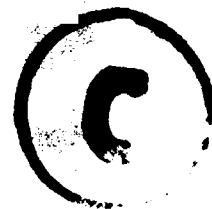


The Medical Practitioner

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JANUARY & FEBRUARY 1937

The Medical Practitioner

A Monthly Medical Journal

EDITED BY
Dr. V. Rama Kamath,
Member, Madras Medical Council.

THE CAUTIOUS PHYSICIAN

MENESTRIN
CAPSULES

CURE
AMENORRHOEA



MENESTRIN
CAPSULES

PREVENT
PREGNANCY

SENSATIONAL LIBEL CASE

Lt. Col. Mahadevan *versus* Dr. Rama Kamath

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NOTICE

Readers of The Medical Practitioner are requested to quote the Registered numbers appearing on post-wrappers against their names while corresponding with the Managing Editor as he finds it very difficult to identify the authors of the letters from a large list of names, especially when names are identical.

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THE Medical Practitioner

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VOL. VIII.]

JANUARY & FEBRUARY, 1937.

NOS. 4 & 5

Original Articles SYMPOSIUM ON NUTRITION

INDIAN SCIENCE CONGRESS
HYDERABAD DECCAN

4TH JANUARY 1937.

On January 4th a joint discussion on "Nutrition in relation to Human Beings, Farm Live-Stock and Crops" was held at the Indian Science Congress, Hyderabad. The Chairman, Colonel Oliver, Animal Husbandry Expert, in opening the discussion, referred to his Presidential Address to the Medical and Veterinary Research Section, in which he had already dealt with this subject. He said that in addition to its broad scientific interest the matter was of the greatest practical importance and urgency and that it was the one above all others which the present Viceroy had most at heart, viz the better nutrition of the masses. The practical aspect must therefore always be kept in the fore front.

To the poor peasant an adequate diet was a matter of pice and annas and to the cultivator, of small capital, costly model buildings and expensive processes meant nothing.

On the other hand there was ample evidence that if suitably assisted, in their villages, to dispose satisfactorily of their produce, whether from crops or animals, Indian ryots were not slow to find means of taking advantage of such an opportunity of improving his position. His view more than ever after years of careful study of the subject was that the solution of this problem must lie in the development of a well-balanced system of mixed farming in India. In developing such a system it was clear that

the greatest possible use should be made of all the resources of modern science in order to secure, under the varying conditions of soil and climate the maximum return from the cultivable land available.

In this the provision of better and more remunerative cattle must play an important part and he believed that fodder crops and cultivated grasses should take a much more important place than hitherto. More should no doubt be done to improve and make better use of village and forest grazing, but the tendency at present was to rely too much on free grazing for the maintenance of stock. To produce more money for the ryot and a better diet for the people, within the reach of the masses, he believed that it would be in their best interest and that of India if, as far as possible, every cultivator would keep and maintain properly at least one good cow depending mainly on fodder crops grown on his land. He could thus produce enough and rich milk as well as manure and provide better work animals.

He felt that free grazing, out of which so much political capital had been made, must to a large extent be a Will-O-the-Wisp in a country where the pressure on the land was so great. He quoted figures from the report of a special commission of forest officers—which, with specially selected Animal Husbandry and Agricultural Officers, had sat recently in Madras to show that forest grazing could never be an important factor in dealing with this problem while, with better care and management, village grazing lands might be much improved.

Finally he mentioned a matter which he felt was of considerable practical import-

ance, viz. the fact that since the milk of buffaloes and cows contained approximately equal percentages of the solids, not fat, mainly protein and minerals, which are essential to a proper diet, buffalo's milk heavily watered down as it usually was before it reached the consumer, was not of such high nutritive value, particularly for growing children, as was cow's milk with an equal percentage of butter-fat. Cow's milk being less rich in cream, will not allow of such heavy watering without detection, its protein and mineral content is therefore higher than that of the buffalo milk usually sold.

Dr. W. R. Aykroyd, Director of Nutrition Research, Indian Research Fund Association, said that many of the observations of the research worker on human nutrition were of great importance to the agricultural, and animal nutrition worker, and for the guidance of agricultural and food production policies in the right direction. It was the task of the human nutrition research worker to discover and demonstrate the chief defects of Indian dietaries. This problem could be approached by the study of actual diets consumed by sample groups in towns and villages, and by the investigation of the incidence of food deficiency diseases and various physiological conditions associated with malnutrition. Both these lines of investigation were being followed at the Nutrition Research Laboratory.

The dietary standards put forward by American and European physiologists such as, for example, the standards recently suggested by an expert commission of the League of Nations, purported to represent the optimum and allowed a high margin of safety. Even casual observation at once showed that average Indian diets were deficient when compared with such optimum standards. The nutrition worker in the East might however, justifiably adopt a lower standard representing a moderately satisfactory diet. But even when he had reduced his demands to a minimum point which might be difficult to justify on scientific grounds, he found that the diets of typical Indian village families were deficient in terms of such minimum standards.

In dietetics "enough food took precedence over the right sort of food." Insufficient data had been accumulated about the caloric intake of typical Indian village population

groups, but all the available information suggested that large sections of the population might not have enough to eat. Tentative analysis of the amount of food available per consumption unit in the Madras Presidency supported this conclusion. He was inclined to estimate the minimum daily requirements per consumption unit of a South Indian peasant family as about 2500. If the diet of a peasant or labourer fell below this figure, adjustment occurred as follows: basal metabolism was reduced, the body functioning at a lower level of vitality, and energy output was made consonant with energy intake. In simple terms the underfed labourer was lethargic, and his output of work small. He reached a kind of dreary adaptation to his environment. But the remarkable capacity of the human body and the human mind to adapt himself to semi-starvation should not influence the nutrition worker in setting up standards of caloric requirements.

If the diet surveys which were to be carried out in various parts of the country showed that there was widespread insufficiency of food, then the first necessity was simply to increase food supply, and this necessity must remain the foundation stone of agricultural policy.

On the qualitative side, typical Indian dietaries showed serious deficiencies. There was a relative lack of animal products such as milk, eggs and meat, of fish and also of pulses, vegetables, and fruits. Experiments had shown that the addition of small quantities of skimmed milk to the diet of typical Indian children living on a largely cereal diet, containing no milk or eggs, produce a rapid acceleration of growth and an improvement in general health and vitality. The change which took place brought realisation of the handicaps under which a deficiently fed population labours. It seemed probable that the most serious fault of the average Indian dietetics was their relative lack of one or more of the food factors contained in skimmed milk: proteins of high biological value, vitamin B₂ and assimilable calcium. Probably no food of vegetable origin would supplement average Indian diets as effectively as milk or eggs. Special mention should be made of fish which contained some of the food elements most needed by the poorer classes in India. The fishing industry in India was in a back

public. The intention is that the Bill may be kept ready and introduced as soon as the new constitution comes into force.

The Surgeon-General is requested to consult any associations or private bodies interested in the matter before forwarding his reply to Government. The action taken or proposed to be taken in other provinces, such as Bombay, may also be possibly ascertained before the Bill is drafted.

The idea 'at present is to prevent persons assuming degrees which would mislead the public into a belief that the holders thereof do possess qualifications similar to those recognized under the Indian Medical Degrees Act and the conferment of such degrees or diplomas by unrecognized bodies. It is not intended to interfere with diplomas granted by recognized institutions of Indian Medicine; nor is it the intention to put down the practice of medicine by Vaidas, Hakims or even quacks. The assumption of degrees and diplomas such as M.D. H., resembling in any way recognized degrees of Western Medicine is what is sought to be discouraged."

The intention of the Government is made quite clear that the amendments to be proposed should not interfere with the practice of medicine "by Vaidas, Hakims or even quacks." The concern of the Government even in quacks may look strange especially to those who have belief only in the scientific system of medicine. As the Government have to formulate their policies depending upon the opinions of the public whose representatives form the legislative bodies, the necessity of the existence of the quacks apart from Vaidas and Hakims reflect the mentality of the government that quacks should form part of the unit to afford medical relief to the public. The corollary of the situation seems to be that quacks may one day or other be recognised as good practitioners as those who are now registered and may run medical institutions under the Government and before doing so the quacks will claim a separate Medical Register to be recognised as such by the public who want them. The question will likely arise in the minds of scientifically disposed people as to why there should be legislation to prevent people from assuming Bogus Degrees. The situation looks most degrading when the local Government which has been scrupulously avoiding to take cognizance of offences committed by Bogus Degree Holders, requires its Surgeon-General to draft amendments to an Act which is a dead letter to the Government and especially when the Government had expressly indicated its intention that it was not the desire of the

Government to put down 'the practice of medicine by Vaidas, Hakims and even quacks.' I could not be present at the time this question was decided by the Council or else I would have expressed my views in the form of a suitable resolution to apprise the Government what the Medical Council considered about the 'intention' of the Government. Now that the Medical Council had referred this question to a committee consisting of Drs. Guruswami Mudaliar, Tirumurti, and Rama Kamath, I have no other option than co-operate with this committee to assist the Surgeon-General to draft amendments to the existing Indian Medical Degrees Act with the full hope that the committee will be able to suggest such amendments, which, while not frustrating the 'intention' of the Government, will enable the practitioners belonging to the scientific system of medicine to continue their good work to the Society without permitting the quacks to get into their bounds.

HONORARY MEDICAL OFFICERS: Soon after I heard a rumour that the designations of Medical Licentiates on equal terms with the Medical Graduates did not satisfy the whims and fancies of a few in authority and that there were proposals before the Government to create invidious distinctions between two classes of Honorary Medical Officers, I tabled a resolution on 7th October 1935 with the hope of moving the same at the October 1935 Session of the Madras Medical Council. The resolution ran thus:

"The Madras Medical Council requests the Government most respectfully not to contemplate any changes in the designation of the Honorary Medical Officers depending upon their qualifications as the names introduced by the Government Committee on Honorary Medical Relief Scheme and sanctioned by the Government on the 29th July 1932 are most satisfactory, being consistent with the spirit of Medical Registration Act and suggests to the Government to introduce such names in the designation of the Medical Officers under their employ."

As this subject was not reached at the October 1935 Session, it came up for consideration at the March 1936 Session and the resolution was passed. A copy of the resolution was forwarded to the Government for necessary action. In spite of this resolution which was approved without any opposition by a Statutory body consisting of representatives of all classes of practitioners, including the Head of the Medical Depart-

4. Attention should be given to the development of fisheries, now in a very backward state.

5. Pulse production and consumption should be increased. It does not seem desirable to give special attention to the popularisation of soya bean.

6. Attempts should be made to increase the production of vegetable and fruits, which contain elements needed by the population.

7. Red palm oil is a valuable cheap source of vitamin 'A.' It could probably be produced in India.

Rao Bahadur Viswanath, Officiating Director, Imperial Agricultural Institute, emphasised the importance of the condition of the soil with reference to the nutritive value of foodstuffs. Manurial treatment of the soil might have the effect of producing crops with a higher vitamin content. The extractability or solubility of proteins in different solvents varied with manurial treatment. Nitrogenous manuring, while increasing the nitrogen content of crops, depressed their phosphate content; on the other hand, phosphate manuring produced a distinct increase in phosphate content, while at the same time protein nitrogen showed a tendency to rise. The supply of organic manures was therefore a question of considerable importance in India.

Dr. K. C. Sen, Officer-in-Charge, Animal Nutrition Section, Imperial Veterinary Research Institute, Izatnagar, presented a note prepared by him in collaboration with Mr. F. Ware, Director of the Institute. He stressed the point that in India the subject of nutrition differed very greatly from the same subject in most other countries of the world in the fact that while it was necessary to provide sufficient fodder for an enormous population of transport animals there was no possibility of directly converting these animals into food for the human population at any stage of their existence. The result of this was that to a large extent the human and animal populations of India would always be in great need for the food which can be grown on the available land.

COLONEL BHATIA, Professor of Physiology, Grant Medical College, Bombay emphasised the importance of nutrition in relation to public health. There was abundant evidence that the standard of nutrition

in India was very low. Poverty was an important factor in producing malnutrition, but it should also be remembered that diet in India was regulated by custom, tradition, and religious sanction which made the task of the reformer and public health worker extremely difficult. Colonel Bhatia referred to the valuable work of the League of Nations in the field of nutrition. Recent reports of the League had particularly emphasised the value of the "protective" foods, viz., meat, eggs, fresh milk, fresh vegetables, and fresh fruit. The speaker drew particular attention to the enormous amount of ill-health in pregnant and nursing mothers, due to improper and incomplete diet, in many parts of India. Pregnant and lactating women needed an abundant supply of good milk. Diet was also of the greatest importance in infancy and early childhood. Here again milk is the crux of the problem.

Efforts should be made to educate the public in dietetics. The scientist had far too long been living a life of proud seclusion. It was high time that the valuable knowledge gained by patient research should be broadcast for the welfare of the people. For progress on a nation-wide scale, a concerted effort on the part of the people and the Government was necessary.

SIR AKBAR HYDARI said that as a practical administrator, he had learned much by his attending the meeting of experts. The time had come to consider whether a greater proportion of public funds should not be devoted to improving the nutrition of the people, rather than to less vitally important objects.

MR. Y. D. WAD, Indore, discussed the improvement of the quality and quantity of crops by means of enriching the soil. The problem of nutrition seemed to include in its scope the betterment and maintenance of soil condition.

DR. N. C. WRIGHT, at present touring India to advise on the development of the dairying industry, said that all the speakers had emphasised the high nutritional value of milk and milk products. He stressed the necessity of establishing a better balanced system of agriculture, including a greatly enlarged dairy industry.

DR. SUBBARAMANYAN, Indian Institute of Sciences, Bangalore, discussed problems relating to the quality of foodstuffs.

DR. K. P. BASU, University of Dacca, referred to importance of investigating the biological value of proteins.

Colonel Oliver in summing up said that the main point which appeared to have been clearly brought out was that a larger proportion of the "protective" foods of animal origin was essential in order to improve the diet of the people of India. The great importance of an increase in the present consumption of milk had been strongly emphasized by almost every speaker and it seemed clear that far more attention needed to be paid to Dairying than had been the case in the past. His own view was that a better balanced system of agriculture was the only feasible way in which a greater and cheaper supply of milk could be secured.

By obtaining the greatest possible return from the land such a system, would enable the ryot to make money from milk or ghee or provide better food for his family. At the same time it would enable him to produce better working bullocks and more and better farm yard manure, and would increase the return from crops. An increased and cheaper supply of milk and better work animals could thus be produced on every holding of reasonable extent. The feeling of the meeting had in fact been very clear that in order to provide a satisfactory diet for the people of India it was essential to do everything possible to increase and cheapen the supply of milk and dairy products. They all recognized the absolute necessity for keeping the cost of the diet as low as possible but upto the present it had not been found possible to replace the protective foods of animal by the cheaper vegetable foods. Thus sound milk was recognised to be the best and cheapest of all foods but he would like also to mention eggs and poultry as valuable source of animal protein. Here poultry could easily be kept in every village if properly managed and would cost little to maintain since the grain they consumed would otherwise to a large extent be wasted, while there was usually an abundance of the insect life which formed an important part of the diet of poultry.

He mentioned that the value of poultry and poultry products in Great Britain at present exceeded the total value of the wheat crop.

Only by making the greatest possible use of every available source of foods of animal origin, such as milk and eggs, which were of high dietetic value, could be the diet of the people of India be made a satisfactory one and the most feasible way of providing such foods seemed to be by mixed farming. Col. Oliver emphasised that much more attention should be paid to subsidiary sources such as fish.

