

the effect was greater in subjects having low resting rate and vice versa.

Physiotherapy and General Practice

A. Hossain

Physiotherapy when defined will not speak as much as the technical skill and practical efficiency of a physiotherapist will mean to the profession. Physiotherapy is a special field of medical science where non-medical means were employed for both diagnostic and therapeutic purposes, but its therapeutic scope is much more wider than its diagnostic applications. It is not the different modalities that are important but the multiple ways they are utilised for the purpose of treatment and diagnosis. The physiotherapist works on the following basic principles :

Improvement and maintenance of circulation ; muscle power: joint mobility; respiration; co-ordination and stability ; posture correction; relieve, restore and rehabilitation. The different modalities utilised by the therapist are electrotherapy; actinotherapy; hydrotherapy ; mechanotherapy ; massage and manipulation ; passive, assisted active and free active movements; theraputic exercises and A. D. L. training.

Physiotherapy is an adjunct to the treatment for almost all medical and surgical conditions. But in some cases it is an indispensable method of treatment viz. Poliomyelitis, Crippling arthritis, Congenital deformities, Peripheral nerve lesions, Post fracture cases, Cerebral vascular disorders (specially hemiplegia and paraplegia).

The Pathogenicity Of Non-Cholera Vibrios For Man.

R. S. Gordon, Jr.

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K. A. Monsur

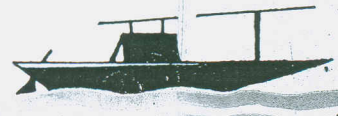
W. B. Greenough III

B. I. Davies

Routine bacteriologic examination of faeces or rectal swabs taken from patients admitted to the Mitford Hospital, Dacca, as cholera suspects, has revealed 12 instances in which vibrios other than *Vibrio cholerae* were present. In addition, there have been 8 isolations of non-cholera vibrios from stools or rectal swabs of laboratory personnel and their dependents, who were suffering at the time from mild diarrhoea not requiring hospitalization. All of these specimens were examined carefully for the presence of *Vibrio cholerae* or other intestinal pathogens, with negative results. It has also been possible to demonstrate a number of asymptomatic carriers of the non-cholera vibrios. Further evidence of the pathogenicity of the non-cholera vibrios may be obtained by serologic studies. In six of the cases of diarrhoea associated with a non-cholera vibrio, it was possible to obtain blood serum during the acute phase and after recovery. In five instances an increased titer of agglutinins against the organism recovered from that patient could be demonstrated in the convalescent sample. The demonstration of agglutinins for one or another non-cholera vibrio in almost 50% of serum samples taken from residents of the Dacca area indicates that infection with non-cholera vibrios is widespread among this population.

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