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List of persons attending the Conference.

1. The Honourable Khan Bahadur Sir Muhammad Habibullah Sahib Bahadur, K.C.S.I., K.C.I.E., Kt., Member of the Executive Council of the Governor-General.

2. The Honourable Mr. S. Muthiah Mudaliyar, Minister of Public Health and Excise, Madras.

3. Major-General J. W. D. Megaw, C.I.E., M.B., V.H.S., I.M.S., Surgeon-General, Madras.

4. The Honourable Sir Ghulam Hussain Hidayatullah, Kt., Member, Executive Council, Bombay.

5. The Honourable Maulvi Rafiuddin Ahmad, Bar.-at-Law, Minister of Education, Bombay.

6. Brevet Col. F. P. Mackie, O.B.E., M.B., F.R.C.P., F.R.C.S., V.H.S., I.M.S., Officiating Surgeon-General, Bombay.

7. The Honourable Sir Provash Chandra Mitter, Kt., C.I.E., Member, Executive Council, Bengal.

8. Major-General G. Tate, M.B., K.H.S., I.M.S., Surgeon-General, Bengal.

9. The Honourable Maharaj Kumar Major Mahajit Singh, Minister in charge of Medical and Agriculture, United Provinces.

10. Col. C. A. Sprawson, C.I.E., M.D., F.R.C.P., V.H.S., I.M.S., Inspector-General of Civil Hospitals, United Provinces.

11. The Honourable Malik Feroz Khan Noon, Minister for Local Self-Government, Punjab.

12 Colonel H. M. Mackenzie, M.B., I.M.S., Inspector-General of Civil Hospitals, Punjab.

13. The Honourable Sir Ganesh Datta Singh, Kt., Minister for Local Self-Government, Bihar and Orissa.

14. Lieut.-Colonel L. Cook, C.I.E., M.B., F.R.C.S., I.M.S., Officiating Inspector-General of Civil Hospitals, Bihar and Orissa.

15. Col. W. V. Coopinger, D.S.O., M.D., F.R.C.S., I.M.S., Inspector-General of Civil Hospitals, Central Provinces.

16. G. S. Bajpai, Esq., C.I.E., C.B.E., I.C.S., Secretary to the Government of India, Department of Education, Health and Lands.

17. Sir Frank Noyce, *Kt.*, C.S.I., C.B.E., I.C.S., Officer on Special Duty, Department of Education, Health and Lands.

18. The Hon'ble Major-General Sir Henry Symons, K.B.E., C.S.I., K.H.S., I.M.S., Director-General, Indian Medical Service.

19. Lieut.-Col. H. E. Stanger-Leathes, I.M.S., Deputy Director-General, Indian Medical Service.

20. Ram Chandra, Esq., M.B.E., I.C.S., Deputy Secretary to the Government of India, Department of Education, Health and Lands. (Secretary to the Conference.)

AGENDA.

(1) Is the creation of an all-India Medical Council acceptable in principle?

(2) If the answer to (1) be in the affirmative,

(*a*) what should be the composition of the proposed Council?

(*b*) what should be the relations of provincial Medical Councils with the all-India Medical Council?

(3) If the answer to (1) be in the negative, should a whole-time post of Commissioner of Medical Qualifications and Standards be created under the Government of India in order to satisfy the requirements of the General Medical Council of Great Britain?

PROCEEDINGS.

First day.

The Conference was opened by the Hon'ble Khan Bahadur Sir Muhammad Habibullah, at 11-30 a.m. on Friday, the 12th July 1929, with the following remarks:—

Gentlemen, I am glad to have this opportunity of welcoming you to Simla and of expressing to you the thanks of the Government of India for attending this Conference. Most of you have travelled far for the purpose and the sacrifice of personal convenience entailed by the response to our invitation deserves our sincere gratitude.

The main object of this Conference, as you are aware, is to consider the question whether it is desirable to set up a Central Medical Council in India for certain purposes, and if the answer to this question be in the affirmative, to examine the draft Bill which has already been circulated with a view to improving it so as to meet the various criticisms and suggestions of detail which its provisions have elicited.

I shall naturally address myself first, and I fear at some length, to the first question. The history of the evolution of the idea to establish a Central Medical Council in India has been briefly narrated in our letter No. 903-Health, dated the 23rd May 1928. I need not recapitulate it to-day. The immediate cause of the attempt to give the idea practical shape is twofold:—

First: the recent history of the relations of certain Indian Universities with the General Medical Council of Great Britain. The need for relationship between Indian Universities imparting medical education and the General Medical Council arises from the fact that Indian medical students continue their studies in the United Kingdom, and if they have passed certain examinations in this country, acquire certain privileges in Great Britain which have the effect of shortening the period of their instruction in England. The most important of these privileges is that of registration, and the General Medical Council in order to be able to concede this privilege, have to discharge the statutory obligation of satisfying themselves that the standards of medical education and examination in India are adequate.

Secondly: the expression by the General Medical Council of Great Britain of a desire to see established in this country a central organization with which it could deal on questions relating to the registration in Great Britain of Indian medical students. This desire springs from a realization that the system of periodical visitations of Indian Universities by representatives of the Council is no longer feasible.

Attempts at private legislation both in the Legislative Assembly and the Council of State aiming at the establishment of a Central Medical Council in India appeared to the Government of India to reflect popular support for the idea.

What the control of the General Medical Council of Great Britain has meant to India in recent years is a story which may pertinently be retold in brief at this stage. Until 1921, the Council did not evidently consider it necessary, for the discharge of its obligations, to undertake, through its own representatives, visitation of Indian medical colleges and inspection of the examinations conducted by them. Early in 1922 such a visitation was undertaken by Sir Norman Walker, in consequence of a fear on the part of the Council that the teaching in midwifery in certain Indian Universities was not satisfactory. This visit which was undertaken in association with Brevet Colonel (then Lieutenant-Colonel) Needham, was confined to training in practical midwifery. As a result of Sir Norman's visit, however, a system of periodical inspection of examinations in Midwifery, Medicine, and Surgery through Colonel Needham was gradually introduced. On an average Colonel Needham inspected the medical examinations of each Indian University once in two years. Recognition for the purpose of registration in England of the possessors of degrees conferred by these universities became dependent upon the reports submitted by Colonel Needham after his inspections. On November 30, 1924, the University of Calcutta lost such recognition temporarily. Since 1923 the recognition of the degrees of Bombay, Lahore and Lucknow Universities has been subject to satisfactory reports by the Inspector appointed by the Council, and has been secured only temporarily from time to time. And, since 1927, the recognition of the degrees of the Madras University has also been subject to the same condition. Rangoon and Patna University examinations have since been inspected with a view to their securing temporary recognition, and Calcutta University degrees have again obtained recognition after the 12th May 1928. In 1926–27, Sir Norman Walker again toured India in company with Colonel Needham at the request of the

Indian opinion, and a body on which Local Governments, the Indian Universities, and the Indian medical profession will be represented. It is true as the hon. Mr. Noon has pointed out in his memorandum, that the General Medical Council in England is advisory to the Privy Council. But the convention is that the Privy Council accepts invariably the recommendations of the General Medical Council. In India there is nobody corresponding to the Privy Council. The only alternative, therefore, would be to make the proposed Council advisory to the Governor-General in Council. What the Bill proposes is to make the Council, on which, according to the change which I propose later, the Governor-General in Council should have only one representative, competent to take the most important decisions.

If it is considered that some of these decisions should be subject to appeal to the Governor-General in Council, we shall be prepared to consider the suggestion. But it seems difficult to follow the criticism that the Council on which the Governor-General in Council will have such meagre representation will be a Department of the Government of India or that its authority will be exercised at the behest of the Governor-General in Council. The only powers which it is proposed to confer on the Governor-General in Council are:—

(1) the power to approve regulations framed under clause 10;

(2) the power to exempt certain classes of persons from the operation of sub-clause (2) of clause 12; and

(3) the power to appoint Commissions of Inquiry into cases of non-compliance by the Council with the provisions of the Bill.

The power to nominate representatives of provinces I have omitted, because it is our intention now that this power should be exercised by each Local Government; such powers vis-a-vis an All-India body can conveniently and appropriately be exercised only by the Government of India. My hon. Friend, the Minister from the Punjab, visualizes the provinces in India two or three years hence, as separate political units. I do not presume to forecast the future; but, as I have already explained to-day, the Government of India have certain well-defined constitutional powers in this sphere. If India evolves constitutionally along the same lines as Canada, the Bill now under discussion, which is modelled on the Canadian Law, will never become an anachronism. I may add, as regards powers (1) and (3), that the Governor-General in Council is not likely to exercise them without prior consultation with Local Governments if the importance of the regulation or the inquiry renders such consultation desirable. The power of exemption, which was calculated to safeguard the existing privileges of sub-assistant surgeons and others with whom it is contemplated that the proposed Medical Council should not deal, is not an instrument of autocracy and is certain to be used in consultation with the provinces. The hon. Mr. Noon's memorandum further expresses doubt as to whether any troubles exist regarding the recognition by the British Medical Council of Indian medical degrees. I hope that in an earlier part of my speech I have said enough to dispel any doubt that may exist on the subject in the mind of the Conference.

I shall now deal with the second main criticism of the Bill, viz., that it is calculated to render the Provincial Medical Council ineffective and useless. If it is realized that, at least for the present, it is not intended that the proposed Central Medical Council should deal with non-graduates, it will be admitted that the entire control of this class of persons will continue to be the concern of Provincial Councils. It is important however, that even as regards medical graduates, there should be complete and harmonious liaison between the proposed Medical Council and the existing Provincial Councils. To achieve this object we asked Local Governments to favour us with suggestions. Several such suggestions have been received and I shall indicate briefly those which in our opinion deserve to be explored. These are—

First: that Provincial Councils shall have direct representation on the Central Council; and

Second: that Committees of Provincial Councils should function in the provinces as the agents of the Central Council.

(*a*) for the purpose of registration; and
(*b*) for exercising, in the first instance, the disciplinary powers of the Central Council.

As regards the first, our provisional view is that, for the provision in clause 5 (*d*) of the draft Bill, should be substituted provision for the election by each Provincial Council of a representative to the Central Council. As regards the second set of suggestions, our idea is that applirations for registration should be disposed of by the provincial Committees which should also exercise the disciplinary powers of the Central Council in the first instance—appeals in each kind of case being allowed to the Central Council. The effect of this will be that the provincial Committees will enjoy practically all the powers

that they enjoy now, the main difference being that separate registers will have to be maintained for graduates and non-graduates and that the fees realized from registered graduates will be credited to the Central Council. In return for this financial adjustment the cost incurred by the provincial Committees on the discharge of their duties as agents of the Central Council will be charged to the latter.

The Government of Madras would prefer to see Provincial Councils abolished, and the whole business of regulation of medical standards and of registration entrusted to a Central Council. We consider that this may be an ideal to be kept in view, but that its immediate realization is beset with great practical difficulties. The Government of India have, however, an open mind on this question and would be glad to give careful consideration to the views of this Conference, should it decide in favour of the Madras view.

I shall now bring my remarks to a close. I have tried to the best of my ability to explain the real object of the Government of India, in proposing legislation, of which the draft is now under consideration, and to meet the criticisms which it has evoked. I can assure hon. Members and Ministers present here to-day that nothing is further from our mind than to curtail or take away powers which Local Governments already enjoy. We have nothing to gain by attempting such usurpation; our only object is to devise means by which India will be made independent of outside control as regards the regulation of the standards of medical qualifications, and placed in a position to negotiate on terms of full equality and on a footing of complete reciprocity, arrangements with outside bodies for the recognition of Indian medical qualifications abroad and of non-Indian qualifications in India. So long as India aspires to be one nation this task must be entrusted to one all-India authority. It is true that such an arrangement can prove effective only if it has the united support of India, but I cannot believe that any feeling of provincial particularism will be allowed to stand in the way of our reaching such an arrangement. If doubts and misunderstandings have arisen, we should endeavour to remove them in a spirit of mutual trust. That certainly is the spirit in which the Government of India enter this Conference. The alternative to setting up an organization on the lines we have suggested will be to continue to submit to the control of the General Medical Council of Great Britain. At present the idea of the Council is that, pending the establishment of an all-India Medical Council, such control should be exercised temporarily through a Commissioner approved by them and appointed by the Government of India. Even to this proposal strong objection has come from Bombay. Whether, as a permanent arrangement, it will be acceptable to the General Medical Council who have already declared periodical visitation and inquiry to be inconvenient, I am unable to say. Whether enlightened public opinion in India will welcome some such arrangement I gravely doubt. Speaking as an Indian and in a personal capacity, I make bold to say that such permanent tutelage will not be consistent with India's self-respect.

One more remark and I shall finish. Burma, and if I have understood the position correctly, the Punjab, seem to be under the impression that the whole idea of setting up a Central Medical Council in India is to set up a corporate agent of the General Medical Council of Great Britain. I have already explained what our ideal of the Council's status and functions in this respect is. I should also like to point out another advantage which the establishment of such an organization will bring. At present, there is no mechanism for co-ordination on a voluntary basis of the standards of medical education in India. The proposed Council will make good this deficiency and thus provide a stimulus to the levelling up of such standards. We have already provided for this in the field of agricultural research. Let us try to do likewise in the field of medical education (applause).

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: I take it that we should now proceed with the discussion of the Bill and that item 1 should be taken up first.

CHAIRMAN: I may, however, remark that when we are dealing with item 1, we may deal with item 3 as well.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: Sir, I am very thankful to you for the lucid statement you have made just now in regard to the provisions of this Bill, and I am much more thankful to you for clearing the mist that has been raised by the criticisms of some of the local Governments. This Bill is the basis for our discussion, and you have invited frank and fearless criticism from every one of us. I understood you to say, Sir, that recognition of Indian qualifications by the General Medical Council of the United Kingdom carries with it certain advantages. If we are not given by that body recognition and if our graduates in medicine are not registered on that Council, then there will be several disadvantages. I understand from the papers that our medical graduates would not be eligible for service in the military, navy and some of the other services. Our students, though they may have obtained a degree in this country, may still wish to appear for the I.M.S., but they would have to take an English degree there before they became eligible for that service. The third disadvantage would be that our medical

graduates would not be allowed to practice in the United Kingdom or the Colonies or other parts which are recognised by the General Medical Council. Lastly, they would not be given any concessions in regard to their studies in the United Kingdom in spite of their holding Indian degrees. I know that a large number of young men are desirous of proceeding to Europe, especially to England for further education and therefore the recognition of our Colleges becomes absolutely necessary. Then you told us that the General Medical Council does not like the system of periodical inspection; they wish that there should be some permanent body in India to correspond with them, or else they are not going to recognize our universities. That being the case, the question we have to consider is whether should we have a permanent body to correspond with the General Medical Council in England, and what form that body should take. Your Bill proposes an Indian Medical Council. My Friend, Mr. Noon, makes an alternative suggestion, a permanent Commissioner. I would propose a third alternative, namely, a Committee of three experts, an expert in surgery, an expert in medicine and an expert in midwifery, to investigate the standards of education in India and report to the General Medical Council every five years.

Now I will first deal with my friend's suggestion for a permanent Commissioner. I do not think, that even under the General Medical Council they have only one official for the purpose. If we have only one officer he will become a mere dictator, and I see from the papers circulated that this proposal has been keenly opposed by the Universities and the medical public. Moreover, I fail to see how one man could do justice to the subject. It would be a rare man who would be an expert in surgery, in medicine and in midwifery at the same time. Therefore, personally I am against such a proposal.

I would then like to say a few words about my suggestion regarding a committee of three experts who should investigate and report every five years to the General Medical Council. I understood from you, Sir, that the standards of our examinations have been investigated from time to time by a number of representatives of the General Medical Council, Sir Norman Walker, Colonel Needham and others, and that they have suggested various improvements. Now new ideas and new reforms cannot be conceived and carried out in a week, but take time. Therefore any innovations that may be made by a committee every five years will take some time to be carried into effect, and that is why I fixed five years. Though medicine is a progressive science, it takes some time to have new theories conceived and put into operation.

Besides, we have in most of the provinces a Provincial Medical Council, with some members registered on the General Medical Council, who should see that the recommendations made by the proposed committee are carried into effect, and correspond with the General Medical Council.

Coming to the Bill, I quite agree with you, Sir, that the fears of my hon. Colleagues and Ministers are groundless. As I told some of them, the regulation of qualifications and standards is a reserved subject at present, subject to legislation by the central Legislature. In the Provincial Councils, these are dealt with in the reserved departments, and not in the transferred departments. I would refer you to England. Here we have diarchy, there is autonomy and yet the opinion of the Ministers is not against the General Medical Council. Then one of my hon. Friends told me that "Universities" is a transferred subject. But there are universities in Great Britain also, and the General Medical Council co-exists with them. The purposes of the Council are explained in section 3; that body will merely make suggestion, but the initiative in regard to curricula, etc., will come from the universities and not from a supervising or advisory body, like the General Medical Council.