MADRAS MEDICAL COUNCIL.

REVIEW OF THE PROCEEDINGS OF THE COUNCIL,

OCTOBER, 1936 SESSION,

By

DR. V. RAMA KAMATH,

Member, Madras Medical Council.

MISCELLANEOUS ITEMS (contd.)

MEETINGS: The rule framed under the Madras Medical Registration Act (of 1914) requires that the Council should hold two ordinary meetings a year, one on the first Monday in March and the second on the last Monday in October, and in case Monday happens to be a holiday, the following or the preceding Monday respectively in March and October. This rule did not specifically provide that in case the Agenda fixed for the meeting was not finished on the day, the meeting should continue day after day till the Agenda fixed for that session was completed. Consequently, till about the year 1931, there was no record to show that the meetings continued day after day till the whole agenda was gone through but it may be possible to deduce from the available records that there were occasions after 1931 when it was not found possible to complete the Agenda fixed for a particular meeting and there was an inclination more on the part of the nominated members (especially from the mofussil) not to attend the meeting after the day fixed in the rule. Consequently, the Council work suffered especially so because the Council could hold only two meetings ordinarily. In spite of defects in law or convention, good understanding and love and interest in work can make up for defects, but, authority having to be respected, it was thought necessary to amend the existing rule for the holding of ordinary meetings of the Council and at its last meet-

ing the Council approved to amend the existing rule as hereunder:

"1. The Council shall hold two ordinary meetings every year for the transaction of business on such days and at such time as may be fixed by the President. Each meeting shall ordinarily commence on a Monday and shall be continued from day to day until all the subjects included in the agenda have been disposed of, provided that no meeting shall be held on a public holiday."

BOGUS DEGREES: Apart from the menace of quacks and charlatans as such, the public are having a great danger from the *Bogus Degrees* assumed by another class who take deceptive advantage of the knowledge of the English language and assume titles to indicate that they possess knowledge of scientific medicine. For this purpose they write following their names the names of Degrees and Diplomas granted by recognised medical schools and colleges in India or foreign countries, and in case they practise Homeopathy add the alphabet H after these qualifications to prevent being prosecuted under the existing Medical Degrees Act, the rule implied by the additional letter being that it is a Homeopathic qualification. It has been possible for these veritable unscrupulous so-called educated persons to start bogus teaching institutions purporting to grant as bogus medical qualifications. These institutions have been assuming prominent notoriety in Bengal, the Punjab and some stations in the Madras Province. Teaching is usually being imparted by post for conferring these bogus degrees. The Indian Medical Degrees Act of 1916 passed by the then Indian Legislative Council soon after the Provincial Legislative Councils passed the Medical Acts, is one of the few Acts on the Statute Book, which serves no purpose at all. This Act has been a dead letter, at least in the Madras Province. To my knowledge I am not aware if at any time, the provisions of this Act were acted upon even after the authorities were pointed out their responsibilities. Nobody excepting a Local Government or a local Medical Council can take cognizance of any offence punishable under this Act and the latter should have the previous sanction of the Government. Whenever the Madras Medical Council came to know about the *Bogus Degree* holders, the Council did request the Government to take action. But the Government has been not only apathetic but callous, in spite of repeat-

ed reminders from the Council that the funds of the Council would not permit it to undertake the cost of criminal prosecutions. The action of the Government in refusing to undertake the prosecution of the *Bogus Degree* holders when it knows the helplessness of the Council, is most deplorable.

An opportunity has now offered itself to the Madras Medical Council to prescribe a rational treatment to the callousness of the Government. The Government of India has addressed a communication to the Government of Madras dated 22-5-1935, the subject being the Amendment of the Indian Medical Degrees Act. The communication runs thus:

**INDIAN MEDICAL DEGREES ACT OF 1916
DECISION NOT TO AMEND.**

"With reference to the correspondence ending with this Department letter No. F. 46-334-H., dated the 4th September 1934, I am directed to say that as under the new constitution, legislation in regard to medical and other professions will come within the purview of item 15 in List III (Concurrent Legislation List) of the Seventh Schedule to the Government of India Bill; any local Government which feels the need for further legislation to regulate the grant of Indian Medical qualification will be able to undertake such legislation with the suffrage of the provincial legislature. The Government of India have, therefore, decided not to pursue the question of central legislation to amend the Indian Medical Degrees Act, 1916 (VII of 1916)."

The Madras Government forwarded this communication to the Surgeon-General and President, Madras Medical Council on 30-10-35 with instructions to the Surgeon-General to draft amendments to the Indian Medical Degrees Act of 1916 in consultation with the Madras Medical Council. The endorsement of the Government runs as follows:

"The attention of the Surgeon-General is invited to the correspondence noted in the annexed list and he is requested to prepare and submit to Government in consultation with the Madras Medical Council a draft Bill to amend the Indian Medical Degrees Act, 1916, with a view to provide for the prosecution and punishment of persons who add to their names letters or abbreviations which imply that they are qualified to practise any system or method of medicine other than letters or abbreviations indicating qualifications which they actually possess and which are recognized by law or which have been granted by any authority referred to in Section 3 of the Act and also for the checking of the unauthorized conferment of bogus degrees and titles by bodies which are primarily responsible for the fraud on the

public. The intention is that the Bill may be kept ready and introduced as soon as the new constitution comes into force.

The Surgeon-General is requested to consult any associations or private bodies interested in the matter before forwarding his reply to Government. The action taken or proposed to be taken in other provinces, such as Bombay, may also be possibly ascertained before the Bill is drafted.

The idea 'at present is to prevent persons assuming degrees which would mislead the public into a belief that the holders thereof do possess qualifications similar to those recognized under the Indian Medical Degrees Act and the conferment of such degrees or diplomas by unrecognized bodies. It is not intended to interfere with diplomas granted by recognized institutions of Indian Medicine; nor is it the intention to put down the practice of medicine by Vaidas, Hakims or even quacks. The assumption of degrees and diplomas such as M.D. H., resembling in any way recognized degrees of Western Medicine is what is sought to be discouraged."

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Government to put down 'the practice of medicine by Vaidas, Hakims and even quacks.' I could not be present at the time this question was decided by the Council or else I would have expressed my views in the form of a suitable resolution to apprise the Government what the Medical Council considered about the 'intention' of the Government. Now that the Medical Council had referred this question to a committee consisting of Drs. Guruswami Mudaliar, Tirumurti, and Rama Kamath, I have no other option than co-operate with this committee to assist the Surgeon-General to draft amendments to the existing Indian Medical Degrees Act with the full hope that the committee will be able to suggest such amendments, which, while not frustrating the 'intention' of the Government, will enable the practitioners belonging to the scientific system of medicine to continue their good work to the Society without permitting the quacks to get into their bounds.

HONORARY MEDICAL OFFICERS: Soon after I heard a rumour that the designations of Medical Licentiates on equal terms with the Medical Graduates did not satisfy the whims and fancies of a few in authority and that there were proposals before the Government to create invidious distinctions between two classes of Honorary Medical Officers, I tabled a resolution on 7th October 1935 with the hope of moving the same at the October 1935 Session of the Madras Medical Council. The resolution ran thus:

"The Madras Medical Council requests the Government most respectfully not to contemplate any changes in the designation of the Honorary Medical Officers depending upon their qualifications as the names introduced by the Government Committee on Honorary Medical Relief Scheme and sanctioned by the Government on the 29th July 1932 are most satisfactory, being consistent with the spirit of Medical Registration Act and suggests to the Government to introduce such names in the designation of the Medical Officers under their employ."

As this subject was not reached at the October 1935 Session, it came up for consideration at the March 1936 Session and the resolution was passed. A copy of the resolution was forwarded to the Government for necessary action. In spite of this resolution which was approved without any opposition by a Statutory body consisting of representatives of all classes of practitioners, including the Head of the Medical Depart-

ment, the Government showed no consideration and set at naught its previous order dated 29th July 1932. The genius who was at work to bring about this unhealthy change cannot be congratulated when it is known that for nearly three years there was no complaint much less any agitation regarding the designations approved by the Government in 1932, which made no distinction between Graduates and Licentiate. This subject had been commented upon by The Medical Practitioner more than once last year and the hope that better counsel would prevail with the Government was not justified as the Government would not mind adding one more insult to the existing injuries of castes in the medical profession which could not be evidently felt by the Government on account of the notorious fact that the recognition of castes is one of the inherent time-honoured policies of the Government. So the Madras Government seems to have taken pride to forward to the Madras Medical Council its order No. 792 P. H., dated 24th July 1936 amending the rules regarding Honorary Medical Officers restricting the designations of Clinical Assistants, Assistant Physicians, Assistant Surgeons, Physicians and Surgeons to the Graduates and conferring on the Licentiate (L. M. Ps.) the titles of Licentiate Medical Officer Grade 3, Grade 2 and Grade 1, which titles are not found anywhere in other civilised countries. It is really surprising to me as will be to the rest of the profession, how the Surgeon-General with the Government of Madras who was expected to follow the traditions prevailing in the country of his birth could own the authorship of an advice which smacks of crude orientalism. As the March 1936 meeting of the Madras Medical Council was not presided over by the President, the Medical Council lost an opportunity of having first-hand knowledge of the person who actually had the strings in his hand before the final advice came out of the Surgeon-General's Office. When the new G. O. came for consideration before the Medical Council at its last meeting, I proposed while recording the G. O. that the Government might be pleased to reconsider their judgment regarding the new designation of the L. M. Ps. in honorary service, in view of the resolution already submitted to the Government on this subject denoting the disapproval of the new designations by the Council. As there was an opposition to my proposition,

I demanded a poll with the purpose of making it known to the profession especially the aggrieved section of it, how the wind was blowing. The members who voted for my proposal were Drs. Suryanarayan Rau, Tirumurti, Miss. Findlay and Rama Kamath and those against were Lt. Col. Mahadevan and Drs. Venkataswami and Satagopan. I would advise the L. M. Ps. not to earn more dishonour by condescending to do honorary service under a Government which without minding its honour have dishonoured the largest section of the Medical Profession. There are ways of getting out of the dishonourable position and I trust the L. M. Ps. will soon find out what these ways are.

AMENDING OF THE MEDICAL ACT: The Council appointed a committee to go through the question of the possible adoption of relevant sections in the Bengal or other Medical Acts and the office procedure with regard to section 11 of the Madras Medical Registration Act so as to keep the Medical Register correct and up to date.

REPORT OF THE CURRICULUM AND EXAMINATION COMMITTEE: At the General Business Meeting of the Council held on 28th October 1935, the Council appointed a committee to consider the curriculum and mode of examinations for the Madras L. M. P. course as a result of differences of opinion of a large majority of the members of the Council with regard to the views expressed by a previous committee on the report submitted by Lt. Col. Hingston in his capacity as an Inspector of the L. M. P. Examinations. It must be remembered that Lt. Col. Hingston expressed in his report that the teaching of medicine and surgery was defective in women Medical Schools which view was not endorsed by almost all the members of the Council excepting perhaps two the author of the report and Lt. Col. Mahadevan. The report was unanimously approved by the Council and has been forwarded to the Government. It has been published in the Abstracts Columns of The Medical Practitioner. The Vice-President of the Council Dr. Dyson should be congratulated on the zeal and care bestowed by him in drafting the Report which has attracted the attention of the Education Committee, General Medical Council, Great Britain. There are tangible signs that the Provincial Medical Councils in India, at least some of them have also been evincing interest in the Report

It is to be seen how far the local Government will move to bring about reform with regard to the Education of a class of Medical Practitioners who form the largest bulk in the Medical Profession.

SUIT AGAINST THE MEDICAL COUNCIL: It might be remembered that Drs. Venkappa, Ranganada Rau and Ramanujalu Naidu filed a suit in the City Civil Court against the Madras Medical Council and Dr. Y. Suryanarayana Rau, alleging that the Medical Council failed to give proper notice to the electors when a vacancy arose in 1934 in the Medical Council which was filled in by Dr. Suryanarayana Rau without contest. The suit was dismissed with costs, the judgment being delivered on 20-1-37:

INOCULATIONS BY NON-MEDICAL MEN: The readers might remember that The Medical Practitioner commented twice protesting against the lay members of the Public Health Subordinate Service, being permitted to inoculate the people as a preventive measure during cholera epidemic. This procedure was first introduced by Lt. Col. Webb during his regime as Director of Public Health, Madras and followed by his successors in office. The Council approved the following resolution proposed by Dr. Suryanarayana Rao:

"While strongly deprecating the practice of non-medical men giving inoculations, this Council respectfully requests the Government to put an end to such practice and arrange to appoint qualified medical men for the work".

It is scandalous that lay men are employed by the Government to do the work of medical men especially in this century when there is no dearth of qualified medical practitioners even in villages. The question of economy cannot be made applicable to inoculations only. Applying the same principle of economy if the Government stretches its imagination still further it can come to a logical conclusion that even the work of the Director of Public Health may be entrusted to a lay man. The saving effected in the latter case will be certainly hundred times more economical as the inoculations performed by qualified rural practitioners costs only a couple of annas or very near this amount for each inoculation. It will not be a surprise that even after the advice of a representative statutory body of experts the Government will not find its way to do a right thing as it did with regard to designation

of L. M. P. honoraries. The only remedy for curing the many ills from which the profession has been suffering is a powerful organisation of the Medical Profession. In Great Britain the Parliament dare not introduce legislative measures effecting the medical profession unless the Parliament consults British Medical Association.

DEFALCATION IN THE MEDICAL COUNCIL: As was reported by me more than once in the columns of the journal, a defalcation to the extent of nearly Rs. 5,000 of the funds of the Council took place during the regime of Dr. H. Chatterjee as the Registrar and after the conviction of the clerk, the question of the civil responsibility has been engaging the attention of the Government and the Council. During the period of defalcation, the Registrar and the clerk could not draw their pay for some months. It was decided that the amount due to the Registrar and the clerk be adjusted towards the amount that was defalcated and the balance of Rs. 2,322-11-0 be written off. This decision was based on the advice communicated to the Council by the Government in G. O. No. 1388, P. H. dated 27-8-36. In this connection the Council has been advised to draft suitable by-laws for the disciplinary control of its staff. This decision presumes the civil liability of the then Registrar regarding the defalcation. To that extent, the advice of the Government and the decision of the Council to write off a large sum is questionable unless it was certified by proper authorities that the amount was irrecoverable. Frauds seem to be common features in some public offices at least and the remedies applied are usually such that frauds are not likely to be prevented and will have a tendency to repeat themselves.

DISCIPLINARY CASES.

Mr. C. Seshachalam Nayudu, whose name was erased from the Madras Medical Register on a charge of fraudulent registration, preferred an appeal to the Local Government. The appeal was rejected as it was time barred.

Dr. R. Janardhana Reddi was asked to explain on the information received by the Council that his evidence before the Joint Magistrate, Rajampet in a case filed against one Sesham Nayudu could not be believed both by the trying Magistrate and later

by the Sessions Judge Cuddapah, before whom the case went on appeal. The evidence was with regard to a Medical certificate granted by this doctor to the accused in the case. The Council agreed with the Disciplinary Committee that no offence was committed by the practitioner against Medical Ethics as could be judged from the records submitted to them and the proceedings against this practitioner were dropped.

The case against Dr. V. Kannappa Pillai, Tinnevely for alleged professional misconduct with regard to breach of confidence between him and his patient was adjourned to the next Session of the Council at the request of this practitioner.

