession as a whole always regarded the disease in only one light. I have reasons to believe that from time to time its opinion has fluctuated. However, some years ago the question attracted the attention of the public as well as of the profession by the cry that the disease was on the increase. The Royal College of Physicians thereupon took the matter up in 1867 and the result of their investigation was that they came to the conclusion that "Leprosy was not communicable by mere proximity or contact." This opinion seems however never to have been universally adopted as the force of deep rooted hereditary opinion was too strong to shake their belief in the contagiousness of Leprosy. But the discovery of a bacillus in tubercles of Leprosy by Hansen as well as the conclusions drawn from the figures supplied by the

profession in Norway in connexion with the segregation that is enforced there, gave quite a new aspect to the whole question and the sad fate of Father Damiens at Honolulu who became leprous himself while tending the unfortunates segregated there added to the excitement of the public. Here in India the European as well as a portion of the Native lay public raised a cry for compulsory segregation of all leprous patients rich or poor though some contented themselves with advocating such segregation for vagrant lepers only. They of course took it for granted that Leprosy was a contagious disease or at any rate that its communicability was the chief if not the sole factor in its propagation.

Gentlemen, you are all aware of what followed next. The Bombay Medical and Physical Society convened a meeting, inviting all the medical men of Bombay to discuss the matter. Though no definite conclusion was come to the majority of the profession or at least of that portion of it which took part in the meetings of the Society was against taking a very gloomy view of the matter and regarded the public cry raised on that occasion as an unnecessary scare which would quiet down in time. The meeting however was of opinion that the disease was inoculable and possibly contagious though there was a great difference of opinion with regard to the degree of contagiousness. The majority however were against the wholesale compulsory segregation advocated by some people. Gentlemen most of you know, what part I took on that

occasion and though much has been said and written since then, I see no reason to change my opinion. I said then and I maintain it now as my humble opinion that the very fact of a bacillus being found in leprous tubercles is a proof positive of its inoculability, granting at the same time that it is the bacillus which causes the disease. But inoculability is one thing and contagiousness is another. For a disease to be contagious its inoculability must be easy. If its inoculability is difficult contagiousness is in that proportion rarer and for practical purposes may be considered *nil*. Now it is a well known fact that many able experimenters, experts in that kind of research such as Danielson and Hansen have failed to inoculate lower animals with leprous virus. If the disease is not easy to inoculate (I do not say impossible) much less easy should it be for it to be communicated by contagion, provided that the animals operated on should be susceptible of taking the disease. But it may be urged that the case may be different with man. The question therefore requires to be looked at in that light. In order to do this let us look at the habitat of the bacillus a little more closely. It is found in the cells composing the tubercle. It is not found in the Epidermis if it is entire as in non-ulcerated cases. In case of Leprous infiltration it is found in the deeper layer of the *cutis*, the different layers of the epidermis and the papillary layer being free. It is found in the lymph corpuscles and the white corpuscles of the blood, though it is a question whether as found there, they can keep their infective power. It is also a question

whether it is ever found in the swellings of the nerves in the anæsthetic variety. Now, instrumental inoculation being out of question in man, the only way the bacillus can get access into the human constitution, would be by contact, air, or food. We have yet no evidence that the bacillus is excreted from the body through any of the natural discharges, viz. perspiration, urine, saliva &c.; it cannot therefore be transferred from one body into another through contact or through food, air, or water, if the skin is entire. But when ulceration takes place the case is different; the habitat of the bacillus is exposed and can be transferred from one body to another through all or only of those media named above viz. air, food or contact. We have no evidence direct or indirect to make us believe that air, or food, or water has ever given leprosy to any body nor have we any reason to believe that even if transferred in that way the bacillus possesses infective properties; even the most uncompromising advocates of the theory of the contagiousness of leprosy have not advanced that it can be communicated in this way. Hence contact is the only possible mode by which it can, if at all, infect another person. Now the question is whether all persons are susceptible of being inoculated with the bacillus if brought into contact with their bodies, no matter whether the skin of that individual be entire or ulcerated and whether it can ever bore its way so to speak through an unbroken skin into the circulation. Again we do not know whether all ulcerated surfaces would allow the bacillus to pass into

