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The Medical Practitioner

A Monthly Medical Journal

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13 FEB 1933

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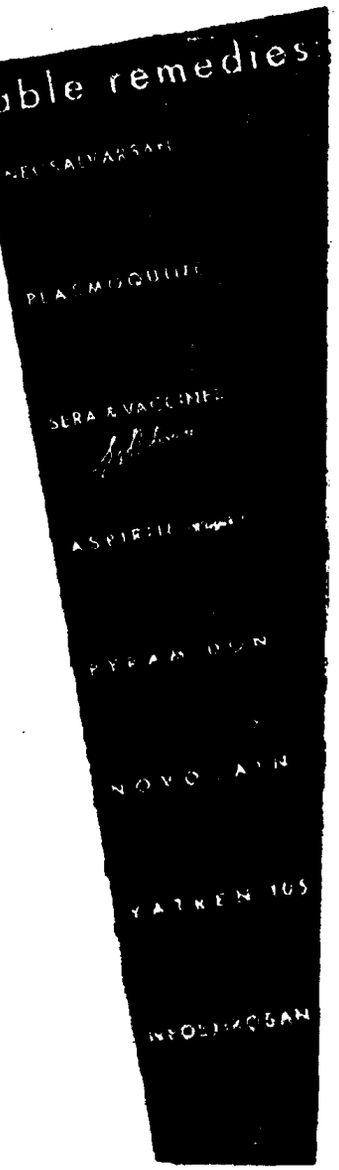

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ALL-INDIA MEDICAL CONFERENCES

The two All-India Conferences which were the subject-matter in these columns last November came off, one, of the All-India Medical Licentiates, on the 20th December and the following two days in Madras, and the other held under the auspices of the Indian Medical Association on the 28th December and the following day at Lucknow. It is rather an exacting task to have to say about these two Conferences in one and the same place in these columns, the Associations which organised these Conferences being quite different bodies, though belonging to the same profession. The All-India Medical Licentiates' Association was primarily an organisation of medical subordinates in service started with the set purpose of redressing service grievances. These few years the Licentiates in private practice having outgrown their brethren in service, annual conferences of the All-India Medical Licentiates, are conducted mainly with the help of the Licentiates outside service. It was so at least in 1916 when the All-India Medical Licentiates' Conference was convened in Madras and in 1932 it could not be otherwise. We mean no offence to the Licentiates in service who did co-operate with their brethren in private practice in all the activities connected with the Conference. The grievances of the Licentiates in private practice in the exercise of the profession being certainly more than of those in service, the subject-matter for discussion in the annual gatherings have naturally assumed quite a different turn. Yet it is unfortunate that the mentality of those who lead, has not materially changed to suit the changed conditions. This was evident at Madras as could be gathered from the proceedings of the opening day of the All-India Medical Licentiates' Conference. It was the time-honoured custom, though not sanctioned by the memorandum and the rules of the All-India Medical Licentiates' Association that the head of the Medical Department was always requested to preside. Such a person was the Surgeon-General or the Inspector-General of Civil Hospitals depending upon the province where the conference was held. After the Montford reforms, the Minister in charge of the Medical portfolio and the head of the Medical Department were made to share the responsibilities, the Minister doing the function of opening the conference and the head of the Medical Department presiding over the conference. So when these dignatories were present at these gatherings, it was quite natural that the addresses of the Chairman of the Reception Committee who was usually a prominent member of the All-India Medical Licentiates' Association took the form of a memorial, full of prayers and pious hopes. It could not be otherwise even this year in Madras, though it has to be said that Dr. U. Rama Rau did this otherwise humiliating work (at least to him) in a manner to "sop" (to use his own expression) both sections, in and outside service. Or else it was not possible for an independ-

ent practitioner of the position and status of Dr. U. Rama Rau to speak lightly of the disabilities of the Licentiates, such as granting of certificates, honorary appointments, etc., as of minor importance. Dr. U. Rama Rau's hopes in officials are borne testimony to by his appeal to them in the following words, "We have in The Hon'ble the Raja of Bobbili, a Chief Minister who has come here with an open mind and unbiassed heart to help us; in our Surgeon-General Col.Sprawson, a sympathiser of our aims and aspirations and in Major Mahadevan, the Superintendent of the Royapuram Medical School, a true friend of the L.M.P. class. We may be sure, then, that our cause will be safe in their hands."

It is likely that the chief Minister would have known before hand what the Chairman of the Reception Committee would say as could be judged at the time when the Minister read his address; or else, it would not have been possible for the Minister to anticipate what Dr. U. Rama Rau would say in his address. This aspect of the matter makes the speech of the Hon'ble the Raja of Bobbili most disappointing. We cannot agree with the Hon'ble the Raja of Bobbili that the introduction of the five years' course in the Medical School will remove 'untouchability' in the profession. On the other hand, the very introduction of the five years' training for the future Licentiates would stamp the 'untouchability' label more boldly than it is now and in addition, will give rise to intercastes amongst the Licentiates and make matters worse. The only radical cure for the existing 'untouchability' in the profession is to recognise all registered practitioners as equals in the matter of rights and privileges in the exercise of the profession, as is the case in other civilised countries, including Great Britain. With this reform, the introduction of the five years' course will bring about everlasting contentment in the profession. It is no wonder that the Hon'ble the Raja Saheb who has taken the charge of the Medical portfolio quite recently, is no exception to the other Government officials either in the provinces or at the Centre, in not understanding the purpose of a Medical Council or a Medical Register. The Medical Register is primarily intended for the [illegible] public [illegible] them to find out qualified [illegible] non qualified practitioners and the Medical Council exists for the purpose of exercising disciplinary control over registered practitioners. The object for which the Medical Council Bill is introduced being quite different from the object for which Medical Acts were passed by other civilised Governments in the world, the Government in this country and their nominees struggle to make things appear as what they are not. The Chief Minister is perhaps not aware that in the provincial Medical Registers the practitioners are registered in three different groups and not in one group, as is the case with the Medical Register in other countries including Great Britain, where, in spite of the existence of various grades of qualifications, no distinction is made either in registering the practitioners or in the matter of the rights and privileges enjoyed by such practitioners by virtue of registration. The ideals of democracy of the Hon'ble the Raja Saheb are naturally quite different from what democracy really means. According to the Raja Saheb's theory, a poor man should amass wealth as much as that of a rich man before he can claim, in common with the rich man to enjoy the rights and privileges of citizenship.

Surgeon-General Sprawson, the President of the Licentiates' Conference recognised the fact that the profession in India could not achieve much on account of the existence of divisions amongst themselves. He justified the necessity for such divisions in the past, but wished such divisions should disappear as the times have materially changed. The past policy of the Government which divided the profession both in service and outside was entirely due to their advisers in the person of the Surgeons-General or the Inspectors-General of Civil Hospitals, as the case may be, and it would have been most graceful if Surgeon-General Sprawson, instead of expressing sentiments for the amalgamation of the profession as a whole, showed ways and means by which the profession could be united. There is a splendid opportunity now before the Government, viz., the All-India Medical Council Bill, and Major-General Sprawson, instead of advising the Licentiates not to bother about their not being recognised by the General Medical Council, Great Britain, ought to have advised the Government that it was desirable in the interests of the profession as well as the

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public that the Licentiates should be included within the purview of the proposed Bill, and if the Government followed his advice as they always did, he would have been able to demonstrate his sincerity in creating unity in the future medical profession in India. When the Licentiates are transformed to something else, they do not exist as such, and they do not need the help of Surgeons-General or anybody else for being recognised in the form they appear after transformation. Facts are quite different from what was expressed by Surgeon-General Sprawson regarding his surprise that so far the Licentiates did not complain about the incompetency of the teachers employed in medical schools. There has been agitation by the profession as a whole including the Licentiates regarding this subject in all the provinces in India both regarding teachers in medical schools as well as in medical colleges, and the Indian Medical Association have been passing resolutions and are reiterating the same in almost all their annual gatherings including the one that met last December. We have published elsewhere extracts from the addresses of Dr. U. Rama Rau and, the Hon'ble the Raja of Bobbili, and the address of the Surgeon-General has been published in full. The Chief Minister and the Surgeon-General have said unequivocally that the Licentiates should depend upon themselves for ameliorating their position both in service and outside. We trust the Licentiates, especially the leaders amongst them will soon realise that *earning* is certainly a better profession than *begging*.

The All-India Conference at Lucknow was run on quite a different style. The President was a member of the independent medical profession and a member of the Indian Medical Association under whose auspices the all-India gathering of medical men representing all the existing grades in service and outside was held and it was certainly a happy augury that a larger number of Licentiates attended this Conference and took part in its deliberations. We trust that time will not be far when the medical profession as a whole will identify itself with the Licentiates who now form the largest bulk in the profession and command the confidence of the public and the Government alike in relieving and preventing human ailments.

Rai Bahadur Dr. B. N. Vyas, the Chairman of the Reception Committee, declared in unambiguous terms that " the profession in India will not be satisfied unless the proposed (Indian Medical) Council has (1) a predominantly unofficial element, (2) that it includes the Licentiates on its register, (3) and that it is given full power of reciprocity."

Regarding medical relief, Dr. Vyas said, " No country in the world has attempted to bring medical relief to its people through the agency of highly paid services," and he pleaded for the associating of a large number of independent medical practitioners in affording medical relief to the masses. He was for re-organising Public Health services on more adequate salaries. He was of opinion that there was zeal and required qualifications in the younger generation to take to research work, but the attitude of the Government in not encouraging private practitioners to conduct research in the various branches of medicine was a great handicap in this direction. He was for developing indigenous systems on a scientific basis and appealed to the profession to encourage Indian Industries in the manufacture of medicines and surgical appliances. He exhorted the younger generation to settle in rural areas for practice.

The President of the All-India Conference, Major M. G. Naidu, tackled the affairs of the profession as a whole in his own way. Having a military descent and training, he appealed to the members of the Indian Medical Association to observe strict discipline in obeying the rules and regulations and guard against any split. He deplored the lack of *'espirit de corps'* in the profession as was evidenced by the fact that " two organised bodies—both professing to be " Medical " and " All-India" are holding Annual Conferences in different places at the same time ". He earnestly hoped that the time was not far distant when the complete merging or at any rate a satisfactory harnessing together of the All-India Medical Licentiates' Association and the Indian Medical Association would come about. He placed the problem of the necessity of providing for the medical and sanitary aid to the rural areas as the first charge on the [illegible] members of the profession and suggested ways and means whereby such aid could

be secured by means of provincial and district organisations to be started and controlled entirely by the members of the independent medical profession. We quite agree with Major Naidu that medical relief in rural areas should attract the attention of the profession, but we cannot approve of the system of training lay men and women for this work especially recruiting the existing Vaidyas, Hakims and Ayahs. India is a country of confusion of faiths and there exist already many systems of medicine which are in the hands of quacks in these days and the profession will be encouraging quackery if this scheme of Major Naidu is adopted. The work in rural areas should be conducted by medical men of missionary spirit who should form a society employing on mere living wages medical men and women, nurses and midwives from among the juniors in the profession and establish medical, surgical and maternity units in convenient stations, co-operating and co-ordinating with each other. There is no dearth of medical men today as was the case some years ago and if the Government could get qualified practitioners both from the graduate and the licentiate class on a monthly subsidy varying from Rs. 60 to Rs. 40, the medical profession can surely get them for more honourable and onerous work than the Government subsidised practitioners are now doing under the tyranny of the Taluk Boards. If the scheme is worked out steadily and slowly we are sure the independent medical profession would eventually be the masters in the matter of medical relief in the country. Men and money will not be wanting if proper leaders in the profession take up the work in right earnest. We whole heartedly endorse what Major Naidu said about the medical education in this country that it does not lead to best results. He deprecated the wholesale use of proprietory medicines by the members of the profession. He wanted that the profession should follow the Buy Indian policy and creed and should advise the patients to have recourse to Indian system of physical exercises. He deplored the present tendency of depending too much on Mechanisation, whether it be in Bacteriology, X-ray or any other mechanical means for diagnosing diseases and advised the younger generation to depend upon their observations arrived at by careful physical examination and a reliable history.

The resolutions passed by both the gatherings have been published in the "Correspondence Columns". The Licentiates' Conference passed 22 and the All-India Medical Conference 27 resolutions. Though the addresses read out at the Conferences did not do full justice to the grievances of profession regarding the rights and privileges, the enjoyment of which alone could bring about the desired happiness and contentment, we are glad that the suggestion made by us in these columns as to what sort of work should be turned out at these conferences has been embodied in substantive resolutions. It is also noteworthy that at the Lucknow Conference a resolution has been passed calling upon the profession to start associations to safeguard and promote the economic status and interests of the profession with due regard to the interests of the public. We are of opinion that there is no need for starting separate associations for this purpose, the existing association may as well appoint special committees for doing this work. We trust the leaders of the medical profession in both the Associations will not keep quiet with the pious hopes that their work ceases with the closing of the Conferences; we should say that the closing of the Conferences should on the other hand, be the beginning of a strong agitation. There had been unanimity regarding some subjects such as, the Indian Medical Council Bill, Medical Education, Research, Medical Services, etc. As was pointed out rightly by Rai Bahadur Dr. Vyas at Lucknow, very little attention is now being paid by the political leaders about medical administration, a very important subject, affecting the welfare of the public, and it is essential that our political leaders are apprised in time and given adequate information regarding this subject, so that the work of the medical profession is not hampered later for want of proper understanding before the Indian constitution is passed by the Parliament.

PANCREPATINE
A.F.D
RESTORES HEALTH
IN DIABETIC CASES

THE ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH, MADRAS FOR THE YEAR, 1931-32.

GENERAL POPULATION.

Before inferences are drawn from figures, it is necessary to satisfy oneself with the accuracy of those figures, otherwise he will be led to the position of the philosophers to whom the question "why the live fish is heavier than the dead fish" was put for answer. One party said that it was heavier because of the life within it, and another gave other causes and so on. However, on actual weighment it was found that there was no difference between the live and the dead fish. It is too well known to the public who are to give information on all particulars required in the census that on account of the acute non-co-operation movement which obtained when the census was taken in 1921, correct information was not supplied and the census figures collected, therefore, were very much below the actuals. The increase of 2.16% between 1911 and 1921 censuses and that of 9.46 between 1921-1931 are obviously incorrect. That the figures of the 1931 census are not fully reliable will be evident, if the figures for the City of Madras are taken for consideration. It is natural to expect that in the city with the competency and sufficiency of the enumerators, the efficiency of supervision and compactness of area, the census would have been conducted better than in other parts of the Province. The vital statistics registration also is expected to be better done in the city than elsewhere in the Province. The number of infants of one year and under, according to the census which was taken on the 26th of February 1931, was 13,469. The number of infants under one year dead during the 12 months, from March 1930 to the end of February 1931 as per vital statistics return was 5,710. So, the total number of births must be 19,179. But according to vital statistics return it was 25,343 for those twelve months. The large difference of 6,104 clearly shows that the census figures are not accurate. It may be borne in mind in this connection that parents would give the age of their children as one year, even though they may be a few months older, which defect cannot occur in the registration of vital statistics. Besides the inaccuracy in the numbers pointed out above, the variations in the population of the Hindus, Mohammadans and Christians deserve consideration. From the birth and death rates obtained in the City of Madras for the years 1925 to 1931 (7 years of the decade) was found on calculation that there was neither increase nor decrease among Hindus, there was a decrease of 2% among Mohammadans and an increase of 6.7% among Christians. According to the census, the increase among the Hindus, was 7.7%, Mohammadans 17 and Christians 30. This appears rather extraordinary and demands careful looking into, particularly now, when communal representation in proportion to population is in vogue.