The third case was a complaint from Dr. A. Seshagiri Rau, Masulipatam, against Civil Assistant Surgeon, Dr. K. Venugopal. The charge against him was :

"That in September 1935, during the course of the treatment of the son of the Zamindar of Gampalagudem, he who was taken as a consultant criticised in the presence of the patient's relatives the prescription given by Dr. A. Seshagiri Rao and made wholesale changes in it and thus interfered with the treatment of the case ; that he also later wrote to the Medical Attendant to settle his fees and quit ; that he has thus acted contrary to rules 5 and 6 of the Code of Medical Ethics and has been guilty of infamous conduct in a professional respect."

The Council, after examining Dr. Venugopal found him 'not guilty.'

The fourth case was with regard to an information received by the Registrar that Drs. K. M. Sambantham and S. Deivasikamony allowed their names to be printed in a pamphlet published by the Allen Clinic, Royapettah Madras. The latter expressed his regret for the fault committed by him in giving a testimonial to the Allenic Company regarding a preparation, 'Tonslit,' and tendered apology. He also mentioned in his explanation that he followed some of the senior practitioners whose testimonials were published in the advertisements by some other company. He gave out the names of Drs. C. Muthu, (Miss) F. A. Scott, B. A. Nilson, Capt. R. C. Toyle, Drs. Narayanswami Mudaliar and M. Shiva Rao. Sambantham said he was not aware of the rules that prohibited registered practitioners from granting testimonials to manufacturing firms and informed the Registrar that he had instructed the Allen Clinic not to publish in future any advertisement which included

his name. The Council accepted the apology of Dr. Deivasikamony, but Dr. Sambantham was summoned before the Council and the following charge was made against him :

"That he, with full knowledge permitted a testimonial given by him about the specific 'Tonslit' to be printed in a handbill published by the Allen Clinic, Royapettah, Madras, which is in contravention of the provisions of section 22 of the Code of Medical Ethics ; that he has therefore been guilty of infamous conduct in a professional respect."

The Council found this practitioner 'guilty' of a grave breach of professional propriety and he was warned to be 'more careful in future.'

The other practitioners mentioned in Dr. Deivasikamony's explanation are asked to explain.

On an information received by the Council, Dr. M. Abdulla was summoned on a charge :

"(1) That he has voluntarily and falsely assumed the title 'L. R. C. P. & S.' and has thereby been guilty of infamous conduct in a professional respect.

(2) And that he has been using prescription tickets supplied by tradesmen which is unprofessional and against the spirit of the Code of Medical Ethics."

The Council found him 'not guilty' on the first charge and 'guilty' on the second charge and he was 'warned' to be more careful in future.'

About the beginning of July 1935, information was received by the Registrar that Dr. V. Bapanna, L.M.P., distributed handbills in Ganapavaram advertising about a newly opened dispensary at Ganapavaram, where the public could get the benefit of advice from Dr. John of Nidadavole in the treatment of diseases of the ear, nose and throat. When the Registrar asked an explanation from both the practitioners, Dr. Bapanna admitted his guilt and requested the Council to pardon him, whereas Dr. John informed the Registrar amongst other things that, soon after he came to know about the advertisement, he told Dr. Bapanna that the advertisement was unnecessary and objectionable and that he needed no advertisement. The Disciplinary Committee recommended to the Council to summon both the practitioners to the Council and give each a suitable warning. Both of them were accordingly summoned to be present at the March 1936 session of the Medical Council, Dr.

Bapanna appeared and pleaded guilty to the charge and the following verdict was delivered :

"Dr. Bapanna, this Court had decided that your punishment should be warning. You are now in possession of the Code of Medical Ethics and it is essential that you read it and learn it. If, in future you break that Code we shall not take such lenient action. You must understand that this Council takes a serious view of your action and that in future you must not act in such a way."

"Dr. Bapanna assured the House that he would never again repeat his action, and withdrew".

As Dr. John did not appear either in person or by Pleader as required of him, the Council resolved that Dr. John should be taken to have admitted the truth of the articles of charge against him under Rule II (2) of the rules framed by the Local Government under Section 16 and that Dr. John's name be erased from the Register and that a notice to this effect be published in the Fort St. George Gazette and the local medical journals, and that Dr. John should be invited to appear personally at the next October meeting with two certificates of good conduct and that at that meeting the Council should decide what further action should be taken in the matter.

The resolution was duly communicated to Dr. John after confirmation of the minutes, and as there was a doubt regarding the procedure hitherto adopted by the Council requiring the confirmation of the judgment of the Council at its next meeting before it was given effect to, the judgment of the Council was not given effect to. At the October 1936 session of the Council, Dr. John appeared before the Council with the two certificates referred to above. A charge was then made against him formally :

"That he with full knowledge permitted Dr. V. Bapanna to have his name associated in the hand bills issued by Dr. Bapanna about the end of May 1935 with a view to secure private practice by indirect advertisement, contrary to the provisions of the Warning Notice and the Code of Medical Ethics and that he is therefore guilty of infamous conduct in a professional respect."

The apology tendered by Dr. John was accepted by the Council and his name was not erased from the Register as decided by the Council at its March 1936 session.

In the early part of the year 1935, a correspondent of the 'Hindu' sent news to that paper about an operation performed by Lt. Col. K. V. Ramana Rao, I.M.S., District Medical Officer Krishna, under the caption "Transplantation of Ureters, etc." Information was received by the Registrar complaining against the propriety of publishing a report of the operation in a lay paper. When this information was referred to Lt. Col. Ramana Rao by the Registrar, the former disclaimed that he had anything to do with the report appearing in the 'Hindu' Dr. Ramana Rao was advised by the President that he should write to the Editor of the Hindu himself, informing the Editor that he had nothing to do with the report. Dr. Ramana Rao expressed his regret in his letter addressed to the Vice-President of the Madras Medical Council, on 4th February 1936 and requested the latter to convey to Major General Sir Frank P. Connor, President of the Council his apologies for not having written to the Editor of the Hindu on the suggestion of the President, in spite of the following resolution passed by the Council at the October 1935 session with regard to this subject and conveyed to him soon after.

"This council is of opinion that Lt. Col. Ramana Rao should immediately have disclaimed responsibility for the article that appeared in the press or at least after the President wrote to him about it, and now directs him to write to the Council regretting his omission."

So the Council passed another resolution at its March 1936 session to the effect that the attention of Lt. Col. Ramana Rao be drawn to the resolution conveyed to him in letter No. 18, M. R. 35 dated 18th December 1935. This resolution was also communicated to him and after a reminder on 18th August, a letter was received on 11th October, 1936 from Lt. Col. Ramana Rao wherein he tendered an apology to the Council and this was accepted by the Council at its October 1936 session.

In September, Dr. D. Kameswar Rao Pantulu, M.B.B.S., Jeypore complained against Dr. K. R. P. Chidambaram, Civil Assistant Surgeon, Jeypore that the latter did not send for the former, before he examined two patients, both teachers under Koraput Taluk Board, when they were sent to the Assistant Surgeon, Jeypore by the President, Taluk Board, who refused to accept the certificates of Dr. D. Kameswar

Rao. Dr. Kameswar Rao alleged that the Civil Assistant Surgeon acted contrary to G. O. No. 2202, dated 19-9-34, which made it compulsory on the part of the Government medical officers to inform the medical practitioners who granted the first medical certificate, of the time and place of second examination, sufficiently in advance with a view to enable the medical practitioner to be present at the examination, if he chose. Dr. Chidambaram, the Civil Assistant Surgeon, denied the allegations and mentioned amongst other things that the requisitions sent to him did not show that those two teachers were previously examined by Dr. Kameswar Rao. The Disciplinary Committee of the Medical Council, by a majority stated that Dr. Chidambaram did not contravene the Code of Medical Ethics. There were some discrepancies in the files that came before this committee, which were pointed out by Dr. V. Rama Kamath, one of the members of this committee to the Registrar who wrote to the Agency Surgeon, Koraput. On a perusal of the explanation of the Agency Surgeon, Dr. Kamath did not want to press his point further though he could not reconcile the discrepancy complained against. The Council approved of the recommendation of the majority of the Disciplinary Committee adverted to above and directed the Registrar to send a letter to Dr. K. R. P. Chidambaram, drawing his attention to para 7 of the Code of Medical Ethics.

Early in 1936 information was received by the Registrar that Dr. K. Kesava Ayyar M.B.B.S. was under the employ of Messrs. Parry & Co., Ltd., Madras as a commercial traveller and propagandist. The Council at the March 1936 session decided:

"That Mr. Kesava Ayyar be informed that he is acting contrary to the Code of Medical

Ethics that the council advises Mr. Kesava Ayyar to sever his connection with his present employers as soon as possible as otherwise the Council will have to take disciplinary steps against him."

In the mean while a letter was received by the council from Messrs. Parry & Co., Ltd. that Dr. Kesava Ayyar was employed solely with a view to call upon qualified doctors and the Vice-President opined that if this practitioner acted from a Medical Traveller's point of view his conduct was not unethical. This view was accepted by the Council and the matter was dropped.

I have reported about the disciplinary cases more in detail in this review as I found it necessary that the registered medical practitioners should have an idea of the proceedings of the Council regarding these cases, as such proceedings will guide them a good deal to have a correct idea of the views of the Council regarding breach of Medical Ethics. I will not be far wrong when I say that there is a pretty large section of the profession who have little or no idea of the Code of Medical Ethics. I am told that in America, regular lessons are given to the final year medical students on Medical Ethics and such a course is introduced or likely to be introduced in Great Britain. It is desirable that medical schools and colleges in this country should add the study of the Code of Medical Ethics as a portion of the curriculum. Quite recently, I saw in one of the supplements of the British Medical Association, a report of disciplinary cases tried by the General Medical Council, Great Britain, and I have followed the procedure followed in that report keeping in view the local conditions.

Abstracts

REPORT OF THE CURRICULUM AND EXAMINATION COMMITTEE (1936).

Members.

1. Dr. (Miss) Jessie Findlay, B.A., M.D.
2. Major J. A. W. Ebdon, M.D., M.S., F.R.C.S., I.M.S.
3. Dr. M. R. Guruswami Mudaliar, B.A., M.D.
4. Dr. V. Rama Kamath, L.M.P.

Chairman and Convener.

Dr. R. J. Dyson, M.B., Ch.B., D. P. H., D.T.M., & H.

(Vice-President, Madras Medical Council)

Authority.—General Business Meeting of the Madras Medical Council held on the 28th October 1935—Minute No. 8.

Your Committee have made the necessary enquiries as required by their terms of reference.

They have carefully considered the Report of the Conference of Representatives nominated by various Universities in England on the Medical Curriculum; the observations of the Medical Education Committee of the British Medical Association and their Fourth Annual Report; a further Report by that Committee of the British Medical Association; the revised syllabus of the Andhra University; and various other publications in the Medical Press. The necessity for such detailed investigation lies in the fact that the need for certain changes in the Medical Curriculum generally is held to be desirable by important authorities and so far as possible their conclusions have been applied to the Curriculum for the five-year course of the Medical Schools in the Madras Presidency.

Your Committee therefore do not wish to imply that the suggestions for changes are the result of inherent faults which could have been readily rectified in the past; rather the changes suggested are constructive on the lines adopted by the authorities previously mentioned. At the same time the Committee have constantly kept before their minds the following conditions:—

(1) The social ranks from which pupils may reasonably be expected to be drawn to the Medical Schools.

(2) The special conditions in respect of tropical disease and particularly tropical epidemic disease which do not apply to the majority of the authorities mentioned above.

(3) The economics of the problem, not only from the point of view of the costs necessitated to pupils, but of the costs entailed by way of extra buildings, extra apparatus and increased staff to the authorities responsible for the capital and revenue expenditure involved in the administration of the Medical Schools of the Presidency.

Your Committee are of opinion that the most striking feature of their investigations, and the crux of the problems of constructive reorganization, is the educational qualification and capacity of the student before he commences his true Medical Studies. The members are unanimously agreed that under present-day and probably future conditions a five-year course is a minimum period, excluding that year of pre-medical study devoted to Chemistry, Physics and Biology; that if the student's educational qualifications prior to his pre-registration studies are lower than the standard of an Inter Science examination, then five years is not an adequate time in which to teach that student. It is impossible unless the student comes to the School with a sound knowledge of elementary Chemistry and Physics to give him sufficient instruction in the time available so that he shall understand the application of Chemistry and Physics in vital processes and in scientific, therapeutic and diagnostic measures which are becoming increasingly common and increasingly important. The members are unanimous in their conviction that any attempt to curtail a Curriculum within a period of less than five years, or to permit of entrance without an Inter Science qualification, will inevitably lead to either:—

(a) A most undesirable percentage of failures to pass the pre-registration and first professional examinations, if strictly applied, or

(b) The even more undesirable launching out into the difficult medical world of qualified doctors incompletely equipped for their work; in other words the undesirable lowering of standards.

Your Committee are therefore entirely unable to commit themselves to any approval, actual or implied, of the continuance of the system obtaining at present which, they consider, permits of the granting of a quali-

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fying licence to practise, to students inadequately trained. The Curriculum prepared by your Committee is one which is equally applicable to Medical Colleges and if it is agreed that the minimum educational standard requisite before the pre-registration course commences should be an Inter Science examination pass, then the necessity for a differentiation between School and College ceases to exist. It may appear that the Committee are going beyond their terms of reference; but as their conclusions are based entirely on investigations within the terms of reference the Members consider it their duty to place their conclusions immediately and forcibly before the Council, as such conclusions, if agreed to by the Council, would necessitate an entirely different course of action from what would be necessary in a mere revision on the present Medical Schools' Curriculum, methods of teaching, and methods of examination. It has not been possible to make detailed investigation into the actual methods of teaching. It appears that under present methods of teaching the Inter Science subjects there is an adequate, but by no means excessive, supply of apparatus and materials. Similarly, the opportunities for gaining practical experience in the subjects following the pre-registration year up to and including the final years appear to be sufficient.

If the suggestions contained in the detailed Report which follows be accepted and applied, certain changes in the system of teaching will be necessary; but those changes should be practicable within the limits of material available, with certain necessary additions. In respect of the pre-registration subjects, i.e., Chemistry, Physics, and Biology, extension of premises and additional equipment would however, without doubt, be necessary.

REPORT IN DETAIL—A

Standard of education necessary for acceptance as students at the Medical Schools.

At present the minimum educational standard is the S.S.L.C. It is not necessary that the accepted student should have any elementary knowledge of Chemistry or Physics. It must be borne in mind that practically speaking, adequate elementary training in Chemistry and Physics is not obtainable in

the High Schools in the Presidency. Unless the Education Authorities of the Presidency are able and willing to remove this defect, the problem might be stated as follows:—

(1) Should the Medical Schools take upon themselves the responsibility of teaching students on admission, Chemistry and Physics up to an Inter Science standard?

(2) Should the Medical Schools insist on an Inter Science Pass as a minimum qualification before admission to the School?

(3) By forcing future entrants into an entirely "scientific education" up to the standard of an Inter Science degree, would the future entrants be lacking in other useful cultural knowledge?

(4) If the Medical Schools take the responsibility for training up to an Inter Science standard, is the S.S.L.C. examination sufficient indication that the student is adequately prepared for a scientific medical course?

Your Committee are of opinion as a result of listening to candidates' replies at examinations that the S.S.L.C. is by no means a high enough standard of education before entrance; they remarked that in the majority of cases in all examinations the students' lack of knowledge of English hampered both the examiner and examinee. One important result of this state of affairs is that an examinee who had mastered the English language had to answer many more questions in an oral examination than had the examinee without such knowledge of English; it is difficult for examiners to assess marks fairly under such conditions. Certain teachers have complained to Members of the Committee of the difficulty of teaching students with an inadequate knowledge of English.