I now come to section 5 of the Bill. If I understand aright, according to the composition of the General Medical Council in England, the President is elected. Here a nominated President is preferred. Another question that was raised was why we should have so many nominated members, one from each province. Now the power of nominating both the President and one member from each province is with the Viceroy. I speak subject to correction as I am not the author of this Bill, but my conjecture is that power has probably been given to the Viceroy because some of the I.M.S. men hold European degrees and might not come in by election, and also to inspire confidence in the General Medical Council that the people who are registered on their roll will have representation on this Council. I do not at all like the question of reciprocity being left to regulations in this Bill. None of the Legislative Assembly members even will have any voice. I would therefore have preferred that reciprocity were defined in the body of the Bill.

CHAIRMAN: I think I might usefully intervene at this stage just to explain what it is that we are discussing really. I have listened indeed with the greatest interest to the views of my hon. Friend from Bombay. He is trying, if I can use the word, to dissect the Bill which is now in his hands and to improve it by his own suggestions. A stage for that will come later. All that I am now anxious to do is to confine the preliminary

discussion to the answering of question 1, namely, "Is the creation of an all-India Medical Council acceptable in principle"? As to how that principle should be translated into action, whether by means of this Bill which is before you, or by means of another Bill of which Mr. Feroz Khan Noon has sent us a copy, or by making such alterations in the Bill itself as would make it less objectionable from every standpoint, these are matters which we will discuss later and I shall suggest a method of discussing them. At the present moment, I shall be grateful if gentlemen who favour us with their opinions would largely confine themselves to the consideration of this abstract problem, namely, whether the creation of an all-India Medical Council is acceptable in principle, and after that we shall go on with the various other discussions.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: With due deference to your opinion, Sir, I would maintain that this is the very principle of the Bill. What is this Bill for and why are you going to set up this all-India Medical Council? For the sake of reciprocity; otherwise there is absolutely no necessity for it. It is within our province to discuss this question. This Bill has been set up for reciprocity. We are telling these Hon. Ministers "We are giving you equality of treatment in this matter, and therefore we are setting up this Council." I am afraid it will be putting the cart before the horse if I accept the principle of the Bill without discussing the question of reciprocity.

CHAIRMAN: I am sorry that I did not perhaps explain myself quite so distinctly and eloquently as my hon. Friend is able to do. But what I was aiming at was to find out in the course of this discussion whether an all-India Medical Council, framed, set up, and guided by some satisfactory provisions will be acceptable at all. What I am trying to ascertain is whether an all-India Medical Council under any conditions is unacceptable or whether an all-India Medical Council subject to certain reservations and conditions is acceptable.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: With due deference to you, Sir, I may say this. Suppose I go to purchase a horse. I will first examine whether it is all right. Naturally therefore before I can accept the principle, I have to know what are the terms of reciprocity.

The hon. Sir PROVASH CHANDRA MITTER: I want to make a suggestion, and that is that subject to the general safeguard that he wants to put in about reciprocity, let us discuss the general question—I quite agree that his is a very important point. Later on, subject to the safeguard indicated, we shall discuss it, when we discuss the different provisions of the Bill.

The hon. Malik FEROZ KHAN NOON: Supposing we pass this legislation, and even after having passed this legislation, as far as Indians are concerned vis-a-vis the Medical Council, they are exactly in the same position. Sir Gulam Hussain Hidayatullah wants to ask "Are you in a position to be able to put down in this Bill that the medical standards or qualifications approved by the Medical Council will be acceptable by the British Medical Council without any further question?"

CHAIRMAN: I did not mince matters in the course of my speech. I think I made it sufficiently clear.

The hon. Malik FEROZ KHAN NOON: Well then, he is quite right in saying that there should be reciprocity.

May I make another suggestion?

CHAIRMAN: If Sir Gulam Hussain Hidayatullah has finished with what he has to say.

The hon. Malik FEROZ KHAN NOON: I am not going to make a speech. Some of the Hon'ble members have been invited to go to the Viceregal Lodge at 1 o'clock.

CHAIRMAN: I am aware of that fact, and I have the watch before me.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: Well, Sir, I need not say much about reciprocity, but my suggestion is that there should be substantive provisions in the Bill in regard to it. Then, Sir, as regards the question whether the provincial councils and the provincial governments are deprived of any power or not, I agree with you that they are not, except in one respect, and that is in regard to appeals. If any disciplinary action is taken against graduates, the Provincial Governments in the Reserved Departments are deprived of the right of hearing the appeal. That won't affect my friends the Ministers, but it will deprive me of my power. Then, clear provision has been made in regard to the relations between the All-India Council and the local Medical Council. As you put it, there are two alternatives. One is that the medical graduates and the licentiates should both be put on the Central Medical Council, and the whole question of disciplinary action settled through a Committee of the Members of the provinces on the all-India Medical Council. In that case the Provincial Governments will be deprived of the right of hearing appeals. The other alternative is to have the graduates on the all-India Medical Council, and the licentiates on the Provincial Medical Council, and enquiry regarding

them may be made through the Provincial Medical Council. In that case the Provincial Governments will lose the right of appeal in regard to the graduates only. One clause is full of potentialities—clause 12. If I understand it rightly, Sir, it will meet with the Madras criticism regarding those practitioners who have taken the indigenous system of medicine. This clause deals with exemptions. It can exempt a man qualified in the indigenous systems of medicine, it can exempt a licentiate for whom no provision has been made under the Bill, and it can exempt anyone who is registered on the General Medical Council if the all-India Medical Council for any reasons refuses to register a graduate registered on the General Medical Council. This brings me finally to the financial position. You frequently stated that the object of this Bill is to co-ordinate the activities of the provincial governments for the purpose of control in this matter. It thus becomes a Central subject, and ought to be financed by the Central Government, and not by the Provincial Governments. The latter lose their control to a certain extent. Central control implies central expenditure; for responsibility and power go hand in hand. But I find that the Government of India always call the tune and ask the Provincial Governments to pay the piper. This is not fair, and the Central Government must shoulder the liability when they retain the control.

CHAIRMAN: The Research Council has not done that!

Well, I think I will clear that point of reciprocity. My speech may have been inaudible when I was reading it. I generally claim an audible voice, but perhaps there my voice broke. This portion about reciprocity I think makes the point quite clear, so as not to leave any reasonable doubt. I said that it occurred to the Government of India that the sequence of the organization which would be familiar with the needs of medical education in India and would be responsive to Indian opinion, which would assume the functions either already performed or now claimed on behalf of the General Medical Council of Great Britain. I then went on to say that this organization would quicken the movement towards the improvement of the standards of medical education in India and negotiate with the General Medical Council of Great Britain and other similar bodies in other countries whether within or without the British Empire on a footing of equality and on the basis of complete reciprocity, the terms on which Indian qualifications should be recognized abroad and British and foreign qualifications recognized in India. I hope that puts the position quite clearly. That, at any rate, is our intention.

Well I shall be glad to know whether the Conference, in view of the engagement which has just been happily announced, would like to adjourn at this stage or to listen to one more speaker.

The hon. Maulvi RAFIUDDIN AHMAD: We might adjourn.

CHAIRMAN: What then would be the most convenient hour to meet again after lunch? Shall we say 2-45 p.m.?

The hon. Sir PROVASH CHANDRA MITTER: The sooner we finish, the better.

CHAIRMAN: You will be able to leave the Viceregal Lodge I think at 2-15, and half an hour should be ample to get back here. Shall we then say 2-45, because as Sir Provash already pointed out, the sooner we finish, the better.

The Conference adjourned to 2-45 p.m.

(The Conference re-assembled at 2-45 p.m. Sir Muhammad Habibullah presiding.)

The hon. Sir GANESH DATTA SINGH: Sir, I thank you very much for explaining the position very clearly, and I am very glad to know that the foundation of Swaraj is to be laid in this Medical Department, I think not with knife and lancet (laughter). Sir, before any foundation can be laid for Swaraj, that knife should be applied in cutting off from the body politic the decayed limb which is called dyarchy. As long as dyarchy exists, any idea of Swaraj is not practicable. We have here education transferred, but the standard and qualifications reserved. The anomaly is apparent. The standard is to be laid down by somebody else but is to be carried out by the Minister who will be responsible in the end if education falls short of the standard contemplated. So my first submission is this, that, as a measure like this in the present condition of the country is not quite suited—I know it fully well that it has been welcomed by all the medical men, and I also agree to some extent that they are justified in doing so, but, as they welcome it to-day, they will be the first people to complain hereafter—Well, that I shall explain later on. Now Sir, the main objects of this Bill consist in two things. The first is called uniformity of the standard and the second is called reciprocity of recognition of the medical degrees. Now, first take up the question of the uniformity of standard. Theoretically speaking, it may be quite all right, but analyse the condition of the country and see how it is practicable to have one uniform standard throughout India. Conditions are different, educational standard is different, financial position is different, customs are different. Now we all know that great stress is laid on the practical training in midwifery. Bihar, United Provinces and Bengal are sending their students to Madras for training in

practical midwifery; efforts were made in Patna, and are being made still, but I am not certain whether we can get cases for training in practical midwifery in the Medical College, while great stress is laid that a graduate must have practical training in midwifery. I do not know whether the time will come when the families of these parts of the country will go to the hospital for getting relief. Take the other conditions also—general education. The standard of general education, which is the basis of uniformity in medical standard, is so different that a graduate of one province may not favourably compare with a graduate of another province. B.Sc.'s are being refused admission in Bengal, whereas there is hardly any B.Sc. in Bihar. Similar may be the case in Madras. Take the financial condition of this province. Compare the revenue of Madras with that of Bihar and of Punjab. Now Madras can very well afford to spend several lakhs of rupees in improving the Medical College, but that is not the case in Bihar. We are very anxious, Sir, to improve, and the report is evidence of this fact that there is an attempt throughout India to improve medical education. But if you read the report, you will find that the main difficulty is financial. Especially in Bihar, Sir, when a proposal is sent up, it is at times turned down by the Finance Department on the ground that there is paucity of funds, that it is not urgent and may wait, and so on. Now when this is the condition, a higher uniform standard if desired, is not practicable?

The hon. Major-General Sir HENRY SYMONS: May I interrupt a minute Sir? If my Hon'ble friend will tour throughout India, he will find that the college in Patna, which is in Bihar, is about the best college in India. Somehow, they have been successful in wringing money out of the Council.

The hon. Sir GANESH DATTA SINGH: What I say is this—Ministers are doing their best, but still we know where we stand. We know our shortcomings. We know that the college which has been opened in my time, is a well equipped institution but still we know that we want money for many things. There are recommendations for providing additional lecturers, there are recommendations for having better type of wards but why we are not accepting those suggestions is because we find that there is no money. We are quite willing, we shall be very pleased to take up those recommendations and make our college an enviable one, but funds do not permit. In India I think, even Madras will have a thousand and one demands for other departments than medical, and Government, when the time comes for allotment, looks to other departments also before it provides funds for medical. I do say that Government is rather favourable to the medical department, but still we are not getting the amount which we require, and the position of provinces differs in this matter. Sir, now looking to item 45 of the Schedule to Devolution Rules, just quoted by the President, Regulation of *Medical and other Professional Qualifications and Standards*, subject to legislation. Well, what I understand is this, that the regulation of standards and qualifications of not only medical but other professions, is also a reserved subject. I know that teaching of law and other professions, engineering for example, is not up to the mark as it ought to be. Why has Medical been at present selected? I know that there has been some trouble with the University of Calcutta, but that may not be the main ground for taking up this matter at this stage. If the professional qualifications and standards are to be settled for all professions, one can understand, but why is Medical especially selected? I wish to refer to some of the clauses of the Bill also in this connexion. It appears that there are some other objects behind it, and I may be wrong here, but my information is that a very large number of medical graduates now go to England to practise. I do not know whether they are considered competent or not, but that is one of the reasons why there is anxiety in the British Medical Council to put some check upon it. They want to have better class of people to practise there. But I think in England there are doctors of other nationalities practising. Has there been any check upon them? Has the British Council recommended to France, Germany and other countries if doctors from those places are practising there, to adopt some medical standard? So my point is this, that so far as uniformity of standard is concerned, I do not think it is practicable. In this matter every province must be left to adopt its own standard after obtaining the best advice available and having regard to the standards of other Medical Colleges, such as Calcutta, Madras, Bombay and Lahore, who have enjoyed the recognition of the British Medical Council for many years.

Then, Sir, I come to the question of reciprocity of recognition. I may be pardoned for saying that there cannot be any reciprocity until the position of the two countries is almost equal. Efforts in this direction cannot succeed because the position of the two countries is quite different. Reciprocity in one thing means reciprocity in others, and that is not practicable at present. And again I say what I have said before, that this is stated to be the beginning of Swaraj. But let us have Swaraj first and then reciprocity will come of itself and no effort will be required to bring it about. Suppose that the Indian Medical Council is established in India. Could that Council possibly remove the name of an I.M.S. officer in charge of a district from the register? Would it have

the courage to do it? I know the power the British Medical Council wields, but the Indian Council will be very much hampered by a thousand and one considerations. Therefore, Sir, the less we talk of reciprocity at present the better.

Then I come to another point, and that is the advisability of introducing a Bill like this at this stage of the political condition of the country. When we look at the facts we find that medical education began in this country over 50 years ago. The Colleges, degrees and diplomas were all recognised till there was trouble recently in 1923. Then inspection followed and the report said there has been improvement. There is no indication that medical education is deteriorating or that the standard has been lowered in recent years. Then, since there is no complaint on that score I think it is desirable that we should wait for a couple of years more. To introduce a measure like this on the eve of the publication of the report of the Simon Commission is not desirable. The British Council waited for a number of years and I think we can request them to wait for a couple of years more. Even if this Bill is introduced and passed, it will not come into operation for another two years—the Council will have to be constituted and so on—assuming that the Assembly was in favour of it. But I think that we should wait for another two years, because it is possible that what is a reserved subject to-day may become transferred by then, and we can then with better grace claim reciprocity and bring forward a Bill either in the Provincial Council or in the Imperial Council. There is no harm in waiting.

Further, Sir, there is a delicate question involved. You want to introduce a Bill like this after nine years of the reformed constitution, when three terms have nearly expired—does it not reflect and throw discredit upon the Ministries in all the provinces? Why have you not taken this step so long? There was no trouble since reforms in 1921. If you postpone this matter now you can take it up with better grace when the next step of the reform is announced.

I have studied this Bill, Sir, and there are provisions which are not quite favourable.

CHAIRMAN: May I just inform the Conference, as they will be interested to know, that it is our intention after this general discussion is over to refer the Bill definitely to a Committee of the Conference to examine every clause in the light of the suggestions and criticisms which have been received hitherto from the Local Governments or otherwise and in the light also of this discussion?

The hon. Malik FEROZ KHAN NOON: Then you have already decided to proceed with the Bill?

CHAIRMAN: No, we are listening to the opinions of the representatives of the provinces, and after that the next stage will be for the Government of India to consider their own attitude in the light of the opinions which they have heard. I cannot now definitely say that the Government of India will abandon the Bill, nor can I now definitely say that the Government of India will proceed with the Bill. In the event of the latter contingency it is only advisable that since we have all the representatives gathered here, we should try to find out their views on the merits of the Bill as well. That is the position.

The hon. Malik FEROZ KHAN NOON: Your saying, Sir, that you were going to appoint a committee to examine the various clauses of the Bill led me to think that you had already arrived at the decision to proceed with the Bill, no matter what the mind of this Conference was.

CHAIRMAN: I have already stated the position definitely so far as that point is concerned.

The hon. Sir GANESH DATTA SINGH: The Bill does not appear to be of an urgent nature and we can easily wait for some time. Now Sir, you are already aware of the opinions of the Provincial Governments. Well in some places no Ministers exist, and even where they do, the opinions submitted to you were not the opinions of the Ministers but of the Government on the Reserved side, and so you see we stand practically nowhere. You have consulted your experts and they are all in favour of it, and most likely if you take a vote here they will all vote for it. So practically it is a question here of half a dozen Ministers who have come here either with a clear opinion in favour or against this Bill or to form their opinion after listening to the discussion. But they are the only persons who are affected—the rest of the Government is in favour of the Bill and will remain in favour of it. But what I submit is that on a measure which relates to a subject which is half reserved and half transferred the opinion of the Ministers ought to outweigh the opinions of all others. The reason is simple. Suppose a load has to be carried by a man, and other people decide that the load can be easily carried. Well, the man who has to carry it may refuse, he may not be able to do it, and if you insist upon putting the load on him the result will be that he will tumble down. The position is the same in this case. If you put this burden on the Ministers without providing the funds for the improvements to be recommended by this Council the scheme will fail. But if the

Government of India is prepared to generously come to our assistance the position is quite different. But we know that the position will be that you will put the burden upon us which some of us will not be able to bear. Further, as I have said, we do not like to be told that we have not been managing medical education properly.