VITAL STATISTICS REGISTRATION.

Coming to the vital statistics registration in the Province, it has been the slogan of generations of Sanitary Commissioners (Directors of Public Health) that the vital statistics registration is very backward and the figures fall very much below the actual. Further, in the census, the figures for the whole Province including the Agency Tracts and all nationalities including Europeans and Anglo-Indians and Americans, are taken while vital statistics figures do not include Agency Tracts, Europeans, Americans and Anglo-Indians. So, it is obvious that no proper comparison between these figures can be usefully made and the approximation recession between these figures does not convey any significance and calls neither for congratulation nor grief.

The collection and registration of vital statistics are said to be unsatisfactory. In municipalities where the registration is compulsory and special staff is appointed for this duty, the work is not done properly. The reason is that the Councillors do not attach much value to this work and do not take steps to punish persons who fail to report occurrences and violate the law. They seem to attach more value for the ornamentation of the towns, provision of lights and other spectacular works. In villages the village heads are entrusted with this duty in addition to their other multifarious duties. Their chief duty is to collect revenue and as long as there are persons from whom the tax can be collected, they do not care, and are not

taken to task for such carelessness by their superiors, to know what becomes of other persons, whether they die or suffer. In the rural towns and unions improvement can be effected if vital statistics are made compulsory and the duty of registration is taken away from the village heads and entrusted to a special subordinate employed in them. A third class vaccinator may be employed and entrusted not only with vaccination but the registration of vital statistics and supervise conservancy staff. Arrangements similar to this are in operation in the Travancore State in what are called conservancy towns where the overseers who are all qualified in vaccination are entrusted with the duties of vaccination, registration of vital statistics and sanitation on pay ranging from Rs. 15 to Rs. 20. The work is very satisfactorily done and sometimes better than that in municipal towns. As these rural towns and unions stand intermediate between urban areas (municipal towns) and purely rural areas (villages) the figures collected serve as a mean between urban figures and rural figures and may be utilised in estimating almost correctly the figures for the whole province.

MATERNITY AND CHILD WELFARE.

The Director states "The above figures show that the infantile mortality rate has not been largely affected by any child welfare schemes which may have grown. In England and Wales the infantile mortality rate has fallen from 153 in the decade 1891 to 1900 to 60 in 1930 and this is on every side attributed to the infant welfare activities although we realize that other factors play their part. Obviously if this work is scientifically carried out, it is not only life-saving but is a sound financial proposition: in that it produces fitter wage-earners for the country and eventually should produce an A_1 race instead of a C_3 race." To say that the infant mortality rates have not been largely affected is incorrect and simply intended for whitewashing, for it is seen that there has been a gradual increase from 166.4 in 1922 to 186.6 in 1931, and the average for the first five years of the decade is 178 while that of the latter five years is 182. The effect the scheme has produced as observed by the figures, is that it has raised the mortality rate. The improvements obtained in England and Wales in the registration of infant mortality from 153 to 60 is not due to child welfare alone but chiefly to the fall in the birth rate due to birth control. The Director's statement that the fall in the infant mortality alone will produce A_1 race is again incorrect. Dr. Drysdale says that any attempt at reducing India's infantile mortality rate (without reducing birth rate) can do nothing but increase the misery and death rate of older children and adults, and it is better that infants should perish rather than live longer or to share and intensify the inevitable fate. So the attempt to reduce the infant mortality alone if successful (it cannot be successful as it is against nature) will make the race worse than C_3. The officers are so much tied down by red-tapism that any recommendations for improvement or change from the existing line of action are not appreciated and acted upon, on the merits of the recommendations, etc. unless they emanate from their official superiors. Such an authority is now forthcoming in the matter of infant mortality. The "India in 1930-31" an official document approved and sanctioned by the Viceroy and the Secretary of State for India, contains the following statement.

"Meanwhile, until the use of this method (birth control) becomes so extensive as to yield appreciable results, little can be done. Some authorities have been forced to the conclusion that the only alternative means of checking the present rate of increase would be by relaxing the efforts to reduce the infantile mortality rates; and despite the extraordinarily beneficent work which is performed in the child welfare and maternity centres, the purely scientific arguments which can be adduced in support of this view are substantial."

We are grateful that two additional statements, Annexures D and E about the survey of maternity and child welfare in districts and municipalities about the supply of which we have been pressing in our journal, have been provided. There is no separate survey for rural towns, in some of which the maternity and child welfare scheme is working. The omission may be supplied by simply adding a column to statement VI,

Papyta tablets relieve dyspepsia.

to note the infantile mortality rate and mark with an asterisk against the names of the rural towns where the scheme is in operation. The Director complains that some municipalities are sceptical about the results of the scheme. The Indians, though perhaps wanting in other attainments, are by nature shrewd. Unless they are convinced of the benefits of the scheme they are quite in the right in not spending people's money simply to satisfy the authorities. Out of 82 municipalities, in 16 the scheme is not in operation. The scheme is intended for all practical purposes to reduce infant and maternal mortality. The highest infant mortality rate 278.5 and the maternal mortality 49.2 were in Vizagapatam and Villupuram respectively, the two municipalities in which the scheme is in operation. The lowest infant and maternal mortality 99.2 and 2.68 are to be observed in Sivakasi and Udumalpet respectively, the two municipal towns where the scheme is not working. The average infant mortality rate in the 16 municipalities in which the scheme is not in operation is 168.79 and maternal mortality 14, while in the remaining municipal towns where it is working, the rates are 224.69 and 14 respectively. Will any right thinking person with a sense of responsibility be satisfied with the results as shown above and spend people's money on the scheme? Without providing for birth control clinics in the scheme the money spent on it is a waste. In "India in 1930-31", the official authority quoted above, it is stated, "At any rate there seems to be a good deal to be said in favour of arranging that in maternity clinics and during the course of "baby weeks" instruction in birth control should be provided."

GENERAL REMARKS

The report is indeed very interesting, instructive and erudite. The spirit of sincerity displayed by the Director, Col. Webb, pervades the whole of the report. We heartily join the Government in offering our congratulations to Col. Webb on the good work done by him. He evidently belongs to the class of Cols. W. G. King and Russell, who have done so much for the cause of Public Health in Madras. But he suffers with them the disadvantage of being a foreigner who cannot enter into the spirit and properly understand the sentiments and feelings and mentality of Indians. The human race is broadly divided psychologically into two types—the hysteric and compulsive types. These two cannot intimately understand each other. The Indians belong to the hysterical type and the Britishers belong to the compulsive type. The materialistic point of view that actions and thoughts of human beings are chemico-physical processes and that a man and a woman are nothing more than a pair of test-tubes for making chemical experiments, prevails largely among the Britishers. Even their medical science and practice are mainly based on that view. It is this difference which is the root cause of all misconceptions and misunderstandings that obtain in the political, economical, social and other relationships between the Indians and the Government. Sentiments weild much influence on the Indians in their modes of thinking and actions and their importance and significance the Britisher cannot understand and appraise at their real worth. Personal Hygiene and Public Health must begin at the hearth or the kitchen of every Indian home. Any public health measure which goes against the sentiments of the Indian, either in the abstract or practice will surely fail. The officers in charge of the administration of Public Health, must see that the measures intended to be taken do not go against the psychic of the people and the measures are so worked as not to irritate the sentiments of the people, as they will not only lead to failure but make the people hostile to their proper working. We are glad to note that Col. Webb is very anxious to understand the sentiments of the people and has even gone to the length of visiting Indians of position and influence in their houses and discuss matters with them. Knowing that the officialdom and prestige playing a great part in the Indian administration, the best way to get correct information on matters pertaining to a department is for the head of the department to converse freely and without restraint with the lowest subordinates and then proceed up to the superior officers; otherwise, if the subordinates come to know of the opinion given by their superiors, they will simply echo them, whether right or wrong. This was the procedure adopted by Col. King, and his eminent success was due to this. In addition, it is better to consult outsiders with experience and knowledge and not to be

satisfied with the information coming from persons in higher authority or follow what is done in other parts of the world. For instance, in Travancore, provision for noting age of mother and time of birth in Birth Register is made and the importance of the information so collected is indeed, of very great social, medical and economic value. The employment of a qualified vaccinator in conservancy towns there—corresponding to rural towns and Panchayat in this Province—to collect vital statistics, to conduct vaccination and supervise conservancy work, may be very well be adopted here. The provision of birth control clinics adopted in Mysore State hospitals may well be followed here. The Health Visitors' scheme and baby welfare annual celebrations and propaganda cannot be of much use in India at least for a long time to come. The common people including women do not take any interest in them and we cannot understand how the authorities bring themselves to think that these will be appreciated by the people and console themselves that the money spent on these schemes goes at least towards the salaries of officers who are mostly Indians and that they do all these in order to justify their appointments. Grown-up women are too case hardened to be benefited by the pleadings of Health Visitors and Baby Week tamashas. If any improvement is to be effected, sound instruction with the aid of cinema should be given in girls' schools and colleges and the subject of sex, mother-craft, bringing up of babies, etc., must be made compulsory in S.S.L.C., Intermediate and B.A. Examinations for girls. The money amounting to about 4 lakhs of rupees now spent on Health Visitors, Baby Week, etc., may be best utilised in providing instruction on sex, mothercraft, etc. in High Schools and Colleges and medical inspection of schools and in providing medical clinics in them. We have dealt with the report in detail, so as to attract the attention of the Director of Public Health who appears to have an open mind and who we trust will treat our comments in the spirit they are offered.

THE 25th ALL-INDIA MEDICAL LICENTIATES' CONFERENCE

Address by Rao Sahib Dr. U. Rama Rau, Chairman, Reception Committee.

Dr. Rama Rau in the course of his address in welcoming the visitors and the delegates to the Conference and in requesting the chief Minister, the Hon'ble the Rajah Saheb of Bobbili to open the Conference gave a brief description of the City of Madras, narrating how a small insignificant fishing village, which was presented in the early part of the 17th century as a gift by the Rajah of Chandragiri to the East India Company became the capital of the Presidency.

He next dwelt on medical education which he said was "the one topic which is of all-absorbing interest and of vital importance to the Licentiates." He traced the growth of the vernacular medical schools both in this Province and elsewhere which were mainly started by the Government for the purpose of securing cheap medical men to assist I.M.S. officers as dressers and assistants in the hospitals. Later when the Indian Universities were established, medical colleges were started, where a lower degree, the L. M. S., was in existence till quite recently, a qualification not recognised by the General Medical Council, and he expressed his gratitude to Dr. M. R. Guruswami Mudaliar who strenuously fought in the Madras Senate and abolished this lower degree. In the case of the Licentiates there had not been tangible progress and their principal grievances, viz., (1) permitting them to qualify themselves for the University degree, (2) raising the percentage of pass marks so as to conform to the percentage obtaining for medical graduates, (3) raising the course of studies to 5 years, (4) levelling up the standard of education so that they may be eligible for recognition by the General Medical Council of Great Britain for post-graduate study and for competing with the graduates for higher appointments in the Medical Department under the Government, remained much the same, though in the case of Madras Presidency L. M. Ps. are now being allowed to appear for the M.B.B.S. Degree. But the conditions demanded of the L. M. Ps for admission for such a course made this concession look like a sop. "It is indeed a ridiculous waste of time and energy to force the L.M.Ps to pass the Intermediate examination or the Cambridge Senior with credit in three subjects". Dr. Rama Rau vehemently questioned the utility of studying vernaculars or the classical languages and said that "the Syndicate would have acted wisely if they had only ruled that the L.M.Ps desirous of studying for the M.B.B.S. course should sit for the English paper alone in the Intermediate examination exempting them from the rest or pass an entrance examination in English, Physics, Chemistry and Biology and exempt them from vernacular and other subjects which are obviously not wanted for their purpose." He was of opinion that this concession was destined to be a dead-letter, as the L.M.Ps "who can run this obstacle race will only be few and far between and Madras must still be deemed to be sailing in the same boat with the rest of India, where even this half-hearted concession had not been extended". With regard to the second grievance, he said: "We must be thankful to Dewan Bahadur B. Munuswami Naidu Garu, ex-Chief Minister to the Government of Madras for allowing this concession. But this is something like allowing a prisoner some sort of freedom with additional fetters on. The test is made more severe, while the standard remains the same. In one way this may be helpful. It will limit the output of Licentiates and thus lessen the possibility of more unemployment and starvation now staring the rank and file of the medical profession. The raising of the course from 4 to 5 years too, does not appear to be a remote possibility as our former Chief Minister has already openly agreed to this proposal and it only remains for the Hon. The Rajah of Bobbili, who has succeeded him to that exalted office, to implement his decision by issuing an official fiat."

RAISING OF STANDARD OF LICENTIATES.

"Lastly comes the raising of the standard of qualifications of the L.M.Ps., which stands as a stumbling block in the way of the realisation of our hopes and ideals. All are agreed that the time has arrived for raising the standard of L.M.Ps, that the baneful caste system in the Medical profession should be abolished and that henceforth there should be one uniform minimum standard of Medical Education maintained throughout the length and breadth of India. The Government of Madras appointed a Committee in 1928 to investigate into the matter and the Committee made their recommendations with regard to the L.M.P. qualification as follows:

'Considerable dissatisfaction has been expressed with regard to the existing L.M.P. qualification especially by holders of the diploma. At present there is no provision for higher education for L.M.Ps in this country and those who aspire to a higher qualification are compelled to proceed to England and take up a continuous course for at least two years. So long as they remain in India, it is impossible for them to obtain a qualification which is registrable in the United Kingdom unless they are prepared to go through the University course from the very beginning. L.M.Ps also demand a higher standard of professional education. The committee agrees with them and advises that the minimum course of instruction should be of five years duration. For the present there may be two standards of qualification, one being the University degree and the other a Diploma which will entitle the holders to registration in the Madras Medical Register. The lower standard of qualification, should be raised as soon as possible with a view to attaining the ideal of a uniform high standard of training with a single high minimum standard of qualification. The University Degree which is controlled by the University authorities has not come under the consideration of the committee but it is recommended that the Diploma be granted by a licensing body which should control the examination, curriculum and instruction for the Diploma. The committee recommends that the prescribed minimum standard of preliminary education should be the University entrance examination with Science as the optional group. This standard should not be lowered because of a paucity of candidates or any other consideration. The Committee recommends that the selection of students should be purely on merit and should not be on any communal basis... Students of the Medical Colleges should be allowed to appear for the examination for the diploma so that those who fail in the

University may have an opportunity of obtaining a qualification. These holders of the Diploma who possess the minimum educational qualification which is prescribed for admission to the Medical Colleges should be eligible for recruitment to Government Service on the same terms as the University Graduates'.