Further the Committee consider that six months is far from being an adequate period in which to teach students with no knowledge of the subjects, Chemistry and Physics at the same time as Zoology and Botany up to an Inter Science standard.

Your Committee have considered the alternative which presents itself; it would be possible to admit students to the Medical Schools immediately after their Matriculation or passing the S.S.L.C. They would then be taken through a three years' pre-registration course with a desirable bias on the application of the particular subjects to medical problems. This, however, appears to be impracticable under the present system of education in the Presidency.

Your Committee are of opinion that arrangements should be made whereby an intending medical student may obtain an Inter Science pass or its equivalent before coming to the Medical School, and at the same time special care should be taken to ensure his mastery of English and especially scientific terminology.

Even in this case Zoology and Botany together with an application of such Chemistry and Physics as the Inter Science student has already acquired, will still require a further period of study over three academic terms.

Your Committee have not attempted in the details of the Report to differentiate between the bodies who are likely to teach the subjects for the pre-registration course; they have attempted to give certain details of desirable improvements in the pre-registration curriculum. They would draw attention to sections 31 and 45 of the Report of the Conference of Representatives of various Universities, reproduced below:—

Section 31.—"It is not recommended that any change be made in the present arrangement whereby the first two years of the medical curriculum should be devoted to intermediate studies, leaving three years for the clinical period. It is believed however, that certain re-arrangements could be made by concerted action of the teachers so that the course would be more harmonious, consecutive and interesting. With this end in view, it is recommended that the work of the student during this period should be arranged by a Board of Teachers representing anatomy, physiology, chemistry, bio-chemistry, pharmacology and pathology."

Section 45.—"The growing importance of a knowledge of chemistry in physiology pathology and medicine is universally recognised. Not only organic chemistry but physical and colloidal chemistry are essential for the medical student. Moreover, the science of chemistry is advancing and changing so rapidly that if the medical student is to have the advantage of new knowledge as it becomes available, frequent conferences between the teachers of chemistry, bio-chemistry and physiology are essential. It will be generally admitted that further instruction in chemistry is necessary after passing the 1st M.B. or other preliminary examination and as an introduction to Physiological chemistry. Where such instruction should be given and by whom is a question which will be settled differently in different schools. But the Conference is of the opinion that the teaching in this subject should be determined by conference in which the teachers of physiology, bio-chemistry and chemistry meet together and that due weight should be given to the opinions of the teacher of physiology on

the special needs of students of medicine. As already stated, the Conference is averse to the holding of a special examination in organic chemistry other than such examination in organic chemistry as may be included by a licensing body in the 1st M.B. or other preliminary examination. The course in organic and physical chemistry should be spread over the first two terms and knowledge of these subjects might be tested sufficiently by inspection of the student's notebooks and records of laboratory work and by class examinations held from time to time by the teachers of these subjects. Questions in organic and physical chemistry should be included in the pre-clinical examination in physiology and bio-chemistry."

REPORT IN DETAIL—B.

Your Committee's Notes on the Syllabus of PRE-CLINICAL SUBJECTS including the so-called PRE-REGISTRATION SUBJECTS.

NOTE.—A suggested curriculum in certain subjects is attached as an appendix to this report page 11.

1. *Inorganic Chemistry.*—By the addition of chromium trioxide and the chromates the present School Syllabus will approximate to the syllabus suggested by the Report of the Conference of Representatives of various Universities, provided the practical work be increased. In this practical work your Committee suggest that it is desirable to include such experiments as will in the later parts of the course be applicable to Public Health work.

2. *Organic Chemistry.*—Similarly, the present School Syllabus approximates to the Syllabus of the above Report; but elementary Organic Chemistry should be taught simultaneously with Biology, Inorganic and Physical Chemistry and Physics; and Physiology, which at present is included in the first three terms along with the above subjects, should be postponed until the following years.

For Physics again, the syllabus approximates to that of the Report.

NOTE.—In comparing the syllabus of the Medical School with the syllabus of the Report it must be very seriously questioned whether the syllabus of the Report is not far too full. An eminent teacher of Chemistry in Madras has stated his opinion that it is possible to set questions within either of these syllabuses which no student could answer and which would

probably defeat the majority of his teachers. Your Committee can offer no solution to the problem arising out of this question, which appears to be a matter between teachers and examiners who should, of course, always remember that they are teaching students to become doctors and not Professors of Chemistry or Physics.

3. Natural Science (Bontay and Zoology).—Your Committee consider that the syllabus for Biology up to *Inter Science standard* could well be improved by adopting a plan and details as is given in Appendix A, pages 11 and 12.

So far, the student has achieved an *Inter Science standard*; during his pre-registration course he should be taught Biology on the lines of the syllabus included in the Appendix pages 13 and 14.

Your Committee wish to draw attention to the fact that in the Schools of the Presidency only two terms are devoted to the teaching of Physics and Inorganic Chemistry and two terms to Elementary Biology and that, during the second year, one term is devoted to the teaching of Organic Chemistry. It must be borne in mind that students have arrived at the school with no knowledge of Elementary Physics or Chemistry, Inorganic or Organic. As a matter of comparison they would point out that the majority of students appearing at the Universities in Great Britain for which the report so frequently referred to was originated, arrive with at least a Matriculation standard of Chemistry and Physics and that despite this preliminary knowledge the reporters recommend that "the student should spend the first four terms of the six terms of these two pre-clinical years in acquiring a wider knowledge of Organic and Physical Chemistry, in mastering the elements of Physiology, and in practising Anatomical Dissections." It is, in the opinion of your Committee, impossible adequately to teach *ab-initio* students in two terms during which they are also learning other subjects, sufficient Chemistry and Physics to be adequately prepared for the later application of these subjects to Clinical Medicine and to the increasingly important topic of Public Health; especially is this true when dealing with students who are being taught these new subjects, each with its distinctive terminology, in a language in which many of the students are imperfectly grounded. It is at this point in the curriculum when the most important decision has to be made; a policy

of *laissez faire* must inevitably lead to the turning out of unscientific, and probably automatic or instinctive diagnosticians and therapists, whereas the policy which this Committee recommend of radical changes must inevitably lead to grave administrative difficulties, but difficulties which your Committee consider could and should be surmounted.

4. Physiology.—Your Committee are of opinion that the syllabus is adequate PROVIDED there be continual liaison and co-operation between the teachers in physiology and the teachers in clinical medicine and biochemistry; but Physiology should be postponed until the student has completed at least three academic terms in Physics, Chemistry, Biology and Elementary Organic Chemistry; the present period of teaching Physiology, *i.e.* four terms is insufficient for the syllabus and should be lengthened to six terms.

5. Anatomy.—Similarly, the teaching of Anatomy (except the most elementary facts relating to Comparative Anatomy in the Biology course) should commence after the pre-registration course is complete; it should continue for two academic years or for six terms; and, co-operation between the Surgeon and the Anatomist is essential, not only for the teaching of the subject itself but in order to keep alive the interest of the student.

NOTE.—In respect to paragraphs 4 and 5 above your Committee consider that great importance attaches to co-operation between the Anatomist and the Physiologist and the Bio-Chemist in order that there be a co-ordination and simultaneous teaching of the Functions, Structures and Chemistry of a particular system and/or organ.

6. Organic Chemistry.—The medical aspects of Organic Chemistry should be taught during the first two terms after the conclusion of the pre-registration course.

7. Pharmacology.—This subject is taught in three terms during the third year. At the present time the following subjects are being taught during the same period:—Hygiene, pathology, post-mortem examinations, surgery, medicine, clinical pathology, and the student is attending out-patients or in-patients teaching. Your committee suggest that this is the wrong place in the curriculum for this subject. Experimental Pharmacology should be taught concurrently with Physiology in the last two term

prior to the First Professional Examination; there should be no separate examination in this subject; the Therapeutics of Pharmacology and Pharmacy should be transferred to the clinical period. The Committee also suggest that this is one method which would help to make possible the lengthening of the Chemistry and Physics courses; the addition of Therapeutic Pharmacology in the fourth and fifth year might well be made without any serious distortion of the curriculum of the other subjects in the fourth and fifth years.

8. Hygiene and Public Health.—The syllabus of this subject appears to cover the matter necessary for an appreciation of the subject; but there is insufficient indication that their true importance is being given to the peculiar Public Health problems of India. Your Committee consider that steps should be taken to make this subject one of more interest and more importance in view of its increasing importance in the eyes of the medical world generally, and of the interest which it has aroused in the critical general public. It is no great exaggeration to say that any student who has completely mastered the details of the various items included in the course of instruction in Hygiene and Public Health is, given a fair general knowledge of surgical diagnosis, completely equipped to become an *effective* general practitioner in the rural districts of India; nor can the importance be too greatly stressed of the principles of personal and general hygiene, which it is the duty of the qualified practitioner to disseminate amongst the general public, in the interests of the health of the community. Your Committee have gained the impression that this subject has been relegated to the backwaters of comparative unimportance, a position which it ill deserves and from which it should be rescued at all costs.

The teaching of these subjects should be withheld until the final three years of the Medical studies proper, and should continue until the end of the final year; the subjects should form an integral part of the final examination, Medicine Group (see Appendix).

Your Committee are unable to comment on the syllabus of any other subjects as no other syllabuses have been provided.

But they would emphasise their opinion that

(1) Rudimentary Pathology should be taught concurrently with Anatomy and Physiology, etc., in the last two terms before the First Professional Examination.

(2) The teaching of Pathology should continue till the end of the final year.

(3) The examination both written and practical in this subject should be an essential part of the three final groups: Medicine, Surgery, and Midwifery and Gynaecology.

The curriculum from the point of view of the times at which the other subjects are taken up during the course appears to be satisfactory. Jurisprudence, however, should be included in the Medicine Group examination.

REPORT IN DETAIL—C

Examinations.

Your Committee inspected all the April examinations; they make the following suggestions as a result of such inspections:—

(1) Either a method of valuation of marks should be laid down and strictly adhered to or discretion within certain defined limits for each examination should be permitted to the examiners in that subject. No proportionate alteration should be permitted at the Board of Examiners' Meeting when such discretion has been allowed to the Examiners who should before that meeting have decided whether the examinee has passed or failed in the subject.

(2) The oral examination should at least in final subjects be optional; it should be used only in cases of doubt when students have failed by a narrow margin to satisfy their examiners in the theory, or the practical or in both; an oral examination should also, in their opinion, be held in order to decide on the allocation of honours.

(3) No examinee, nor examiner should be detained at any practical or oral examination for more than three hours in any one day; steps should be taken to avoid unnecessary waiting by examinees before any oral examination commences.

(4) Oral examinations should take place at the earliest possible date after the theory and practical examinations have been held.

(5) At the Board of Examiners' Meeting, every candidate's case should be read out in complete detail; all examiners should retain

a copy of the marks they have awarded and a check should be made in every subject by all the examiners involved.

(6) When oral examinations are necessary no time limit should be fixed; an examinee who tends to be slow in response for any cause should be made to answer as many questions as the examinee who is quick in response.

CONCLUSIONS IN BRIEF.

(1) That the present standard of preliminary education is inadequate; and that the minimum qualification for admission to the pre-registration class of the Medical School must be an Inter Science pass.

(2) That a pre-registration course is essential even though the student has already passed his Inter Science examination; and that the pre-registration course should extend over three academic terms as it is impossible adequately to teach the subjects of the syllabus in only two terms.

(3) That as close an association as possible between teachers of earlier subjects and teachers of later subjects should be maintained wherever an earlier subject has any bearing on a later subject.

(4) That the subject of Pharmacology be divided into two parts (1) Experimental and (2) Therapeutic. Experimental Pharmacology of an elementary type should be taught concurrently with Physiology, and Therapeutic Pharmacology should be taught along with Medicine, Surgery and Gynaecology; there should be no separate examination in this subject which should be included in the examinations for the major subjects.

(5) Similarly, with regard to Pathology, the rudiments of the subject should be taught concurrently with Physiology (the teaching of which should be extended to six terms in place of the present four) and Applied Pathology should be taught concurrently with the three major subjects, Medicine, Surgery and Gynaecology, and examination for Pathology, as for Pharmacology, should be incorporated with the examinations in the three major subjects. Jurisprudence should be included in the Medicine Group examination.

(6) That more emphasis should be laid on the teaching of Hygiene and public Health which, in this country particularly,

should be considered as subjects of primary importance.

(7) That there should be only two professional examinations (1) the first Professional taking place approximately two years after registration, consisting of, essentially Anatomy, Physiology, Bio-Chemistry, Rudimentary Pathology and Experimental Pharmacology and (2) the second Professional, comprising all the final subjects (see appendix for details, p. 86).

(8) That in view of the above conclusions the question of eliminating any difference between Schools and Colleges of the Presidency should seriously be considered.

APPENDIX A

Syllabus for Biology up to Inter Science Standard.

(a) BOTANY.

(1) The main external features, mode of life and place in nature of the following: Bacteria, Fungi, Algae, Lichens, Mosses, Ferns, and Flowering Plants.

(2) The external morphology of the following parts: Root, stem, leaf, inflorescence, flower, fruit and seed, and the meaning of "homology" with regard to modifications of these.

(3) The work of the root, stem, leaf and flower including the main facts concerning the absorption of food and water, transpiration, respiration, metabolism, the storage of food reserves, growth, reaction to light and gravity, pollination, fertilization, and the germination of seeds. Candidates will be expected to show that they have studied these experimentally in living plants either personally or in class demonstration.

(4) The nature, occurrence and function of epidermis, root hairs, stomata, parenchyma, vascular bundles, sieve tubes, fibres, vessels and cambium, so far as is required to understand the Physiology in paragraph 3.

(5) The principal characteristics of the following orders and tribes as exemplified in South India: Anonaceae, Malvaceae, Rhamnaceae, Papilionatae, Caesalpinoideae, Mimosoideae, Myrtaceae, Rubiaceae, Compositae, Convolvulaceae, Acanthaceae, Labiatae, Euphorbiaceae, Palmae, Musaceae.

Candidates will not be examined in the use of the Microscope, but it is expected

that teachers will use the microscope freely for purposes of demonstration.

(b) ZOOLOGY AND PHYSIOLOGY.

The chief characters of living organisms. Protoplasm, cell. Plants and animals, how they agree and how they differ. Meaning of the terms Biology, Morphology and Physiology. The Theory of Evolution treated in an elementary manner. A general survey of the more important Phyla in the animal kingdom. The structure of the following animals treated in a very elementary manner with special reference to their Physiology—amoeba, paramecium, obelia, study of external characters, and of the general arrangement and relations of the chief, internal organs, as revealed by dissection, in the cockroach, the frog and the rabbit. General outline of their life history. External features and the chief internal organs of the dog-fish. The life history of the butterfly. The derivation of the three germinal layers in Amphioxus. All the types mentioned above are to be studied with special reference to their environments.

The human skeleton and its parts. The arrangements of the chief viscera in man. The leading facts of Human Physiology treated in a very elementary way. The nature of food and the manner in which it is digested and absorbed. Glands, The work of the liver. The nature and functions of the blood. The heart and the circulation. Respiration. Waste products and their removal. The temperature of the body and how it is maintained. The action of muscles. The chief functions of the central nervous system, nerves and sensory organs.

Candidates will be expected to be able to make simple diagrams to show the arrangement or general features of the chief organs and structures in the animal enumerated in the syllabus. A practical knowledge of minute structure requiring the use of the microscope will not be required.

(c) PRACTICAL.

Candidates will be expected to identify and dissect the plants and animals enumerated in the above syllabus.