Sir, it has been submitted by my friend the Executive Member from Bombay that for five years there should be no inquiry. Well my point here is different. The representatives of the British Medical Council last year have inspected all the institutions and have submitted a report giving full details of the defects. The Inspectors-General are all here and they will support me on this point that all the Local Governments are doing their best to carry out the suggestions made. Now some of the suggestions made will require time to carry through. They have just finished their inspection last year and have made suggestions. Why not wait for four or five years and then call for a report as to whether the provinces have carried out those suggestions and if so to what extent? You know that you have a very reliable officer in every province, the Inspector-General. Though the post according to the Lee Commission report is not reserved for I.M.S. officers, yet everywhere the appointment is made by the Government of India and they are all very competent officers—trained experts. Well they can report whether the provinces are doing their best or are slackening their efforts in making improvements. Let them report to the Director-General here and those informations can be conveyed to the Medical Council. Where is the urgency in this measure? I fail to see. If it is a question of a few posts we can easily wait for a couple of years—I know there is very little chance in the Military Department for Indian I.M.S. men. Those who are there are being turned out. I know as regards some of them who have gone to the provinces that there is difficulty in taking them back. So practically that department is closed, at least for several years. I know how the Indian Army officers are disappointed. I do not know whether appointments in any department are waiting for Indians, and that is why I say that it is the medical men who will be the first to be disappointed.

The hon. Major-General Sir HENRY SYMONS: May I let the hon. Member know that we are having a Board of Selection only next week?

The hon. Malik FEROZ KHAN NOON: I think what the hon. Member is referring to is that the Government of India have been in the past recruiting Indians in the I.M.S. for temporary jobs, and that after a man has put in 10 years in the I.M.S. he is simply turned out.

The hon. Major-General Sir HENRY SYMONS: When he joined, he knew it was on a yearly contract. He did it with his eyes open.

The hon. Sir GANESH DATTA SINGH: I am not fully acquainted with the working of the department. I know it will create a hope in our young graduates; but how many of them will be successful and how many will have to drink the cup of bitter disappointment?

The hon. Maulvi RAFIUDDIN AHMED: I do not know whether my hon. Colleague knows that 33 per cent Indians are to be recruited for the I.M.S.

The hon. Sir GANESH DATTA SINGH: There are already many Indians in the military service and I know there is difficulty in taking back Indian I.M.S. officers sent to the provinces and the Government of India always say there is no post vacant but that some new appointments may be made later. I know that there will not be many appointments and on some ground or another the Indian candidate will be turned down in the majority of cases. That is the general opinion. But my point is that these doctors who are in favour of reciprocity will be the first men to complain against it. However I shall be glad if my prophecy proves false.

What I submit is that though this Bill at this stage may be well received by the medical public, it will not be well received by the political public, and if you want to make a measure popular you have to consult the views of the political public. Up to this time the Bill has not been before the public. Ministers have been consulted but not the local Councils. But inasmuch as the Ministers are dependent on the views of the Councils, it would have been much better if the Bill had been circulated among the members of the Councils who should have had an opportunity of voicing their opinion.

CHAIRMAN: I am sorry that my friend is the target of criticism from many quarters. This Bill which the hon. Member is now referring to was introduced in the Council of State by a non-official Member, Dr. Rama Rao, who is himself not a Government practitioner but a private medical practitioner. On his motion in the Council of State the Bill was referred for eliciting public opinion and it was after that that the various medical bodies, universities and other bodies expressed their opinion. It is therefore not quite correct to say that this Bill has not been before the public.

The hon. Mr. MUDALIYAR: Was not the Bill dropped by the non-official member referred to?

CHAIRMAN: The Bill was not dropped by him at all. When he found that there was some strong opinion both for and against, he was not quite certain what attitude the Government of India would take. He therefore appealed to the Government of India to take over his child and adopt it as their own and rush through this legislation. The Government of India felt that in an important matter like this, which is an obligation cast upon them by the Devolution Rules, namely, the regulation of standards of qualifications—they felt it was their duty to steer this Bill through the Legislature themselves rather than leave it to a non-official to do so.

The hon. Sir GANESH DATTA SINGH: I do not question the duty of the Government of India, but what I submit is that the Bill introduced by the hon. Member Dr. Rama Rao was quite different with the exception of one or two points being in common. That is also clear from the letter which your office have sent to Local Governments. On this Bill public opinion has not been taken. The whole thing has been treated as confidential, and as a Minister how can I bind myself and say what will be the view of the Council? If they had had an opportunity of discussing it, they might have said that it had the general support of the lay public who after all are responsible for finding the funds. Suppose this Bill is passed, when they are asked to contribute they will say the Bill is a retrograde one; it takes away the powers of the Ministers to some extent and why should they accept a position which places an additional burden on their shoulders; they have been running their Colleges all right and why should they adopt a standard which they are not in a position to maintain. My submission is that a Bill like this should have been published in the Gazette and public opinion should have been elicited. I appeal to you, Sir, in the closing year of your term of office, that with regard to a Bill like this which puts the responsibility on Ministers, you should consider the matter twice. It may be a good Bill but consult public opinion first and then introduce the Bill after considering it. See first whether article 45 stands reserved or becomes transferred. We shall then be in a better position to judge what ought to be the nature of a Bill like this.

The hon. Malik FEROZ KHAN NOON: Sir I have already submitted to you a copy of my views on the subject and therefore it will not perhaps be necessary for me to go into details as much as I would like to discuss them with the hon. Members present. I shall just touch upon a few of the salient points of the case in this Conference.

First of all I have to thank you on behalf of my colleagues and myself for having allowed us this opportunity of expressing our views. The matter was entirely in your own discretion and you could have easily dispensed with our advice. We feel doubly indebted to you for the courtesy shown, and I am sure the Legislative Councils and the public which we represent in the provinces are equally grateful to you for having invited our opinion and views on the subject.

There is one fact however I wish to point out and that is that this Bill was marked confidential and that prevented us from consulting anybody in the provinces. We could not even consult our Standing Committees of the Legislature on Public Health and Local Self-Government. Nor could we consult other public bodies. We would have liked to have been allowed the opportunity of consulting public opinion in the province as we could then have come here and told you what our Council members and the public generally thought on the subject. As it is, whatever submission we make here we make as Ministers or chosen representatives of the public in the Legislative Councils under the presumption that very likely other members who are of the same political opinion as ourselves will hold similar views. But beyond that we cannot say whether we represent the public view or not, and as this Bill has not been published and public opinion has not been invited, it is difficult to say what public opinion on it will be. Whatever our opinion is worth as representatives of the people, it is at your service.

First of all we have to see whether there is need for a measure of this kind. The only reason which has been urged—and I think it is a very sound reason,—is that the British Medical Council will not recognize our medical degrees unless they are of sufficiently high standard to be registered in England. I believe every hon. Member here will agree with me that it is to our interest to have our medical degrees recognized by the British Medical Council in order to facilitate further study by our men when they go to England and also to enable our men to apply for service in the I.M.S. Keeping these facts in view, it is I believe the united desire of everybody that we should do everything in our power to have our medical degrees recognized by the British Medical Council. Now the question is as to the means by which we are to have those degrees recognized. The present system is that we have Provincial Medical Councils in each province, and if the medical education imparted in any Medical College is below the standard which the British Medical Council consider sufficient for their purposes, the

that Council can come forward and say, "We will not recognize it". Each province I can assure you is as keen as your own Government to bring up their standard of medical education to the pitch required to gain the recognition of the British Medical Council, and we as representatives of the provinces will be more keen to have that standard of medical education than anybody else in India. The position is that the British Medical Council has to indicate its wishes to somebody in India, whether that body be a Provincial Medical Council or an all-India Medical Council. You seem to be under the impression, Sir,—that was what I gathered from your speech—that the mere establishment of an all-India Medical Council would be a panacea for all our ills. But with due deference to your opinion I wish to submit that whether you establish an all-India Council or not, the fact will remain that the real power will continue to be vested in the British Medical Council and the British Medical Council is not going to recognize the standard set by the All-India Medical Council simply because they are set by that body. What they are going to see to is whether the standard suggested by the All-India Medical Council is up to their standard or not. If they feel that your standard is below their estimate, then the All-India Council will be as liable to be unrecognized as the Provincial Medical Councils. If you think that by bringing forward a measure like this you are securing anything for this country, then I desire with the greatest respect to disagree with your view. It is not in your power in this Bill to say what the British Medical Council should do. Suppose you establish an all-India Medical Council. Even then the British Medical Council will have to send an Inspector or Examiner to study the curriculum and the standard generally which you have set up to see whether it is up to their standard.

CHAIRMAN: I have said they would not do so if there were a Central Medical Council established in India with whom they could directly communicate. They refuse to communicate with the Provincial Medical Councils.

The hon. Malik FEROZ KHAN NOON: That is not my point. Can you now say, or will you be able to satisfy the Legislative Assembly of the fact that no matter what the standard fixed by the proposed Council in India the British Medical Council will never say "no" to it? The discretion will still vest in the British Medical Council.

CHAIRMAN: I am presaging that the Central Medical Council will be jealous of the standard of medical education which it will fix. I am not anticipating that our Medical Council will deliberately fix a lower standard and then proceed to fight with countries abroad for recognition of our degrees.

The hon. Malik FEROZ KHAN NOON: Then where is the difference between the All-India Medical Council and the Provincial Medical Council, if it is only a question of wishing?

CHAIRMAN: The difference is this. The last word in regard to recognition now rests with the General Medical Council in England; in future the last word will rest with ourselves—the Central Medical Council.

The hon. Malik FEROZ KHAN NOON: Perhaps I have not been able to make myself clear. If you can say in this Bill that the standard fixed by the All-India Medical Council will be *ipso facto* recognized by the British Medical Council, and if such a measure is valid according to the law prevailing in England, then certainly I will concede your point. But if you have not the power to force the British Medical Council to do a thing. . .

The hon. Major-General Sir HENRY SYMONS: The General Medical Council up to date say, "If your standard of education is of a certain level which we have approved by inspection, we are agreeable to have your graduates on our register. But we are 6,000 miles away and we cannot now do that inspection ourselves. We have sent out an Inspector on two occasions—Sir Norman Walker—who has done it for us but we do not wish to take this responsibility any more. We wish you to form a Council which we will recognise. What that Council says to us we will accept and we wish the All-India Medical Council to take on the duties which we have been doing and report to us that the standards are so and so, and then your graduates will come on to our register."

The hon. Malik FEROZ KHAN NOON: I wish it just as much as you but it is the British Medical Council which has the final power in its hands.

The hon. Major-General Sir HENRY SYMONS: The General Medical Council is responsible to the Privy Council; the Privy Council is the Council which gives a guarantee to the public, which you seem to have lost sight of altogether. The individuals must possess certain standards, and they recognize no other standard. The General Medical Council only obeys the Privy Council. They say, 'we give you autonomy' and you do not take it.

The hon. Malik FEROZ KHAN NOON: It is no new thing to me. I have stated that aspect of the case. What I am referring to is this: if there were a provision in the British Medical Acts of 1858 or 1886 to the effect that if there is an Indian Medical

Council the standard fixed by that Medical Council will, *ipso facto*, entitle people to be registered in England, that question would be different. But as there is no provision in the British Medical Acts on the subject, I say that as far as India is concerned, whether it is an all-India Council or a provincial Council, they both depend on the patronage and recognition of the British Medical Council and nobody can deny that fact. You say: the British Medical Council won't be bothered with so many provincial Councils, they want one agency to deal with and therefore you must have a Central Council. There is certainly force in this argument, but on the other hand, even if you establish an all-India Medical Council—and this all-India Council has got to deal with 9 or 10 other provinces—there will have to be some agency under this all-India Medical Council which will have to correspond with each province. It has been suggested to you by my hon. Friend from Bombay that you have a committee of three every year to go and inspect the schools and report or you may have a permanent servant appointed by the Government of India. The only object which certainly has appealed to me in the whole of this discussion and the papers is that perhaps the British Medical Council wish to avoid discussing with so many provinces. There is the agency suggested by my hon. Friend from Bombay. It has been suggested that this is a very innocuous sort of measure which takes away nothing as far as the provinces are concerned. With due deference to your opinion, I want to say that this measure does take away something from the provinces. First of all, it is quite clear that, as far as the medical graduates are concerned, you take the administration of that class of medical practitioner entirely from the provinces and hand it over to the Central Government. You are not setting this as a duplicate agency or additional agency to the Provincial Councils, but you are setting up an agency which supplants the Provincial Medical Councils, with the result that as far as the medical profession is concerned, by this measure you say 'Give us all the cream of the work as far as this profession is concerned and the provincial councils can play about with the rest.' Then you may turn round and say that you are not taking away everything and that we have something left. Let us examine this rather more carefully. What you are leaving to the provinces is the sub-assistant surgeon class, but you know it for a fact that all over the world there is a tendency to have one medical standard of education in all countries and India is one of the few exceptions in which there is a lower standard than the medical graduates, because in some of our hospitals, small dispensaries and so on, we cannot yet afford to have very expensive doctors such as medical graduates and our public are not alive to the necessity for very highly qualified doctors. The moment the public realise the duties of Government in providing highly qualified doctors, I am certain that this class of sub-assistant surgeons will disappear. We have in the Punjab already considered the abolition of this licentiate class and the abolition of the medical school at Amritsar and the only reason why we keep them is that we have a very large programme of rural dispensaries and for these we want cheap doctors; we could not afford medical graduates for the time being and we are continuing this licentiate class. I feel certain that as years go on, the sub-assistant surgeon class is bound to disappear from all provinces and the moment this class disappears, then the Medical Councils in the provinces also disappear, because they will have nothing to work on. So to say that you are giving us Provincial Councils also is really a thing which will not stand examination. This legislation takes away everything from the provinces and centralises it in the hands of the Government of India.

I wish to point out one more fact. I do not know what view the Legislative Assembly will take over this matter, because there you have a majority of the representatives of the public. You are more aware of the attitude of public representatives in the Central Legislature than myself. But I wish to give a note of warning. It reminds me of a story of what happened when certain classes of Moslems who got tired of praying five times a day went to Allah and asked him to forgive them the saying of prayers five times. He said 'As a punishment I gave you one month's fasting in addition'. I wish also to point out to my hon. Friends who are members of the I.M.S. that, although this measure as it stands on the book now, may be very pleasant and may be very welcome to them, when it goes to the Assembly and before the representatives of the public, I am sure that they will want to know what this Bill is going to provide about the I.M.S. So I appeal to you at this moment that this is not a kind of measure in which you should be in a great hurry to push it through. Give it all the publicity possible, let time cure its defects and if you cannot push it through in your time, Sir, perhaps your successor may be able to do so. But what I wish to warn this Conference about is against the hurry of pushing a measure of this sort through the Legislative Assembly or the Council of State.

CHAIRMAN: We are not in a hurry.

The hon. Malik FEROZ KHAN NOON: I wish to associate myself with the views expressed by my hon. colleague on the right, that just now very important considerations are before the British Parliament as to the future political relations between provinces and the

Government of India and we do not know what legislation Parliament is going to make on the subject of the so-called reservation of standardisation and other things. I agree with him that a measure of this nature should be postponed till the new scheme of reforms has come in and you see where you stand and what Parliament is going to do in the matter. There is really no need for such a great hurry in the matter. For the time being I would recommend what Sir Gulam Hussain Hidayatullah has said, namely, that, you appoint a committee of three to make reports on the various standards to the British Medical Council and the provinces can contribute towards its expense. I do not know what the feeling of the British Medical Council is. We are certainly threatened by the I.M.S. officers here, that the British Medical Council authorities are very fiery; the moment they see our faces, they will go for our blood. But I do not know whether really we are such step-children of the mother country as the I.M.S. officers would wish to make us out. I am sure that if we had had our say with the British Medical Council and they were to know that we were really good boys and not as bad ones as we are sometimes painted in our absence and if we were prepared to pay for the expenses of their examiners—they say they cannot send them because it is expensive to them, I cannot see the British Medical Council not being able to bear the expenses . . .

CHAIRMAN: The question is not to that of expenses: they cannot get the men.

The hon. Malik FEROZ KHAN NOON: If we vote them a fat salary, we can get any amount of men in England.

The hon. Major-General Sir HENRY SYMONS: There are at present 23 licensing bodies in Great Britain and Ireland. The General Medical Council appoint a certain number of Inspectors, and those Inspectors go round regularly and every two years they report on each body. Why beg the point, why not accept it?

The hon. Malik FEROZ KHAN NOON: It is very pleasant to accept every argument that is put forward in this world, but I have been brought up in a school of politics in which one should always make an effort and never despair. I mean you want me to despair of all hope from the British Medical Council, but I am not going to despair. Give me a chance to approach them and I will make them agree to what I want.

Then the point has been made that the regulation of standards is a reserved subject. I concede it is a reserved subject and it is within the power of the reserved half to do anything they like. But there is one point to be considered. If I have Sir Gulam Hussain Hidayatullah as my colleague on the reserved half in the Bombay Council who himself has been a Minister in the Bombay Government and who knows what responsibility to public opinion is and whose every item of budget is to go before a Council of representatives elected by the public, he very well cannot go and defy public opinion.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: I have not done so.