Ladies and Gentlemen, the above resolution is worded in the most emphatic and unambiguous language. The Committee from whom this recommendation had emanated was composed almost of officials, presided over by the Surgeon-General himself but still the Government are considering and considering. My humble scheme for the establishment of a College of Physicians and Surgeons in Madras, in conformity with the proposals suggested by the Committee had not had the approval of the Government, and was turned down, I notice, not on account of any defects or demerits but for financial considerations. In that case, we must be prepared to wait till the financial depression disappears and stability restored. Thus, the sum total of our gains after 25 years of agitation with regard to the improvement in medical education is negligible, if not, altogether nil and we must therefore pursue our agitation, constitutionally of course, and with redoubled effort, until we gain our goal.

THE ALL-INDIA MEDICAL COUNCIL.

The administration of Medical Department and the control of Medical Education in India were vested till recently in the I. M. S. A meed of praise is certainly due to the I. M. S. who had contributed largely for the growth and expansion of the Allopathic system of medicine in India and for the efficiency of the Medical Department. In the matter of Medical Education, however, I regret to have to tell a different tale. Hitherto higher appointments in the professional staff of a Medical College have been almost the sole monopoly of the member of the I. M. S. Often square men were put in round holes and consequently the quality of education and the nature of the training have deteriorated, though the numbers have increased. Since the advent of the Montague-Chelmsford reforms, and the consequent transfer of management of affairs of the Medical Department to the Minister of Public Health in each Province, who is always an Indian elected by the popular vote, coupled with the growing number of students pursuing Post-graduate study in England. The General Medical Council of Great Britain, which is vested under the British Medical Act of 1886 with the authority of refusing to grant recognition to Medical degrees obtained in India if it is found that those degrees do not indicate a sufficient standard of medical education and qualification entitling the holders thereof to pursue post-graduate study in England, and which authority it never even once exercised so long as the I. M. S. held the administrative control of Medical Education and the number of degree holders pursuing post-graduate study in England was few and far between, became purturbed, and suddenly awoke to their sense of responsibility and began to exercise their right of control more rigidly than before, resulting in a serious tussle with the Indian Universities and the complete withdrawal of the recognition of the Indian Medical Degrees. The only solution to this problem lay then in the establishment of an All-India Medical Council which will regulate the standard of Medical Education in this country and provide for uniformity between the various provinces of India and reciprocity between the several provinces of India and between India and the outside world, including Britain."

Dr. Rama Rau then referred to his efforts as well as those of the late Dr. Lohokare of Poona in introducing a Bill in the Council of State and in the Legislative Assembly respectively and his inability to proceed further on account of his resignation of his seat in the Council of State and how the Government of India after prolonged and protracted consultations introduced a Bill in the Legislative Assembly last session "leaving the L. M. Ps. in the lurch and throwing them as outcastes and untouchables". He then quoted the favourable opinion of the Indian Medical Gazette about his Bill, and "if even after the weighty pronouncement in a pro-Government organ, he said, the Government of India will not move, we will naturally be driven to despair. We have

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exhausted all our resources and it is now abundantly clear that it is impossible to induce the Government to respect public opinion in this country. There is only one more resort, one more chance left for us, viz., to invoke the aid of the Assembly and induce them to make such radical alterations in the Bill as to make it thoroughly democratic, or in other words, grant us our birthright of Swaraj in Medicine which is in their hands. It is not a question of caste or community, power or party; it is a question of honour, a question of life and death for the medical profession. The Government Bill now introduced in the Assembly is but an apology for a Medical Council. It is an alternative for the fat 'Commissioner of Medical Examinations' proposed by the Government of India at the instance of the General Medical Council of Great Britain and rejected by the Assembly. It is a white elephant, a grand official appendage, with the official element preponderating, ever ready to dance to the tune of the General Medical Council of Great Britain and benefitting none but a few graduates who want to pursue post-graduate study in England. The cost is totally incommensurate with the gain involved and the public and the profession must therefore vehemently protest against such a haphazard measure. We must be prepared, regardless of cost or convenience, to send a strong contingent to New Delhi, one from each Province when the Assembly is next time in session to convince the members of the righteousness of our cause and the frivolousness of the Bill now placed before them and convert them to our views. The Medical graduates in India too have no reason to be enamoured of this Council and we hope they will not betray us in our hour of trial. The Profession must stand or fall together, as a whole. Brother Delegates! Awake, arise, and stop not till the goal is reached!

MEDICAL SERVICES.

Let me now turn my attention to the Medical Services. In India, these services are arranged and put in water-tight compartments and the Licentiate class constitute the cinderalla of the profession. The Licentiates are employed by Government, Railways, Ports, Corporations, Local Boards and Municipalities. There are also among them, very large numbers who go by the name of 'Independent Medical Practitioners' whose strength swells as years roll by. Those of the Licentiates who have thought service can count on at least one meal a day. They are scattered mostly in the moffussal areas and have absolutely no means of improving their knowledge of Medical Science or improving their status. 'Once a Licentiate, always a Licentiate' is the present day slogan and there is no chance of even the best among the profession rising to higher appointments such as Asst. Surgeon-ship or Civil Surgeoncies with some rare exceptions here and there. Their inferior training and qualification stand in the way of their promotion to higher grades though, in other Services, for instance, the Engineering Service, the lowest grade men, the overseers, have been raised to the post of Asst. Engineers and even Executive Engineers. There, merit and experience count and are the only criterions. But in the Medical Services, the caste system is so rigid that the higher ranks in the Services are unapproachable to the untouchables in the Service. The Licentiates can boast of a Mathura Das and a host of others who have outbeaten the higher ranks of the Profession in their knowledge of the art, but still they cannot claim equality of status. This caste distinction must go and we are determined to see it disappears at the earliest possible moment. Already the sister profession of Law has cast off all caste distinctions and why not medicine?.

Coming to the Independent Medical Practitioners among the Licentiates, I regret to have to observe that starvation stares a majority of them in the face. They are obliged for want of living wages in the village parts, where the major portion of the population are too poor to pay the doctor's fees and still consider medical aid as a charitable act, which ought to be undertaken by the state, to crowd themselves in towns and cities to eke out their scanty and miserable subsistence, competing with the higher ranks of the services—the I.M.S. and the University Graduates. Further, in the cities there are State-aided Hospitals, equipped with all modern and up-to-date appliances and manned by the pick of the profession, which open their doors indiscriminately to the rich and the poor, to the needy and well-to-do. The result is that all turn to hospitals now for treatment, the rich and the influential getting the maximum of ser-

vice at a minimum of cost. The position of the Licentiates practising in towns and cities can now be pictured easily—in one word, it is 'precarious'. In 1924, when I was a member of the Legislative Council in Madras, I had dim misgivings of the future of the so-called independent Licentiates practising in the city and suggested a scheme to the Government of Madras, which now goes by the name of the Rural Medical Relief Scheme.

Brother delegates, the scheme is now working—thanks to the late Raja of Panagal, who gave a practical shape to the scheme I had adumbrated, but you are the best critics and judges to say how and in what spirit it is being worked. Some of the Presidents of Taluq Boards to whom this scheme has been entrusted for safe working, have turned obstructionists and are treating the poor Rural Practitioners as 'dumb driven cattle'. These Practitioners are being exploited for political ends, and if the party in power to whom they must of necessity owe their allegiance fails and the opposition succeeds, woe unto the Practitioners! The harassings and pin pricks are simply intolerable and beyond description. But the Rural Practitioners are made of a sterner stuff. They have organized their gang, they have formed themselves into an association, held annual meetings and conferences, brought pressure on the Government to intervene and thanks to our Surgeon-General, Col. Sprawson, their grievances have been redressed to an appreciable extent and they are now much better off to-day.

Other Disabilities.

There are many other disabilities of minor importance, which the Licentiates now suffer from, such as granting of certificates, honorary appointments etc., which will all be cured automatically when our status is raised and for which we must strenuously strive.

We have in The Hon'ble The Raja of Bobbili, a Chief-Minister who has come here with an open mind and an unbiassed heart to help us, in our Surgeon-General Col. Sprawson, a sympathiser of our aims and aspirations and in Major Mahadevan, the Superintendent of the Royapuram Medical School, a true friend of the L.M.P. class. We may be sure, then, that our cause will be safe in their hands.

Conclusion.

I think I have exceeded my time limit and must now close. But one word, before I do. The All-India Medical Licentiates' Association, has a great burden to bear and a grave responsibility to shoulder at this critical juncture. They must see, before anything else, first, to our inclusion in the All-India Medical Register, and our representation in the All-India Medical Council and secondly, to the raising of the standard of the L.M.Ps., in other words, for the extinction of the L.M P. class. The word 'extinction' may sound inauspicious at this moment. But it must be remembered that this is associated simultaneously with your resurrection. Our aim is our re-birth and elevation. We need not therefore rue for the L.M.Ps. extinction. The Association has done splendid work in the past and the names of Dr. Sarjoo Prasad, Dr. Ram Narain Lal, and others who were and still are associated in the noble task of furthering the cause of the Licentiates, must ever be enshrined in our hearts. The Indian Medical Journal, which is the organ of our Association, and whose founder, I am proud to say, is a Madrasee, has already reached the first milestone and has put forth twenty-five years of active service. A good many of us have become back numbers and it is for the younger generation now to relieve us and take up our places.

The Association must be strengthened and the journal must be patronized by every Licentiate in India, for, in our union lies our strength. The Association must also put up their own candidates for election to Local Boards, Municipalities, Legislative Councils and the Assemblies of the Indian Empire, so that they may have their spokesmen there to espouse their cause boldly and fearlessly. At present medical men are sparsely represented in the several Councils and in the new constitution that is now being forged where everything depends on the voting strength, we must not allow our cause to suffer by default. A medical man becoming the Minister of Medicine and Public Health in a Province will be the greatest blessing to the people.

It is now my pleasant duty, to request you, Sir, the Raja Sahib of Bobbili, to open

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the Conference, and you, brother-delegates, to choose your President and start the deliberations. May God bless you and crown your efforts with success".

The Hon'ble Chief Minister's Speech.

The hon. the Raja of Bobbili then opened the Conference. In doing so, the Raja Saheb assured them that they had his sympathy. The licentiates had in the past played a great and noble part in the organisation of medical relief in the rural areas. Proceeding the Raja Saheb said: "In the matter of examinations you have been already told that the percentage of pass marks has been raised by the Government. Again you attach the greatest importance to the extension of the L. M. P. course to five years. Your worthy President, who is quite alive to the necessity for this extension, pressed for this scheme even last year, but owing to the extreme financial stringency then prevailing, it was impossible to consider it. With the slight improvement in the financial position we have recently had, there is every likelihood of the scheme going forward as Government consider it to be one of the most urgent schemes to be introduced next year. With the introduction of the scheme I think a great step forward will have been taken and an effective blow dealt to the untouchability in the profession".

As regards the provision of facilities by which they could secure the M. B. B. S. degree, the speaker said that the recent changes of regulations made by the University of Madras at the instance of Dr. Guruswami Mudaliar is one in the right direction and he agreed with the Chairman of the Reception Committee that it met their demand only to a limited extent. The speaker was sure they would not spare any effort to get the concession extended further.

On the question of the All-India Medical Council, the Chief Minister said: "I find it somewhat difficult to understand your vehement opposition to the non-inclusion of the Licentiates in the proposed All-India Register. I take it that your fundamental object is to have what is called 'untouchability' in the profession removed. If that be so, it is not clear to me how the mere inclusion of your names in the register will achieve the object. The Provincial Medical Registers contain your names as well as those of the graduates. Still you say you are branded as an inferior lot. I fear the same discrimination will continue even if you are included in the All-India register. The fact of the matter is that the standard of your professional education is considered to be definitely below the minimum which is recognised in western countries. When once this minimum standard is reached by you, I believe, the inferiority complex from which you suffer now will automatically go. My sincere advice to you will be that you should concentrate your efforts on the extension of your course and the raising of the standard of training. With the raising of the standard of your professional education, you will acquire a status which will give you a right to be included in the All-India Register on the same terms as the University Graduates. The All-India Medical Council will then become democratised and truly representative of the whole medical profession".

As regards the question of services, the Raja Saheb said that so far as this Province was concerned it would not be quite correct to say that graduates and licentiates were put into separate water-tight compartments and that the latter, regardless of their ability, were debarred from promotion to the higher services. There was provision in the rules of the Madras Government for the promotion of licentiates of outstanding ability to the grade of Civil Assistant Surgeons. Such promotions were, however, limited in number. In the existing circumstances, the speaker was afraid it would not be possible to make provision for the promotion of a larger number of Sub-Assistant Surgeons than was at present the case. But that question would be considered afresh when the five-year course was introduced and the products of that course were recruited to the service. The Government would also consider the question under what conditions L. M. Ps after five years' training should be permitted to compete with graduates for recruitment as Civil Assistant Surgeons.

The Raja Saheb then declared the Conference open and wished it every success.

Presidential Address

By

MAJOR-GENERAL C. A. SPRAWSON,

C.I.E., V.H.S., M.D., F.R.C.P., I.M.S.