the circulation if placed on them because we know that there are certain constitutions which give no footing to a good many of infectious diseases even if the germs are placed in the most favourable circumstances to become absorbed. Evidence on this head is entirely wanting; we can only say that this is probable. Again of the different forms of Leprosy the anæsthetic form is the most common *i. e.* that form in which the bacillus is not found in the swellings of nerves though some have found it in the nerves themselves in the early stage of the disease. It is moreover not every case of the other variety that is ulcerated. Ulceration is a later developement of the disease *i. e.* cases which can possibly be regarded as capable of giving infection, form but a small percentage of the total affected with the disease. Hence taking everything into consideration, and even allowing a wide margin, the chances of infection are very limited indeed. We must all admit that the disease is a very frightful malady, always tending towards an unfavourable issue. It is moreover a mutilating disease and hence always disagreeable to the sight. This, combined with the hereditary opinion about its contagiousness which is partially corroborated by science of the present day explains why the public are so very anxious to see something done which in the majority of cases means that the diseased persons should be removed out of sight, the very idea that one may possibly catch the disease from an infected person making him naturally uneasy. Hence the cry for compulsory segregation for all

and sundry people having the disease is natural enough; but this is a only one sided view of the question based on exaggerated effects of the disease and those who look at the question in this way entirely ignore that it has also another side and whether segregation will be to the advantage of the unfortunate sufferers is not taken into consideration at all. They forget that compulsory segregation means nothing short of transportation for life. Again as the diagnosis is not always easy it is possible that healthy people may be condemned to this transportation for life. How unfair and how cruel would it be? This is really a most violent remedy and can be justified only if the danger be really great, but from what I have said above it is evident that such is not the case. The custom, the long prevailing custom, of this country makes an outcast of a leper, hence he is compelled to lead a vagrant life. It behoves us therefore to have asylums where they can be properly tended and cared for. But undue severity and restrictions would make such asylums both unacceptable to them and segregation would be both difficult and oppressive. It is a matter for congratulation that our city instead of troubling itself with these conflicting theories has adopted the only course and the best and the most humane one of providing an asylum at Matoonga where these unfortunates are cared for and the result is so far satisfactory in as much as it shows that without resort to violent measures it is possible and perhaps more easy to attain our

object. Mr. H. A. Acworth, our energetic Municipal Commissioner deserves the thanks of the public for starting it and carrying it to a successful issue. The asylum owes its existence to his indomitable zeal, steady perseverance and large business capacity. We shall now hear no more of poor lepers dying and rotting in the streets of Bombay. I hope that the Leper Hospital in proximity to Sir J. J. Hospital which was built and endowed by the late Rustomji J. Jeejeebhoy, will be re-opened. Bombay will shortly have another leper home through the liberality of Sir Dinshaw M. Petit of a more permanent character. Another has lately been promised at Poona through the liberality of the widow of the late Mr. N. M. Petit.

We are, nevertheless, Gentlemen, awaiting the result of the Leprosy commission that visited India a short time ago. But if we accept as correct the forecast given in the British Medical Journal, it will be seen that it corroborates what I have said though it does not bear out the prevalent opinion that it is transmissible by heredity. Whatever may be the result of the Leprosy commission, I think the Government of the several presidencies and the various Municipalities are bound, in the name of humanity, to provide for these unfortunate outcasts, asylums and places of refuge where they can be tended and taken care of.