The hon. Malik FEROZ KHAN NOON: Exactly. Therefore, he also will be under the influence of his other Minister friends in the cabinet. They are a family of friends who work together and who are not going to quarrel with each other. We know it from the working of our cabinet system in the provinces; there is practically no difference. We all work together and the power now is with the Provincial Governments; whether it is in the reserved or in the transferred half, it makes little difference. That power you are going to take away from the provinces and give to the Central Assembly which we, as representatives of the Provincial Councils, must protest against.

I do not wish to take up the time of the Conference any longer on the subject and finally I wish to express my view against the proposed legislation; it is premature, there is no need for legislation of this kind at present; all that we need is a committee of three as suggested by my hon. colleagues there to go and inspect the various medical educational institutions.

The hon. Sir PROVASH CHANDRA MITTER: I shall try to confine myself to the first item on the agenda, viz., is the creation of an All-India Medical Council acceptable in principle? In doing so I shall try to avoid, as much as possible, the different provisions of the Bill because, as you have said, those points will be considered later. We in Bengal had a special difficulty, a fact to which you referred. From 1924 to 1928 recognition by the British Medical Council was withdrawn; in 1928 we had recognition again, but as pointed out that was on a temporary basis. It seems that two alternatives are open: (1) accept some legislation, I do not say this particular legislation, some legislation on an All-India basis which will be acceptable to the people in England. I find at page 68 of the printed papers which were handed over to us that, so far as the General Medical Council is concerned, they have expressed their general approval of the scheme of legislation therein proposed. No doubt in their memorandum they go on to make certain suggestions and I am sure any suggestions which representatives of the provinces make will meet with that attention which their representative capacity demands. So that it will be open to us, indeed it will be open to all the members of this Conference, to make their suggestions

about details and it is quite possible that some details, as my esteemed friend from Bombay pointed out, are so important as almost to amount to a question of principle. But those questions we shall discuss later. Now on this general question, there are two alternatives: one is to proceed on the General Medical Council's acceptance of the appointment of an All-India body and the other is to postpone legislation and try again for temporary recognition. As regards the last alternative, we have it from authorities in England that they do not want to pursue it any further and speaking only for myself, I find greater danger even if we could persuade them to accept the second alternative. Supposing their Commissioner or Inspector or whatever officer they may send points out a standard which becomes more difficult for the provinces to adopt, then that body at a distance of 6,000 miles away would naturally accept this officer's opinion and raise objections. On the other hand, if we have an All-India body in which representatives of the non-official profession will have their place and in which representatives of the official section of the profession will have their place, and as the Medical Council in England suggested, barring the President there may be one or two others who do not belong to the profession, that body will be more amenable to public opinion and to the Indian view point than an Inspector who is used to the standards in England who may not have a clear appreciation of the Indian difficulties, especially the difficulties of the provinces in these days of paucity of money. That being the position, Sir, our Government, on the general question as to whether the creation of an All-India Medical Council was acceptable in principle, came to the conclusion that it was acceptable in principle. But they make certain suggestions as to the broad features of the Bill to which I shall refer presently. But before I go to these suggestions, I would like to point out the present position of our Government and my position as a representative of that Government. As you are aware and I believe many members of this Conference are aware, at the present moment we have no Ministers in Bengal. So the opinion is the opinion of Government without the benefit of the advice of the transferred side of the Government. Furthermore, I would like to say one word about my position. I am not the member in charge of medical standards as my friend opposite is, nor am I a Minister in charge of the transferred department. Because my hon. colleague who is in charge of medical standards had other important engagements and could not come, I had to come in a representative capacity. But this question was considered very carefully when the Government of India letter was received by our Government last year and my hon. colleague who was then in charge of medical standards (I may mention he is a member of the Indian Civil Service) with the assistance of the Surgeon-General for the time being, made certain suggestions and those suggestions were summarized in paragraph 4 of the letter from the Government of Bengal which is printed at page 46 of the printed papers. As containing important suggestions which in some instances go to the questions of principle, I will read that short paragraph with your leave:

"I am now to express the views of His Excellency in Council on the draft Bill. It is considered in the first place, that no attempt should be made to do away with the present system under which each province is responsible for its own medical standards and for the maintenance of its own register of persons qualified to practice Allopathic medicine." Incidentally, I may point out the words "Allopathic medicine" dispel certain points of suspicion in certain quarters. What is aimed at is supervision of the Western system of medicine and not the indigenous system.

"In paragraph 4 of the letter under reply, it is remarked that if the view that the proposed All-India Council should first concern itself with medical graduates is accepted, the main functions and powers of the provincial medical council should in respect of graduates pass to the Central Council. This implies extinction of the provincial councils in so far as control over graduates is concerned but the Bill does not seem to contemplate this—(*vide* references to the Provincial Councils in clauses 11 and 15). Anyhow, His Excellency in Council is unable to agree to the supersession of the Provincial Councils, but considers that the proposed Central Council should (*a*) have nothing to do with licentiates; and (*b*) in respect of graduates supplement without supplanting the Provincial Councils."

At this stage I do not want to elaborate that point beyond emphasizing that this is a point which should be very carefully considered by the Conference when it goes to examine the Bill and if we can come to a solution satisfactory to the Medical Council in England and satisfactory to the representatives of the provinces, then much of the suspicion—I mean no offence when I make use of that expression—may perhaps disappear, but I realize that that is a point where there may be difficulties in getting agreed decision on both the viewpoints. Then we say:—

"The All-India Council should, in his opinion, confine itself to maintaining a register of such graduates as have attained what the Council lays down to be a sufficiently high standard of medical qualifications and as wish to have their names entered in the Central as well as, or instead of, in their own provincial register. Provided the Bill does not go further than this, and does not attempt to level up medical standards generally in the

provinces, or to make enrolment on the Central register a condition with which medical graduates must comply if they are to practise their profession, it seems likely to serve a useful purpose as setting up an authority with which it will be convenient for the British Medical Council and similar bodies in other countries to negotiate, and as facilitating the recognition abroad of medical qualifications obtained in India on behalf of those who really wish to equip themselves with such qualifications. It follows from this view that clause 12 of the Bill should be modified. Enrolment on the central register should not be considered an essential qualification for the grant of certificates or for service in institutions supported from public funds except those which are under the direct control of the Government of India.

What my hon. colleague then in charge of medical standards suggested was that our main object was to get recognition by the British Council and I am sure we all agree that it is very important from the point of view of India. We from Bengal send a fairly large number of students to study in British Universities. From their point of view this is important; also I understand there is a certain amount of employment in shipping for Indian medical graduates. Just before I came here, I was told by some non-official medical men that some of these men who were serving as ships' doctors and who passed between 1924 to 1928 had great difficulty. If without detriment to the legitimate objections that can be put forward, we can get recognition and if we proceed on facts—if we pay less attention to vague elements of suspicion, if we try to confine ourselves to facts and try and evolve something constructive which will meet, on the one hand, the not unnatural apprehension arising from the fact that the provinces were short of funds and if too high a standard were set up, it might be difficult for the provinces to work up to that standard. On the other hand, if we recognize that it is important to have recognition I believe it would be possible for us to come to some satisfactory solution. Our Indian Legislature is predominantly elected and when a responsible body like the British Medical Council has definitely told us that they do not want to have the bother of periodical inspections, that it is too difficult to have these periodical inspections from a practical point of view, that if we set up an All-India Council something on the lines that the Government of India have suggested they will grant you recognition, where is the danger? If the All-India Council insist on setting up too high a standard, then as I have said the remedy lies with the elected representatives of the people. On the other hand, if we delay, if we do not take up this question seriously, then the temporary recognition may be jeopardized and if it is jeopardized, we shall suffer with nothing definite and practical before us, whereas the danger apprehended is indefinite and may never come. For these reasons, on the general question, I am in favour of answering the general question in the affirmative.

The hon. Mr. S. MUTHIAH MUDALIYAR: Sir, I join the other hon. Members and Ministers gathered here in thanking you for the opportunity you have afforded us of placing our views in this matter. Of course, as prefaced in your speech, the views of Madras are against the Bill. You first dealt, Sir, with the constitutional position. We quite realize the constitutional position. There is nothing unconstitutional in the Government of India undertaking legislation in this matter. As you said, Sir, medical education is a transferred subject, but the regulation of medical and other qualifications is a reserved subject, and you emphasized the actual position, I should submit rather too much; but whether it is a transferred subject or a reserved subject, it is after all a provincial subject. When I listened to your speech, I was just reminded of a story which I read when a young boy. Two cats stole a cake and they wanted to divide it between them, for which purpose they came to a monkey, and the monkey had a bite from each of the halves alternatively to equalize so much so that ultimately there was nothing to distribute. Now, Sir, in the division between the reserved and transferred subjects, the Government of India come and say, "You two don't trouble and I will adjust it for you." Further, I want to say that whether it is a transferred or a reserved subject, in a country of the size of India medical qualifications, as any other qualifications in educational matters, ought to be set up by the province itself. In meeting the objection of the hon. Minister for the Punjab, you, Sir, said that he visualized the future reforms rather too sanguinely, but whether it is too sanguine or not, I would request you not to accentuate the present position too much, especially when there is an influential section of politicians in this country who go about saying that the Simon Commission is a mere eye-wash and that the reforms you are going to have will not be any whit in advance of the present situation.

CHAIRMAN: I am sorry my hon. friend from Madras has misread my statement—rather misinterpreted it. All that I said was that even if the reforms come into being, even if we are going to get Dominion Status, there is no danger of the Bill now before the conference militating against the reforms inasmuch as it has been framed on the model of a Dominion.

The hon. Sir GANESH DATTA SINGH: There is no dyarchy there Sir!

The hon. Mr. S. MUTHIAH MUDALIYAR: Mr. President, Sir, if it has been framed on the Canadian model, then I must say that the people in India cannot very much congratulate the Canadian legislators. When you are fighting for provincial autonomy, and each provincial government wants to control its own affairs, when education in other matters is entirely left to each province, I for a moment fail to see why in the matter of medical education alone there should be centralisation and why the Government of India should set up standards for each of the provinces. I do not say it is not desirable. We have a high standard, but I do ask you, Sir, why there should be any necessity for the Central Government to set up a standard, when each Local Government can be entrusted to perform its functions properly and can be entrusted to set up a standard adequate for itself and adequate to satisfy the needs of an outside agency. Two things which now seem to loom large with this body and with the Government of India are that the British Medical Council refuse to recognize the Indian degrees, unless there is an All-India Medical Council. They say "It is impossible for us to go and inspect the nine or ten provinces you have, and we cannot afford any Inspector to examine the standards of the various provinces". Do they not recognize the standard of Ceylon, Ontario and Nova Scotia? If countries much smaller, if islands much smaller, can have a separate unit and can be dealt with by the British Medical Council, why should they not deal with the provinces which are much bigger than many of those countries? The Director-General of the Indian Medical Service just now told us there are 23 licensing bodies, and they send Inspectors to inspect them; if every single licensing body can be a separate unit, for a country of the size of India, are nine separate units too much to be dealt with by the British Medical Council? I submit, Sir, that in a matter like this, the British Medical Council ought to take a larger view in dealing with India, where conditions are not alike between the various provinces. Now, Sir, you suggested that, if an All-India Council is established, the All-India Council will be in a position to send an Inspector to the various provinces to ascertain the standards of education in each of those provinces. This All-India Council is to be guided by the Report of the Inspector. If the All-India Council is to be guided by the Report of the Inspector, may I ask why the British Medical Council cannot be guided by the Report of that Inspector? What real purpose does this All-India Council serve if the All-India Council is to be guided merely by the Report of the Inspector who goes round various provinces? It is an intermediate body, which simply, like a post office, communicates the views of the Inspector to the British Medical Council.

CHAIRMAN: Your own body.

The hon. Mr. S. MUTHIAH MUDALIYAR: If you have your own body, the Inspector communicates to the All-India Council that medical education in Madras province is all right. This All-India Medical Council feels satisfied that Madras education is all right and reports to the British Medical Council.

CHAIRMAN: There is no question of reporting at all. The Indian Medical Body will be autonomous.

The hon. Mr. S. MUTHIAH MUDALIYAR: I entirely agree with you, Sir. I will put it more accurately. You recognize the Madras graduates and register them in the All-India register. This register the British Medical Council sees.

CHAIRMAN: Accepts.

The hon. Mr. S. MUTHIAH MUDALIYAR: That is, sees it. In other words, the All-India Medical Council has registered the persons named and the British Medical Council accepts them. Instead of saying that *A* is a sufficiently advanced graduate in medicine, you send up the register. That is why I said there is reporting and there is not much difference between reporting and sending a register.

CHAIRMAN: There is a world's difference. Under the present system, the General Medical Council refuses to recognize any degree conferred by any University, and, for the matter of that, refuses to recognize any product of that University, unless and until it is satisfied, through visits and examinations conducted by its own officers, regarding education imported, examinations held and standards maintained. Now, in the future, if we have got an All-India Medical Council it will be its duty to satisfy itself that the standards maintained by the various universities and the various provincial governments are efficient. Once they are satisfied, and once they have brought the names of *A*, *B*, *C* on their own register, that automatically will be regarded as a title of these three individuals to claim registration in the British Medical Council if they care to,—not that every man who is registered here will get himself registered there, but that he will get the right to claim registration and that right will be based on the fact that his name will be found on the All-India Register. That is the last word, and herein lies the difference.

The hon. Malik FEROZ KHAN NOON: Can't they do the same with provinces, Sir?

CHAIRMAN: I am not discussing now their relations with provinces. I am only trying to explain the relationship of the All-India Medical Council, *vis-a-vis* the graduates of the Local Universities, and the position of the All-India Medical Council *vis-a-vis* the General Medical Council.

The hon. Mr. S. MUTHIAH MUDALIYAR: I can understand the position which you have now stated, which exactly I had in my mind, though probably my expression was not quite happy. Once a man was registered by the All-India Medical Council, that would be a passport to the British Medical Register. That is all I wish to submit, Sir, in regard to this point. Now, Sir, supposing the British Medical Council refuses to deal with the nine or ten provinces of India and insists upon a Medical Council for India, let us for a moment conceive what the difficulties will be if we do not establish such an All-India Medical Council. The two things for which we want recognition by the British Medical Council are the pursuit of higher studies in the United Kingdom, and, if possible, the securing of appointments outside India. Let us for a moment examine how many appointments are given to Indians outside India, and what the prejudice will be if these people are not able to secure these appointments, and secondly whether by insisting upon reciprocity, we will not be able to secure these appointments at all. Now the British Medical Council comes and tells you "We won't recognize your degrees unless there is some single body in the whole of India with whom we can communicate", but taking the present position as it is, I say that the British Medical Council requires more reciprocity. The British Medical Council says "We won't recognize your degrees, we won't appoint any of your graduates in the British Dominions outside India unless your degrees are recognized by us". Can't we say, Sir, that graduates, medical men, turned out there in British Isles won't have any chance of appointment in India if we do not recognize their degrees? Madras will say, Punjab will say and Bengal will say "We won't recognize British degrees unless you recognize our degrees", and I do not think that the All-India Medical Council alone can be expected to set up a high standard. I believe each one of the provinces which contain eminent medical men, eminent educationists in medicine, have set up already a very high standard for the province itself. I do not imagine that the Central Council in Delhi or Simla will be more efficient than the Council that each province can set up for itself. Of course all the eminent men of the provinces will be in the Central Council, but each province does contain a certain number of eminent educationists in medicine, and they certainly will set up a high standard, and I think one of the former Surgeon-Generals in Madras, now in charge of medical affairs for All-India, said that the standard which may be set up by the All-India Medical Council should not be below the standard of Madras. I think it is my friend who is sitting opposite that sent that communication to this Government, and you may rest assured that each province will be zealous to have as high a standard as is possible in that province and no province will think of having a low standard and insisting upon its degree being recognized by the British Medical Council. When much graver things can be entrusted to provinces, when the welfare of the nation itself can be entrusted to Provincial Governments, I for a moment do not see why this rather small matter of medical education (I say it a small matter, not because it is not an important matter, but because it is comparatively small considering the various affairs of administration) should not be entrusted to the province itself, and as I have said before this is a most inopportune time to undertake this legislation. The Government of India have thought and the Local Governments may even think it to be a desirable aim, but we have to wait a little more. That is the position of the Government of Madras, and I do not think that any of the hon. speakers, who have taken part in the discussion this morning, except the President, seems to be quite anxious to have an All-India Medical Council. It may be said that the All-India Medical Council will facilitate the work of the British Medical Council. It may be so, but, if the British Medical Council want that the degrees recognized by them should be recognized all over India—and the British Government is also responsible as holding the reins of the Government of India and of the various provinces—they should exercise their influence and ask the British Medical Council to deal separately with each province, and I think the Secretary of State will not find it too difficult a task to persuade the Medical Council to recognize each of the separate units of India as a separate entity to be dealt with, especially when the British Medical Council is dealing with much smaller units. That, I say, is the position which I should like the Government of India to consider on this general question of an All-India Medical Council.