The Hon'ble Chief Minister, Dr. U. Rama Rau and members of the All-India M. L. Association, I thank you for the honour you have done me in asking me to preside at this your annual meeting and for giving me this opportunity to address this body that is representative of the most numerous section of our profession in India. The Licentiates are not only the most numerous body of those practising modern scientific medicine in this country, but are also those who form the bulk, both of general practitioners in our towns and the large majority of our country doctors as well as the most numerous class who attend on the soldiers of our Indian Army in peace and in war. The Licentiates are therefore our first line of attack on disease, since it is they who as a rule come first in contact with the patients and on whose advice those patients depend for the maintenance of their health or recovery from sickness. With so important a body as the Licentiates the country as a whole is interested in their past, their present and their future. Of the past I will say nothing but that the 32 years I have known Licentiates and worked with them, have been years of continued and steady improvement in their position, in their general knowledge and culture, in their professional training and lastly, but not leastly, in their standard of medical ethics. They have made good and have established themselves in a position that commands attention and respect. With this position however they are not yet content and rightly not, for they wish still further to improve themselves in professional education and in other ways. This brings us to the present and to an examination of those things that Licentiates consider to be their chief disabilities. I think the chief drawback from which the Licentiates now suffer is that from which the whole medical profession in India suffers, that the profession is not united, but is divided into separate classes, whose interests are not always identical. The medical profession in India therefore cannot always speak with one voice, and it loses thereby some of the authority and influence which should belong to it. The classes of the profession are based according to the initial education and qualification of the doctor and its main divisions are into University Graduates and Government Licentiates. There are smaller classes formed by military diplomates and others. This division is apparent not only in the education and qualification of the doctor, but is continued into the grades of Government employment, if that be undertaken, and assistant sugeons and sub-assistant surgeons form two separate services on entirely different conditions and terms of service. The division is so established that it is seen again in our provincial Medical Councils where the two classes are, in practice if not in spirit, represented by separate electorates and where their names are maintained in distinct parts of a register. I do not say that division was avoidable in the past or even that it was a bad thing originally. No doubt it was adopted to the times in which it was formed. But times have changed, licentiates have improved in knowledge and so different position has evolved that we are now brought to think whether it would be not only a good thing, but a possible thing, if we could lessen this gap between the two great branches of the medical profession in India and bring them into such a harmonious relation as obtains between similar branches in other countries, as for instance between those in Great Britain who hold the membership of the Royal Colleges of Surgeons and Physicians and those who are University Graduates. We do not aim at making 2 classes identical or even equal in professional training, but we should aim at lessening the gap between them until for practical purposes, such as employment and reputation distinction shall depend on individual ability and record rather than on a class separation from which there can be no recovery unless some higher professional examination be taken later. The gap between graduates and licentiates is a large one, there is no denying that fact. What can we do to lessen it and to bring the two classes nearer. We do not wish to lower the standard of University training. The Medical Education Committee that sat in Madras three years ago told us that we required now not more doctors, but better doctors; so any lowering of standard would evidently not be a step in the right direction. The obvious alternative is to raise the standard of priliminary education and culture necessary before starting on the licentiates curriculum and to lengthen the period of professional study from four to five years. It is difficult to say which of these two things is the more important. Your association has, I believe, devoted more attention to the lengthening of the course, but my experience as a teacher leads me to think that good priliminary culture is at least equally important. I would sooner have as a doctor a young man well grounded in general education who had been taught medicine for 5 years. I don't think it is generally appreciated how important that arts education is as a preliminary to prepare the mind of the student for his medical curriculum. We so frequently find that we are feeding the student in his early years with a mental pabulum that he cannot digest and that is not due to any lack of natural intelligence on the student's part,but due to defect in his priliminary arts training. It has been argued that culture can be acquired after medical qualification and that this latter culture should rank equally with the preliminary arts examination in giving the student access to higher qualification. No doubt general education is acquired later, even throughout a man's life, but, if you have followed my argument, this would not serve our purpose, for we require this higher arts education at the beginning in order to fit the student's mind for the reception of scientific and professional subjects. I agree that the school certificate examination should be of a sufficient standard to ensure that the student has a good grounding and that the student by the time he is 16 years old and has passed that examination should be fit to undertake his medical course, but in practice we find that the school certificate examination often has not a high enough standard to ensure our purpose and we are led with regret to prefer intermediate students if we cannot get them, I say with regret because we prefer to get our students as near 16 as possible, when their minds are more receptive. I think that the remedy will lie in improving the standard of the school certificate and matriculation examinations, perhaps in having a special examination for intending licentiate medical students. At any rate I trust that in all parts of India something can be done in this way before long. My own proposals for the purpose I have had to hold back for the present owing to the need for universal economy. As regards the other desideratum, the lengthening of the curriculam to 5 years, I know you will agree with me that the time is now ripe for its introduction at any rate in those parts of India that I know best. I think that some of you are inclined to blame various provincial Governments for not having done this sooner and think that the will to do so has been lacking. This at any rate has not been the case with those Governments under which I have worked, where delay in this respect has been due solely to the added annual cost such a measure would involve. The present is the most difficult time for any Government to make this innovation, nevertheless I am in hope that before long we may see these difficulties overcome in Madras and a lead given in this respect to licentiates education elsewhere. No doubt this will be a great advance when it does occur and I am proud to have done my best to bring it about and hope that I shall be here to see the day of its initiation. It has been inspirating to know that licentiate students themselves have asked for the lengthening of their course of study and have even sought for and obtained a raising of the standard of marking in their examinations. When students ask to have their examinations made harder there can be no better evidence of their determination to advance their professional knowledge and make good their position. When 5 year course comes it will be an excellent thing, but it is necessary to realise that this will be only one step, though an important one, in the advance of licentiates education. This improvement would not forthwith make licentiates equal to graduates, as some seem to think, though it should put them on better terms in every respect. Nor would it forthwith put the licentiate qualification on a level with eligibility for registration of Indian qualifications. But I suggest to you that to seek registration by the General Medical Council at present is to pursue a shadow that it worth little to licentiates, and that only to the few who go to the United Kingdom to work for the fellowship of the various Colleges. It is a subject that should not at present distract our attention which should be devoted for improving our educational methods and our own Medical Councils.

Secondly I would warn you that every grant of more privileges means more responsibilities that if more is given to you, more will be expected from you, and that especially in the way of social work and in your duties to the public. It was said, I think, at one of your previous annual meetings that the licentiates were the rank and file of the army of doctors. That may be so, but you are at any rate officers of the army of mankind in its fight against disease and it is part of your duty to instruct and to lead your fellowmen in matters of sanitation and to arouse public opinion against the many unhygienic things you will see in towns and villages. As officers in the army of health you have special knowledge and should take the lead in instruction of the ignorant in matters of health and disease. For instance in such a concerted movement against leprosy as is now taking place in the Salem district many licentiates are doing valuable work in informing the public and in overcoming inertia in the campaign against this disease. More still in the future will be expected from licentiates in this way.

Another point that has sometimes been discussed by licentiates is whether if they improve their education or status they should not also change their designation and instead of being licentiates be termed something else. Now I think a name is what the holders of that name make it, and I do not think that the changing of a word is going to better matters. The motto of one of our Universities in North India is the Latin phrase ." *Esse quam vider* ". meaning " It is better to be than to seem ", or to paraphrase it " Don't go by appearances only." The name licentiate is already an honourable one and indicative of a good education, if that education becomes better, then the name licentiate will become still more honourable and the reputation of the diploma will be on its merits and not on any new name that may be given to it.

Another note of warning that I wish to sound is to say that I do not wish the legitimate pride that licentiates may feel on completing a 5 year course to make them feel so efficient that they think themselves too good to go out and practice in the remote rural areas. The people of India are mostly agricultural and they want the licentiates out in the villages. If the young licentiates develop a wrong impression that the villages will not afford him work worthy of his skill nor payment adequate to his existence, he will find that these country areas will be served by practitioners of so called Indian Medicine, compounders and others whom we cannot recognise as sufficiently trained to attend the sick. This would indeed be a disaster for which no improved education resulting from a 5 year course would compensate. But I trust the public spirit of your association and its desire to serve India would work against such an event.

This question of practice in the country places is of importance. It has been suggested to me recently that licentiates ought not to be trained in big cities, but in smaller towns, so that the more readily may they be prepared to live a country life when they are qualified and to practise in the villages rather than in the towns. It has been said to me and that by men and women of standing and experience in medical education that the big cities not only offer temptations to youths but infuse the students with a commercial spirit and with the idea that the chief object of their life is the making of money rather than the healing of the sick. There is doubtless truth in this argument, but still weightier considerations fall on other side. The wealth of clinical material found in city hospitals is required for student instruction, even the medical students of Oxford and Cambridge Universities find it necessary to go to London for their years of clinical training. Several of refinements and specialities of the modern medical course are obtainable only at the biggest cities, and after all I think it is economic pressure that is responsible for sending many of the licentiate practitioners who practise in the country into the rural areas. At present the majority of licentiates are not practising in rural areas. Of those licentiates on the Madras Register there are about two practising in the country to three practising in the city of Madras and bigger towns. Still I am glad to say the number of rural licentiates is increasing and that this is largely due to the Government scheme of subsidising practitioners in the country.

Sometimes the most evident improvements are those least commented on, or it may be correct to say that the most important

CLINICAL NOTES
AND
PRACTICAL SUGGESTIONS.

Nervous Anorexia.

This type of Anorexia is mostly found in young adults and specially in young females. The patient is generally emaciated and has great aversion for food. There is usually absence of any organic lesions. Slight circulatory changes are also met with particularly in advanced cases. The symptoms manifest themselves as a result of failure on the part of the patient to adapt himself or herself to the environment. The patient in the beginning has no taste for food whatever. This abstention from food gradually increases until Anorexia Nervosa establishes itself. The patient is never able to explain relevantly the origin of the complaint, which in most cases centres entirely round the food. The patient says that he or she feels a sensation of fullness and distension accompanied occasionally by pain. Vomiting is rarely present.

Temperament plays a very predominant role in these cases. Patients who suffer from this complaint are usually high-strung, sensitive and emotional and they present certain physical peculiarities.

The etiology and origin of Anorexia is still shrouded in mystery but experience and clinical observation indicates that it is in some way connected with the nervous system. Results of treatment have sometimes clearly shown the close relationship between Anorexia and the nervous system. A patient who does not find any relief with different kinds of treatment sometimes gets sudden and complete relief when there is either some change of environment or when something takes place which effects a change in the mentality.

Treatment consists in skilful handling of the case as the hysterical and psychic factor plays a dominant role. He or she should be persuaded to eat normally. In such conditions which are usually met with in general practice Papyta is perhaps the ideal form of treatment which when combined with suggestion effectively and speedily brings about a cure. Papyta is radically different from other pepsin preparations as it contains entire soluble organic constituents viz: Papain, Pancreas and Bile-Extract. Its value in these cases cannot be over-estimated because of its agreeability and curative properties.

It is obvious from the composition of Papyta that it is a soothing corrective and an efficacious digestant of great value in cases of Anorexia. The Papain in it stimulates digestion of proteins. Further, it aids digestion and favourably influences constipation. This in association with pancreatin and Bile-Extract corrects all the secretory insufficiencies and the resulting digestive troubles. Papyta can be prescribed with confidence in such cases of Anorexia Nervosa not only because it brings relief from the symptoms but it actually cures the condition.

Provided the mental or the emotional factor as also the hysterical or psychic which occupies a conspicuous place in this disease is removed there is no reason why it should not be cured by means of Papyta. The use of the latter after meals brings about adequate digestion of fats, carbohydrates and proteins and even carries on the liquefaction of starchy material for a much longer time than would occur even in normal conditions. Again the Pancreatin in it on account of its well known enzymic activity on both carbohydrates and proteins acts as an effective digestant. Excluding those cases with organic lesions Papyta is capable of giving relief to those unfortunate patients suffering from this comparitively benign but at the same time most distressing type of Anorexia.

Puerperal Sepsis

The chief factor responsible for this condition is mainly the general health and vitality of the patient influenced to a great extent by the type of delivery. After delivery the uterus is in the same condition as an open wound capable of absorbing any amount of pathogenic organisms. Strictest asepsis must be observed. The causative organism is chiefly Streptococcus. Of late there has been a theory which of course has ample justifications that this streptococcal infection may have its origin either from the attending doctor's mouth or from the nurse's. As the latter is in more continuous contact with the patient it is more likely that she should be a source of infection. It is therefore stressed that midwives suffering from such dental affections as alveolar abscesses, pyorrhoea alveolaris,

chronic periodontitis are a potential source of danger and such ones should be forbidden from attending cases during delivery or puerpurium. Such restrictions should also be placed on the attending physician. The oral cavity of the physicians and the nurses should be efficiently disinfected before they are allowed to attend such cases.

The line of treatment both preventive and curative which is highly commended as providing short cut to success even in conditions which are very refractory to usual measures is in the injections of Septicemine 'Cortial'. The routine administration of this product in complicated or normal cases, where there are perineal lacerations or where the membranes are ruptured prematurely or where obstetrical manipulations have been made or where the injuries of the passages have occurred should be the rule. Experience has shown that best results are obtained by the exhibition of this product during labour or after delivery if any trouble is anticipated. There is always danger in delay as the patient is then deprived of the effective means of prophylaxis and then she will have to face the sequels of infection. Septicemine is injected in 4 c.c. doses every 24 hours and no inconvenience is experienced after these injections. It is always advisable to give Septicemine early in order to prevent this infection. It can even be given during labour so that if there is a probability of puerperal infection developing, it can be cut short.

As a curative, Septicemine is of great service in overcoming this infection particularly of the acute type. In many cases the disease is curable provided the injections are given sufficiently early and in adequate doses. Septicemine being an excellent non-specific remedy stimulates the vital processes of the body so that the invading infection can be resisted. It acts as a powerful antiseptic of the blood and tissues and thus it helps the destruction of the pathogenic organisms. A few hours after the injection there is a certain amount of leucocytosis. This fact is supported by clinical experience. When a woman who has delivered gets the rigour and when we diagnose that a severe affection is about to develop our duty is clear. Septicemine, about 16 c.c., should be injected in 24 hours. On the second day about 12 c.c. and so on. In the majority of cases more than two day's treatment is hardly necessary. The dosage should be regulated according to individual needs and conditions. There is a rapid fall in temperature, improvement in the general symptoms and relief from pain. In protracted cases Iodaseptine should be tried. Observations so far has enabled us to form this judgment that Septicemine is of undoubted value in this disease which has been found curable if the product is given at the psychological moment. In association with this treatment drainage of the uterus by postural treatment or raising the head of the bed should be done. Intra-uterine douching and exploration are other points which are quite essential. Plenty of nourishment and sleep should be recommended.

Our experience teaches that Septicemine is to be preferred to Sera or Vaccines because the latter cannot or should not be given to these patients as they are already in a lowered state of health. It is therefore more probable that a specific antigen may be formed and thus harm may accrue from these injections. Septicemine on the other hand can be given as no ill-effect results from its use, being only a non-specific remedy and a powerful antiseptic. Again the Sera displays an irritant effect which proves injurious to the patient. There is always the manifestation of rashes and pain in the joints which varies in frequency and intensity. Not infrequently there is uterine haemorrhage after eight or ten days after injections of Sera which should be guarded against. From all these facts it is safe to conclude that Septicemine is not only a safe preventive remedy in this affection but a sure curative which even reduces the period of convalescence.

Treatment of Varicose Ulcers

ATONIC WOUNDS, DERMATOSIS

ACECOLEX

ACECOLINE TROPHIC PASTE

ACECOLEX is a paste containing Acecoline, possessing its trophic properties which are powerful and very effective.

Further, owing to its other ingredients, Acecolex is aseptic and endowed with antipruriginous and keratoplastic properties.

In general practice, Acecolex is indicated in all cases of dermatosis requiring an intensive epithelial renovating agent.

Acecolex is not in the least toxic, even when applied in large quantities on extensive wounds.

COMPOSITION AND PROPERTIES: Acecolex contains two percent of Acecoline, the correct ascertained strength for external use, in an anhydrous base and is perfectly and indefinitely stable.

Acecolex also contains fenchone, a terpenic ketone of the camphor group, which has antiseptic properties (F. Pasteur, Academie de Medicine, 22 April 1930) but is absolutely harmless to the delicate cicatrising tissues. This ingredient renders Acecolex antiseptic.

Acecolex has been particularly studied from the dermatological point of view and its formula has been perfected by the addition of antipruriginous and keratoplastic substances in definite proportions, which do not in any way modify the trophic action of the Acecoline.

Acecolex possesses therefore the therapeutic activity indispensable to the treatment of various surgical wounds and dermatosis, but its outstanding trophic properties render it particularly useful in the treatment of varicose ulcers and atonic wounds.

Extended clinical trials have confirmed its extraordinary therapeutic activity.

INDICATIONS AND DOSAGE: VARICOSE ULCERS, ATONIC WOUNDS: As a consequence of its remarkable trophic properties, Acecolex is the treatment of choice in the above affections, regardless of their extent, duration, degree of super-infection or the condition of the peri-ulcerous epidermis.

The method of use is very simple: apply a thick coating of Acecolex to the wound and surrounding skin. Cover with a dressing and an elastic band. Renew the dressing during the following days, without washing, swabbing, cleansing, draining or cauterising the wound.

Simplicity of attention and ambulatory treatment are the two characteristics of the therapeutics of ulcers and atonic wounds with Acecolex.

Recently formed and not very extended ulcers will usually cicatrise in a week; older or more infected wounds (with lymphangitis, oedema, etc.,) become healthy in a week and cicatrise in a month. Pain, if present, very rapidly disappear and there is no hypertrophic rash round the wound.

The rapidty of cicatrisation is accelerated by daily intramuscular injections of 10 cgms of Acecoline in solution.