APPENDIX B

I. Curriculum for Pre-Registration Class.

The student is admitted to the pre-registration class only after he has passed an Inter Science Examination.

- (1) Chemistry, inorganic and physical.
- (2) Chemistry, elementary organic.
- (3) Physics.
- (4) Biology.

The period expended over these subjects should be one academic year.

Note.—The syllabus provided by the Medical Schools in Chemistry, Elementary, Organic Chemistry and Physics appears to be adequate. IN BIOLOGY THE SYLLABUS COULD WELL BE EXTENDED TO INCLUDE THE FOLLOWING:—

Biology.—The curriculum in General Biology should consist of not less than 60 lectures and 80 hours' practical work in a course of 6 months.

The whole course is intended to give the Intermediate student of Biology a more comprehensive knowledge of the subject with special reference to the study of Medicine.

Botany.—The students are expected to possess a good knowledge of the morphology and life history of the angiosperms and in addition the following:

The structure, life history and physiology of the Yeast, Bacteria and Mucor. Plant physiology including the main facts in relation to nutrition, growth and reaction to environment.

The main principles underlying the theory of evolution—Variation, heredity, natural-selection, mutation and mendelism.

Comparative Anatomy.—A practical acquaintance with the comparative anatomy of the following animals is required:—

Hydra, earthworm, leech, cockroach, dog-fish, frog and rabbit, including an elementary knowledge of the various animal tissues and their functions. The skull of dog being substituted for the skull of the rabbit.

Proto Zoology.—The classification, structure and life history of the following Protozoans:—

Class 1.—Sarcodina Amoeba; (E. Histolytica, E. Coli.)

Class 2. — Mastigophora: Euglena; Trichomonas hominis; Trypanosoma (T. Lewisi); Leishmania (Donovani).

Class 3. — Sporozoa: Plasmodium, Coccidium, Babesia canis.

Class 4. — Infusoria: Paramecium, Balantidium coli.

Helminthology.—Phylum. Platyhelminthes

Class. Trematoda: Fasciola hepatica, Schistosoma, Haematobium.

Class. Cestoda: Taenia Solium, Do. Saginata, Do. Echinococcus.

Phylum Nematelminthes.

1. Ascaris lumbricoides.
2. Enterobius vermicularis.
3. Ancylostoma duodenale.
4. Trichinella spiralis.
5. Trichuris trichiura.
6. Dracunculus medinensis.
7. Filaria bancrofti.

The general anatomy and life history of the above worms and the chief diseases they cause.

Entomology.—The general classification of the Phylum Arthropoda with special reference to Insecta and Arachnida.

Orthoptera. Cockroach.
Anoplura. Pediculus capitis and Phthirus pubis.
Hemiptera. Cimex rotundatus.
Diptera. Tabanus, Anopheles, Culex, Musca, Calliphora, Lucilia, Phlebotomus, Stomoxys, Glossina.
Siphonoptera. Xenopsylla cheopis.
Arachnida. Scorpion, Ticks and Mites.

Embryology.—Sexual and asexual reproduction in plants and animals, gametogenesis, parthenogenesis, fertilisation, cleavage and the derivation of the three germinal layers in Amphioxys, Frog, Chick and Rabbit. The placenta and foetal membranes of the rabbit.

Snakes.—The chief poisonous snakes of South India and how to identify them. The poison apparatus and the effect of poison.

Practical.—Each candidate must be prepared to examine microscopically, to dissect and to describe the specimen or parts of the animals and plants enumerated in the foregoing syllabus.

Note.—This is an excellent example of co-ordination between the requirement of the student for later use and the ordinary Intermediate Science subjects already acquired.

II. Professional Studies Proper.

A.—Studies directed towards the first professional examination which should take place after a minimum of two academic years subsequent to the passing of the pre-registration examination.

The subjects of this examination should be:—

1. Anatomy including Embryology and Elementary Applied Anatomy.
2. Physiology including Histology, Bio-Chemistry, Experimental Pharmacology and Rudimentary Pathology.

Note.—It should be noted that the examination in elementary Organic Chemistry has already been included in the pre-registration examination; advanced Organic Chemistry is now included in Bio-Chemistry, above.

A suggested programme of curriculum for the first two years of professional studies is given on page 87.

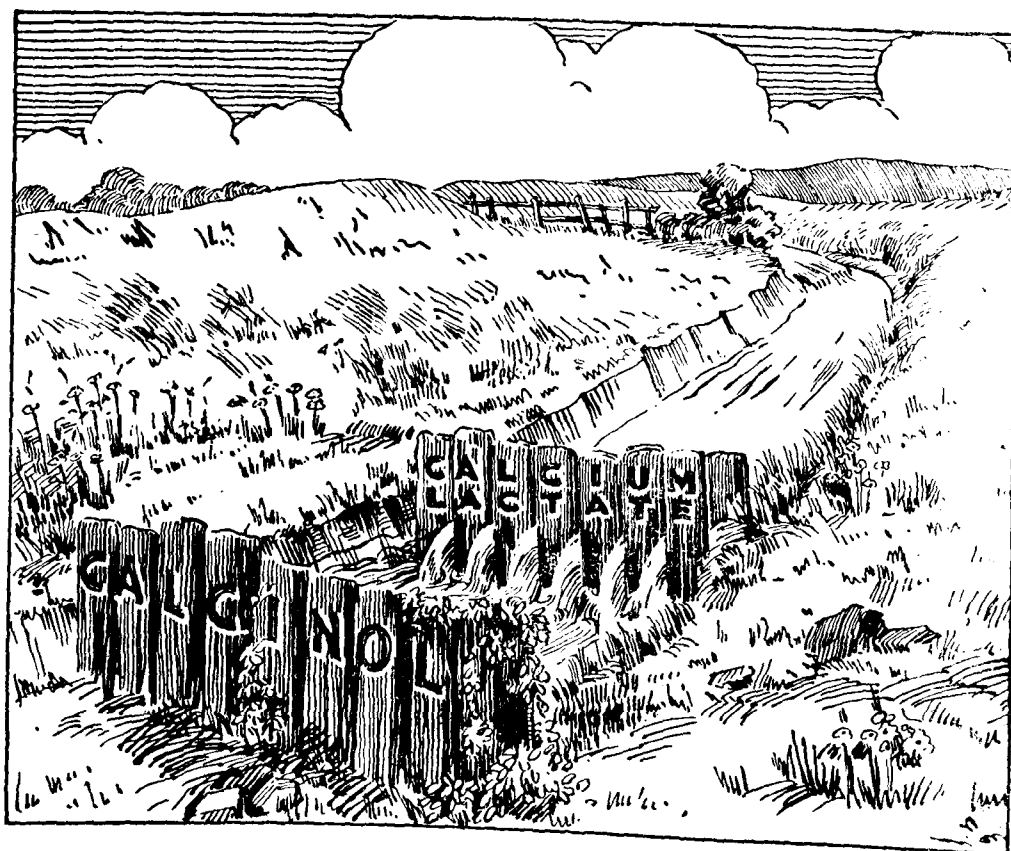
B.—Studies directed towards the final professional examination which should take place after a minimum of three academic years subsequent to the passing of the first professional examination. The subjects of the final examination should all be included under the following main groups:—

- (1) Medicine and Public Health, including Jurisprudence.
- (2) Surgery, including Ophthalmology.
- (3) Obstetrics and Gynaecology including all ancillary branches such as ante-natal care, child-welfare, etc.

This Committee have endeavoured to emphasise that co-ordination between teachers is essential in training; therefore all the teachers of allied subjects in the final groups should co-ordinate the teaching according to the practical difficulties existing.

APPENDIX C. Programme of Curriculum. First two years of medical study—Professional studies proper

Subject.	FIRST YEAR.			SECOND YEAR.		
	First term beginning with July.	Second term beginning with October.	Third term beginning with January.	Fourth term beginning with July.	Fifth term beginning with October.	Sixth term beginning with January.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Anatomy	Skeletal system ...	Skeletal system ...	Alimentary. Excretory.	Respiratory. Circulatory.	Central nervous system. Reproductive.	Embryology and Applied Anatomy
Physiology	Histology ...	Histology ...	Do.	Do.	Do.	Applied Physiology
Organic Chemistry	Medical aspect ...	Medical aspect ...	...	...	...	...
Physics	Bio-Physics ...	Bio-Physics ...	...	...	...	...
Bio-Chemistry	...	...	Alimentary. Excretory.	Respiratory. Circulatory.	Central nervous system. Reproductive.	Revision one day weekly.
Pathology	...	...	...	...	One day a week.	One day a week.
Pharmacology	...	...	...	...	One day weekly—two hours.	One day weekly—two hours.



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OUT OF EVIL COMETH GOOD.

Quite true to the above expression, the controversy about Lt. Col. Hingston's report submitted to the Madras Medical Council as an Inspector appointed by the Council to inspect the L.M.P. examinations finally led this Council to appoint a Committee to go through the Curriculum and Examinations of the L.M.P. course. The evil complained of regarding the adverse remarks of Lt. Col. Hingston about the teaching of Medicine and Surgery in the two Women Medical Schools of the Madras Presidency compared with that of the one Men School, which could not be justified by the results achieved in these schools in the past and even in the immediate subsequent examinations, was certainly more than counterbalanced by the good that is expected on account of the Curriculum and Examination Report submitted by the Committee of the Madras Medical Council referred to above. The Report has been published in its entirety in the Abstracts Columns of the current issue. A glance at the report should convince the members of the medical profession that the Committee to whom the Madras Medical Council entrusted this responsible and as onerous duty represented a variety of interests not excluding Medical Education. The Report was unanimously accepted by the Council and forwarded to the Local Government. It is too early or even hazardous to risk an opinion on any expectation as how the Government is likely to deal with the report on the eve of the expected transformation of the system of Government on which hangs a sword to wreck its constitution. The Medical Council will at least be consoled by the fact that the Report shows signs of being considered not only by the Medical Councils in India but also by

the General Medical Council Great Britain. If the Report is gone through carefully, it will not only reveal the care and studious attention bestowed by the Committee in coming to conclusions but will also disclose the anxiety of the Committee in not treading on dangerous grounds which were likely to destroy its good work. It is rather a risky job to construct on dangerous foundations, but it looks to us that the Committee was capable of giving a good structure without touching the zones of danger in the existing system of Medical Education, much more in the system of Examinations. For the same reasons perhaps, the committee devoted only one para on the Examinations which may look not only disproportionate to the body of the valuable report on Curriculum itself. It is likely that the Committee did not feel the necessity of dealing in this report in detail about the control of Education or the procedure of the Examinations of the L.M.Ps. as the Council being convinced of the desirability of a change in the existing system passed a resolution in October 1935 without any dissent about the need of a State Medical Faculty for this purpose. It is also possible that at the time the Committee were holding its sittings, they must have a conscious or subconscious feeling that they should not discuss about matters *sub-judice* as at this time two members of the Medical Council, one the Superintendent, Stanley Medical school and President, Board of Examiners for L.M.Ps. in the person of Lt. Col. Mahadevan and the other, the Editor, The Medical Practitioner, in the person of Dr. V. Rama Kamath were the complainant and the accused in a libel case and the complainant alleged in his complaint that the Editorial appearing in these Columns under the caption, "Madras Needs a State Medical Faculty" was defamatory of

the complainant. Selection of Examiners was one of the subjects treated in the Editorial complained against, which was considered by the prosecution as an animadversion. Selection of Examiners is a necessary prelude and has an important bearing on the Examinations. The learned Chief Presidency Magistrate said amongst other things, in the course of his orders acquitting the accused, "It has been proved that the selection of Examiners is by a committee and is subject to the final approval of the Surgeon-General. But the President must in the natural course of things exercise considerable influence and such a preponderance of Examiners from that school raises a fair presumption that this is so." Many other things not referred to in the orders have been disclosed which should convince right thinking people that the system of the conduct of L.M.P. Examination is not as it should be. At the time the committee was sitting, the Examinations which the committee inspected were held under a different scheme, the selection of Examiners, the question papers being dealt with by the Surgeon-General and the examinations being held in a centre outside the old boundaries. This must be yet another circumstance which weighed with the committee to be brief regarding Examinations. Yet the committee could not be said to be unmindful regarding other inherent defects even after the tentative reform brought about by the Surgeon-General. The six sub-*paras* dealing with Examinations are as pithy as they are explanatory. These show that the Board of Examiners have no control over the Examinations. It being not proper that the other details apart from selection of examiners and those concerning question papers are not controlled by the Board of Examiners collectively, the Committee points out the other defects in the conduct of Examinations requiring immediate attention of the authorities concerned. The Medical Council perhaps expected at the time it considered the report under reference, that the Government would soon bring about a State Medical Faculty to control the Education and Examination of L.M.P.s and did not wish to add anything more than what the committee had said about Examinations. This is the logical conclusion we could arrive at basing on the past and present history of the L.M.P. Examinations. Though the Government is thousand times

more busy a body than the Madras Medical Council, the Government cannot shut its eyes against what is going on under its very nose.

The Provincial Medical Councils have power not to recognise the medical qualifications granted either by the Government or the University, in case the Councils find the course of studies in these institutions defective. But it is too much to expect these Councils to exercise this function at present. Times are propitious even now in spite of political turmoil, if at least a few enthusiasts in every Provincial Medical Council give vent to their enthusiasm tangibly. Madras, often times nicknamed the benighted, has been outgrowing its sister provinces regarding progress and reform. It cannot be otherwise with matters 'medical'. It is said that a few members of the Madras Medical Council including the President feel it not a bad idea to have a conference of the representatives of the Provincial Councils to discuss and bring about uniformity of action by all Councils regarding the problems affecting the profession. His Excellency the Viceroy has been showing great concern regarding the welfare of the people of this country and for this purpose he is taking active steps to look after their nutrition with the cooperation and coordination of all the departments of his Government specially concerned in this problem. The Symposium on Nutrition published in the current issue of *The Medical Practitioner* should convince all concerned that without the help of the members of the Medical Profession, nothing substantial could be done to work out the Viceroy's ambitious and well-intentioned scheme concerning the nutrition of 350 millions. So the first step should be to have a well organised medical profession. In Great Britain and other progressive countries, the medical profession have strong and powerful organisations. In India, such a thing has not been possible, due to many causes. It should be the concern of all interested in the welfare of India's people to help the medical profession to organise itself first so as to be able to carry out its legitimate functions, which, if usurped by others including the Government, cannot solve the problems of the welfare of the public unless to serve as an eye-wash. Nobody can help the profession more than the Viceroy himself. The unsatisfactory condition of the medical schools has been vividly described

by Major-General Sir C.A. Sprawson in a book published by him in 1935. Out of 28 medical schools in India, a large majority of which are under the direct control of Provincial Governments, which trained and have sent out over 20,000 Licentiates, not even one amongst these 28 schools comes to the standard devised by him to suit the requirements demanded by the ever advancing Medical Science. It is a pity that this officer, who took the trouble of writing this book, did not press his views either on the Provincial Governments who run the medical schools in India or on the Central Government which could, if it wished, bring pressure on the Provincial Governments to bring about reform in the Medical Education of the largest section of medical men, who are entrusted to look after the health of the public in this country. The negligence of the Central Government looks all the more glaring, when it is known, that it could by a statue bring into existence a Medical Council of India for no other purpose than getting recognition for the University medical qualifications by the General Medical Council, leaving alone its concern for a section of the Medical profession, the Medical Licentiates, who number nearly three times the University Medical Graduates. It looks as if Major-General Sprawson, was helpless to do what he had at heart. Major General, Sir E. W. C. Bradfield can take up the work left unfinished by his predecessor, by suggesting to His Excellency and even impressing on him that it will be an Utopian task to think of improving the nutrition of 350 millions of people in this country with the help of the existing paid machinery of the Government, either in the Medical Department or outside it, with whose co-operation and co-ordination, His Excellency the Viceroy expects to work out his pet scheme of looking after the welfare of the people of India. We therefore appeal to His Excellency, on behalf of the public as well as the profession that it should be his primary concern to build up a medical profession, to whom he could entrust his scheme and get it worked out with great satisfaction. For this purpose, the first thing to be done is to institute a Central Board for Medical Councils, as suggested by us elsewhere in the last issue of *The Medical Practitioner* and as a preliminary, call for a conference of the representatives of the Provincial Medical Councils, at

least two from each Province, one the official President of the Council and the other an elected member to be nominated by the President of the Council. We have suggested nomination instead of election of the second member to expedite the conference, which His Excellency may call through his chief adviser, the Director-General of the Indian Medical Service. This preliminary conference may discuss about the Salient points of reforms suggested by Major General Sir C. A. Sprawson in his book, taking into consideration at the time the report recently published by the Madras Medical Council. Many other topics concerning uniformity of action that the Provincial Councils should take regarding the problems affecting the medical profession may also be discussed by this conference. The travelling allowance and other initial troubles and expenditure, which the Central Government may have to incur on this account are certainly too trivial to be considered as an excuse for calling a conference of the nature suggested by us. We trust that Major-General Sir E. W. C. Bradfield will not fail to realise that he has a splendid opportunity to serve the medical profession in this country and carry out his own pet schemes regarding Medical Education about which he has done a lot while he was in Madras occupying a position, when it was not possible for him to do what he can now attempt to do and that successfully.