The hon. Maulvi RAFIUDDIN [illegible]: My hon. friend Sir Gulam Hussain Hidayatullah has already given his [illegible] I do not think I have to add much. Let me, however, tell you that in this particular matter there is not much difference between the views of Indian Members in charge of transferred or reserved departments. When Lord Minto's Reforms came into operation, Indians were put in the Government of India as well as in the Executive Councils of the Local Governments, and I am very glad that we have in the Government of India an Indian Member who is in charge of this Department,

not only this, but we also have here an Indian Secretary and an Indian Deputy Secretary. I do not believe that they are less patriotic or less anxious to do good to India than ourselves. I therefore think that our interests are safe in the hands of the Indian members in the reserved part of the Government. In this instance, I really fail to understand the anxiety of the British Medical Council regarding our Medical Education. It should be the Indians themselves who should be anxious to have a high standard no way inferior to the degrees of England. It should be ourselves who should be desirous of getting recognition from the British Medical Council. The anxiety comes from the British Medical Council and that certainly makes me a little suspicious as to why they should be so anxious. If our degrees were not up to the English standard, they would not be recognised. It would then rightly be said that the Indian graduates who had gone there were not up to the standard. I do not believe in lip sympathy. I believe in substantial sympathy which does not come from the British Medical Council. I cannot accept as gospel truth all outside expressions of sympathy for India. Surely there has never come from the British Medical Council any representative during the last 50 years to ask us to raise the medical standard. I dare say that the standard of our University examinations, either of Bengal or of Bombay, is in no way inferior to that of many British Universities, but notwithstanding all that, there is much importance attached to English medical degrees in India. We are therefore anxious that our own standard should be in no way inferior to English standards and we are doing our best in that line, but we do not like to hear "Unless you do such and such we shall not recognise you". We want the British Medical Council to move cordially with us, and for that reason we are trying to meet its wishes. As my hon. colleague said, reciprocity is hardly visible in the present proposals. You, Mr. Chairman, said that we shall be in a position to dictate, but how is it possible? Do they want our surgeons? Do they take physicians from India to England? It is we who are depending upon them for all such officers. What do they care for our degrees? If they do not get Indian degrees, what do they lose? But our case is different, because for I.M.S., English degrees are required. Therefore as long as this question continues, it is in our own interests to maintain a very high standard of medical education to satisfy the Council. It is unnecessary that outside pressure should be brought upon ourselves. I think the Government of India should defy such pressure. Before taking decision they should consult public opinion in India—and I think we are here for that purpose—and I think if the right spirit prevails, we shall be in a position to give the Government of India an assurance that every university of India will conform to the standard laid down by the Indian Medical Council. For this reason, this Bill in my opinion is unnecessary at this stage. What is required is what my hon. friend said, viz., reciprocity. Up to this time an Inspector used to satisfy himself with regard to our standards. As my hon. friend suggested, there would now be another machinery, a Committee of 3, 4, or 5 men. This does not matter, for if we can assure the British Medical Council that we shall in no way fall short of their standards, I think they ought to be satisfied. As far as Bombay is concerned, an examination of the standards was made, and I think the Inspector sent very satisfactory reports regarding midwifery from Bombay. Even without outside demand the Government of Bombay have appointed an Officer (Major Jelal Shah, I.M.S.) to study venereal diseases in England. If we can't satisfactorily arrange this little matter, I do not think we are worth being Ministers at all. I respectfully submit, Sir, that any suggestions that may come from you we shall be very happy to adopt. With regard to this Bill, I do not know who is the author, but it seems to me that in this Bill there are provisions which will require to be materially altered, but at present, I am only concerned with the principle of the Bill. Personally I am unable to support this Bill. I am responsible to my Legislative Council, and, as my hon. friend from the Punjab said, we have had no opportunity whatever of consulting any member of the Legislative Council on this Bill, I do not think we have even consulted our members of the reserved department so far as this Bill is concerned. Therefore, it is very difficult for me on behalf of the Government or on behalf of the people to say that I accept everything about this Bill. I am only giving you my personal opinion. I believe, Sir, that the Government of India will be wise in not insisting upon the introduction of the Bill at this stage.

CHAIRMAN: We have not come to any conclusion.

The hon. Maulvi RAFIUDDIN AHMAD: I would respectfully suggest and my colleagues here agree with me, that it would be better to wait for some time—at least two years—to consult public opinion and see in what way public opinion leads, and I am sure nobody will be more anxious to adopt such a course than our worthy President.

The hon. Maharaj Kumar Major MAHJIT SINGH: We, Sir, in the United Provinces are perhaps one of the few Governments that have decided to give this proposed measure our support, and in a confidential letter we wrote to the Government of India, which is included in the agenda at page 70, we have given our reasons. The Government of the United Provinces, which means the Governor and the reserved half and myself as Minister, have

given our support to this Bill. Before coming here, I was not aware that this Bill would be opposed by most of my hon. colleagues. I should like to mention here, Sir, that I do think it would have been more advisable if I as Minister had consulted members of my provincial council. I therefore am speaking only on my behalf and not committing myself in the least by either accepting or refusing this proposed Bill on behalf of the Council. The chief reasons the United Provinces Government have for accepting this Bill are these: we attach less importance to coming to terms with the British General Medical Council than to our belief that the medical profession in India requires some central governing body which should in particular set an educational standard for all the provinces of India. If provinces are left entirely to themselves in this matter, it is inevitable that there will be great divergences of standard, and the result will be that all Indian practitioners will be judged by the lowest standard and will be brought into comparative discredit.

As I have already said, and I do not wish to dwell on the subject longer, I should consider it my right, with your permission, if this conference do consider the advisability of having the Bill, of stating what my Government's reservations are.

The hon. Major-General Sir HENRY SYMONS: To-day we have heard various opinions from various hon. Members and Ministers of the Provincial Governments. They have, if I may say so and I hope they will forgive me, come to this meeting full of suspicion. Whether they suspect the Government of India, whether they suspect the General Medical Council or whether they suspect the Indian Medical Service or the Medical Authorities in India, I am not quite sure. We have heard various arguments put forward as to why the Bill should not come into force at the present time. Principally I may say the arguments used have been all political ones, and I hope I will confine myself to the subject for discussion, which has not been the case with various speakers. I will try and put to you as shortly and precisely as I possibly can, how the General Medical Council looks at it, how the Medical Authorities in India look at it and how the graduates look at it. Now we have here in India a certain number of universities (nine to be exact) which have been giving degrees. These degrees the General Medical Council in Great Britain recognized and are still recognizing, but in 1921, they had some suspicion that the teaching in certain subjects was not up to the standard that it should be, and on that they sent out an Inspector. Then again they thought they had better have a second inspection, which, as you know, took place in 1926–27. And in the meantime they had appointed Colonel Needham Official Inspector. He was Deputy Director-General, Indian Medical Service, and as Deputy Director-General, he travelled all over India with the Director-General and was therefore able to go and look at and inspect the various colleges and examinations.

The Official Inspectors (Sir Norman Walker and Colonel Needham) reported to the General Medical Council and the General Medical Council sent their report to the Secretary of State making certain recommendations. They stated amongst other things that it is up to the Government in India to run its own show and that the best way of running its own show was to set up a Council on more or less similar lines to what they have in Great Britain. All they wanted is that the Council should be representative as far as possible of all India—and in the Bill you see that the Council is a good representative Council, you may object to certain items but these can be reconsidered. They go on to say, then:—"This All-India Medical Council which we wish you to set up will then undertake certain duties which we undertake in Great Britain and we would be content with that Council and we are ready to accept your word that the medical curriculum and education in India is on a par with our own and that the graduates who have had that education can be accepted for registration in Great Britain". It is a perfectly straightforward proposition. Nearly every speaker here to-day has said: "We want recognition from Great Britain". Very well: the General Medical Council say: "If you want recognition we wish you to do a certain thing". And you promptly say: "We don't want to do this." They give you, as far as the Medical Department is concerned in India, complete autonomy. You set up your Council. That Council sets out making its inspection. Whether it makes its inspection with a committee of three or a committee of four or a commissioner or two inspectors, it does not matter a rap. As long as the inspections are done and as long as they are done regularly, so long the General Medical Council are content to accept your findings. Now, we have had various arguments. A Minister argued that it didn't matter a bit as far as India was concerned, but that it mattered a great deal to the General Medical Council. Believe me, the General Medical Council does not care a twopenny rap. The General Medical Council says to you: "We are quite prepared to register your graduates provided they come up to a certain standard, but if they don't reach this standard they can't come on the register." And it asks you to do certain things. Well, you see what it is worth. Next week, for instance, we are having a Selection Board for 20 commissions and we have 70 graduates for those 20 commissions. Now, if you are content to say to us: "We don't want this Medical Council"—I ask you to talk to your graduates and see what they have to say about it. The students will say: "We do wish to have a qualification

which will be recognised outside India." Why? Because they never know when
may want to get into a service. And the mere fact that they were on a register in I
would gain them recognition. So much for that. Now, you are all suspicious of
Provincial Medical Council. Now, I grant you it is rather a difficult subject.
different from England. Let me explain. In England there is one level of educat
Out here at the present moment there is not one level. Madras and, I think, the Pu
are in favour of having one common denominator. I personally do not think India is
for that as yet. There are a certain grade of people, a certain class of people which
cannot do without and therefore as far as I can see we shall still have to have different gra
of the Medical Department. Well, now, in Great Britain there is one level and therefo
they have one common register. In the provinces in England, they have local council
The local councils do the registration—say at Bristol or Manchester University—and th
take part of the fee (which in England is £5, and not Rs. 15)—they take part of the f
to meet their expenses and the rest of the money they remit to the General Medical Council.
Well, out here we cannot do that sort of thing, because we have not got one level. We
have not got one register. It has been suggested—and we are prepared to agree to thi
view.

The hon. Mr. S. MUTHIAH MUDALIYAR: May I ask the Director-General, Sir, whether the Edinburgh degrees are as good as the London degrees?

The hon. Major-General Sir HENRY SYMONS: That is not the question at the present moment.

The hon. Mr. S. MUTHIAH MUDALIYAR: I am just asking whether London degrees are not more valuable than Edinburgh degrees. Don't medical men in England attach greater importance to a London degree?

The hon. Major-General Sir HENRY SYMONS: Probably because it is London. The inspectors who go round are the same. They inspect in Great Britain and Ireland. They inspect on a minimum standard in order to have the same standard throughout. Then you see there is the minimum standard for different degrees. Well, now, to go back to the Provincial Councils. I quite see that if we were to form an All-India medical register and if we were to say that every graduate should be registered on this, that we should take all the money, we should relieve you of a lot of money from the Provincial Medical Council. I know from my personal experience in Madras that their coffers are getting very low. But the registration fee is a mere flea-bite. It is Rs. 15. It goes a very very small way towards paying the expenses. They are all living on their capital. And the time is going to come when all this will be expended and the Local Government naturally are very jealous that nobody should register in Simla. To my mind we should still keep the Provincial Medical Council. I am quite prepared to keep the Provincial Medical Council. The Provincial Medical Council would carry on. They would do the medical ethics and the medical registration both for licentiates and graduates. In other words, your Provincial Medical Council would still function as it is doing now. Only you may charge your graduates a little more. Then the Councils would send the names of the graduates to this All-India Medical Council office, wherever that is, and their names would be kept on a graduate register with the All-India Medical Council and then if these graduates wish to make use of that registration—by which I mean that if they wish to go to Europe to study—they could apply to have their names registered in Great Britain. To my mind, we are not belittling at all your Provincial Medical Councils. We are leaving you alone. We are asking you to carry on. Sir Muhammad Habibullah has said we take the fee and pay you so much for collecting it for us, taking with one hand what we give with another. Now, as regards registration.

The hon. Malik FEROZ KHAN NOON: On a point of information, Sir, may I ask if these are Sir Henry's personal opinions which might be embodied in some future Bill, or do they refer to any provision of the Bill which we have now under consideration?

The hon. Major-General Sir HENRY SYMONS: I am talking on the Bill generally.

The hon. Malik FEROZ KHAN NOON: You say, you don't wish to belittle the duties of the Provincial Councils. Is that your personal wish which you wish to see realized, or are you now basing your remarks on any provision in the present Bill?

CHAIRMAN: I think he is translating into more forcible language the sentiments which I expressed in my speech.

The hon. Mr. S. MUTHIAH MUDALIYAR: On a point of information, Sir, may I ask the Director-General if a graduate who is registered by a Provincial Council as attaining a standard which the All-India Medical Council does not recognise will be recognized by the All-India Council?

The hon. Major-General Sir HENRY SYMONS: Certainly not. If a graduate has got a degree from a university, his degree would be recognized if the university is recognized.

The hon. Mr. S. MUTHIAH MUDALIYAR: The university has been recognized in the province in which it exists but the All-India Medical Council says: We don's recognise it.

The hon. Major-General Sir HENRY SYMONS: We don't recognize it as a medical examination of the University.

CHAIRMAN: Of course, if you don't maintain the standard prescribed by the All-India Medical Council, your graduates will not be recognized by the All-India Council.

The hon. Mr. S. MUTHIAH MUDALIYAR: There is nothing objectionable, but the question is whether the Provincial Council goes for anything in that case. May I put a question? Suppose a provincial university does not accept the standard of the All-India Council. Then the position of that university would be just the same as it is to-day. It does not get the higher recognition by the Government of India Medical Council.

CHAIRMAN: Quite right.

The hon. Mr. S. MUTHIAH MUDALIYAR: Supposing the University in some province recognizes a degree or some standard which is not recognised by the Council and the graduates who have obtained that degree are being employed, if your Bill is passed, under section 12 they ought to be sent away.

CHAIRMAN: The legislation will not have retrospective effect.

The hon. Sir HENRY SYMONS: I won't detain you very much longer. But we have received a communication from Home to say they want an answer in a short time. The General Medical Council realizes that this proposed Bill cannot be passed through the Legislature at once. They are prepared to accept some one who will in the meantime go round and inspect and report through the Government of India to the General Medical Council. But they definitely say that this is only until legislation has been enacted. Now, all of you or at least some of you are playing for time. You are hanging your hat on the Simon Commission. And you also say that, if you get at the General Medical Council, you are sure you will convince them. Now, believe me, the General Medical Council are a very hard-headed lot. The Chairman and the Vice-Chairman are all hard-headed Scots; and they have definitely said that they have extended a lot of sympathy to India and their patience is exhausted.

The hon. Maulvi RAFIUDDIN AHMAD: I do not believe it.

The hon. Sir HENRY SYMONS: Believe me, speaking as the head of the Service, speaking, as I am, as the head of all the medical people in India, we are out for nothing for ourselves at all. We are out really to look after your graduates. We are also out to look after your L.M.Ps. If I may say so again, the only people who are trying to do them down are yourselves.

The hon. Malik FEROZ KHAN NOON: Thank you.

The hon. Major-General Sir HENRY SYMONS: Believe me, I have known graduates and students who have come to me as I told Sir Muhammad the other day, and said that they wished me to push through this Bill if possible. Now, that is the opinion of your own medical men in India. So far as we are concerned, whether the I.M.S. are registered or not, it does not matter: we are secure. It is your own graduates we are out to put them on a pacca basis, to raise them up to a higher standard and, shall I say, make better men of them? And there is nothing *sub rosa* about it at all, and let me beseech you not to dally, not to wait. Let us appoint a Commissioner or some one to do this work at once, otherwise your universities will be turned down by the 27th of this month. You have got to send an answer within ten days whether you agree to a Commissioner or not.

The hon. Mr. S. MUTHIAH MUDALIYAR: I think the first question to which we are confining ourselves is the inspection—not the Commissioner.

The hon. Major-General Sir HENRY SYMONS: I am speaking about what will happen, of the consequences if you don't do it.

The hon. Sir GANESH DATTA SINGH: I think the appointment of the Commissioner will be discussed separately. The two matters should not be joined together in discussion.

The hon. Major-General Sir HENRY SYMONS: I am sorry if I went beyond the subject. But it is a question of time. If I may have a little licence, I am speaking from the medical point of view. I am rather standing as a champion for your own students and graduates. And I say an answer has got to be sent within a short time. The Bill cannot be pushed through, even if you accept it, in September. It might go through in the cold weather, and the General Medical Council say: We must have somebody acting at once. I beseech you, I ask you to agree to that Commissioner being appointed at once and I beseech you; do not dally, do not put it off. If you do, I will not guarantee the answer of the General Medical Council. Believe me, they are a very

hard-headed body, and they don't care a twopenny rap whether your graduates are on the register or not. But you want them. You have all said you want them there. Then why not accept their proposal of a method for getting them there?

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: I gather from the last speaker's speech that beggars cannot be choosers.

CHAIRMAN: We have discussed this question with, I should say, very great profit to us. We have listened very carefully and with the greatest interest to the arguments that have been urged both for and against this measure. I will only repeat what I said in answer to a query from my friend the hon. Malik Feroz Khan Noon that the Government of India have come to no conclusions. Indeed, if they had come to any such conclusions, this Conference would have been unnecessary. It is for the purpose of arriving at conclusions that it was deemed expedient that we should get into touch with the opinion of representatives from each province, weigh the arguments which they may urge and then come to a conclusion as to whether this Bill or rather any other Bill should be pushed through. As I have said already, I cannot commit the Government of India at this stage either way. I cannot say if the Government of India have in response to the expression of opinion round this table abandoned their idea of introducing this Bill. It will be more than what I as an individual could do. Nor can I say that having listened to these arguments which have been advanced to-day I stick to the opinion that this measure should be introduced into the Council. There are various stages through which we have to pass before the final decision of the Government of India is reached on this matter. And I cannot say how long it will take to do so.