It is indicated also in eschars, ulcerations of elderly patients and diabetics, contused or infected wounds, the tissues revitalising under the influence of local treatment with Acecolex.

Further, burns, chaps, fissures and chilblains cicatrise perfectly when treated with Acecolex.

Acecolex gives rapid and frequently astonishing results in dry dermatosis, running or infected dermatosis. It therefore becomes the treatment of choice for various forms of eczema, certain types of psoriasis, serious forms of pemphigus, and above all for microbic dermo-epidermitis (impetiginous crusts, follicular pustules, eczema-toid pyodermitis, facial skin eruptions, sycosis, pityriasis of rubra-microbic origin, post-phlebitic eczema, infectious eczema etc.)

Further, Acecolex is useful in the treatment of herpes zoster and erysipelas. It gives excellent results in oto-rhino-laryngological cases of Ozena.

Acecolex is packed in tubes of 35 grms and also in triple tubes of 105 grms.

Some Cases of Diarrhoea Treated by Thoroxyl.

The following clinical findings taken from the numerous cases that I had occasion to treat have been given to convince the medical practitioner of the efficacy of Thoroxyl:

Case I: S.T., a woman of 38 years of the labouring classes, a multipara, had been suffering for the last three months since her last confinement from severe, obstinate and at times bloody diarrhoea. After her last delivery she has been feeling very weak, has lost her appetite and is much emaciated. Besides the loss of weight there is an evening rise of temperature about 99°. There is too much of anorexia but very little of cough and expectoration. A complete examination of the respiratory tract showed that the right lung is caseating and the diagnosis arrived at was Pulmonary Tuberculosis in the initial secondary stage. Lately the attacks of diarrhoea [illegible] so frequent and continuous that she was forced to confine herself to her house and [illegible]

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prevented her from attending to her occupation, which is the means of livlihood for her. She consulted me for this latter complaint (Diarrhoea) which she wanted to be cured with the least possible delay. Examination of the abdomen revealed a normal liver and spleen but both the ascending and descending colon seemed to be greatly dilated. She told me she was prescribed several medicines by other doctors but no good resulted from them. Presumably Bismuth, Tannin and other astringents may have been employed. As time was the chief factor as regards the cure of this diarrhoea I thought of Thoroxyl the administration of which I at once started. I gave her 10 tablets per day which she took with her meals and I found that they not only gave her good relief but the number of motions were much reduced the next day. Light diet such as vegetables, milk and rice was recommended. The diarrhoea, which was merely a symptom in the course of the disease, was completely arrested after two days. Thoroxyl tablets made it possible for her to attend to her duties after two days. After this improvement when she came to me I emphasized the seriousness of her malady and insisted on her taking complete rest and some really good treatment.

Case II: A young boy of about 15 was much emaciated owing to diarrhoea which he used to get off and on. It persisted more or less intensely like this for the last six months. The liquid stools which he used to get were often mixed with blood and mucus and was accompanied sometimes with severe tenesmus and colic. The cause of the diarrhoea could not be ascertained. The laboratory examined of the faeces when carried out showed the total absence of either of Amoeba Histolytic or Shiga or Flexner Bacilli. Opiates and Emetine were tried in vain; nor were Bismuth and other astringents of any use.

Enemata, astringents and antiseptics were given without any benefit accruing from them. The whole aspect of this case entirely changed as soon as Thoroxyl was exhibited. Ten tablets were given per day, two with each nourishment. After the first two days with this treatment the number and frequency of the motions were satisfactorily reduced. Pain and tenesmus became much less. Blood and mucus entirely disappeared after about a week's treatment. After two more days the patient used to pass at the most two motions which were not only well formed but of normal colour. Again an examination of the faeces was carried out and the result was negative to Amoebic or Bacillary dysentery. Although it was not possible to trace the etiology of this continued and persistent diarrhoea the therapeutic proof of the preparation, Thoroxyl, has been quite definite. The patient is now all right and is free from any diarrhoeic motions for the last two months. He still takes two tablets of Thoroxyl per day. It may be mentioned here that in spite of his continued use of Thoroxyl for the last so many months he is not in the least constipated.

CASE III: An infant aged nine months was brought to me with the complaint that it suffered from periodic intestinal disorders in spite of regular feeds etc. For the last six or seven days diarrhoea was present, which sometimes was accompanied by colic and tenesmus. The stools were very offensive and at times streaked with blood. There was general prostration. The infant used to bring up milk and even water. The liver was slightly enlarged but the spleen was not palpable. Examination of the faeces failed to detect the presence of Amoeba or any bacilli of dysentery. A large number of remedies were given a trial during the last three or four months but without any success. I prescribed Thoroxyl three tablets per day and kept the child simply on water and fruit juice for two days. The result was really splendid. The stools which were ten to fifteen in number were within two days brought down to three or four. After two more days the blood entirely disappeared from the stools which later became quite normal. The treatment has been still continued, the child taking two tablets per day. So far it has not suffered from any diarrhoea which used to give a good deal of trouble periodically.

The above cases are enough to convince any sceptic about the efficacy and usefullness of Thoroxyl as a remedy for diarrhoea. Although it must be admitted that it is not so effective in severe cases of Bacillary or Amoebic infections where the intestinal tissues are deeply penetrated, still its effectiveness cannot be denied in ordinary diarrhoeas of whatever origin. Thoroxyl shortens the course of the disease and even reduces all chances of relapse. In infants who suffer from intestinal disturbances it has proved particularly effective. In long-continued administration it is harmless and it does not cause any intestinal irritation, nor has it any action either on the pulse, respiration or the kidneys. It is entirely eliminated by the bowels. Thoroxyl can therefore be considered as a remedy par excellence for diarrhoeas no matter what the etiological factor may be.

Hypertension Vascular Spasms Complementary Treatment to Acecoline.

HYPOTAN-REGULATOR OF THE ARTERIAL FLOW: It is well known that a fall in blood pressure is less important in itself than the mechanism which produces it. With a steady and continued blood pressure the clinical condition of patients suffering from hypertension is ameliorated if their arteries are increased in diameter, thereby augmenting and regulating the blood circulation.

The administration of HYPOTAN Tablets assures this regulation of the arterial flow, and, as a natural consequence, improves visceral irrigation and cellular nutrition.

HYPOTAN, HOW IT ACTS: Each tablet of HYPOTAN contains:

a-Methylacetylcholine Bromide	... 5 mgm.
Bromocholine Bromide	... 5 mgm.
Chloral Hydrate	... 5 cgm.

a-Methylacetylcholine bromide dilates the arterioles in so small a dosage that there are no effects on the cardiac para-sympathetic. It effectively prevents and fights vascular spasm. Of the three constituents of HYPOTAN, this one acts immediately on the diameter of the arteries.

Bromocholine bromide acts similarly, but more slowly and over a longer period. Chloral hydrate, in weak doses, has a very slow and progressive dilating action on the peripheric arteries. It further has the valuable property of strengthening the action of choline 'ether sels'.

In short, HYPOTAN constitutes a hypotensive synergis by dilatation of the arteries and sedation of the spasms. The effects are manifested in regular stages comprising the quick action of the a-methylacetylcholine with the slower and more lasting action of the bromocholine bromide and the chloral.

ADVANTAGES OF THE HYPOTAN: It cannot be over emphasized that a fall of blood pressure is less important in itself than the mechanism which occasions it. With a steady and continued blood pressure the clinical condition of patients suffering from hypertension is benefited, if the diameter of the arteries is increased, thus augmenting and regulating the blood circulation.

Given in moderate doses, HYPOTAN assures this regulation of the blood flow, and consequently benefits the visceral irrigation and cellular nutrition.

HYPOTAN does not occasion an abrupt and transitory fall in blood pressure, as does trinitrine; neither does it simply mask disturbances like papaverin; it is the etiological treatment, the ideal treatment for cases of hypertension.

Being composed of definite chemical substances, HYPOTAN is a stable product possessing constant therapeutic properties,

The choline derivatives being part of the hormones of the normal organism, HYPOTAN is not toxic as are the nitrites, benzyl derivatives and opium alcaloids. Nor does it lose its effect after regular use. Finally, it has no secondary action on the heart, stomach, nervous system liver and kidneys.

HYPOTAN treatment has no contra-indications.

ORDINARY TREATMENT IN CASES OF HYPERTENSION: Disturbances associated with high blood pressure (cephalagia, muscae volitantes, vertigo, etc). Tension Arrhythmia, Disturbances of metabolism in cases of hypertension (loss of weight, hepatic congestion renal lesions).

PREVENTIVE TREATMENT TO AVOID SERIOUS COMPLICATIONS: Hemiphlegic ictus, transitory amaurosis, HYPOTAN lessens the work of the heart: dyspnoea on moderate exertion, pseudoasthma in cases of hypertension, minor attacks of angina decubitus.

COMPLEMENTARY TREATMENT TO ACECOLINE: HYPOTAN prevents recurrence of attacks and consolidates the clinical benefit derived from Acecoline.

TREATMENT OF VASCULAR SPASMS UNASSOCIATED WITH HYPERTENSION: Dead fingers, spasmodic vascular disturbances associated with the menopause.

TREATMENT OF CHOICE IN CASES OF HYPOVAGOTONIA: HYPOTAN stimulates smooth muscle, biliary vesicule, intestines, uterus, urethra.

DOSAGE: 4 to 6 tablets daily before meals during 15 days each month.

Treatment of tumours by Backerine.

The therapeutic treatment of tumours, malignant or otherwise, has been of late the subject of vigorous and continuous research. Arsenic, Iodine and during recent years Copper and Lead have played important parts in the treatment. Their use, which though at times has brought about amelioration in the symptoms never proved effective at least so far as the primary tumour was concerned. In fact success was never obtained in true cancerous growths although there was slight reduction in the metastasis of glands. As regards Arsenic it was found that it had to do more with the general condition of the organism than with the cells of the tumour. In the case of Iodine and its compounds it was found that they were meant for either destruction or absorption of the tumour. Neither of these compounds nor the metal therapy viz. Copper were able to effect much reduction in the size of the tumour nor were they able to give relief and amelioration in the general symptoms. It might be said to the credit of Arsenic and Iodides that although they had the same effect on the general condition of the organism, still the effective doses for this purpose were toxic also. Hence they were not in any way desirable remedies for these growths. By the discovery of Backerine we are to-day on a firmer ground so far as the treatment of cancerous and other growths are concerned. It is a remedy, consisting of chemical and biological ingredients, which works through general circulation and which has certainly been found of great service in a number of cases.

Backerine is composed of active ferments preserved in a glycerine medium associated with salts of Magnesia. The mode of action of this preparation is that it changes the whole organism and renders it refractory to the development of these Hyperplasias. A good general effect is always obtained in the various kinds of tumours such as Carcinoma, Sarcoma, Fibroids, Lymphomata and other new growths. Backerine when injected soon produces a distinct feeling of improvement and after about three weeks of the treatment cachexia and weakness begin to diminish, the patient feels better and in many cases he or she is free from pain. Appetite returns, weight increases. Along with this rapid general improvement there is an appreciable reduction of size of the tumour and diminution of the metastasis of the lymphatic glands. The patient's confidence is soon on the increase, an important factor, which must not be underestimated in these cases as it helps to hasten recovery. The process and the spread of the tumour is arrested and the patient is kept in a tolerably good condition.

We cannot sufficiently appreciate the good effects of Backerine, specially in the case of patients with Carcinoma of the stomach, who get great relief when the pain disappears and the appetite returns. It has been ascertained in a number of cases that there is a distinct resolution of the tumours. If one takes into consideration the general good effect produced by Backerine coupled with noticeable alteration in the size of the tumour, it cannot be denied that it has occupied a noteworthy place in the treatment of tumours.

Let us in brief review the clinical effects of Backerine on the different growths. We will begin with cancer of the stomach as the danger of this malignant growth is much greater than any other inside the body. Dyspepsia, indigestion or any other discomfort in the upper region of the abdomen is so common and widespread both in adults and elderly people that sufficient attention is not paid to these. The ordinary types get well of themselves while the dangerous forms continue for years. Hence there is delay in the treatment of these cancers, as the symptoms at the outset simulate many other conditions and are therefore neglected. Patients therefore come for consultation when they are in the hopeless stage and then the physician is not able to do much. The first essential in this case then is early diagnosis which can only be done by X-ray examination. This should be made when symptoms of indigestion etc., persist even after treatment in an elderly person. When once the diagnosis is settled Backerine should at once be exhibited subcutaneously and orally. Local symptoms as also the general condition are soon alleviated. Early diagnosis combined with Backerine treatment will to a great extent help us to bring this growth under control and even to remedy it.

Another cancerous growth which baffles treatment is that of the prostate. Early diagnosis alone in this case also will give Backerine treatment a fair chance of success. It is held that the radical removal of this organ by surgical means is not possible due to old age of the patient. Hence the application of this form of treatment has been found quite effective in the control of prostatic Carcinoma. The progress of the growth is checked and gain in strength and improvement in the general condition is experienced by the patient. Later even the symptoms of urinary obstruction are relieved. In long-standing and in inoperable cases where Metastasis have occurred Backerine has been found very valuable. In these cases if the condition has gone beyond cure it will serve very well as a palliative.

With the discovery of Backerine even the general practitioner is in a position to treat Carcinoma, Sarcoma or Fibroids of the female genitalia. He has the advantage of patients coming to him with early abdominal or genital symptoms or abnormal bleedings, which they rarely suspect to be due to cancer or any other growth. After arriving at the diagnosis which can be said to have been done in proper time the general practitioner can at once institute Backerine treatment which at this stage would certainly be of great benefit to the patient. After two or three months of treatment there will be perceptible diminution in the tumour or ulcer as the case may be and at the same time the general condition would be improved. These growths which are often sensitive specially to radiation can be controlled in their progress by means of injections of Backerine.

In general it can be observed that tumours, whether malignant or benign, respond to this treatment very favourably. The tumours which are hard at first soon become soft and smaller in size. There is reduction in Metastasis and Cachexia is soon overcome. Pain and discharge also diminishes and on the whole there is a distinct change for the better in the patient's condition.

From the indications enumerated above and judging from the pharmacological actions Backerine can be recommended as a reliable remedy for all neoplasma. Injections can be continued for months without any cumulative effects. To produce rapid results injections should be given at three days' interval. They are not accompanied by any after-effects. No other preparation has so far been presented for the treatment of new growths, which is so harmless, not even Copper or Lead. The poisonous effects of these latter are well-known, which even can be tolerated had their therapeutic properties been effective. Unfortunately this is not the case. On the other hand this preparation composed of selected figured ferments and salts of Magnesia has produced better results according to the experience of several physicians and surgeons and has involved no risks to the patients. This method of treatment is applicable even to those old people who have completely lost their strength or who are suffering from any kind of arthritism. This is an additional advantage. Backerine can also be indicated in patients, who have their tumours removed, in order to ensure prevention of any further recurrence.

Subcutaneous injections of Backerine are, as we have said, harmless though they may set up local inflammation at the site of the puncture. There is some constitutional reaction also which lasts for twenty four hours. The more pronounced and powerful the reaction, the greater the effect of the product.

Once this has passed off the good effects soon begin to manifest themselves. The use of cachets and dragees supplement effectively the action of injections. One point to be borne in mind about the injections is that they should be given in the immediate vicinity of the tumour or as near to it as possible.