News and Comments

Who is Senior?: This is a knotty question which is a source of puzzle in the Madras Medical Service and the puzzle is felt when vacancies arise in offices which are coveted. At times, coveteousness becomes a public question when the officers concerned in the recognition of seniority are lucky to receive the public gaze. The public sympathy gains more ground for the officers, if a member of the I. M. S. is the person reported of having usurped the position which is due to a member of the Madras Medical Service. The latter service is subdivided into two cadres, the Civil Surgeons and the Civil Assistant Surgeons. Amongst the 45 Civil Surgeons now in the Civil List, there may be at least 17 who were juniors to the then existing Civil Asst. Surgeons who were superseded and thus occupy senior positions in service as Civil

Surgeons. Personal service more than the service in the department to which these 17 belong along with the rest of their senior brethren, should have counted for their promotion. Merit and service could not have been the test for such promotions. As has been repeatedly mentioned in these columns, was even possible for even a temporary Civil Assistant Surgeon to be transformed into a Civil Surgeon. There was an idea prevailing some years ago in the office that effected the transformations that nobody could teach in the Vizagapatam Medical College, unless he was made a Civil Surgeon. On this account, some junior Assistant Surgeons were made Civil Surgeons in spite of the existence of a large number of Seniors. Another theory was built up that the persons in charge of special departments must be Civil Surgeons and by this process, some more juniors who returned after study leave at public expense were made Civil Surgeons. The then existing Assistant Surgeons who were seniors to these juniors were not asked at the time if they wished to go abroad at Government expense to qualify themselves for those posts. There was one junior Assistant Surgeon who was lucky to be appointed as a Health Officer of the Madras Corporation where he was not wanted later. It was considered that he could not be reverted to his grade as Assistant Surgeon, and he too became eventually a Civil Surgeon. There is an instance when an Asst. Surgeon was promoted as a Civil Surgeon to make up for his disappointment as another far more junior was made a professor at the Vizag Medical College though the former possessed the necessary qualifications for the post and was senior to this junior.

It was found too late during the days of retrenchment to correct the theories promulgated by different persons in the Medical Department at different times. But it was decided by the Government that some Civil Surgeoncies occupied by juniors should be terminated soon after the present incumbents are either transferred from such places due to exigencies of service or retire. It was also laid down that Assistant Surgeons with special qualifications can perform special duties without being promoted as Civil Surgeons. So the reckless deviations from the usual rules in effecting promotions have worked in a way that

it is not possible to say who is senior in the Madras Medical Service in the strict sense this word is used in other departments of civil service. There is yet another danger threatening to make the affairs of seniority worse confounded and that is the 'war supersession' commented in these columns a few months ago. In such an atmosphere of confusion, a question has now arisen regarding the place of the Superintendent, General Hospital, and it is likely this confusion will not be less when Lt. Col. Newcomb ceases to be the Principal, Medical College, in the near future.

Superintendent, Madras General Hospital and Principal, Medical College: In the preface to Civil Medical List, there is a para which reads thus:

"There is no separate appointment of Principal, Medical College, and the Superintendent General Hospital, Madras. A selected Senior Professor of the Medical College will be the Principal of the College and the duties of the Superintendent of the General Hospital are entrusted to one of the Senior Physicians or Surgeons of the institutions. A special pay of Rs. 150 per mensem is granted to each of the officers."

We will first discuss about the office of the Superintendent, General Hospital to adjust our remarks to the sequence of events. It is clear that the Superintendent should be one of the Senior Physicians or Surgeons. It is vague whether the seniority should base on total service of the person or total service in a particular cadre to which an officer is promoted or whether the seniority is to be reckoned depending upon the service of the person in the General Hospital. The wording of this para is as unhappy as it is unfortunate. Consequently there have been possibilities for the once fortunate officers to be unfortunate and unhappy too whilst the unlucky seniors in service continue to be as unfortunate as ever. All the same, this para has been so ingeniously worded that the original author of the preface to the Civil Medical List and his successors in office can interpret the para in any way, most suitable to the conditions and circumstances prevailing either in the institution, that is, the General Hospital, or in the office of the origin of this preface. No where in the Civil Medical List is found a definition to identify who is Senior and the absence of the word *most* after the word senior has also to be noted. The context as we understand it, seems to be that the word 'selected' appearing in the sen-

tence referring to the Principal, Medical College applies also to the post of the Superintendent. Regarding the post of the Principal Medical College the preface is less ambiguous due to the close proximity of the word 'selected' immediately before the word 'senior.' So long the I. M. S. officers are to exist in the Civil List it has to be conceded for the purpose of counting seniority that a member of the I.M.S. has to be considered as a Civil Surgeon the moment one is recruited to the I. M. S. whereas a Civil Surgeon can count his service as such from the day he is confirmed as a Civil Surgeon. A Lt. Colonel has to put in 20 years service before he attains this rank. Let our readers reckon the services of all Senior Officers of the General Hospital and the Madras Medical College and judge for themselves who is Senior leaving the discretion of selection to the authority referred to in the Preface of the Civil List and keep musing for some time recollecting the state of affairs of both these institutions about a quarter of a century ago, when the Senior Medical Officer of the General Hospital and Principal Medical College was one person with two co-ordinating functions, of theory and practice of Medicine. Let them muse for any number of days and if they mind the interest of these institutions, the lot of the medical students and of the patients that resort to the General Hospital for treatment, and not of the officers concerned, they cannot but come to the logical and safe conclusion that the administration of both these offices should be entrusted to one officer who should not have either general or consulting practice which would bring money to his pocket. If the public wish to have the benefit of his consultation, the fees should be credited to the Government. This combined officer may be styled as the Dean of both the institutions. The lay Secretary may be entrusted with the non-professional duties so that the Dean may devote himself entirely with the administration of teaching of theory and practice of Medical Science.

Hospital Attendance, a Second Surprise!—If any institution needs a record of the attendance of the staff doing duty in these institutions, it is the Hospital and we are rather surprised for the first time when we learnt from a Government Medical Officer

in high position that none of the City Hospitals maintain an Attendance Register either for officers or their subordinates. It may be said regarding a few of the officers at the top, that the volume and quality of work turned out by them is of a nature that the work itself is a record of their attendance. Basing on this, many other routine records that take away much of the time of the medical officers may not be written at all. But it must be known that records are maintained for the purpose of evidence which though usually might not go to a court of law, there is a necessity of maintaining written records which are useful for the good working of institutions concerning the life and death of the people. The most important and fundamental record is the attendance of the officers who are the authors of the records and if the attendance of a particular officer is questioned, it cannot be proved more authoritatively than by the attendance register. The mixture of Honorary and Stipendiary service in a same institution under the control of a paid officer is ordinarily incompatible. Such an incompatibility is likely to lead to grave complications at times, if there were to be a complaint about the attendance of the officers in a hospital. The authority who has to sit in judgment on such complaints will be in a sorry plight for want of Attendance Register to weigh the oral evidence of two contending parties, one as respectable as the other. This consideration apart, both the Stipendiary and the Honorary officers should have fixed hours of attendance so as to enable the public to be sure to find these officers in their places at the expected time. The non-existence of Attendance Registers in Government Hospitals is our second surprise. The non-registration in the Medical Register of the names of some medical officers in high position including amongst them the then Director of Public Health, was our first surprise a few years ago. We noted our surprise in these Columns and since then we find that all the Government Medical Officers are now found in the Madras Medical Register. We thought then, as we are thinking now, that if surprises are not brought to the notice of the authorities there is likely to be danger to the public not excluding the medical profession. So we have mentioned our second surprise in these columns as we did regarding the first with the hope that the con-

cerned authority may consider about the necessity of maintaining Attendance Registers not only in the city institutions but also in the mofussil where there is a tendency of greater danger for want of these. We may also suggest that the hours of attendance in State Hospitals be made uniform to suit the convenience of the Public.

Conference of District Medical Officers: We learn that the Surgeon-General is calling a conference of the District Medical Officers in the middle of March. There were such conferences in the past and it was then thought whether the conferences were one of the routine activities of the Medical Department. The summoning of the conference after a lapse of a few years makes us infer that there might not have been materials in the Department enough to be placed before a conference. Our guesses may be excused as the public are kept in the dark about such conferences. Every year the District Collectors meet in conference at Ooty during the hot weather. We have no idea if the proceedings of these conferences are not also open to the public but we find that the subject matter of these conferences appears in the newspapers though not the entire proceedings. As public offices are run for the benefit of the public, it is not fair to keep the public ignorant of what is done for their good. Criticisms on public questions are conducive to progress. We intend requesting the Surgeon-General to permit the representatives of the Medical Press to be present at the conference or at least let this press know the items of discussions at the conference and the decisions arrived at as at times idle brains may interpret the sojourn of District Officers to the City of Madras as a pastime or a change which they cannot otherwise enjoy in a group. We are told that the Collectors' annual conferences at the Hills have not been free from such criticisms. In the meanwhile may we request the Surgeon General to consider about the desirability of placing before the Conference the subject of Attendance Register in all Government Medical Institutions?

Private Practice by Paid Officers: It took nearly ten years for the Local Government to decide that running of private hospitals or clinics by its full time officers was a trade and as such should be prohibited.

All the same, a few years ago, when it was brought to the notice of the Government that some of its officers owned Chemist shops, sold medicines to their patients and were the consultants to Chemists, the Government took steps to stop this sort of private practice which their officers thought was amongst the privileges of private practice. It cannot be said if there are not some more still claiming this privilege, though not as openly as they did before. The non-application of 5 years' tenure in a particular station to the city of Madras, in spite of an assurance by the Minister in charge of Medical Portfolio on the floor of the Madras Legislative Council, has been encouraging this secret service on the part of a few lucky Medical Officers. In theory as well as in practice soliciting private practice directly or through the mediation of Chemists, is also a trade more dangerous than the running of private hospitals as the former is against the Code of Medical Ethics. The fortunate circumstance at least for the purpose of preventing breaches in the Code of Medical Ethics, is evidently lost sight of by the Surgeon-General who is the President of the Madras Medical Council and the trade of soliciting private practice by the officers of the Government in all grades is being continued openly by a few and secretly by many and that more in the City of Madras. It can be said that, attempts were made to prevent such breaches in official discipline and the professional Code of Ethics but these attempts ended in a patting and an elderly advice, 'Do not do this in future'. Patting being inconsistent with discipline, breaches are continuing as if nothing has happened and will happen. Evidently a few at least in service have been able to demonstrate that without them the institutions where they are working will crumble down for want of them. The question naturally arises what would happen if these retire or have a break down due to hard labour of private and public service. Taking this eventuality into consideration all those who have finished 5 years service in Madras may be transferred outside Madras as an experimented measure and in case there is any break down any where summoned back immediately. This experiment is likely to increase discipline and with it efficiency and prevent also the growing tendency of Party Politics in Hospitals.

Political Elections: We have been watching the results of the elections and are glad that the Medical Profession in the Madras Presidency has one of its members, Dr. U Rama Rao, in the Upper House and two in the Lower. Drs. P. S. Srinivasan and J. Samuel. The two former are representatives of the Congress and the latter belongs to no party so far, as he is styled as Independent. This number may look too meagre for the purpose of representation of the medical profession as such, but the fact that the Congress commands such a huge majority in Madras, which was, unknown in the annals of the history of the political parties in India, should more than console the medical profession, that their affairs are safe; for, in such a party there is no need for many to plead for the common good, the leader being obeyed implicitly. Dr. Rama Rao has the necessary knowledge about the grievances of the medical profession as a whole. He had served as a representative of the people both in the Local Council and also in the Council of Elders at Delhi. If the Congress decides to take up the responsibility of running Provincial Autonomy in this Province, which it can do by forcing on the Government its views, there cannot be a better person to voice forth the grievances of the Medical Profession than Dr. Rama Rao. He has two brethren in the Lower House to watch the interests of the profession, one of whom is a disciplined Congressman and the other belonging to no party. As the ideals of the scientific system of medicine cannot have a separate standard for Congress, the independent member may be expected to be always with the Congress regarding matters relating to the medical profession. We congratulate the profession more than its members who were able to get into the political Councils, for, these would have been a drop in the ocean of politics, but for the Congress entry into these Councils and trust our hopes will be realised in the new Era of Congress Politics.

A Costly Experiment for Demonstrating known Facts: The public Health Department of the Government of Madras is running an experiment for about a year and a quarter in Poonamallee, about 12 miles from the city of Madras. "The main objects of the unit are the inculcation of the idea of self-help in the villagers and the creation in them of a desire for better

and healthy living." The activities of the unit where the experiment is conducted are confined to an area of 25 square miles comprising 23 villages with a population of 42,000. Lt. Col. Ganapathi, Director of Public Health, Madras concluded his address before Lady M. Erskine, the other day at the Poonamallee Health Unit Exhibition by saying:

"If I have dwelt on the activities of the Health Unit at some length it is with the ostensible object of bringing to the notice of your Excellency that our purpose is to awaken the public health conscience of the population especially the women. Cleanliness may be next to godliness, but if we succeed in laying the foundation, which we believe we can, for the development of elementary ideas of sanitation and for the devotion of greater attention to the well being of the populace in general, thereby instilling in them a sense of self-respect and pride, we can lay the flattering unction to our soul that our labour has not been in vain."