Gentlemen, though I have said much about the question of Leprosy, I can not help mentioning that it has affected another question of an equally grave nature. It is nothing less than the cry

that Vaccination helps to propagate Leprosy. The trite saying that doctors differ is no where better exemplified than in this cry against Vaccination. Those from amongst the public and the profession who remember the time both before and after vaccination came into vogue, can hardly conceive that anything could be said against the practice. Yet so it is. The younger generation can have no idea of what an epidemic small-pox really was in those days. Every year it carried off a large number, crippled many more and mutilated and disfigured the prettiest faces by thousands. All this is now a matter of history. I am one of those and they are in the majority who attribute the present satisfactory state of things to the introduction of the practice of vaccination. If ever the blessings of mankind can reach anyone they would certainly reach Sir W. Jenner, so great are the services he has rendered to humanity. But anti-vaccinationists as those who decry vaccination, are called, do not think so. They believe that leprosy has been on the increase for the last quarter of a century. The statement is more gratuitous than correct, because as far as I know statistics on this head are still a desideratum but on a gratuitous assumption the anti-vaccinationists cry themselves hoarse and declare that the period is coeval with the introduction of vaccination and that therefore the increase of leprosy is due to virus being transferred from one person to another by means of the vaccine lymph. I need hardly say what value is to be attached to

a conclusion drawn in such a way and from such premises. These people ignore the fact that arm to arm vaccination is not the universal practice in India as by that means alone can one imagine the possibility of such a thing occurring. They also declare that tuberculosis, syphilis &c. may be and are communicated through this process, that vaccination is in itself harmful as it unnecessarily inflicts wounds with poisoned lancets and that all the good that has been done by vaccination is in their opinion due to sanitary improvements and general changes in modes of life which have been going on for the last quarter of a century. It will be observed in connexion with these opinions that the barest and remotest possibilities are taken as positive facts and actual occurrences and that these persons are ever ready to adduce only cases in support of their theory which have a semblance of reality. But as far as I am aware no case has stood the test of close and careful inquiry. As far as Bombay is concerned I can without fear of contradiction say that vaccination has proved an unmixed blessing to the city and that there are no chances of any danger so long as compulsory vaccination is enforced. Here arm to arm vaccination is unknown and the lymph is taken direct from the cow before inoculation. It may be said that by this means virus of such diseases as tuberculosis, anthrax &c. which affect man and beast may be conveyed with the vaccine lymph. I have made careful inquiries on this head and am fully convinced that the apprehension is un-

founded. Utmost care is taken in the selection of animals which are kept under the most healthy conditions as long as they are under operation. By the way, I may mention that the Superintendent of the Vaccination Department has demanded from time to time stables built on sanitary principles to locate these animals. Looking to the gravity of the question I am of opinion that either the Government or the Municipality or both jointly are bound to provide such stables and the sooner this is done the better as such works involving the question of public health ought not to be delayed under any circumstances. [Again it is urged by anti-vaccinationists that the good which is effected whenever there is a small pox epidemic is not to be attributed to vaccination, but to the sanitary improvements going on in Bombay and elsewhere. I need hardly say that this is not corroborated by any evidence, and the facts I shall presently lay before you point to quite a different conclusion. The death rate among children under 6 months is reported to be 29·8 per thousand. Now if vaccination was capable of doing the least harm it can be seen in an increase of mortality during the period generally chosen for vaccination viz. between 6 months and 12 months but the fact is that the death rate is only two thirds during that period.

Let them say what they like, it is to the Bombay Compulsory Vaccination Act which was passed in 1878 when many of the sanitary works were in actual progress and the Vechar water was al-

ready being used in Bombay that the following state of things can be attributed. Between the years 1850 and 1878 (the year of the introduction of compulsory vaccination) there were 15 epidemics of small pox at different periods, viz. in 1850, 1852, 1855, 1858, 1861, 1863, 1864, 1866, 1867, 1868, 1869, 1871, 1872, 1876, 1877, while since 1878 there has been only one outbreak viz. in 1883. These figures ought to convince any reasonable being that far from having done any harm compulsory vaccination has done immense good to the public. A greater number of persons are vaccinated every year than the registered number of births, a circumstance which conclusively shows that the benefits of vaccination are fully appreciated by the public.

To me it appears that the anti-vaccinationists have no case at all as far as Bombay is concerned and it gives me peculiar satisfaction to observe this state of things as the G. C. M. Society was the first to advocate compulsory vaccination at a time when the public were ignorant of its beneficial effects and the superstitious belief in the origin of small pox viz. the wrath of some deity (which is not yet even now extinct) was in full force. I have not the least doubt that our Society will be again to the front to advocate, if necessary, this beneficial measure as it did some 30 years ago. It must of course be borne in mind that great care is necessary to see that the children are healthy that they are free from fever, skin, gastric and other intestinal diseases and that there are no cases of measles, erysipelas &c., in the house or in the vicinity.