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improvements are often those least evident, except to those who look beneath the surface of things. I say this because what is an improvement more important to my mind even than the introduction of the 5 year course has been gradually taking place here in Madras and elsewhere during recent years and has occurred without comment so far as I have noticed in the medical journals published in India. I have sometimes wondered why so great an advance has proceeded without remark from your association and can only conclude that its extent and importance cannot have been realised. I refer to the great improvement in academic status and in professional standing of the teachers who give instruction at our medical schools both in the scientific and in the clinical subjects. There has always been careful selection of those appointed to teach in our medical colleges and in hospitals attached thereto, but until recent years any medical officer seems to have been thought suitable to teach in the licentiate schools. Things are different now, at any rate in Madras, and if you study the list of the staff of our medical schools you will find that in each appointment we have a specialist, a man almost invariably with high academic qualifications. The staff of the Royapuram School, where we now are, includes holders of the M.D. and of the M.S. of the Madras University, of the Fellowships of the Royal Colleges of the Surgeons of Edinburgh and of Ireland, and of the Membership of the Royal Colleges of Physicians of London and Edinburgh. All have undergone special training in the subjects they have to teach. Even such a subject as Forensic Medicine, which was formerly regarded as teachable by any medical officer of experience, is shortly to be entrusted to a specialist in that branch of our profession, to one who will perform the duties of that subject and nothing else. All of you are old enough to remember a very different state of things, because only recently we have been able to place these highly trained officers in charge of their departments, and all of you, if you consider this matter, must be satisfied that no change more important could have taken place, so silently as it has done, in our medical schools. The effect of this change will, I trust, become evident in the improved standard of licentiate who will leave these buildings to make his living in the world.

While I am speaking of improvements, I should not omit those that have taken place recently in the teaching of our women licentiates, who form a class increasing in numbers, in popularity and in professional competence. Besides improvements in the academic status and knowledge of their teachers, similar to those I have just referred to in the teaching of the men licentiate students, we have, at any rate in Madras, recent arrangement for postgraduate courses for women licentiates in the obstetrics and gynaecology, a much needed revision for those who have been serving long in mofussil stations. More recently still we have seen the opening of the beautiful buildings and well equipped class rooms of the Mission Medical School for Women at Vellore, which with its companion hospital, may be expected to produce an increasingly efficient number of women licentiates.

At the beginning of this address, I said that the past had shown me that there had been during the last 32 years an improvement in the standard of medical ethics and I emphasised that remark by saying this was not the least of the improvements for indeed I consider improvement in ethics to be as important as improvement in professional knowledge. There is still much room for further improvement in this respect, but I look with confidence to the younger generation of practitioners now coming from our better schools, to make their influence felt in the whole profession.

When I was a teacher at a Medical College I was several times faced by young graduates returning after one or two years of private practice to tell me how different professional life was in practice, from what they had known during their training. They spoke despondently of the mean devices some of their fellow practitioners used to vaunt their own value and to decry the character and ability of their colleagues; they always said that the oldest practitioners were the worse in that respect. I used to comfort them by saying that things might be bad, but that they were better than they were, that if one read accounts of practice in England two hundred years ago one met instances of unprofessional and dishonest behaviours that were incredible to our mod-

ern standard, that even hundred years ago in England things were not so good as they are now and that I was satisfied that the men like those now going out from our Medical Colleges would raise the ethical tone wherever they went. I said further that if the older men were the worst, it showed that there was a younger generation arising, who were determined to maintain their self-respect and to show that before any thought of making money they place the good of the medical profession in India, the good of India as a whole. It is of these younger men, both licentiates and graduates, who are now going out into the world that we place our trust, we look to them to carry the purifying influence of the standards with which they have been imbued in their student days, into the daily practice of our profession and no one will be more pleased to see the good influence of these young Indian practitioners than their own fathers.

Long though my own experience of medical education in India has been, I have always something new to learn, and I take this opportunity of mentioning thanks to those licentiates and those teachers of licentiates who have discussed often with me improvements in the course of the training for the benefit of the counsel they have given me. If and when we get our five years' course, the present teaching will be modified and additional subjects such as Biology, that we have long thought necessary, will be introduced. We have ready an improved syllabus for the proposed extension, and yet further discussion by the teachers and the licentiates classes on further possible improvements may then be advisable.

I have spoken briefly of the past and lengthily of the present licentiate affairs. It would be a bold man who would undertake to look far into their future. It may be that future advance and developments would show the advisability of affiliating what are now called our medical schools to some University not yet possessing a medical faculty, but such ideas are but speculations. One can, however, look to the future of licentiates with every hope and confidence, and not only to their future, but to the future of the medical profession in India, for the two measures are inseparable. I regard the two classes of graduates and licentiates as two warriors fighting disease. If now we arm one of these warriors with better weapons than he has hitherto possessed, we can look to their fighting side by side on terms of complete harmony, and with greater success and can confidently anticipate the day when we shall have a united medical profession in India.

The Ninth
ALL-INDIA MEDICAL CONFERENCE,
Welcome Address

BY RAI BAHADUR DR. B. N. VYAS,
CHAIRMAN, RECEPTION COMMITTEE.

After thanking the medical profession of Lucknow for doing him the honour as Chairman of the Reception Committee, Dr. Vyas welcomed the delegates and the visitors to the beautiful city of parks and palaces and said:

"I have noticed that most of my predecessors had begun by stating that they were in the most critical period of history of this country. That critical period still continues and it is doubtful if it will be over by the time the next few conferences are held. Presuming that Provincial Autonomy will be an accomplished fact in the near future and that medicine and public health of each province will be their own concern, we must determine what our main function is as an All-India Medical Conference. In spite of the fact that medical relief and public health should be the primary concern of every nation, I doubt if any of you have noticed any prominent mention of these subjects in the Round Table Conferences which have been held to decide the future political constitution of this country. The attitude of our countrymen in this matter is due, I believe, to the fact that medicine for ages has been regarded in the narrow sense of its scope being confined to the relief of suffering and pain. Medicine in the modern sense includes everything that pertains to health and disease. It is a concern of medicine and public health to keep the nation fit and healthy. No political power can accrue to a nation unsound in health. That we as a people are unsound in health, whatever we may claim as regards our intellectual attainments, nobody can doubt. That to my mind is an explanation of

our political subjection for over a thousand years. My only excuse for this digression is to emphasise that in the forthcoming constitutional rebuilding, medical relief and public health should receive due attention at the hands of our political leaders. If I ask for a rightful place for medical science and the profession, then our function as an All-India body is plain enough. An authoritative pronouncement by the united medical profession of the country should be very helpful to those to whom constitutional reconstruction is entrusted in securing to us our legitimate rights.

The subject of medical education comes first in importance. It needs our closest attention. Tradition says that a gun was fired in Calcutta when the first student entered the Medical College. The attitude that the British Government have taken towards the Indian Medical profession may make one believe that a salve of guns may be fired if we leave our medical education entirely in their hands. I need not detain you with the description of the stages through which medical education has passed. While acknowledging with gratitude the work of the Britishers who introduced scientific medical education in the country, we cannot forget how this medical education was actually carried out. All teaching appointments were reserved for members of a particular service not because they were specially qualified to teach but because they belonged to the service. Any I.M.S. officer was considered good enough to be a teacher and an appointment on academic grounds was a rare event. The highest aim of medical education was to turn out what was known as an Assistant Surgeon. This is not an overdrawn picture. I can cite several instances from personal knowledge where men taken directly from military duties were pitch-forked as full-fledged Professors. Medical Education was under the direction of the administrative head of the province. A teacher in Physiology was considered fit to be made an Opthalmic Surgeon straightaway or a teacher in Chemistry was deemed competent to teach Medicine next. Teaching experience was seldom taken as a qualification necessary for a teaching appointment. While such was the condition of medical education, the product of this system was considered good enough to obtain a place in the British Medical Register. After the introduction of Montford Reforms, medicine became a transferred subject and really qualified Indians began gradually to replace the Indian Medical Service officers, the conscience of the British Medical Council began to be troubled and they began to find fault with the standards of medical education in this country, with the result you all know. We are not considered fit to manage our own medical education. Few can deny that a country which can gather together a brilliant array of medical men constituting this conference, is not only fit to manage its own education but can give a lead to the medical world. The General Medical Council's action was purely the result of propaganda by ex-service men. There had been no deterioration in the standards of medical education and if any thing, it had improved. A little more than two years ago, to meet the wishes of the British Medical Council and also to meet the desire of the medical profession in India, the Government of India promulgated a scheme of instituting an All-India Medical Council with a view to standardise medical education throughout the country. The institution of such a Council having met with general acceptance by the medical profession in India, the Government summoned a conference of the Ministers, Heads of Medical Departments and a few representatives of the Medical Faculties to draw up a scheme for an All-India Medical Council. The scheme formulated by this conference met with severe criticisms on the ground that it was merely an official body and constituted to serve as a handmaiden to the General Medical Council of England and also on the ground that it excluded from its proposed All-India Register a large section of the medical practitioners in India. The exclusion of this class of medical men from the Register has caused a great deal of dissatisfaction which has found expression in the columns of newspapers and a large number of representations were sent to Government on the subject. I believe the conference has already expressed its views in this matter in previous years. In view of the fact that the ensuing cold weather may see the passage of the Bill for constituting an All-India Medical Council, it is necessary for this conference to reiterate its views regarding the constitution of the proposed Council. It is abundantly clear that the profession in India will not be satisfied unless the proposed Council has (1) a pre-

dominantly unofficial element, (2) that it includes the Licentiates on its register, and (3) that it is given full power of reciprocity. Short of any of these points they would rather not have the proposed All-India body.

Most of the difficulties about the constitution of an All-India Medical Council have arisen from the fact that there are in India at present several grades of medical men. Government have hitherto maintained that medical men of different grades are necessary on account of peculiar conditions obtaining in India. Officers responsible for the medical education of the country are still of opinion that India needs different grades. Personally I believe this to be a very pernicious doctrine as it implies that a poor man's disease needs a less efficient medical aid. I am firmly convinced that all medical education should be on one level and what is known as a four years' course taught by the medical schools in India should forthwith be abolished. A minimum standard conforming to that of the Conjoint Board of England should be insisted upon and the preliminary educational qualification brought in line with what is necessary for entrance to the University degree. I consider this a very essential reform for the future medical profession in India and I hope the conference will formulate, if it agrees with my views, a scheme for bringing up all medical education throughout the country to the standard which was recognised for registration in the United Kingdom.

I was inclined to place the question of medical services next in importance to that of education. But I think the question of the development of the independent medical profession is of still greater importance. Except in the Presidency towns and a few other large cities, the independent medical profession is still in its infancy. This is not the fault of the profession but of the circumstances under which the scientific system of medicine was introduced in this country. It was done through the servants of the East India Company and later, of the Imperial Government. It is through the services still that the Government endeavours to bring medical relief to the population, with the result that services continue to predominate in all that pertains to medicine. Development of a strong body of independent medical practitioners is essential for the welfare of a people. This can be easily brought about if the Government associates the private practitioners with the work of affording medical relief. Medical relief to the vast population like that of India can never be obtained through the agency of medical services. What is now accomplished through the agency of highly paid services can, in course of time, be done with the co-operation of the independent medical profession. Other steps towards development of the independent profession are throwing open all Government Medical Libraries and affording facilities for research work to them. If you agree, the wishes of the profession in general should be brought to the notice of the powers that be in the form of suitable resolutions. If already done in the past, they should be reiterated in clear and more emphatic language.

I now come to the question of medical services. I believe no country in the world has attempted to bring medical relief to its people through the agency of highly paid services. This is due to the fact that an alien Government brought the new system to this country and it had perforce to do it through the agency of medical men employed for the purpose. This agency gradually developed into what is now known as the Indian Medical Service. As they themselves could not carry out all the work on account of ignorance of the language and social customs of the people, they needed assistance and therefore they introduced the system of medical education in this country for obtaining this assistance. So in course of time another service developed in the shape of the Provincial Medical Service. Then it was found that another class of persons was needed for the relief of the rural population and poorer classes and so another subordinate service was brought into being which is now known as that of the Sub-Assistant Surgeons so that the medical services are now divisible into three compartments—1. Indian Medical Service, 2. Provincial Medical Service, and 3. Subordinate Medical Service. The Indian Medical Service, the greater part of which is composed of the Britishers, is the dominant element in all that concerns medicine, medical relief, public health, medical research and medical education. With years of power, so ingrained has become this dominant spirit that they have deliberately shut their eyes to the growth of scientific medicine in this country. They still believe that the white man, however poor his qualifications and experience may be, is still superior to the best qualified man of the country. That explains that unjust and iniquitous treatment that we receive in the services and the profession at their hands. With thirty years' experience in the service, I can cite innumerable instances to justify the above statement and so could many of you. The time has come when they must admit that mere colour or want of it does not necessarily mean a better knowledge of medicine. The Indian Medical Service has outlived its time and as such it has got to be scrapped. There is absolutely no justification for forcing the military medical service on the civil population on the meagre plea of maintaining a war reserve (In a justifiable war the whole profession will be a war reserve as it was the case in England in the last Great War). Let there be by all means a military service for medical relief to soldiers both in war and peace time and let them be trained for that special work but keep them for that purpose and do not impose them on the innocent civil population. The Lee Commission laid it down that the Europeans have a right to be treated by their own countrymen. Let the same principle be observed for the Indian soldier and concede to him the right of being treated by the medical officers of their own race and if this right is conceded to the Indians as well, the plea of manning the I.M.S. predominantly by the Europeans falls to the ground. Suitable means could easily be devised for recruiting the military medical service in India. The European element of the Military Indian Medical Service may be just sufficient to look after the officers of their own race and with the increasing Indianisation of the Army, this element should gradually disappear. If you agree with me in this view, a resolution on these lines may be drawn up for the guidance of the political leaders, which, let us hope, will receive their due consideration.

The Civil Medical Services also need reorganisation. They should in future, in my opinion, be recruited by open competition on a provincial basis with adequate pay and prospects. For running the majority of the hospitals under Government, co-operation of the independent medical profession should be obtained. For appointments in teaching institutions, the best men available should be obtained by open advertisement, irrespective of service, colour, caste or creed. No teaching post should be reserved for any particular service. For the clinical posts in educational institutions, co-operation of the independent private medical practitioners should be invited.

The Public Health Services were somewhat hastily constituted soon after the Montford reforms. While it is satisfactory that the service is being Indianised, conditions of the Service are still rather precarious. It needs to be reconstituted on a sounder basis in most of the provinces. The Profession is flooded with young medical men possessing all requisite qualifications. Their knowledge and experience should be utilised for the service of the country. The lay public has not yet realised the importance of looking after the health of our school-going and University population. Every effort should be made by the profession to impress on the public the importance of maintaining a high standard of health among our boys and girls. The service of young men possessing public health qualifications may be utilised in this direction. Maternity and Child Welfare also need our close attention. It is up to us as a profession to see that the Government and the public realise their duties in these directions.