It must be shocking news to the civilised whether in this country or elsewhere to know that even after a century of British Rule in India, people in villages are not made to feel the benefits of the Public Health Department and an experiment of over 100 years is not having effects both on the people and the Public Health Department, so much so that further experiments are found necessary whose cost worked on a rate at which the money is now spent for the Poonamallee Unit on a rough scale of our own (we had our own calculations as no statistics of cost or even of results were available to us except what we saw in the published report of the proceedings of Exhibition in News papers) basing on the area of this province comes to nearly Rs. 114,22,000 if the entire area of the province is taken into consideration, the area being 142,777 square miles and to Rs. 2,22,5700 if the population of the province is reckoned which is about 4,67,4000. We assumed that the Scheme costs the Government Rs. 24,000 a year. The experiment at the Poonamallee looks like the attempts of an unkind mother who knowing the good effects of milk on the nutrition of her children gives it only to one child leaving others on the plea that after watching the experiment on one child she would supply milk to the rest of the children. This will have an effect of an eye wash and not an experiment. It looks as if the mother does not know to adjust her household budget and spends a large

amount on jewellery or such trash not minding her primary responsibility of the well-being of her children. There is yet another danger. The 42,000 people living in 25 villages who are now enjoying the benefit of an intensive propaganda will feel the want of it unless the service they now enjoy is not temporary and the experiment will have much worse reaction than the absence of such service. It is stupendous to conceive that the Government will at any time be able to spend money throughout the Province at the rate they are now spending at Poonamallee.

The safest experiment will be for the Government to transfer the amount of the Budget for the Medical Department to Public Health Department and *vice versa*. The Budget Estimate for the current year for the Medical Department was Rs. 92,40,100 and for the Public Health Department was Rs. 25,12,400. It is said that the Government has been spending money for the curative side of Public Health to make the people realise the necessity of Preventive Medicine. If this is true the stage of experiment being not necessary in this century the Government may begin the experiment of spending more money for prevention and less for cure. Another measure of experiment worthy of trial with-

out spending money—nay—this experiment will cost less money—and that of combining Preventive and Curative Departments under one Administrative Head as it was in the past. There is little or no co-operation and co-ordination in these two separate departments the effect of non-cooperation becomes evident during the outbreak of Cholera and such epidemics when the first urgent necessity is preventing death as the stage of preventing disease is passed. In the new province of Orissa the combination of the Public Health and Medical Administration under one Head, as we learn, has been made possible. We trust the new autonomous Governments will copy Orissa and lessen the toll of death and with it lessen the wasteful expenditure in the Medical Department by entrusting the curative side of Public Health to the members of the Medical Profession. In the meanwhile may we suggest the desirability of associating Rural Medical Practitioners in all schemes of Rural Reconstruction making them responsible units in these schemes not in subordinate positions as the only profession which should enjoy independence in Rural as well as Urban areas and that for the benefit of the Public is the Independent Medical Profession?

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List of Postings of Sub-Asst. Surgeons for the month of January, 1937.

No.	Names of Sub-Asst. Surgeons	From.	To
1	Dr. P. Satyanarayana Rao	Leave	L. F. Dy. Kalyandrug.
2	" P. M. B. Victor	L. F. Dy. Kalyandrug	East Godavari Agency Duty
3	" Vasa Narasimham	Leave	L. F. Dy. Bharuva, Vizag Dt.
4	" K. Vallaba Rao	L. F. Dy. Bharuva	Govt. Hl. Harpanahali;
5	" A. Narasimhalu	Dt. Hd. Qrs. Hl. Tanjore	L. F. Dy. Guntakal.
6	" M. Narayanan	L. F. Dy. Guntakal	Raja Mirasadar Dt. Hd. Qrs. Hl. Tanjore.
7	" Jagga Rao	Govt. Hl. Tenali	L. F. Dy. Macheral, Guntur Dt.
8	" Mrs. P. Ammalu Ammal	Govt. Hl. Cannanore	Govt. Hl. Cochin.
9	" Miss Pushpam Aaron	Govt. Hl. Cochin	Dt. Hd. Hl. Tanjore.
10	" T. S. Sivasubramniam Pillai	Leave	Govt. Hd. Qrs. Hl. Cuddalore.
11	" R. Narasimham	Hd. Qrs. Hl., Cuddalore.	Govt. Hd. Qrs. Hl. Madura.
12	" T. P. Balaji Rao	Pasteur Institute,	L. F. Dy. Tirumangalam,
13	" H. Govinda Gadiyar	L. F. Dy. Tirumangalam	Pasteur Institute, Coonoor.
14	" M. A. Seshan	Leave	L. F. Dy. Nachiarkoil.
15	" K. Satyanarayana Raju	Leave	L. F. Dy. Dharmavaram.
16	" T. S. Dakshinamurthi	L. F. Dy. Eddapadi	Reserved duty, Salem.
17	" K. V. Mahadevan	L. F. Dy. Nachiarkoil	Dt. Hd. Qrs. Hl. Tanjore.
18	" K. Sankaranaraynan Unni	L. F. Hl. Kolacombai.	Infectious Diseases Hl. Ootacamund.
19	" C. Ramachandra Iyengar	L. F. Dy. Chintur	L. F. Dy. Thoudamuthur
20	" S. Sriman Narayanamurthi	L. F. Dy. Sarai	E. Godavari Agency duty
21	" V. M. Ramuni Nair	L. F. Dy., Denkanikota,	Forest College, Coimbatore.
22	" T. Maduramuthu Pillai	Leave	L. F. Dy. Rasipur, Salem Dt.
23	" Miss. N. Seethammal	Govt. Hl., Masulipatam	Govt. Hl. Gudivada, Kistna Dt.
24	" Miss. A. Janaki Ammal	Govt. Hl. Gudivada	Govt. Hl. Nandigama,
25	" R. Someswara Rao	J. C. School, Ranipet	L. F. Dy. Cumbum, Kurnool Dt.
26	" T. N. Devaraja Iyer	Govt. Hl. Usilampatti	Govt. Hd. Qrs. Hl. Calicut.
27	" K. Appu Kurup	Govt. Hl. Calicut	L. F. Dy. Trithala, Malabar Dt.
28	" Y. Suryanaraynamurthi	Govt. Hl. Anakapalli	L. F. Dy. Allur, Nellore Dt.
29	" K. Venkataramaswami	L. F. Hl. Allur	Agency Duty, Vizagapatam.
30	" Vasa Narasimham	Leave	King George Hl. Vizagapatam,
31	" K. Vallabha Rao	Govt. Hl. Harpanahali	L. F. Dy. Bharuva.
32	" A. Ambalavanan	L. F. Dy. Ketti, Nilgiris.	L. F. Dy. Suler,
33	" M. Kelu	L. F. Dy. Suler	Forest College, Coimbatore.
34	" P. Sanyasi Rao	Leave	Govt. Hd. Qrs. Hl. Cocanada.
35	" B. V. Suryanarayana	Govt. Hl., Cocanada	Reserve duty., Cocanada.
36	" D. A. Syed Nazir-ud-din sahib	L. F. Dy. Ettaiyapuram	Jail duty, Coimbatore.
37	" K. C. Anantapadmanabhan	Tinnevely Dt.	L. F. Dy. Ettaiyapuram.
38	" Mrs. Chellamma Nilakantan	Central Jail, Coimbatore	Govt. W. & C. Dy. Negapatam.
39	" Mrs. Daniel D. Kirupakaran	Dt. Hd. Qrs. Hl. Tanjore	Govt. Hl. Guddalur, Nilgiris Dt.
40	" A. Ambalavanan	W. & C. Dy. Negapatam	Forest College, Coimbatore.
41	" M. Kelu	L. F. Dy Suler	L. F. Dy. Suler, Coimbatore Dt.
42	" Miss. V. Kalyani Ammal	Forest College, Coimbatore	
43	" V. Gnaniash	Leave	Govt. W. & C. Hl. Bellary.
44	" N. Krishnaswami	L. F. Dy. Aravakurichi,	Govt. Hd. Qrs. Hl. Trichy.
45	" A. Ambalavanan	Leave	P. W. D. Dy. Thekkadi.
46	" D. Raju	Madras Forest College camp duty, Coimbatore	L. F. Dy. Bungalopudur,
47	" P. M. B. Victor	Govt. Hd. Qrs. Hl. Cuddapah	Coimbatore Dt.
48	" T. Atchutha Rao	L. F. Dy. Kalyandrug	Govt. Hd. Qrs. Hl. Calicut.
49	" Vasa Narasimham	Rajavommandji	Agency duty, Vizagapatam.
50	" P. Suryanarayana	King George Hl. Vizag.	L. F. Dy. Darsi, Nellore Dt.
51	" K. N. Chamukutti	L. F. Hl. Kurupam	L. F. Hl. Kurupam, Vizag Dt.
52	" S. Narasimham	P. W. D. Dy. Thekkadi	Govt Hl. Palakonda.
53	" K. S. Rangaswami	L. F. Dy. Tiruvadanai	L. F. Dy. Tiruvadanai, Ramnad.
54	" O. S. Venkataraman	L. F. Dy. Tirupattur	L. F. Dy. Tirupattur.
55	" Miss. Dhanammal Loomis	Vizagapatam Agency	L. F. Dy. Dhanushkodi
56	" S. Sundaresan	Leave	Govt. Hl. Erode
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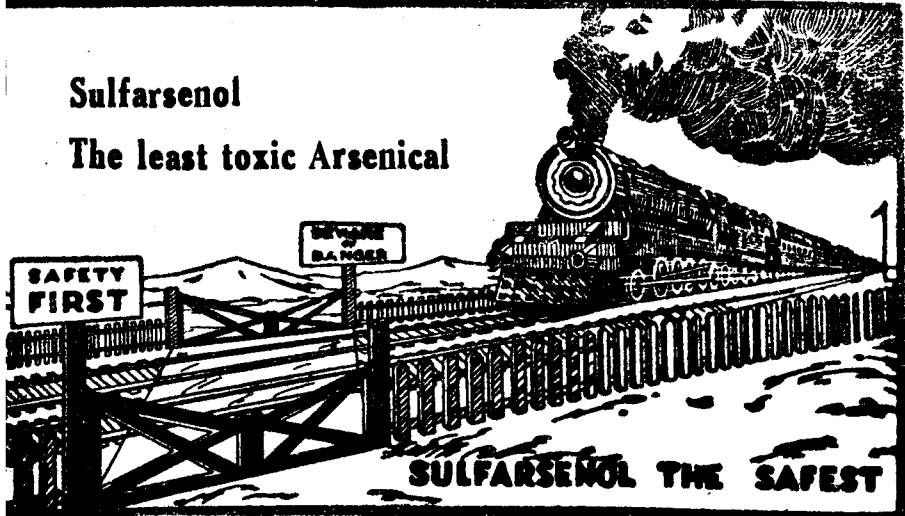
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VOL. VIII.]

MARCH, 1937.

NO. 6

IN THE PRESIDENCY MAGISTRATE'S COURT, EGMORE, MADRAS.

APPLICATION NO. 885 OF 1936.

LT. COL. V. MAHADEVAN, F.R.C.S. F.R.C.P. I.M.S.

Complainant.

Versus

V. RAMA KAMATH, L.M.P.

Accused.

1. The complainant is residing at No. 2, Poonamallee High Road, Madras.
2. The accused is residing at No. 141 Purasawalkam High Road, Vepery, Madras.
3. The complainant is a Member of the Indian Medical Service and is at present the Superintendent of the Stanley Medical School, Surgeon First District, Madras, Superintendent Raja Sir Ramaswamy Mudaliar lying-in-Hospital, Royapuram, and President Board of Examiners (medical).
4. The accused is a practising doctor in the City, and is also conducting and editing a monthly medical journal called "The Medical Practitioner" published in Madras and claiming to have largest circulation in India.
5. In the Issue of the said journal for October, 1935, at pages 15, 16 and 29, there was published an article under the heading, "Madras Needs a State Medical Faculty" As the Managing Editor and Publisher of the said journal, the accused is in Law responsible for the publication of the said article.
6. The complainant charges that the said article contains numerous statements grossly defamatory of the complainant.
7. The complainant files herewith a copy of the Issue of the said journal marked "A" containing the said defamatory article, and the complainant craves that the whole of the said article may be perused for determining how grossly defamatory the said article is.
8. In the said article, direct imputations are made against the complainant, that as the President of the Examiners for conducting the Government examinations for Military Assistant Surgeons and licensed medical practitioners the complainant has been acting improperly dishonestly and dishonourably; and systematically by manipulating the results of the examinations or by other improper means adopted in connection with the Medical Examinations by the complainant as President of the Board of Examiners, dishonestly caused or brought about on the one hand the Medical Education given or imparted in some Medical Schools other than his own Stanley Medical School to be subjected and held up to adverse criticisms and comments by the Authorities and the public and on the other hand the Medical education given or imparted in the Stanley Medical School which is under his own supervision to be highly appreciated.

9. The assumed basis of fact, on which, the said imputations were grounded, are that the Examinations are "A One Man's show", that as President of the Board of Examiners, the complainant has the sole right of appointing all the Examiners himself and that the complainant has been abusing his said position and rights for the purpose, by manipulating the examiners examinations and the results, to boom his own Institution and belittle the others Institutions, referred to in the said article.

10. It is absolutely false as a fact, that the complainant as the President of Board of Examiners, has the sole right of appointing the examiners or conducting the examinations. There is a committee specially appointed by the Surgeon General with the Government of Madras, which nominate and recommend various names fit to function as Examiners, for the Selection approval and final appointment by the Surgeon General who is the appointing authority. The Examination papers are set by the respective examiners so appointed and the results of the examinations are scrutinised and finally passed by the entire Board of Examiners.

11. The complainant submits that the imputations contained in the said Article concerning the complainant as President of the Board of Examiners and Superintendent of the Stanley Medical School, are of such a nature as to affect seriously the character, honour and honesty of the complainant and were deliberately designed so to injure.

12. In any case, there can be no doubt that the accused knew, and must have had reason to believe that the said imputations would seriously harm the complainant's reputations having regard to the responsible position that he occupies.

13. The complainant also submits though he is unable to say at present whether the facts on which the imputations were founded were invented or recklessly assumed by the accused, but it is clear, that in a matter of this nature, where the smallest enquiry would have put the accused in possession of the real facts, the accused, who is responsible at least for the publication of the said article could not possibly have acted bona fide and the complainant believes therefore that in publishing the said defamation, the accused has acted really maliciously.

14. The complainant has been grossly defamed by the publication of the said article. He therefore felt it is duty that the conduct of the accused in indulging in such gross defamation should not be allowed to go without being properly dealt with. The complainant therefore applied and obtained from the Government of Madras, the necessary sanction to take legal action against the accused.

15. The complainant further states that the accused was prompted by the malicious and improper motive in publishing the libel. He has not only been Exhibiting personal enmity against the complainant but the complainant believes that the accused has also been instigated in this by certain persons inimical to the complainant. The accused has also by suppressio Vari and suggestio falsi betrayed his real object to be deliberate and malicious.

16. The complainant further states that the accused by the publication of this Libellous article at the *Particular moment*, sought to prejudice the determination of certain issues then pending enquiry and decision by a Special Committee appointed by the Madras Legislative Council for the purpose. The accused thus attempted to influence by such false imputations the findings of the said Committee, when the matter was still under their consideration. The accused has also thus clearly outstepped his limits of Journalistic fair comment.

17. The accused has also further by his subsequent conduct aggravated his original offence.

18. The cause of action for this complaint arose in Purasawalkam within the Jurisdiction of this Hon'ble Court in October, 1935, where and when the publication of this article took place.

19. The accused has committed an offence punishable under section 500 I.P.C.

20. The complainant therefore prays that process may be issued against the accused and that he may be dealt with according to law.

(sd) V. Mahadevan, Lt. Col.

Complainant,

(Sd.) V. V. Srinivasan,

Before me,

(Sd.) P. L. Krishna Iyer, Advocate for complainant

(Sd) Abbas Ali,

Chief Presidency Magistrate,

24-6-36.

Solemnly affirmed to read over to the complainant and admitted by him to be correct.

(Sd.) P. S. Gopalakrishna Iyer, Interpreter.