Judging from the beneficent effects of the Compulsory Vaccination Act in Bombay I think it ought to be made compulsory all over India and that arm to arm vaccination, if still practised anywhere, ought to be at-once put a stop to.

Though totally disagreeing with the conclusion of the Anti-vaccinationists I must do them the justice to say that they have drawn the attention of the profession to a subject which has well nigh gone out of its hands and I trust great vigilance will be exercised in this matter. Their agitation has also forced the home authorities to appoint a Royal commission whose reports we await with impatience.

Whatever may be the report of the Royal commission though I have no doubt that it will confirm all I have said, I hope the Government of India will no longer delay the introduction of a Compulsory Vaccination Act all over the country and that arm to arm vaccination wherever it may exist will now be abolished. I am glad to observe that a bill to practise inoculation and to make the vaccination of children in certain parts of the Bombay Presidency compulsory is now before the Legislative Council.

While speaking of this commission our attention is naturally drawn to another interesting commission which finished its useful work only a short time ago, I mean the Hyderabad Chloroform Commission. The discovery of chloroform marks a distinct era in the history of medicine rather than of surgery. Of the various agents discovered by our

science for suffering humanity none can compete with it in the completeness of its effects. Before its discovery surgical operations were torture, whereas now the patient allows any part of his body to be handled, cut, or sawn without the least consciousness on his part, which part he would not perhaps allow to be touched even with the finger in a conscious state. Against this beneficent effect, there are unfortunately certain inconveniences and dangers to the patient which render its use at times undesirable and always a matter of care and anxiety to the surgeon. I need hardly say that chloroform itself produces death apart from the disease for the removal or treatment of which it is given. Now the question is how it produces death. Some believe that chloroform acting injuriously on the circulation produces death by syncope, while others say that it affects the respiration and thus causes death by asphyxia. The opinion of the profession has fluctuated from time to time, at one time leaning to one view at another time to the other. At first sight the question looks as of merely an academic interest. But as you all know, gentlemen, in this little question are involved the most momentous issues. The question has a peculiar interest for us in India. Some of our medical brethren here have to practise Surgery in out of the way places where there is no skilled assistance to be obtained. They have to do every thing themselves and to them the administration of chloroform is the most anxious and troublesome part of the operation if the theory that the circulation is affected primarily by chloroform be

true; they are bound to leave the operation from time to time to feel the pulse of the patient themselves whereas if the other theory were accepted, they could go on with the operation contenting themselves with merely looking at the respiration from time to time. The solution of this difficult problem was the work which the Hyderabad chloroform Commission performed to the satisfaction of the profession and those who till lately adhered to the circulation theory are now forced to change their opinion. To us in India the result of the commission is of inestimable value. Now surgeons can undertake important operations which they would fain avoid if the circulation theory be true, in cases where operations would be long, the assistant unintelligent and the heart a little weak. Dr. Lawrie has done great service to humanity by setting at rest this important question for-ever and the warmest thanks of the whole civilized world are due to His Highness the Nizam for his enlightened and discriminating liberality in having paid the expenses of the commission and obtained the services of an eminent expert like Lauder Brunton. I am glad to see that the experiments are to be resumed at Hyderabad under the supervisions of Dr. Langdon Brown.

Gentlemen time will not allow me to say more and I must close my address at this point. Let me thank you all for the honour you did me in appointing me President of the Society. My first experience of the post has convinced me that it is a *very* responsible post and that the President is in a position to do a great deal in advancing the interests of the Society.

I venture to hope that in my own humble way I have done a little to advance the interests of the Society and it gives me great pleasure to acknowledge the hearty co-operation, I have received from the members of the managing committee to whom I take this opportunity of thanking most heartily.



I venture to hope that the new  
method of printing the  
books and papers in  
the British Museum  
will be found to be  
of great service to  
the public.

Yours faithfully,  
John Smith

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