valuable in the case, as the disease was rare in India, I have to submit that in the case of symmetrical atrophy treated with strychnine injections started in *August* 1946, the disease seemed arrested by the month of *October* 1948. But still the pain and twitchings in the muscles are occasionally felt and the strychnine treatment has to be continued. A fresh complaint the case has developed is intermittent claudication which is resisting the treatment with vitamin B-complex, acetyl choline and prostigmine. The blood pressure is not high.

Yours, etc.,
M. A. OMER,
Medical Licentiate, Karachi.

GUINEA-WORM TOWN OF GINGEE

SIR,—I have chosen for my caption the singular name of 'Guinea-Worm Town of Gingee' as the place bids fair to become another 'Cherrupunji' for guinea-worms.

The indigenous population have evolved novel methods of dealing with the worms and I can vouchsafe for the veracity of at least one method.

This comprises in the application of castor oil after the rupture of blister. The entrance is also lubricated with a drop or two of castor oil, as also the superficial outlines of the worm as it lies coiled up under the skin. After a lapse of 10–15 minutes, by a series of dextrous manipulations, maintaining gentle traction with one hand, the other hand literally propels the worm forwards, towards the hiatus.

This manœuvre occupies about five minutes and is possible only in accessible parts. I have been a witness to the actual demonstration and the guinea-worm, removed in its entirety, measured nearly 3 feet in length. I prefer to term this method the 'Coaxing out method'.

The second method is less commonly practised. This consists in the application of external stimuli, in the form of heat. A length of twine (or any fibre will do) is tied to the protruding worm. Then the other end is lighted. As the heat travels up, the worm gradually wriggles out and more often than not completely, too.

I may pertinently point out in this connection that, on the subject of Dracontiasis, in Beaumont's Text-book of Medicine, cold stimuli by means of ethyl chloride spray causes the worm to coil up, into a compact mass, over which multiple incisions are then made and the worm drawn out, by means of a fine hook. The medieval method of Gingee is certainly the simpler and neater of the two, and more deserving of trial, than the more modern method of multiple incisions.

I have written this to stimulate thought on the indigenous methods prevailing elsewhere in India and shall be glad to hear from your readers who might come across similar native methods.

Yours sincerely,
C. T. TILAK,
Civil Assistant Surgeon.

CUDDALORE,
5th October, 1949.

MEDICAL EDUCATION IN INDIA

SIR,—While the medical authorities all over the world are seriously thinking of revising the curriculum of medical education, the proposed integration of indigenous and western systems of medicine has created a further interest and controversy of opinion. Some are over-zealous in favour of the immediate proposed integration, others are slow in transition; while yet others are silent for the time being and carefully watching the course of events, still others are not in favour of integration at all. The plea for so-called synthesis though having some reasonable ground, should be slow in application, after systematic, careful and thorough investigation. Those who are in favour of immediate integration find no difficulty at all. According to the report of the committee appointed for the proposed integration, three things will be necessary before this step can be taken :

(1) Basic education of the entrants to the course, (2) compilation of textbooks, (3) training of teaching staff.

Regarding basic educational qualifications of the candidates—they should have a thorough knowledge in three different languages, *e.g.* English, Sanskrit, Arabic, in addition to Physics, Chemistry, Mathematics and Biology.

Whatsoever attempt be made to eliminate non-essentials, a thorough grasp of so many varied and different subjects will not be possible within the specified years of study for the entrants, an outstanding difficulty, which should not be lost sight of.

As regards textbooks it may be said that existing textbooks are not at all suited for the average students. As for example, mention may be made of Anatomy and Surgery. These are vast subjects and out of so many textbooks, theoretical and practical, books containing essentials within a short compass will be very difficult to compile. It will require the co-operation of not only Anatomists and Surgeons but also Physicians, Gynæcologists, Ophthalmologists and Dentists, etc. The difficulty of compiling textbooks for the proposed integration scheme will be all the greater, nearly an impossibility, owing to lack of scientific data on the static and suprasensory indigenous system of medicine.

Regarding teachers, I can say that even at this period, there are very few of the right type on the staff of the existing medical schools and colleges. Many of them are, no doubt, well versed in their respective subjects but often they fail to create a clear and vivid impression upon the mind of the students or deal with non-essentials leaving out essentials for the students to pick out for themselves, which they are prone to overlook. In the proposed integration scheme, teachers will be required who have attained perfection in both the systems, which though theoretically seem easy, practically will be very difficult to procure.

Whatever arguments be put forward in favour of proposed integration, the study of indigenous system of medicine should only be reserved, at present, for post-graduate students and for research, till such a time comes, when after ages of thorough research on scientific basis, it will be possible to adopt the proposed integration. The opinion expressed herein is not a mere guess work but a patient and careful observation on the part of the writer of this article, extending over years, in rural areas of Bengal.

The proposed integration can be entirely done away with or made easy, if a careful, systematic and passionate research is carried out in all the branches of Tropical Medicine. Many are prone to think everything indigenous, unscientific : this orthodox idea should undergo a radical change.

In conclusion I wish to add a few words regarding the education of the medical licentiates—the crippled hind leg of the profession. Every possible latitude should be offered to them for higher medical studies. Experienced and expert licentiates should be allowed to sit for M.B. Examination or other recognized medical degrees* after a clinical training and college attendance for six months to one year, according to the capability of the individual candidate.

Yours faithfully,
MAFIZUDDIN SIRKER.

P. O. TULSHIGHAT,
DIST. RANGPUR.

* We should like to add 'or diplomas like Membership or Fellowship of a recognized college or institute'.—EDITOR, *I.M.G.*