Well, personal appeals were addressed to me by one or two of your friends and one of them was quite distinct and frank. I understood him to mean: "Don't sully your past career by having this measure as the last nail in your coffin." Well, I think I can tell him that even if this measure were introduced, the nail will not be in my coffin. Every one of you knows that I have got a very brief period yet to run and out of that nearly three months from the end of this month will be spent abroad on other duties. So therefore there would be no session of either the Legislative Assembly or the Council of State after I return to India and I can therefore assure my friend that this measure will not pass through my hands. However, so long as I am in this position, I think I must carry on. And it will be, I believe, rather timidity on my part if I should allow this file to lie over indefinitely until my successor takes over some time later. It is therefore necessary, whatever decision the Government of India may arrive at later, that there must be a cut and dried measure to which they can apply their mind in conjunction with the arguments which have been heard round this table to-day both for and against. Let me therefore repeat that it would be advisable for gentlemen who have come from long distance to allow us the benefit of their own experience, their knowledge and their ideas by looking through the Bill in the light of their own views, in the light of suggestions and criticisms which have already been received, and perhaps keeping also in their minds the responsibilities which they owe to their constituents. My proposal therefore will be that the Bill now before the Conference be referred to a Committee of the Conference. They may meet to-morrow, examine it in all its bearings and make any suggestions that they choose. It will be then time for the Government of India to consider what decision they should arrive at in respect of this measure. If you will allow me I will just mention a few names that suggest themselves to me as very appropriate for being put on the committee. I propose Sir Frank Noyce: He will in future be the Secretary in the Department and as such it is only essential that he should be *au fait* with the various stages through which this Bill has passed. The D.G., I.M.S., of course, is an inevitable factor. Bengal I should like to have a representative from, because Bengal has passed through a series of troubles over the recognition, the withdrawal of recognition, the grant of temporary recognition, and so on and so forth. As there is no Minister now responsible for that measure in that province and as the hon. Sir P. C. Mitter has very kindly attended this Conference, will he give us the benefit of his views? I propose that he be put on this committee. It is only right that we must have the hon. Malik Feroz Khan Noon, because he has got a large number of ideas about this measure. Indeed he has taken the trouble to draft a Bill and he was so good as to send me a copy of it. His association with this committee will be invaluable. We have the United Provinces. I have deliberately chosen the United Provinces in that it is one of those provinces which has given its wholehearted support in favour of the measure. In a committee I believe it is only right that both sides of opinion should be thoroughly ventilated. We do not want a committee consisting of only one side of the picture. That is why I think that the United Provinces may also have its representative on it. As regards Madras, I have some private reasons which I cannot divulge now for asking Major-General Megaw to be on the committee. I have also put Lieut.-Col. Mackie because I see that Bombay is the only province which has been represented both by a Minister and by a Member of the Executive Council. I want a

with a detached view and therefore Lieut.-Col. Mackie would be a suitable representative. I would ask Mr. Ram Chandra, who is Deputy Secretary in the Department of Education, Health and Lands, to act as Secretary to this sub-committee. It will perhaps also be profitable, if discussions were to go on and some decisions reached on the exact amendments or the recasting of a particular clause, that we should have the services of a drafter. We have, as you know, the Legislative Department of the Government of India which always contains drafters and I propose to ask Mr. Mitchell, who is the Joint Secretary in that Department and whose reputation as a drafter is well known, to be good enough to give us his help when the committee is sitting. If there are any other suggestions on the matter, I shall be glad to hear them.

The hon. Malik FEROZ KHAN NOON: I am extremely obliged to you, Sir, for having suggested my name on this committee and it would have been quite in order for me to serve on it, but in view of the fact that I have expressed my opinion definitely against the principles of this Bill, it will put me into a very awkward position to place me on a body which is going to make suggestions over the Bill. Moreover in the committee to consider the Bill, I notice that out of the whole opposition you have kindly conferred the honour on myself alone to represent the opposition on the Bill, with the result that I shall be in an absolutely hopeless minority in this committee and whatever the report will be my cry will be a cry in the wilderness. The most important difficulty that I see in the way of my serving on the committee and perhaps in the way of other hon. colleagues who have expressed their views similarly against the principles of the Bill serving on it, is because we are definitely against this Bill. You will therefore excuse me from serving on this committee.

CHAIRMAN: There is something like a dissenting minute, I suppose, on every committee.

The hon. Malik FEROZ KHAN NOON: There is, but it places me in a very awkward position once I am definitely against the Bill.

CHAIRMAN: My main object in putting you on the committee was that you have, by the valuable notes you circulated to me the other day and by the draft Bill which you have already prepared, studied the question and would be of great help to the committee. It is perfectly possible that with the persuasive eloquence which you always command you will perhaps convert all the other members to your point of view and make your Bill acceptable to all. I can give you a chance.

The hon. Malik FEROZ KHAN NOON: I have had my chance to-day, Sir.

CHAIRMAN: We have come to no conclusions. There has been nothing done to-day except listening and I hope you will not go away with the impression that your views have produced no impression on any mind. At any rate they have produced some on mine.

The hon. Malik FEROZ KHAN NOON: Thank you, Sir. My views are already on record. There are three other Ministers. If you will also bring them on the committee, I shall be willing to serve.

CHAIRMAN: I have not the least objection.

The hon. Sir GANESH DATTA SINGH: Our position becomes quite anomalous. This Bill has been treated confidential throughout and we have not been allowed to consult anybody.

The hon. Mr. S. MUTHIAH MUDALIYAR: I have to voice the same views as the hon. Minister from Bihar. I do not know if the views of our Government have been expressed for a committee to sit here and draft a Bill; they ought not to be taken to agree to this. If, on the other hand, our opinion on the all-India legislation is to be taken, our suggestions for whatever they may be worth may be taken, but I should be inclined to agree with Mr. Feroz Khan Noon and the hon. Minister from Bihar.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: When the Ministers are out, I do not want myself to go on the committee.

CHAIRMAN: In any case, what is the sense of the Conference?

The hon. Sir PROVASH CHANDRA MITTER: There is one thing I would like to explain; I am willing to serve on the committee, but I have made arrangements to be in Calcutta on Tuesday next. I hope my work will be finished to-morrow.

Major-General J. W. D. MEGAW: Why should the Ministers object to giving us the benefit of their views? They should have no objection to expressing their personal views on the substance of the Bill.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: How can they when they object to the principle of the Bill?

The hon. Sir PROVASH CHANDRA MITTER: They may say 'We do not agree at all to any Bill, but these are the special objections to the Bill.' It can in any case be modified.

CHAIRMAN: If neither the Ministers present nor the Members of the Executive Council, with of course one noble exception, are willing to serve on this committee, I do not think it is right on my part to suggest a sub-committee which would consist entirely of a few officials. I do not think that would be the appropriate thing for me to do. Therefore I do not press for the reference of this Bill to any sub-committee. Then the only question which remains for consideration is the last one, No. 3 on the agenda. I suppose we have worked hard for the day, we can meet to-morrow and dispose of that one single item.

The Conference then adjourned for the day.

Second day.

The Conference re-assembled on Saturday, the 13th July 1929, at 11-30 a.m., with the hon. Sir Muhammad Habibullah in the chair.

CHAIRMAN: Gentlemen, we know the definite purpose for which we have assembled this morning. We will take up the discussion of item 3 on the agenda.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: Before we proceed with this, I should like to know whether the Government of India are at present enforcing the recommendations of the Lee Commission regarding the Indian recruitment of 40 per cent in the I.M.S., and what will be their fate if any of the Indian colleges are not recognized.

CHAIRMAN: If their degrees are not recognized, they know, I suppose, what follows automatically. The Royal Commission simply says that so much percentage of duly qualified Indians will be taken. The Lee Commission merely fixed the number; the qualification is not decided by them, but it is decided by other bodies.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: Do I understand that the Government of India will go back on that recommendation?

CHAIRMAN: We are not considering the consequences that are likely to follow, because we have not yet decided what we are going to do.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: It is a very important factor to be taken into consideration.

CHAIRMAN: But all that was taken into consideration yesterday.

The hon. Major-General Sir HENRY SYMONS: I take it what you mean is this. If graduates from the respective colleges are not eligible for registration, they are not eligible for the I.M.S. They will not be permitted to appear for the I.M.S.

The hon. Malik FEROZ KHAN NOON: I do not think it is likely that the contingency foreshadowed by Sir Henry Symons will arise.

CHAIRMAN: I take it that those hon. Ministers who opposed the establishment of a General Medical Council yesterday took all that into consideration.

The hon. Maulvi RAFIUDDIN AHMAD: I think that we should not say 'good morrow' to the devil until he appears.

The hon. Major-General Sir HENRY SYMONS: There occurred the other day a case on the military side where two graduates from Calcutta got in, and they were graduates during that unfortunate period between 1924 and 1928. It came up the other day that these men were not eligible to be in the I.M.S. I can assure you that I had to put up a very strong note recommending them. They had passed out, did the examination and everything else, but of course they are not eligible for registration. Let us face the facts. You say you can wait till the evil comes. May I just say 'Please don't, but forestall it.' Do not wait till the General Medical Council say to you 'You are outside.' Please realize this before you decide to throw the Bill out.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: I read from the papers that you wanted a Commissioner for the purpose of inspecting as a visitor. That is the recommendation of the Government of India.

CHAIRMAN: The point is this. If you are not going to have a General Medical Council, are you going to agree to a whole-time post of Commissioner of Medical Qualifications and Standards. There should be somebody who should serve as a liaison between the Government of India and the General Medical Council.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: A single individual will be a dictator, and I am sure his appointment will be very much resented by the Universities and other bodies. Moreover it will be very difficult to find one person who will be an expert in all the three branches, medicine, surgery and midwifery. I prefer a committee of three.

CHAIRMAN: Paid or honorary? The question of finance is a very important consideration.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: A committee will be better received by the people.

CHAIRMAN: Would you like the three experts to be paid or not? It is such an important detail that we must know where we are.

Major-General G. TATE: If you are to have a man on physiology, and one on anatomy, there will be five.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: I am sure an expert in surgery will be able to deal with anatomy. If you accept a committee of three, then I will work up the details and will consider the question of cost. We know that the whole realm has been explored from time to time by more than one expert who have made certain recommendations which must take some time to be enforced, and we are not going to make innovations every day.

CHAIRMAN: I am sorry that the functions of this Commissioner or a body of three Commissioners are being somewhat misunderstood. It will not be the function of the Commissioner or Commissioners, as the case may be, to suggest innovations in the realm of medicine or surgery. On the other hand, the duty of the Commissioner or Commissioners will be to go round, inspect medical colleges, examine the curricula of studies, get into touch with the examinations and with the standards of qualifications, see whether the standards of qualifications are merely on paper or whether they are being strictly and rigidly adhered to. That, I take it, is work from day to day; not that a Commissioner goes to-day and says that the examination conducted by the Allahabad University is deficient and that they do not adhere to their curricula of studies, or that their standard is low and ought to be raised. When you have said that, see to it that they adhere to their own curricula or standard. It is necessary that the next examination should be inspected to see whether that examination at least fulfils the conditions of their own curricula or not and whether the standard of efficiency laid down by the University is adhered to. It is not that the individual is going to be somewhat like an all-round expert for the purpose of making new discoveries, etc.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: I never said that.

CHAIRMAN: Therefore let us confine the duties of the Commissioner to what they ought to be. That has been the duty of the Commissioner whom the General Medical Council from England has been sending from time to time. They cannot send an Inspector every year. They say 'We exempt you from the operation of these restrictions for a year; next year please see to it that you adhere to the rules.' That is the duty of the Commissioner.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: I quite understand what will be the duties of these three men: their duties will be to investigate the curricula, inspect examinations, etc., and we have already three examinations done by three officers as representatives of the General Medical Council, and we have not got before us to-day the suggestions they have made for levelling up the standards of the various Universities.

CHAIRMAN: I take it that each University has received a copy of the report.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: I am sorry we have not got it here. I should like to know how far those suggestions have been carried out by the various Universities, and how long they have taken to be put into execution.

I then propose, Sir, that this Committee should perform the same duty as that of the Commissioner and make recommendations, and it must take the university some time to give effect to those recommendations. They can't do everything in a day or two.

CHAIRMAN: But you are contemplating, perhaps you are restricting your provisos to one university, because you have to deal with one university. This officer will have to deal with all universities in India and all the medical colleges. He cannot finish all inspections simultaneously, and therefore, there will be an interval between one inspection and another, and by the time that his inspection finishes, the first university which was inspected will have ample time to make up the deficiencies which were pointed out before his next visit begins.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: I do understand that.

The hon. Major-General Sir HENRY SYMONS: The point is this. In England, they make it a rule that every licensing body is inspected every two years. The General Medical Council says that it would take a Commissioner two years to get round all the universities in India. The Commissioner will be there to give any advice which the University might want. He would not be there to dictate. He will be there to say what the standard should be, and it is up to you to bring the standard up to the mark. It is perfectly simple.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: I quite realize what my friend says and what you, Sir, say. If there are recommendations, the various universities will take some time to carry them out. Even the inspection, it is suggested, will be after 2 or 3 years.

CHAIRMAN: That again is not correct. The intention of the General Medical Council has already been communicated to the local Governments—that these inspections must be completed of all the universities in the course of one year.

The hon. Maulvi RAFIUDDIN AHMAD: May I point out to you, Sir, our constitutional difficulty? What would be the position of this Commissioner as far as universities are concerned? In our new University Act, there is no place given to such inspection as you contemplate. The only inspection that the University would submit to is that of either the Viceroy or rather the Chancellor. If the Governor Chancellor delegates his visitorial power to the Commissioner, that is a different matter. But the universities have little to do with the Government of India, and you cannot dictate to them that we have appointed such and such a man and he must go and inspect your curricula.

The hon. Major-General Sir HENRY SYMONS: Ask Calcutta.

CHAIRMAN: Let us get into grips with plain facts. I know that the universities are autonomous. I also know that it is perfectly within the competence of a university to say either yes or no to the suggestion to allow their colleges or their examinations to be inspected by a Commissioner, but at the same time, let us realise the plain truth. If they do not submit themselves to this, what will be the inevitable consequence? The inevitable consequence will be that all the products of the Medical Colleges will go unrecognized. If the country is prepared to face that contingency, well go along.

To a remark from the hon. Maulvi Rafiuddin Ahmad, the Chairman continuing said: I am sorry that I have never been correctly understood. I did not say that the suggestions of the Commissioner would all be such as could be given effect to in the next year. It will all depend upon the recommendations.

The hon. Sir PROVASH CHANDRA MITTER then explained that the Calcutta University, had once stated they were an autonomous body and they would not submit to inspection.

The hon. Maulvi RAFIUDDIN AHMAD: I am very sorry to hear about Calcutta. What I say is that this can only be done by the Chancellor. I do not say that this cannot be done. This can be done. As he has powers, he can delegate them to the Commissioner, and this can be done as far as our new Act is concerned in Bombay. Well then, with regard to your point, you have explained that in one year all this must be done for all the universities. If that be so, I have no more to add, except this that the appointment of the Commissioner is necessary. My hon. colleague on the right says that three persons will be better. The only difficulty is about the payment of the three, because each of them perhaps would like to have the same pay and, as our Government says, it would not be willing to pay even for one. That is rather difficult. The point was raised by my hon. friend here that Commissioners would be required for three subjects. Why not one for each of the 14 subjects? If the experts think that one man will do, why should we ask for three? What my hon. friend wanted to say was perhaps that one man would prove to be a dictator and if errors are committed by him, there would be more to check him. I do not believe in the infallibility of the odd man.

As my hon. friend said, it is a point for consideration whether there should be one or more. When details are considered I am agreeable to having one Commissioner. We shall have to depend upon the opinions of our medical friends, but, as I say, my Government is not prepared to pay even for one, and so I hesitate.

The hon. Maharaj Kumar Major MAHAJIT SINGH: We in the United Provinces have no objection to the proposal of appointing this Commissioner, but what I would like to ask is, would his emoluments be paid by the provinces, and, if so, whether by the reserved, or the transferred half?

CHAIRMAN: Most certainly by the provinces. As regards reserved or transferred half, that is a matter for the Local Government to adjust.

The hon. Maharaj Kumar Major MAHAJIT SINGH: What I meant to say, Sir, was that if the emoluments of this Commissioner were to be paid by the transferred half, it would naturally be subject to the vote of the Council, and therefore we are not in a position to commit ourselves to say whether the Council would accept it. Of course we would try our best.