It is said to be a reproach to the medical profession in India that they have not taken to research work. Judging from the work turned out by our younger generation of medical men during the last five years or so, the reproach seems hardly justifiable. If the reproach is to a certain extent true, the fault hardly lies with them. Those who are aware of the history of development of medical education in this country know the circumstances under which an incentive to research work was entirely lacking. We were not thought fit to undertake research work. The necessary training was seldom imparted and till lately our young men were kept rigidly out of it. If taken in a department with scope for such work they were not allowed to go beyond an Assistant's work. The Government only possessed the necessary funds to initiate research and their patronage was mostly confined to the

few lucky members of the heaven-born medical service. There must be many amongst us who will bear me out from their personal experience that I have not overdrawn this picture. The Kasauli Institute, the School of Tropical Medicine, the All-India Hygiene Institute and institutions of like nature were till lately and are even now the close preserve for that service. There was a fierce opposition from the Government to the location of the proposed Central Research Institute even within the reach of an Indian University. All this is changing but somewhat slowly. There are at present hundreds of our young men who are prepared to devote themselves to research. The Government will not take them, the public will not help them and they themselves lack the necessary resources. In spite of these drawbacks they are coming forward to do what they can when facilities are afforded. This conference should state in a clear voice what facilities they want the Provincial and Central Government to give to encourage medical research. Meanwhile we should on our own part do what we can in this line. One very satisfactory feature of the activities of the Indian Medical Association is the development of the scientific section of these all India sittings of the conference. The profession is taking more and more interest in the scientific side and every year a large number of scientific papers are being read. This fact is itself a sufficient answer to the charge that profession in India is indifferent to medical research. I am looking forward to the time when medical politics will gradually be replaced by scientific development. That can only come about when problems of our legitimate grievances are satisfactorily solved."

Regarding the indigenous systems of medicine, Dr. Vyas said that he looked upon them with the same veneration as he did the relics of Indian Archaeology though the modern advance in the science of medicine and its branches might prevent the profession to appreciate ancient Pathology, Physiology, methods of diagnosis, etc. The Materia Medica of the indigenous systems of medicine deserve a close study by the modern medical men. He was of opinion that the scientific system of medicine was not popular because of its cost and the cost of medicines and surgical appliances, etc. could be brought down materially and the treatment made less costly and within the means of the poor if indigenous manufacturers of these medicines and appliances are encouraged both by public and Government. Lastly he appealed to the young medical profession to settle in rural areas in large numbers and said: "What they would lack in the amount of fees from the individual persons could be made up by a larger clientele. Larger towns have very little room for the ever-increasing number of qualified medical men. If medical relief is brought within the reach of the rural population, the future of the daily increasing number of qualified medical men and of medical industries is assured.

Gentlemen, I earnestly hope that the vision I see in the enthusiasm of the moment of India taking its legitimate place in this world, not only self-sufficient in the matter of medical relief, medical industry, medical education, and medical science, but giving a lead to others, will come true in the not distant future."

Presidential Address

BY

MAJOR M. G. NAIDU, M. B.

Major Naidu thanked the Indian Medical Association for the honour done to him in choosing him as the President of the conference. He appealed to those that had gathered that in all matters concerning the welfare of the profession they should sink their differences and cultivate the spirit of harmony. He suggested that the medical profession should contribute their share in building up the proposed Federal Structure for India which should be made of materials available in India. It may be a "bamboo-frame" and not as strong as "steel-frame", yet they should insist on having the Indian bamboo and not the British steel. For the purpose of medico-political fights, they should choose competent members from within the Association, who are capable of such fights and others should contribute their share to the formation of the "Body Medical" "which by its training and efficiency will form the bed-rock on which the future medical service of the country can be built up." After

narrating at length the hardships of the poor in the rural areas, he wished that the Indian Medical Association should devote their attention to bringing about a scheme which would afford cheap yet efficient medical relief to the masses in the rural areas. He then quoted statistics from Indian States of Hyderabad, Mysore, and Baroda and said:

"In the majority of British Indian provinces, the number of deaths, per thousand of the population, is more or less equivalent in the rural and urban areas. Taking into account the not inconsiderable difference in the total number of inhabitants in these two areas, the number of deaths per annum in the rural area is appalling, especially in view of the fact that the cities are more congested and more prone to diseases due to insanitation. Within a 36 mile radius of some of our villages there is no medical, surgical or obstetrical help. There is a case actually on record where a woman in labour had to be transported in a bullock-cart, along a rough country road, for a distance of *over 50 miles*.

It is evident to the casual observer that the central and provincial Governments consider that this question is of secondary importance, and may, to a large extent, be left to the people themselves to solve. Indeed, one hears or reads of cuts in the medical and sanitary establishment and also in hospital expenditure. The State may be either unwilling or unable to meet the requirements of the country fully or efficiently. It pleads financial stringency. The highly paid district medical and sanitary officer, even when efficient, is a costly item. The purchase and transport of drugs and medical comforts from foreign countries makes medical administration top-heavy.

BUY INDIAN

The system of medical teaching now obtaining in England and faithfully followed in India, with the omission perhaps of some of the good points in it, does not lead to the best of results. The schools and colleges are few. The teaching is too pedantic and inelastic. It encourages, in India at least, the cramming of books, passing of examinations and the search for Government appointments. Education on these lines is costly, and people so educated are drawn more towards cities and towns than the country side. Even if they can be persuaded to settle down in the smaller towns, their training does not enable them to meet the exigencies of rural practice. They are apt to get lost without the elaborate paraphernalia of modern medical practice. When it comes to treatment, the village Hakim will beat them hollow in the selection and preparation of drugs. The modern medical student is taught his materia medica only as a ritual. He clings to the British pharmacopœa as his Bible until he gets through his examination in the second or third year of study. By the time he is a full-fledged doctor, he has still not learnt to write a prescription and enters on the study of a new pharmacopœa supplied to him by Parke Davis, Merck, Bayer, the Anglo-French Drug Company, and others of that ilk. The semi-patent medicines supplied by these are not easy to obtain outside the larger cities and, when obtainable, cost a great deal of money, most of which goes to middle-men in Europe. Except in hospitals, I should like to know how many physicians use the good old cod-liver oil of former times. There are now at least 30 different preparations of this useful article under different names marketed by different firms of different countries, each of which claims superiority over the others, and all of which are more than three times the price of the original oil, quantity for quantity.

The synthetic chemist in his laboratory turns out combinations with jaw-breaking and fantastic chemical names at a rate which, even in these competitive times, is really alarming. The experimental pharmocologist, in the next room, tries them on various animals and passes them on to the physician for trial. They are then widely advertised in alluring terms and vivid colours and brought to your door by travelling agents highly paid and well-coached. All this costs money, and the money comes from your patient and goes to Europe.

We must appeal to practitioners to use, and ask chemists to supply, as far as possible, indigenous drugs and home-made instruments, and accessories. *Buy Indian* should be both our policy and our creed and be permitted to enter our daily professional life. But, even here, great discrimination and discretion are necessary. We must not let our patriotism blind us to our limitations or allow our enthusiasm for the

cult of Swadeshi to obscure the fact that, for some time to come, we will still have to depend on foreign countries for such articles as cannot be made or manufactured in India at present. I would suggest that an authorised list of these drugs, medical accessories, instruments and apparatus be prepared and broadcast, together with the names of the firms supplying them. It is high time we gave up our expensive tastes in the choice of drugs and the selection of foods, and eschewed those unnecessary luxuries so temptingly put before us by Western manufacturers. Let us, rather, extend our full encouragement, material support and whole-hearted co-operation to those earnest Indian workers in the field of pharmaceutical and pharmacological research, who have gained such signal success in the standardisation of indigenous drugs which form very effective substitutes for many of the imported medicines, often at one-third their cost.

PHYSICAL CULTURE

The growing craze for Western forms of physical exercise has thrown into oblivion the older methods of physical culture which, in their essentials, are as good as, if not superior to, the former. I am convinced that under proper supervision the training of an Indian youth, carried out in accordance with the old Indian ideals and according to the rules laid down by the old masters, will produce results in no way inferior to those obtained by the newer methods. The Indian system of physical culture is more suited to the Indian body and the Indian climate. Apart from other advantages it is cheap. National sports can be organised anywhere without much difficulty at very little cost, whereas a complete set of modern gymnastic apparatus costs, even if home-made, anywhere between Rs. 100 to Rs. 200. A cricket bat costs about Rs. 20 and a tennis racquet about Rs. 30. Then there are hockey, football and other games which require fields, balls, etc., not to speak of special boots and shoes. Compare this with the cost of Indian games, which alas, to the modern Indian student are but traditions. Even wrestling is being given up without the alternative substitute of boxing being taken up. The games grown on the soil may be improved but must not be allowed to die out while Western games may be taken up by those who can afford to do so. Some valiant efforts, spasmodic and isolated, have been made by certain self-styled 'professors' on physical culture, on Eastern lines. But rivalries have vitiated their work and prejudiced the public against them. So far, no organised effort has been made to revive and develop the old Indian system of physical culture on a scale and in a manner suited to the masses. That system as at present practised certainly requires modification. It has become too inelastic and hidebound. Though founded on anatomical and physiological bases it has become too fossilized and frozen and requires the touch of sincere and sensible endeavour to make it function again. Even according to modern Western standards of physical culture, Indian gymnastics, correctly practised, will be found to be health-giving, strength-procuring and even disease-curing. I have recently come across several books written by English and American authors which contain the principles embodied in our system, dished up in modern style with a flavouring of anatomy and physiology.

MECHANIZATION

Let us now turn to the present state of medicine. Internal medicine as such, has I fear, gone astray and is threatened with extinction. The old medical hegemony has allowed a number of sisters and daughters to rule over parts of her territory and is now hardly able to claim a few inches of it. Surgery, her late junior partner, has, thanks to mechanical aids, annexed more than half her kingdom by direct and objective methods. Bacteriology, but recently her obedient daughter, now dictates to her at every turn. The radiologist and the laboratory man, her whilom servants, the physicist and the chemist once her friends, are now beginning to pose as her masters. The half-baked psychiatrist who owes his existence to the stress and strain of modern civilisation, is the latest claimant to what remains of the domain of medicine of old times. It is true that all these sections have added much to her previous achievements. Diagnosis, or rather a confirmation of it, has been perfected. But, at what a cost! Machines are now required for diagnostic purposes to an extent that appears detrimental to the development of the clinical sense in the young medical

student. Excepting the sense of smell which is used but sparingly at the bed side, the other special senses are being threatened with atrophy by the two free introduction of instrumental aid in clinical medicine. Many of these instruments are, in themselves, far from being accurate; and the results obtained from their use, though often of great value and sometimes indispensable for correct diagnosis, are not always reliable. My main objection however to the indiscriminate and invariable use of instruments in medical teaching is the prohibitive cost of many of them. The student must be taught how to use them, but he must also be taught how to do without them. While these instruments have their place in scientific research and advancement of knowledge, they are not absolutely necessary for rendering simple medical aid. The student may master these instruments, but not allow himself to be mastered by them. The young district practitioner, fresh from college where he was taught to estimate blood-pressure with a sphygmomanometer, to examine the heart with an electrocardiograph, and who was overfed on skiagrams, Wassermanns, Widals, blood-sugar tests, etc., during the period of his tutelage, feels helpless with a simple stethoscope which, with a keen eye, an accurate ear and a delicate touch, sufficed for the old masters.

In this age of mechanisation it is inevitable that the sphere of medicine should be invaded by instruments, side by side with those of other arts and crafts. I in no way desire to belittle the benefits conferred upon our profession by the brilliant discoveries of the physicist or the chemist. I merely wish to enter a protest against the transformation of the physician himself into a machine—a sort of medical Robot—which seems to be the trend of modern education in the West. I do so all the more willingly in the interests of poverty-stricken India which cannot afford either to lose its good doctors or to buy costly instruments.

SEETHING MASS OF SPECIALISM

It is when we come to treatment that we discover that the Western Goddess of pure medicine has feet of clay. With the introduction of new systems of treatment, faith in prescriptions and in the efficacy of drugs has been shaken. A form of therapeutic nihilism prevails in certain quarters leading to chaos and confusion. Of the old drug-gist and chemist the former has disappeared. Only the chemist remains, who retails synthetic remedies and ready-made mixtures and pills. Therapeutics left the main road and strayed into by-paths which offered a shorter and pleasanter means of effecting cures. Most of these have become too narrow to pursue, or have ended in a *cul-de-sac*. To take but two of these new branches, electrology and radiology have developed so rapidly in the last decade that it is now difficult for the general practitioner to decide whether to recommend X-rays, ultraviolet rays, infra-red rays, deep rays or ionization. The bacteriological road is a much wider one. But, the hope that it would help us in all forms of specific diseases has not yet been realised. Thus, modern therapeutics, though it has broadened its purview, has not really marched forward. In my own city, there are medical men who have been nicknamed *Bigili-ka-doctor* and *Pichkari-ka-doctor*. In this seething mass of specialisms the young physician finds himself at a loss to find the correct instruments for attacking diseases. Towns and cities may be full of or even be overflowing with highly trained physicians, expert surgeons and specialists in various branches who possess laboratories equipped with expensive and elaborate instruments and costly chemicals. But India is not in her towns and cities. The life of real India is the life of her villages. The villager is poor of pocket and simple in his ways. The country, therefore, needs medical men trained in simple and cheap methods of rendering aid to the masses, with a fair measure of skill and a maximum of safety. India is mainly an agricultural country. I do not hold with those that believe in the rapid and extensive expansion of the industrial side of our life. So far such an extension has been responsible for the enormous growth of cities with all their squalor, sickness and vice. Villagers have been tempted to go there to the detriment of their health and peace of mind. It is impossible to calculate the sum total of misery caused by one strike. Has anyone ever heard of a strike amongst the workers on the land unless it be amongst the fat farmers opposing the abnormal rates imposed on them by the Government? 'Back to the land' is the cry of every country. So far as we are concerned it is easier to cater to the medical needs of ten villages in the Deccan than one mill in Bombay.

A NATIONAL SCHEME

Sir Nilratan Sircar has told us that we want 1,50,000 qualified men to meet the medical needs of the country. I agree with him; in fact, go even further, and place the figure at 200,000. *Where and how are we to get them*? Are we to start more medical colleges and schools? Dr. Jivraj Mehta says 'No' because the equipment and teaching of those already in existence are not what they ought to be for turning out 'the perfect doctor.' With him also I agree. *What then is the solution*? The Government has done what it could for the medical service of the country. The people are what they are owing to adverse economic conditions, absurd social customs and perverse religious institutions. The duty devolves on us, as medical men, to find a remedy for the indifference of the Government on the one hand and the ignorance of the people on the other, and to help both even if it so be that we get no thanks for our work. 'For God and country' as our motto, let us have conscience as our guide and humanity for our goal. These are fine sentiments and high sounding phrases in which we Indians excel. *But what are we really going to do*? There is a society for the propagation of the Gospel working in India to save us, and a Salvation Army fighting for our souls against the devil whom we have not yet seen. As great admirers and imitators of Western institutions, it seems but appropriate that we should form a society for the propagation of health and put a medical corps into the field to fight disease which is a tangible and terrible reality. You will, I trust, bear with me if I take up some of your time in placing before you for your consideration and approval a scheme of national medical help which has been simmering in my mind for some time and to which I have not been able to give any shape until now. I offer it to you with some hesitation not because I have no faith in it, but because, unused as I am to organising any movement on a large scale, I am in doubt as to how it will be received by those who have had more practice and experience in such matters.