The hon. Sir GANESH DATTA SINGH: May I discuss here about the function. As you have already explained what will be the duty of the Commissioner what I submit is this. I have had some experience of the inspection of local bodies, and what I find is that inspection is generally for criticism and not for any real improvement. The inspection is carried on merely for pointing out that this is wrong, that is wrong, and so on, but how those wrongs are to be remedied, is never suggested and discussed. Suppose for instance the Commissioner goes to Patna and finds certain defects in the college. He has to discuss with the Inspector-General, with the Principal and the Minister-in-Charge, how those defects are to be remedied, what time it would take, and other essential matters, but nothing is done. Last time there was an inspection, and I found in the report a number of defects, but if the matter had been discussed with me, I would have pointed out how and how far they could be remedied. If the inspection is for the purpose of criticism, I think there is no advantage in having an inspection like that, but if the inspection is

for the purpose of effecting improvements the condition and status of the college, and then discussing with the Government and the Inspector-General their possibility, having regard to the peculiar condition of the province, certainly it is very desirable. It all depends particularly on the selection of the man. If you select a good man, we shall be very very fortunate, but if a suitable officer is not selected, he will carry his own hobby into matters relating to medical education with the result that there will be endless trouble and no improvement.

CHAIRMAN: I can assure you we will select the best man.

The hon. Major-General Sir HENRY SYMONS: There is no bad medical man.

The hon. Sir GANESH DATTA SINGH: But experience does not agree here.

The hon. Major-General Sir HENRY SYMONS: It is very unfortunate!

The hon. Sir GANESH DATTA SINGH proceeding said: Another question comes in, which was raised by my friend from the United Provinces, as to who will pay the Commissioner.

CHAIRMAN: The provinces.

The hon. Sir GANESH DATTA SINGH: Why should provinces pay?

CHAIRMAN: If you do not pay, you will not have the Commissioner.

The hon. Sir GANESH DATTA SINGH: But the Government of India consider it their duty to satisfy the British Medical Council, and as they have to carry out their own duty, they ought to pay.

CHAIRMAN: The Government of India have no colleges or institutions where medical education is being imparted. If the provinces do not want this officer, it is up to them to say 'No'. The Government of India will have no reason whatsoever to utilize the Commissioner.

The hon. Sir GANESH DATTA SINGH: You said that the Government of India have to perform certain duties, and they ought to bear the burden.

CHAIRMAN: But may I point out that, under the Devolution Rule which I quoted yesterday, this subject is reserved provincial, and the Government of India have every power of direction, superintendence and control. Therefore they issue the direction and it has to be obeyed.

The hon. Sir GANESH DATTA SINGH: I know the decision is in your hands and if you say that the provinces are to pay, they will have to pay, because they have no option, but just consider whether it is for the provinces or for the Government of India to pay; just see whether it will look well for the Government of India to realize all doles from all the provinces in proportion to the revenue. This does not look well, Sir.

CHAIRMAN: That has been already agreed to by the provinces.

The hon. Sir GANESH DATTA SINGH: The provinces are in a very false position, in raising objections when any proposal comes from the Government of India. For my part, whenever any proposal comes from the Government of India, I take it as an order. However, that is my view. I do not like that this question should be raised in every province. The moment a new item is put in the budget, there will be a discussion on the budget motion. It is much better that it is discussed in one place than in all the provinces and contributing to avoid different councils coming to different results. Well, Sir, I think to avoid all this, it would be desirable if the Government of India agree to pay. It will be a question of 3 or 4 thousand rupees a month.

CHAIRMAN: The whole of it?

The hon. Sir GANESH DATTA SINGH: Certainly the whole of it. It will avoid unnecessary debate in local councils.

The hon. Maharaj Kumar Major MAHAJIT SINGH: It is not a question of reserved or transferred half. There will be budget provision there and there will be discussion.

The hon. Maulvi RAFIUDDIN AHMAD: It is non-votable.

The hon. Maharaj Kumar Major MAHAJIT SINGH: Non-votable is not free from discussion. Voting may not affect it, but I do not like that there should not be any discussion on all these things.

CHAIRMAN: I quite understand it.

The hon. Malik FEROZ KHAN NOON: I think, if I am judging correctly, there seems to be a general consensus of opinion, that it does seem desirable to have some sort of agency as an intermediary between the British Medical Council and the Provinces, and that that agency may be someone in the Government of India. I do not think there will be any difference of opinion on that subject. Then there is the question as to whether there should be one such mediary or three, as suggested by Sir Gulam Hussain.

CHAIRMAN: Rather more than one.

The hon. Malik FEROZ KHAN NOON: Well more than one I would not like to say, because instead of that, and instead of having 5, 10 and so on, 3 is a number which is neither too small nor too big. Therefore 3 may be taken as the medium. That is why probably Sir Gulam Hussain suggested 3.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: Even the General Medical Council have 3 only.

The hon. Malik FEROZ KHAN NOON: I personally think that three is more preferable than one, because here we are establishing an authority which will be supreme on the subject of giving the verdict as to whether the provincial standard should be recognized or not. Whatever recommendation that authority makes to the Medical Council, the British Medical Council in 99 chances out of 100 is going to accept that, with the result that against the decision of that particular authority in India there is no appeal, and the provinces have no other redress. Therefore, it seems desirable that we should try and protect the interest of the provinces as far as possible.

The hon. Sir GANESH DATTA SINGH: May I have one information? I do not know whether my friend means three permanent Commissioners, or three Commissioners to inspect at certain intervals. There is difference between three permanent Commissioners and three Commissioners visiting the provinces at an interval.

The hon. Malik FEROZ KHAN NOON: I will discuss this point presently. So, it seems desirable that we should do something in order to protect the provinces against the idiosyncrasies or curious ideas of a single Commissioner. You cannot foresee what human nature is like, with the result that if one man wanted to make a nasty report about some province, the other members may say, "Let us think about this and other points," and the three might ultimately sit and come to a conclusion which may not be resented by the province concerned. So, from the point of view of the fact that this authority is going to be supreme as far as the verdict is concerned, I would much rather have three men to give the verdict instead of only one man.

The hon. Maharaj Kumar Major MAHAJIT SINGH: What about the financial aspect?

The hon. Malik FEROZ KHAN NOON: I will come to that. The next is the question of finance. I take it that the officer whom you appoint will probably be of the rank of senior Colonel, and supposing you put down his salary at Rs. 2,400 or 2,500, or at the outside put it down at Rs. 3,000 per mensem, considering his clerks, menials and others, if you have three Commissioners, that means nine thousand a month and a lakh and eight thousand a year. So if you have a lakh and eight thousand a year (you put it at the outside Rs. 1,50,000 a year), and if you divide it between the provinces, it would amount to Rs. 30,000 or so, varying according to the individual province concerned. The Government of India can distribute that money, and I do not think there will be much quarrel among the provinces over that. If the provinces can have their own Provincial Medical Council as they have now and still receive recognition from the British Medical Council at an expenditure of Rs. 20,000 to Rs. 30,000 a year, I think that is a very reasonable sum of money. I do not know what the Legislative Councils are likely to do, but I can foresee that probably in the Punjab, as far as we are concerned, there will be no difficulty in getting the Council to agree to a sum like that, with the result that this question of finance is not such a great bear as to frighten us out of the field in claiming three persons to give the verdict instead of one. My friend has raised the question whether it will be permanent or temporary. As far as their recommendations about the standards are concerned, they would only perhaps make a report once in five or four years that they want the standard to be raised or the minimum standard should be such and such. Well then it is for the province to give effect to the recommendations. Giving effect to such recommendations will take time, three, four or five years, and the reports of fixing of standards about medical education will have to be periodical about five-yearly, as my hon. friend opposite suggests. I find that these persons, whom I do not wish to call Commissioners (I would rather call them Inspectors), will have on their shoulders the duty of going and being present at the examinations which are being held by the various universities, in order to be able to report whether the standards fixed are being kept up or not. The right of being present at the examinations will vest in them as a sort of permanent right.

The hon. Sir GANESH DATTA SINGH: They will then be permanent officers of the Government. That is the point.

The hon. Maharaj Kumar Major MAHAJIT SINGH: May I ask my hon. friend a question? Would these three Inspectors be general experts, or would they be experts in only one subject? Would they inspect the colleges together or would one inspect one college in one province, and another in another province?

The hon. Malik FEROZ KHAN NOON: Yes, I will answer that query shortly. It is open to the Government of India to have one Law Member to advise them on all subjects of law. It is also open whether it is the Government of India or the Kapurthala State to

have one legal adviser about criminal law, another adviser about civil law, and another about matrimonial law, and so on for various branches of law. It is open to them to have as many as possible and similarly it is open to the Government of India or to us to have as many Inspectors as we wish. Take the case of I.M.S. officers, who have practically studied every subject which has been taught at the Universities. In one subject, e.g., medicine he may have got 90 per cent, in surgery, 50 per cent, but they know all the subjects. To say that for each subject we must have a separate man may be a desirable thing from many points of view, but it will be expensive, and at this present stage I would like to suggest that if you have three men, they will be quite competent to give report on all the aspects of medical education imparted in the medical institutions. Therefore I have no fear that these men will not be sufficiently qualified to report on all the subjects. This duty of being present at examinations is a duty which will be on their shoulders permanently, and in order to discharge their duty, you will have to have them permanently.

CHAIRMAN: Yes, particularly as examinations of universities are held at different periods.

The hon. Malik FEROZ KHAN NOON: And gradually you will find them having plenty of work to do. One man may go to Bombay, another to the Punjab, another to Bengal and so on. So if we agree to these three, it goes without saying that those three must be permanent officers and we must face the cost of the three permanent officers. Now the next suggestion that I would wish to make is that the word "Commissioner" is perhaps not quite so suitable. I would much rather use the expression "Inspectors of Medical Qualifications and Standards" instead of calling them "Commissioners of Medical Qualifications and Standards". I do not think I have anything more to add, Sir. As far as I am concerned, it makes little difference whether it is one or three. I am agreeable to both.

The hon. Sir PROVASH CHANDRA MITTER: So far as the Bengal Government are concerned, I am authorized to agree to one. I am not in a position to agree to three. That was raised for the first time yesterday by my hon. friend opposite. When that question is referred to the Government, we shall be prepared to discuss it. But I may tell the members of this conference that so far as our Government are concerned, it was with great difficulty that we agreed to one, because our deficit is Rs. 60 lakhs a year. Even if we agree to three in principle, I fancy it will be extremely difficult to find money. We have not got the money and however important the suggestion of the British Medical Council may be, even in more important things we have had ruthlessly to cut down expenditure. In view of our financial position, I doubt very much whether we shall be in a position to find the money even if on the question of principle we ultimately agree. There is another thing which I would like to mention, and it is this. We are agreeing to one because the British Medical Council has suggested that as an alternative. Three may be very good, and I dare say that if we could agree to pay for three, they would like to have three, and if we could pay for ten, they would like to have ten. But I would like my hon. friends at this table to consider that if you fear the autocracy of one, you will have to fear three times the autocracy of three experts. Experts in evey department—whether Medicine or Sanitation or Law—naturally are enthusiasts and if three people want to go ahead, one in Surgery, one in Medicine and one in Midwifery,—and Midwifery is very expensive, it requires large accommodation in the shape of hospitals, etc.—we are likely to be in a more difficult position. What we are afraid of is that too expensive a standard may be set up. For the present purposes, I am only authorized to agree to one.

CHAIRMAN: And pay your contribution?

The hon. Sir PROVASH CHANDRA MITTER: Yes.

The hon. Mr. S. MUTHIAH MUDALIYAR: Sir Muhammad Habibullah and Gentlemen. The Madras Government agreed to the appointment of a Commissioner till an All-India Medical Act was passed, and the Government of Madras have not expressed any opinion as to the appointment of a gentlman in the alternative event. If an All-India Act is not passed, whether we would be willing to employ one and pay for him—that is a question on which I do not think I am competent to express any definite opinion on behalf of the Government of Madras. So far, we have agreed only to the appointment of one Commissioner till there is some All-India Medical Council which takes up the responsibility. That is what the Madras Government are agreeable to have, and pay for it also. The suggestion now is that three should be appointed. If there is to be no All-India legislation and no All-India Council, the question whether the provinces are agreeable to have these Commissioners is one on which we have not come to any definite conclusion and on which I cannot express any authoritative opinion.

Coming to the merits of the matter itself, I think there is some misunderstanding either in the Provincial Governments or the Government of India or the Secretary of State—I cannot say which—as to the exact functions that are to be performed by the Commissioner and as to the exact duties and liabilities of the British Medical Council. I take it that

the British Medical Act has been extended to India, and that graduates of the various Universities in India are registered by the British Medical Council under the British Act. That is the fundamental basis on which we are proceeding. Otherwise, there will be no provision under which any medical graduate in India can be registered in the British Medical Act. Under Part II of the Medical Act of 1886 declaration has been made as regards India and the Medical Acts are applicable. I will briefly refer, in a few minutes, to the exact procedure that obtains in the British Isles, and I fancy that this ought to apply as regards other places also. This British Medical Council was established under the British Medical Act of 1858, and the procedure then adopted was that each college or institution, which gave diplomas to graduates, was authorized to communicate to the General British Medical Council the names of persons whom they considered to be fit for being registered and fit to practise Surgery and Midwifery. The British Medical Council was entitled to ask these colleges as to their curricula of studies and standards of examination they held, and all the colleges sent up their curricula and informed the British Medical Council that these were the courses of study and these were the standards of examination. On this, the British Medical Council satisfied itself, and all the diplomas given by these colleges and institutions were recognized. But by the Medical Act of 1886, the British Medical Council further thought that they might have their own agency—Inspectors—to go round and visit the institutions and find out for themselves whether the standards in these institutions were perfectly all right and whether the students turned out of these institutions had the necessary qualifications to be registered on the British Medical Register. These Inspectors were appointed under section 3, clause (2), and I think it is the duty of the British Medical Council to satisfy themselves whether any person who offers himself for registration is qualified sufficiently to be registered. I do not think it is open, under the British Medical Act as it is, for the British Medical Council to refuse to register anybody on the ground that it has not the means of satisfying itself that he possessed the necessary qualification. The British Medical Council has been constituted by an Act of the British Parliament and any Graduate who applies for registration is entitled to be registered, and it is the duty of the Council to satisfy itself that he possesses the necessary qualifications. I shall not read from the Act in extenso. I think a reference to section 11 will show that it is the duty of the Medical Council to satisfy itself as to the qualifications. Supposing the British Medical Council say, as they do say now, "True the Bengal University or the Madras University has given you a degree. But we do not know what the standard of examination is. We have no means of satisfying ourselves what your qualifications are." I would like first of all to be satisfied whether under the Act it is open to the British Medical Council to say: "I have no means of satisfying myself. True you have got a diploma of the Madras University or any other University saying you are fit to practise Medicine or Surgery, but I do not know what the standard of Madras is . . .

The hon. Major-General Sir HENRY SYMONS: May I interrupt my friend for a moment? The General Medical Council have got their own Solicitor and they must have consulted their own Solicitor as regards the point you are raising now.

The hon. Mr. S. MUTHIAH MUDALIYAR: Whether they would have taken the precaution of consulting their own Solicitor or not, the Government of India and the Provincial Governments should satisfy themselves at their own Conference that the position taken up by the British Medical Council is perfectly all right or not. To me, a plain reading of section 11 seems to imply that it is the duty of the British Medical Council to satisfy themselves as to the standards. Supposing the British Medical Council refuses to register wrongly, as they did in the case of Bengal in 1924 and as they threaten to do now, the matter does not end there. It is open to the afflicted association or person to appeal to His Majesty's Privy Council to set the matter right, and I am perfectly sure that if such a contingency happens, the Secretary of State who advises the Privy Council in such matters, will take all the necessary steps to see that the British Medical Council will do their duty.

The hon. Major-General Sir HENRY SYMONS: For four years the Calcutta University never thought of taking this line which you now suggest, and I believe that Bengal has got very able Solicitors.

The hon. Sir PROVASH CHANDRA MITTER: May I intervene for a moment? Assuming that this point is all right, then, the only course will be to apply for a Mandamus in the English Court or to make an application to the Privy Council. The Privy Council has no judicial functions here, so far as I am aware . . .

The hon. Mr. S. MUTHIAH MUDALIYAR: The Privy Council is constituted by the Act itself.

The hon. Sir PROVASH CHANDRA MITTER: Whether it is an application for Mandamus in a British Court of Justice or an application to the Privy Council is immaterial to my present purpose. Will not that be very expensive and uncertain? Then,

unless it can be made out that the British Council have acted arbitrarily, you cannot say that their decision is necessarily open to question by a court of law. Is that a practical proposition? If every student, or for the matter of that, every University, has to carry the litigation to England, the expense would be more than the Rs. 5,000 or so that each Government have to contribute, and there is always the loophole of the British Medical Council saying that you have not come up to the requisite standard. That is the point I would like my hon. friend to consider.

The hon. Mr. S. MUTHIAH MUDALIYAR: I am much obliged to my hon. friend from Bengal for the information he has given. What I wished to say was, if the British Medical Council say that they are not in a position to satisfy themselves whether any one has got a competent degree or not—I contend that that is a thing which they cannot say. That is my position. I refer to section 3, clause (2).

Sir FRANK NOYCE: Is there any statutory obligation on the General Medical Council to admit Indian graduates to the register except on their own terms?

The hon. Mr. S. MUTHIAH MUDALIYAR: I am afraid my hon. friend Sir Frank Noyce has not referred to Part II of the Medical Act.

Sir FRANK NOYCE: I am merely asking for information.

The hon. Mr. S. MUTHIAH MUDALIYAR: Part II applies to Colonial and Foreign Possessions, and section 11 runs as follows:—

"On and after the prescribed day where a person shows to the satisfaction of the registrar of the General Council that he holds some recognized colonial medical diploma or diplomas granted to him in a British possession to which this Act applies, and that he is of good character, and that he is by law entitled to practise medicine, surgery, and midwifery in such British possession, he shall, on application to the said registrar, and on payment of such fee not exceeding five pounds as the General Council may from time to time determine, be entitled, without examination in the United Kingdom, to be registered as a colonial practitioner in the medical register."

The hon. Major-General Sir HENRY SYMONS: Provided?

The hon. Mr. S. MUTHIAH MUDALIYAR: The British Medical Council ought to satisfy itself whether the Madras diploma is good or not. They cannot say, "Madras is far off; I cannot travel to that place in order to satisfy myself that the diplomas granted by them are of the requisite standard." It is for the judges to decide on the evidence I furnish, whether the diplomas are sufficient or not. I furnish the evidence. It is not open to you to say that this is not evidence. On that evidence, you must satisfy yourself whether it is good or not.

Mr. G. S. BAJPAI: The General Medical Council of Great Britain is the authority in determining the means of satisfying itself.

The hon. Mr. S. MUTHIAH MUDALIYAR: The means are prescribed in the Act itself. Section 3 (2) says that Inspectors shall be appointed, in order to satisfy itself.

The hon. Maulvi RAFIUDDIN AHMAD: I take it on point of law you are right.

The hon. Mr. S. MUTHIAH MUDALIYAR: The Surgeon-General, I mean the Director-General said that if this was a good point Calcutta would have raised it. I submit it is no offence to grow wiser if it is at all possible. At any rate we imagine so, and if you think otherwise, let us be satisfied who is right and who is wrong. Under section 3 (2) of the Act, "the standard of proficiency required from candidates at the said qualifying examinations shall be such as sufficiently to guarantee the possession of the knowledge and skill requisite for the efficient practice of medicine, surgery and midwifery; and it shall the duty of the General Council to secure the maintenance of such standard of proficiency as aforesaid; and for that purpose such number of inspectors as may be determined by the General Council shall be appointed by the General Council, and shall attend, as the General Council may direct, at all or any of the qualifying examinations held by any of the bodies aforesaid."

The hon. Maulvi RAFIUDDIN AHMAD: What is the trend of your speech? Is it that we should not appoint the Commissioner ourselves and that he should be appointed by the Council?

The hon. Mr. S. MUTHIAH MUDALIYAR: The Council have to appoint the inspectors. A reference to section 11 of the Act will show that it is the right of every man and every University also to see that graduates are registered if the Council is satisfied that their degrees are proper.

The hon. Major-General Sir HENRY SYMONS: The General Medical Council does not care whether your graduates are registered or not.

The hon. Mr. S. MUTHIAH MUDALIYAR: I am sorry that the Director-General has not quite grasped what I said. He seems to think that the Council is not interested in

having my name on the register. What I am saying is that I am interested in having my name on the register and the Council cannot refuse to have my name on the register provided I possess the necessary qualification. It is not left to the Council to say 'I would register A if I choose and I will not register A if I do not choose.' They must make an honest attempt to satisfy themselves whether I possess the necessary qualification or not. They can say 'We find your qualifications are bad' but they cannot tie our hands and say 'No, India is too far away, you must come here and satisfy us.' That is not the position which can be taken up by the Council. And I think a reference to the letter of the General Medical Council which you have been kind enough to communicate to me, Sir, seems to recognize this position. In paragraph 3, they do not say that they have not the obligation or the men or the finances, but only that in India the Council has no similar powers to appoint Inspectors. I will read the relevant portion—see page 110 of the papers circulated:

"The duty of the Council, imposed by statute, is to ensure that the Curricula and degrees which it recognizes for British registration, shall be such as to furnish a sufficient guarantee of the requisite knowledge and skill for the efficient practice of medicine, surgery and midwifery in this country.

In order that it may fulfil this duty in this country it is empowered by law to appoint visitors and Inspectors to report on *all* the subjects of the curriculum required by the Home Licensing Bodies. These visitations are continually going on, and thus the Council is enabled to ascertain and to judge of the nature, scope and methods of medical education in operation throughout the country, as well as the standards of examination in *all* the professional examinations.

In India the Council has no similar powers."

I do not see why it is stated in paragraph 3 of the communication I have quoted above that the Council has no powers to appoint Inspectors so far as India is concerned. It does not say it is not willing or it has not got the men. How did they appoint Inspectors in past years, 1922 to 1926? They did it with the consent of the Government of India. So the want of power goes if the institutions to be visited by the Inspector agree to have him. If we agree to such an appointment by the British Medical Council, what does it matter whether the British Medical Council has the power to appoint an Inspector or not? On the other hand, they say Colonel Needham has satisfied the British Medical Council, and the Secretary of State says he enjoys the confidence of the British Medical Council. Why should the Government of India and the Provincial Governments move in this matter at all? I say that I am a graduate of the University and I am entitled to be registered unless you say my education is no good. That is the position which I wish to take up on behalf of the Government of Madras and I trust that this position will be examined and this point of view put to the Secretary of State also.

The hon. Malik FEROZ KHAN NOON: Do you also contend here that under the present British Medical Acts there is no provision for Indian medical graduates to be registered in England?

The hon. Mr. S. MUTHIAH MUDALIYAR: They are entitled to be registered under Part II of the Act of 1886. Section 13 of that Act says:

"The medical diploma or diplomas granted in a British possession or foreign country to which this Act applies, which is or are to be deemed such recognized colonial or foreign medical diploma or diplomas as is or are required for the purposes of this Act, shall be such medical diploma or diplomas as may be recognized for the time being by the General Council as furnishing a sufficient guarantee of the possession of the requisite knowledge and skill for the efficient practice of medicine, surgery and midwifery."

The hon. Malik FEROZ KHAN NOON: Don't you think it refers only to the Colonies and foreign countries and not to India?

The hon. Mr. S. MUTHIAH MUDALIYAR: I do not think so, because section 11 refers to "a British possession to which this Act applies."

The hon. Malik FEROZ KHAN NOON: But the heading is 'Colonial and Foreign practitioners.'

The hon. Mr. S. MUTHIAH MUDALIYAR: That is a doubt which did arise—that India is not a foreign possession or a colonial possession. But there is not much in that.

The hon. Malik FEROZ KHAN NOON: The Act should be amended or it is all useless.

The hon. Mr. S. MUTHIAH MUDALIYAR: I understand a foreign possession and a colony as including a British possession. This is made clear in the opening sentence of section 11.

Mr. G. S. BAJPAI: What about section 17?

The hon. Mr. S. MUTHIAH MUDALIYAR: If you further refer to the Act of 1905, you will see that it says—

"For the purposes of the Medical Act, 1886, where any part of a British possession is under a central and also under a local legislature, His Majesty may, if he thinks fit, by Order in Council, declare that the part which is under the local legislature shall be deemed a separate British possession."

So every one of our provinces is a separate British possession.

CHAIRMAN: You wanted to assume for the sake of argument that the British Medical Council has no power to appoint an Inspector in India. But you at the same time said that, even granting that that is the position, if all the Universities in India agreed to the appointment of an Inspector, you would submit to his inspection. Supposing that man comes and recommends the disaffiliation of a particular University, what would be the legal consequence?

The hon. Mr. S. MUTHIAH MUDALIYAR: The same legal consequence will follow as will follow the appointment of our own man. Suppose the Indian Council appoints a Commissioner and he recommends that the Madras University diploma, M.B.B.S., is no good, they do not recognise it. The result is the same.

CHAIRMAN: Whether he comes with authority from the British Medical Council or whether he is appointed by India, his status and powers will be the same.

The hon. Mr. S. MUTHIAH MUDALIYAR: Yes.

Mr. G. S. BAJPAI: The expenses would be thrown on the General Medical Council.

The hon. Mr. S. MUTHIAH MUDALIYAR: Yes. I have made my position clear. If I may refer to the last portion of the letter of the Secretary of State . . .

Mr. G. S. BAJPAI: It is not the letter of the Secretary of State. It is a copy of a letter addressed by the General Medical Council to the Secretary of State.

The hon. Mr. S. MUTHIAH MUDALIYAR: You are right. May I draw your attention to the closing words of that letter at page 112 of the papers circulated to us 'for the due fulfilment of its statutory duties'. All that the Council says is that it has no power. We say 'If you do not have the power, it does not matter, we will subject ourselves to the jurisdiction of the Inspector.'

Then again paragraph 7 of the letter says:

"The Council . . . again urges upon the Government of India the expediency of appointing a whole-time Commissioner with the express duty of visiting Medical colleges, of inspecting professional examinations, and of furnishing to the Council, through the Government of India, the guarantees that are indispensable for the due fulfilment of its statutory duties. These guarantees would incidentally be of great value to the Government of India in respect of the medical services which are central rather than provincial in their nature and extension."

So in a matter like this which I think will not cost more than 1½ lakhs of rupees; I think it is the prime duty of the Government of India itself, because it is in respect of the medical services which are central rather than provincial. I do not say the Medical Council has the last say in the matter, but that is the opinion which they express, and we adopt it because the I.M.S. officers are an all-India service people . . .

Mr. G. S. BAJPAI: It is not a central service. The expression here "central rather than provincial" is not used in the technical sense of a central service. I can very well interpret central and apply it to the areas created by the Government of India such as Ajmer-Merwara and the North-West Frontier Province.

The hon. Mr. S. MUTHIAH MUDALIYAR: I submit that it will be a matter for the Government of India to feel the responsibility of showing to other nations that the medical graduates manufactured in India are as good as anybody else and it is their duty to see that they are registered and Government of India must bear the expenses.

The hon. Sir GANESH DATTA SINGH: May I make one submission, Sir, on the question of appointment of three Commissioners? The discussion took a different turn by the arguments placed before this Conference by Mr. Feroz Khan Noon. My Government would not agree to have three Commissioners. You know that of all the Governments represented here, Bihar is the poorest and it was with very great difficulty that they agreed up till now to pay the proportionate cost of one Commissioner. If it is now proposed to have three Commissioners, I am afraid it will be impossible for my Government to agree to it. It will be much better to apply what is spent on the Commissioners for the improvement of the colleges. My submission is that the appointment of three Commissioners will in no case be acceptable.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: I have no mandate from my Government for one man permanently.

The hon. Malik FEROZ KHAN NOON: If it is one or three, we do not mind.

CHAIRMAN: The only object for which this conference was called was to elicit opinions, and those opinions having been elicited, the Government of India, I suppose, will take time to consider how to deal with the varieties of opinions which have been expressed. If the legal point that has been raised by the shrewd lawyer friend of mine from Madras has any substance in it, then the Government of India cannot merely be guided by the expression of opinion of one individual. Perhaps they may have to seek legal advice on that matter. I cannot say what they will do and what they will not do, and whether the particular opinion is sufficiently attractive,—indeed it is admirable from the financial point of view,—from all other aspects or not. This is a point which the Government of India will consider.

The hon. Malik FEROZ KHAN NOON: Sir, I am not quite clear on this, but perhaps you would like to satisfy yourself. I have not studied the Act. I got the impression that it might possibly sometimes be argued that India is not contemplated in these Acts and that these Acts apply only to colonial possessions and foreign countries.

CHAIRMAN: I think it is clear because the expression 'British possession' occurs.

The hon. Malik FEROZ KHAN NOON: But that expression occurs in conjunction with others.

The CHAIRMAN then read section 17 as under:—

"Her Majesty may from time to time by Order in Council declare that this part of this Act shall be deemed on and after a day to be named in such Order to apply to any British possession or foreign country which in the opinion of Her Majesty affords to the registered medical practitioners of the United Kingdom such privileges of practising in the said British possession or foreign country as to Her Majesty may seem just."

Sir FRANK NOYCE: I would only call attention to the foot-note at page 57 (*vide* the British Medical Register).

The hon. Maharaj Kumar Major MAHAJIT SINGH: I would call attention to section 27 where 'British possession' is defined.

CHAIRMAN: I hope that it is no matter of doubt that India is a British possession.

The hon. Malik FEROZ KHAN NOON: None. I do not think there is anybody in a position to question that.

CHAIRMAN: We have heard with very great interest no doubt the opinions expressed by the other provinces in regard to this one important matter. I am not quite clear in my mind yet as to what the exact attitude of Bombay is. We shall not now decide as to whether India will establish a General Medical Council or not. We cannot do that. Well, that question will take time, I believe, to materialize. At any rate, until that question is decided, we have to carry on, and we have to satisfy the condition that has been imposed by the General Medical Council to enable it to continue registration of graduates of the Indian universities. The Commissioner or Inspector will be, for the time being, only on a temporary basis, and I am not quite certain in my mind whether Bombay would agree to the appointment of a man like that on a temporary basis and be prepared to shoulder the expenditure involved (pro rata of course) or whether it would be opposed to having anything to do even with that temporary Inspector, and if that is going to be their attitude, the consequence, I suppose, is obvious, and need not be emphasized.

The hon. Sir GULAM HUSSAIN HIDAYATULLAH: The Bombay Government have already sent you their opinion in the matter. I have no mandate about payment to one Commissioner. I have no objection to his temporary appointment. The Government of Bombay have opposed payment in regard to the All-India Medical Council.

CHAIRMAN: That has been done no doubt. That of course we have discussed thoroughly, but now I have to form some idea in my mind as to what we should do pending a decision on the main question.

The hon. Major-General Sir HENRY SYMONS: I would refer to page 103 of the papers circulated to the Conference, wherein it is stated that a definite answer will be given after the matter is considered at a conference.

Mr. G. S. BAJPAI: We shall have to start communicating with Bombay now on the discussions which have taken place at this Conference here.

CHAIRMAN: I have only to repeat my own thanks and those of the Government of India to the gentlemen who have taken trouble to attend this Conference. I confess that the questions have been discussed in a free and frank manner, and I can assure the Conference that the Government of India will pay due attention to all the views expressed

round this table before they decide their own attitude in regard to the establishment or otherwise of a General Medical Council in India. More than that, I do not think you expect me to say at this stage. Thank you once more, and I hope that I shall have the pleasure of meeting all of you at a party which has been designed for the purpose of giving me a further opportunity of meeting you at greater leisure and without the restrictions of a discussion round a table. I am only sorry that Colonel Sprawson cannot attend, because I find that he is leaving this afternoon, but I hope that all others will be able to attend.

The hon. Malik Feroz Khan Noon: Before we break up, Sir, I would like to make a suggestion. At the present moment, the question of public health in this country is a very important one, in view of the fact that these epidemic diseases are occurring in most of the provinces in a virulent form, especially cholera in the United Provinces and the Punjab.

The hon. Mr. S. Muthiah Mudaliyar: In Madras also.

The hon. Malik Feroz Khan Noon: I think it is time that the Epidemic Diseases Act was amended. It is an old Act and it is defective in many particulars. We have found its defects in its working in the Punjab. For instance, one defect is that if we apply the Act to a certain area, then there is no time limit fixed in the Act as to how far that Notification is to continue and when it is to come to an end, or whether, when the cholera breaks out next year, the old Notification has to be continued or a new one has to be issued, and there are many points which require control. I think therefore it is time that this matter of overhauling of the Epidemic Diseases Act were taken into consideration, and I am sure that perhaps you would like the views of the various Public Health Ministers from the Local Governments and you would also like to arrange a Conference for the exchange of ideas on the subject.

Chairman: I have my fullest sympathies with what my friend has said. Indeed public health was one of the special subjects of my interest for a good long part of my life, and if there is anything which I can do in the line indicated, nothing will please me more; but my friend will recall in his mind the fact that this suggestion came from his Government some time ago officially, and, as again it was one of the subjects called provincial transferred, we had no other option in the matter except to consult the other local governments as to what their own attitude regarding the suggestion of the Punjab was. I am sorry to say that all the local governments who were consulted reported against the desirability of either amending the present Act, or of undertaking fresh legislation, inasmuch as the whole question of reforms was in the melting pot, and not until the Simon Commission had reported could any attempt in that direction be made. We had no other alternative, therefore, than to communicate to the Punjab the result of the enquiry. There the matter rests, and I therefore hope that my hon. friend from the Punjab will realize that the lack of interest is not on the part of the Government of India, but on the part of his own brethren the hon. Ministers.

The hon. Malik Feroz Khan Noon: I think it was justified, and I am satisfied.

The hon. Provash Chandra Mitter: Sir, I have to perform the pleasant duty of conveying to you on behalf of the various representatives of the provinces their grateful thanks for the manner in which you have conducted the affairs of this conference. No other remarks, I think, are necessary, and I am sure everyone will agree with me.

The Conference then dispersed.