In the interests of pure national education single individuals have founded and organised institutions which have made an indelible impression of the country. Dayanand Saraswati inspired the Gurukula. Rabindranath Tagore has formed an International Academy. Gandhiji has initiated a National University. Sir Syed Ahmed created the nucleus of the present Muslim University, and Karve has established the Women's University. Can we not, as a body, follow the example set by these noble sons of India, be inspired by their hopes, and encouraged by their deeds? What matters if we fail? We shall still be in good company and still be able to cherish the memory of having done our duty to our country according to our lights and to the best of our ability.

The proposed body is to be a separate section of the Indian Medical Association, working under its auspices and seeking such advice and help as may be necessary and available. Let each independent medical man capable of doing so take up a number of apt pupils and train them for work amongst the poor. Let each medical woman train a number of midwives and *dayees*. The missionary agencies working in India are doing this all over the country. It is noble work, though as is only natural, their objective is proselytism. Let the men trained by us, be sent out into the neighbouring villages to render aid within restricted and clearly defined limits. Thus every medical man will be a university unto himself and his pupils. Then, when better days dawn and national Universities function independent of superior control, these pioneers in the outlying parts may be collected and examined again with a view to giving them certificates to practise and entering their names in the national register.

BETTER THAN NO AID.

In the meantime it is better to die with semi-medical aid than no aid at all. Abuse under this system is possible, but I shall deal with that later. It serves no useful purpose to complain of what the Government is doing or is not doing. It is for our own men to bestir themselves, to educate the public and to improve the social conditions of the people. They must go to the villages or send men with certain qualifications to look after the health and sanitation of the villagers. The qualifications though small in themselves, will be better than those of the local men there. This applies also to medical aid to women. For as sub-assistant surgeons are to surgeons so are midwives to qualified lady doctors. *Dayees* bear the same relation to midwives that compounders and dressers do to sub-assistant surgeons. Dr. Bharucha has proved that the Government of India created classes of medical men for their own purpose. Let us follow their example, though our purpose be different. First we must call for volunteers from amongst the members of our own profession who are distributed over various parts of the country, and form them into a corps. Whether they be official or non-official medical men, whether they are members of the Association or not, it does not matter. The only condition imposed is that every one of them promises to work the plan faithfully and to the best of his ability, and be subject to the discipline of the main body.

Our next duty is to organise them. A committee may be formed at the headquarters of the Association to direct operations and guide the movements of the volunteer corps from time to time with an energetic secretary who will devote his time to the activities of the Association solely in this direction. He will be in touch with the headquarter's staff on the one hand and the provincial staff on the other. Similar committees, each with a secretary, may be formed in the provinces to work in the districts and in the districts for towns. This may mean an extension of our membership, which is all to the good.

It may be objected that we may not get any volunteers. But if ten or even two are forthcoming, we may start our work on the basis laid down. The band of workers thus linked together will form our Salvation Army carrying the gospel of health to the remotest parts, and saving men, women and children now at the mercy of disease and death. Let us not forget that discipline, which means implicit obedience to authority in letter as well as in spirit, is an essential of the existence and growth of this body.

The next step is to find, select and enlist recruits for our relief work in the villages. In these processes, great tact and care will have to be exercised, or the whole fabric may collapse. I suggest, firstly, that as far as possible the recruitment may be made in the village in which we intend to spread the gospel, and secondly, that the recruits, young, intelligent and with a modicum of education, be gathered from the families of hakims, vaids and barbers whose hereditary medical and surgical services to their people and whose stake in the village entitle them to consideration.

The manifold advantages of picking our recruit from the classes recommended are obvious. He has by birth and association, and perhaps training, inherited and developed the *Mens Medica* which is indispensable to the follower of the healing art. He will return to his village-home as a bird to its nest and be more warmly welcomed than a stranger. He will strive to improve his knowledge whilst a student, in order to better his position in the society to which he belongs. And lastly, his scale of fees will not be beyond the means of the people whom he serves.

I may be allowed to repeat that great care must be exercised in the selection of the pupil. A certain standard of preliminary education, and more important still, a fairly high standard of moral sense must be fixed as qualifications for admission to the pupil class. We may get a few black sheep into our list but that is inevitable in any movement.

Here again the cynic may ask 'What if we fail to get the type of man we want?' My answer is '*Search for him again and yet again.*' I believe we can find the man we want nearer home. I have consulted some of my colleagues and made enquiries amongst village people and feel convinced that the task of recruitment will not be insuperable.

In such a selection help may be sought from the various organisations and agencies already in existence for the amelioration of the condition of our rural population, *e.g.*, social reform association, Seva Samities, religious bodies of various denominations, trustees of churches, mosques and temples, village panchayats and patels. In fact all who are engaged in the Samaritan work of helping the poor and uplifting the downtrodden may be approached with advantage.

As the work we are undertaking is neither communal nor sectarian but all-India work, and as all religious organisations profess to cater for the welfare of the people at large, there is no reason why the Christian, the

Muslim, the Hindu, Arya-Samajist, Brahmo-Samajist or any other religionist should not help us. The poor man starves, gets ill, and dies whatever his religion, whilst temple treasures increase, mosques multiply and new churches arise. Let temples be used also as schools, and choultries as hospitals. Municipalities, local fund boards and village panchayats ought to welcome our men with open arms and even contribute towards their education and maintenance. We expect, of course, all possible help from other medical associations such as the Licentiates, the British Medical Association, etc. With our own earnest efforts and the outside help above referred to, it is not too much to hope that our venture will prove a success. Granting that we have found the man we want, what are we to do with him? There may be diversity of opinion about the method of training him, having regard to the varying predilections of the teacher and the aptitude of the pupil. But I am confident that a common formula can be found which will satisfy the average requirements and limitations of both the teacher and the taught."

He then gave a brief scheme of training men and women preferably the existing village Vaidyas and Dayees in Medicine, Surgery, Midwifery and Hygiene, the course to last for 2½ years, the passed pupils to work directly under the control of qualified practitioners. Major Naidu concluded by saying: "It may appear to you that, after much beating about the bush, I have led you into an orid land strewn with rocks of difficulties and scored by valleys of disappointments. I have done so with my eyes open, because, so for as I can see, it is the only land open to us and because I have every hope, nay confidence that, with our united and persistent efforts, we can convert it into a land flowing with milk and honey. The road may be rough and the journey long, and many of our fellow travellers may drop off or desert us. If any of you can take us along a smoother road on a shorter journey, I for one, shall be glad to follow."

News & Comments.

A Change in the Routine: We owe an apology to our readers for our having changed the regular procedure with regard to the publication of matter in the columns of the journal in this issue. The Medical Practitioner ushered into the world with the sole purpose of levelling up the medical profession in India and bringing about peace, happiness and contentment amongst its members. Consequently matters of purely technical interest are treated by us as of secondary importance, and we cannot lose any opportunity of events which help us to carry out our policy. When the profession lives as a strong and united body, science and research will flow out of it as sparklingly and as forcibly as does the jet from a pure fountain. The two conferences which met last December, one in Madras and the other at Lucknow, are momentous events. Whether they were treated as such by those, who ran them, cannot be our consideration, as this task is beyond our control. We are doing the work of a votary who, vowed to the service of the noble profession, takes advantage of all that is happening around him and does things with fervour and without fear and with the sole aim of reaching the goal in view. It is this spirit of service that forced us to effect a change in the routine with regard to the publication of the current issue. The two Associations who were responsible for running the conferences are important bodies whose activities are likely to shape the future of the medical profession, though one of them represents only the Licentiates. The Medical Practitioner is being read by nearly 7,000 practitioners of all grades in and outside the service in all provinces in India including Burma and the Indian States, a number which is several times bigger than the number of practitioners that might have attended these conferences in all the possible capacities, not excluding the visitors. The addresses delivered at the conferences are likely not to be read by all our readers, though almost all of them are and have to be interested in them, as such addresses, though read to cosmopolitan or sectarian audiences, concern the profession as a whole. The editorial comments on these addresses can only be appreciated in case those who read such comments read also the addresses. Hence we have published extracts from all the addresses without omitting any important items in them, and the address of Major-General C. A. Sprawson, Surgeon-General with the Government of Madras has been published in full for obvious reasons. Both the conferences had the discussion of scientific subjects as one of the items of their programme and the Sanitary and Scientific Exhibitions formed part of their activities. The former will naturally fill the columns of the official organs of the two Associations, and as only eye witnesses could speak of these exhibitions and as we could not afford to be that, we regret we have not undertaken the task of having to say anything about them. But we are bound to say some thing about the Madras Exhibition, especially with regard to the award of medals and certificates. It is reported to us that if there were any judges at all to appraise the efficacy and the value of the products exhibited, it cannot be others than the Secretary in charge of the Exhibition and the Chairman of the Reception Committee. Other office-bearers of the conference seem to know little or nothing about the tests employed for the purpose of distribution of medals and certificates excepting the fact that Major-General Sprawson, Surgeon-General with the Government of Madras, distributed the medals and certificates to the exhibitors. The resolutions passed at the conference will form the subject-matter of the editorial comments in the next issue. We have therefore omitted the publication of these resolutions and shall do so in the next issue.

Before closing, we have to apologise to many of our readers and medical associations for suppressing their communications for want of space in this issue which we wish to be treated as a Special Conference Edition.

Yet another Conference: We refer our readers amongst the rural subsidised practitioners to an appeal published herebelow by Dr. Ramasubbu, L. M. & S., and trust that the subsidised practitioners will realise that in unity alone they can depend for strength. They will also do well to remember the adage that "God helps those that help themselves".

The Madras Provincial Rural Medical Practitioners' Association.

AN APPEAL.

Dear Brother,

I am making this appeal to you, through the columns of this journal to request the continuance of your co-operation as heretofore. For various reasons a provincial conference could not be held in last, X-mas week but I hope to call one during the coming Easter. May I request you therefore to strengthen my hands by sending me your suggestions, grievances and last but not the least, your subscription for the year.

Thanking you in anticipation and wishing you a Happy New Year.

Viraganur, Salem Dt.
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S. RAMASUBBU L.M.&S.
Secretary.

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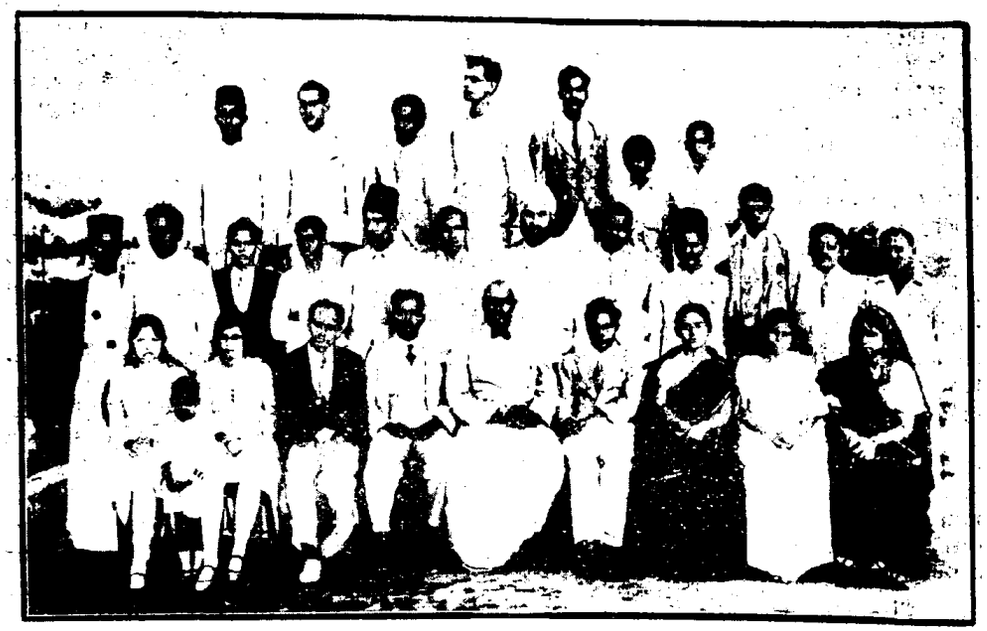

A Group Photo of the Medical Licentiates who appeared for the Senior Cambridge Examination, December, 1932, at Madras through the City College, Madras. The Principal is in the centre.

"The first anniversary celebration of the City College came off last evening at the premises of the College, No. 137, Popham's Broadway, under the presidency of the Hon. Mr. B. Ramachandra Reddi, B.A., M.L.C. President, the Madras Legislative Council.

After prayer and social, Mr. K. S. R Acharya, the Principal, presented the Annual Report. The Report stated that the College was started in 1931 to coach up students by post for the Madras Services Commission Examination. It also undertook postal tuition of students for the Cambridge and London University Examinations. Arrangements were being made to make the College a residential one with effect from next year, for which a site had been proposed to be purchased near Kodambakkam.

Mr. R. J. Naidu, B.A., L.T., D.E. (Oxon.) delivered an interesting lecture on 'The Aims of Education.'

Dr. R. S. Greval, one of the students of the College, coming from Burma, wished prosperity to the institution and its Principal.

The Chairman in his concluding remarks endorsed the views of the lecturer on the aims of education and hoped that the City College would keep up the ideals in education it had set before itself and grow from success to success."

Extracts from 'THE HINDU', Madras, dated 12-1-'33.

The Principal of the College has recently published a *special prospectus* for the use of the **MEDICAL LICENTIATES,** which explains in detail HOW TO GET THE SENIOR CAMBRIDGE CERTIFICATE. ONLY FIVE SUBJECTS TO BE STUDIED AND THAT BY POSTAL TUITION. The scheme of work of the Postal System of Tuition is also explained in detail in the Prospectus. For the Prospectus and other information in detail, please apply to :

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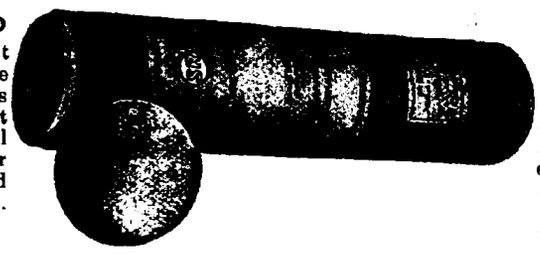

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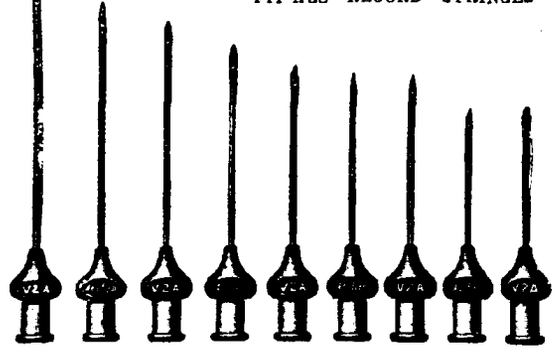

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Reminders and Suggestions

Extract from A. F. D. Diary 1933.

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ACROMEGALIA: Opocrin Pituitary p. 35.

ACTINOMYCOCIS: Sodium Iodide A. F. D. p. 42.

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ALIMENTARY TOXEMIAS: Mycol p. 43.

ALOPECIA: Sarcoptol p. 49.

AMEBIC DYSENTERY: Amibiasine p. 27, Cryptargol p. 32, Emetine Amps. p. 40.

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