Lt. Col. Mahadevan, sworn age 48, 24-6-36. I am the Superintendent of the Stanley Medical School, Surgeon 1st District Madras. I am also the President of the Board of Examiners. I have filed this complaint against one Dr. Kamath editor of the Medical Practitioner for publishing an article highly defamatory of my character in Vol. 7 No. 1 October issue 1935 under the caption "Madras needs a State Medical Faculty." I pray that process be issued and justice done.

(Sd) Abbas Ali,

Chief Presidency Magistrate, 24-6-36.

IN THE PRESIDENCY MAGISTRATE'S COURT, EGMORE, MADRAS.
BEFORE ABBAS ALI Esq., M. A., L. L. B., BARRISTER-AT-LAW,

Chief Presidency Magistrate.

C. C. 1038 OF 1936.

LT. COL. V. MAHADEVAN ... Complainant.

Versus

V. RAMA KAMATH ... Accused.

Charge Section 500, I. P. C.

P. W. 1. Lt. Col. Mahadevan, sworn age 48, 30-7-36. I am a member of the Indian Medical Service. I took the L. M. S. of the Madras University. I stood first in the final year and in the year before it. I worked sometime in the General Hospital as an Assistant Surgeon and then proceeded to England. I got the L. M. S. commission in England. I served in France, in Mesopotamia and in 1923 I was transferred to the Civil side. I passed the L. R. C. P. & S. of Edinburgh in 1913 (and) just before I sat for the competitive examination, I was successful in the competitive examination and was sent to India and from there I was sent to France. In 1922, I passed the F. R. C. S. examination of Edinburgh and in 1928. I passed the examination of M. R. C. P. and in 1936 I was elected as an F. R. C. P. I am holding the rank of Lieutenant Col's for the last 3 years. I am the Surgeon of the 1st District and Superintendent of the Stanley Medical School, Royapuram. I am the Superintendent of the Raja Ramaswamy "Lying in hospital" and president, Board of examiners, medical and also the senior surgeon of the Royapuram Hospital. I am also a lecturer in Surgery, Stanley Medical School. I have filed a complaint against the accused for an alleged defamatory article. I have known the accused for the last 6 years. Accused is the Editor and publisher of a magazine called "Medical Practitioner". This journal has the largest circulation in India. I say so, from the notification given at the front page of the magazine. The offending article is at p. 15-16. Vol. VII October, 1935 under the caption "Madras needs a State Medical faculty". This was the article in respect of which I have filed a complaint in this court. In col. 1. at p. 15 there is a statement to the effect that the Board of examiners are selected by the President, Board of examiners. I am the President Board of examiners. It is made there as a statement of fact, it is not true that the Board of examiners are

selected by me as its President. I have been the President Board of examiners for the last 6 years. The Board of examiners are appointed as follows :—The Surgeon-general has appointed a committee consisting of the Principal Medical College, Superintendent Lady Wellington Medical School, the Principal of the Missionary Medical School, Vellore and the Superintendent Stanley Medical School. The president of this Committee is the Superintendent of the Stanley Medical School. The Surgeon-General has sent a circular to all the Medical Colleges and Medical Schools of this Presidency to send the names of the available and qualified examiners to the President of the Stanley Medical School. The President of the Committee consolidates the names of examiners for the different subjects and places before the Committee. This committee selects the desirable examiners and a list is sent to the Surgeon-General for his approval and he sends back the approved list to the President Board of examiners (i. e.) myself, who issues the appointment order according to that list. The Surgeon-General is the final appointing authority. There is an imputation in the passage beginning from "the fact...ending with himself being the president made matters worse". The imputation is this, that I appointed flexible examiners and with or without their connivance, I saw that more of my students passed and that I also lowered the marks of the pupils of other schools and a greater percentage of passes for my school than those of other schools". The imputation contained in the next passage is that he is attributing dishonest and dishonourable motives to me. If he had meant that the results were due to better teaching he could have plainly put it there and there was no necessity to say "we refrain from commenting" etc. The statistics referred to at p. 16 top of col. 1 are manipulated to suit his argument by omitting to set out the figures for the year 1930 and also by comparing the April results with those of October results. I say there is an imputation in the passage beginning with the words, "the increased percentage...ending with the words "October examinations". The suggestion is the better results of my school were due to my manipulations while I was there and the poor results of October are due to the fact that I was not either the president or examiner to manipulate the marks. I was the President and am still the President but I was away on leave for 100 days and returned just about 10 days before the October examination. The passage at p. 17 in col. beginning with the words, "As the S. General with the Government...ending with the words "October examinations" is highly defamatory and injures my character. The accused reiterates the allegations made against me in the earlier passages and also gives a lead to the committee appointed by Government to go into the question of the poor results of Lady Wellington Medical School. The accused says in so many words in the subsequent passage that I am not fit to conduct examinations as I am dishonest and wants an outside agency. Soon after my arrival in Madras, all the practical examinations were conducted by two examiners sitting together examining one student at the same time. The pair of examiners vary in different subjects. These pairs are so arranged that there is always one outsider with the school teacher. The papers are set by two examiners. One will be an outsider and the other will be one of the teachers of any one of the 3 medical schools. These people after valuing the paper and also the practical, send me the marks. I with the help of the Board Clerk and some times with the assistance of other examiners add them up together and post them in a register. The Board of 35 examiners meet. The Board scrutinises the result and after some discussions the results are passed by the Board and as passed it is published at once. This is how the examinations are conducted and the results published. It is not at all a one man show as is falsely stated in the article. It means "my show" and that I can do anything which as a matter of fact it is not as could be seen from the foregoing. This system is known to all my students and to all the L. M. Ps. and also the examiners. We send the tabulated list to the Surgeon-General. We follow the rules made by the Surgeon-General. Detailed minutes of the meetings of the Board of Examiners are maintained by me since 1933 and these are submitted to the Surgeon-General. A few of my friends brought it to my notice that there was a black article about me in the October issue of the Medical Practitioner, 1935, Ex. A. Ex. A1 is the article. I see the November issue of the above journal, and at page 49, there is a sort of an apology. Ex. B is the journal for November, 1935 and Ex. B1 is the apology appearing at page 49. I do not know the accused very well but taking into consideration several publications

against me commencing from 1930 in his journal, I do not think he entertains any friendly feelings towards me.

Cross Examination.—I have never been a regular reader of this magazine. Sometimes I used to get copies. I can't say if the magazine is devoted to the interests of the medical profession and medical education. I have read one or two articles relating to medical education in this magazine. I have now particular aversion to this journal. This is the first time I heard that laudatory articles appeared about me in this magazine. I see the article about the Royapuram Medical School Union in Vol. 3, page 407, Ex. I. I see I am congratulated for the creditable results achieved at the recent examination but this is marred by the next sentence wherein it is stated that we trust that the results were not due to extraneous circumstances but to the care and attention bestowed to the students. The extraneous circumstances may also mean that the students of that year might have been a better set. I see an article at p. 241 of Vol. IV. Ex. II in which myself and Colonel Sprawson are congratulated for bringing about a 5 years course for the L. M. P. I never saw this article before. I see it for the first time to-day. It is not true to say that after seeing the article I went to accused's house and thanked him for it. I have never been friendly with the accused nor have I been unfriendly towards him. In 1933, I gave him medical advice. I went to his house as a consultant with the late Dr. T. K. Krishna Menon. I do not remember the date when I saw the accused in the year 1933.

I see an article at p. 147. Vol. 5 wherein I am congratulated for my sagacity in bringing His Excellency to inaugurate the 5 years course for the L. M. P. students, Ex. III.

Notc.—Counsel for the accused asked this witness to give his opinion on co-education. The witness states that he being a Government servant he must carry out the orders and as the subject is one about which controversy is raging, he would not like to give any opinion. The counsel insists on an answer.

I disallow the question as the opinion of this witness has no bearing on the facts of this case. (Magistrate)

I did not encourage co-education. I do not know if articles about coeducation appeared in the "Medical practitioner." I see at p. 155 of Vol. 8 an appreciation of myself. It is not only an appreciation of myself but also a depreciation of myself, Ex. IV. Accused is a member of the Medical Council. I am also a member. I do not know if accused was a member of the sub-committee appointed to draft the code for medical ethics. I do not now recollect if I proposed accused's name as a member of the disciplinary committee in the medical council. I got the minutes of the Proceedings of the Council and I read them. I have not got them here. I might have seconded the proposal of the accused for the institution of a State Medical faculty, but I do not recollect. I see the proceedings of the meeting of the Madras Medical Council held in 28th October, 1935. I have seconded the above resolution of the accused to have a state Medical faculty. The heading of the offensive article in Ex. A1 is "Madras needs a State medical faculty". The state faculty referred to in the resolution is for the purpose of controlling education and conducting examinations of the medical students for non-University Medical qualifications. I thought it referred only to L.M.P. students. I see Ex. A1 and in the concluding portion the writer suggests the desirability of bringing into existence the state medical faculty. I can't say if the article in Ex. A1 was subsequent to the resolution of the Medical Council of the 28th October. As the results referred to Ex. A1 were published on the 24th October, the issue must have been of a later date. I do not remember if accused prefaced his resolution with a speech. The resolution involves the abolition of the present system of "Board and its President". This resolution was carried unanimously in the Medical Council. Medical Council appointed Col. Hingston as the Inspector of Medical examinations and in accordance with that he made a report to the council, which appointed a sub-committee to go into the matter with a view to suggest further improvements. The committee discussed the remarks of Col. Hingston regarding the poor results of the Lady Wellington Medical School. Only two members signed the report of this sub-committee. One supported

Col. Hingston and the other was against. I supported Colonel Hingston and I do not know what Dr. Gurusamy Mudaliar wrote. Dr. Tirumurthy was one of the members of the sub-committee but he did not attend any of the meetings. I see Ex. V a letter purported to be addressed to me signed by Dr. Tirumurthy whose signature I know dated the 7th July, 1935. I was the convener of the sub-committee of the Medical Council.

Cross examination to continue.

(Sd.) ABBAS ALI,
Chief Presidency Magistrate. 30-7-36.

IN THE PRESIDENCY MAGISTRATE COURT, EGMORE, MADRAS.
BEFORE ABBAS ALI ESQ., M.A.L.L.B., BARRISTER-AT-LAW.,

Chief Presidency Magistrate.

C.C. 1038 of 1936.

P. W. 1 recalled and sworn 5-8-36, Cross Examination. I see Ex. 5 A a letter written by me dated 18th September 1935, along with this letter I enclosed Ex. 5. The covering letter does not show that I have taken exception to his findings. But I have taken exception to every one of the findings of the sub-committee. I see Ex. 6. This is the report of the sub-committee forwarded by me to the Registrar Medical council dated 24-5-35. I see para 4 of Ex. 6. I see Ex. 7 Proceedings of the medical council dated 30th October 1933 and at p. 3 in para 9. A. the accused has proposed my name amongst others from a committee for the recognition of medical titles of foreign titles and on my side I have proposed the name of the accused along with two others for inclusion in the disciplinary committee (vide para 9. B) of Ex. 7. I see the proceedings of the meeting of the medical council dated 22-10-35. Ex. 8. I have moved a resolution that the existing disciplinary committee be continued for a further period of 14 months vide page 3 of the proceedings. I see the proceedings of the Medical council dated 10th March, 1930 in which the accused is included along with others for redrafting the code of medical ethics. Ex. 9. the lists of examiners sent by the different superintendents of medical schools and Principals of medical colleges are preserved to the best of my recollection ever since I took charge. I took charge on the 24th September, 1930. The procedure laid down for the selection of the examining board is by the Surgeon-General and hence there is no G.O. on the subject. Ex. 10 are the rules framed by the Surgeon-General. These are the amended rules published in 1933 after the list is received a meeting is held to determine who should be the examiners. Except when there is dissension or some disagreement no minutes of the meeting are maintained. As far as I know there was no general desire that minutes of such meetings should be maintained. I do not make a preliminary list from out of the recommendations made by the various principals and heads of medical institutions. The committee selects the names of examiners in each subject and ask me to tick them and they also take down the names of the examiners selected. They are not supplied with the consolidated list of candidates for examinership. I do take part in the discussion. Except in one instance the examiners were unanimously selected. I can't say I guide them in the selection. In Dec. 1932 in the meeting held there was good deal of discussion and dissension as to who all should be the examiners. I tried to guide them and they tried to guide me. Generally 40 names of examiners are sent to the Surgeon-General for his selection. In every year to the best of my recollection the Surgeon-General takes away one or two names from our list and substitutes other names in their place. They are borne out by records. In the year 1933 3 names suggested by the Committee were not approved by the Surgeon-General and he substituted 3 other names. I say this with reference with the records produced by me. This was the year when there was disagreement in the meeting. I placed my opinion and those of others before the Surgeon-General and left it to him. To the best of my recollection in March, 1935 the Surgeon General objected to almost all the names of examiners recommended by the Committee ultimately he changed two or three names and made the list himself. I can't say what prompted the Surgeon-General to object to

the entire list. I see the proceedings of an informal conference held in the Surgeon-General's office at which among other subjects it was discussed that the President of the Board of selection should keep the minutes of the meetings held for the selection of examiners and the Board of examiners to formulate a rule that Superintendents of other schools be consulted by the President Board of examiners before prescribing new rules and regulations. Ex. II I see agenda Nos. 7, 9 and 15. It is not a fact that the conference was held as a result of any agitation of by the other Superintendents only. The list of examiners is published every six months now and in olden days every month in the civil medical list. There has been a gradual dwindling of I.M.S. officers as examiners. In the year 1931 there were 6 I.M.S. officers in the list of board of examiners. Royapuram Medical School. I see the list of July, 1935. there are 6 I.M.S. officers as examiners. I see the list for Jan. 1935. I find the same number. In all the lists my name is included. In the year 1935, 5 I.M.S. officers were actually examiners. I speak from memory. (1) myself, (2) Col. Newcomb (3) Col. Webb (4) Major Cruickshank (5) were the examiners in 1935. I am unable to say if Col. Webb was actually an examiner or not, Col. Wright was a examiner but his name is not here Col. Skinner's name is in the book as one of the examiners but he left India in 1934. The medical civil list contains names of people who are not examiners and omits the names of examiners. Captain Parasuram who is one of the examiners for the year 1935 his name does not find a place in the list of 1935. I have cited him as one of my witnesses. He might have been an examiner for two or 3 years. Barring this list, I am not aware of of any other list till recently. From the list of examiners 1935, I say these are the examiners from the Royapuram Medical School, 6 from Wellington Medical School and 4 from the Vellore Medical School. In the years, 1932, 33 and 34, the proportion was more or less the same. The fact that one school has more examiners does not place the students of that school at an advantage. As far as I know there has been no complaint that there are more examiners from the Royapuram School than from any other school. The Royapuram Medical School exclusively for men, Lady Wellington and the Vellore Schools are exclusively for women students. The candidates from all the schools have to appear for their practical and clinical examinations at the Royapuram hospital medical school. Up to 1933 I did not hear any complaints of nervousness from the Lady candidates due to the fact that they had to appear in alien surroundings on the other hand their results were exceedingly good. Thereafter the Standard was raised the results of Lady Wellington Medical School became poor and then I heard complaints indirectly about the Lady students being nervous. The poor results were due not only to the raising of the Standard but also to the absence of their teacher for about 18 months. There is a Surgeon-General's order regarding the raising of the Standard of examination. In the olden days an L. M. P. was declared to have passed if he secured 33 per cent in the year 1933, it was raised to 40 per cent in certain subjects and in the final year it was raised to 50 per cent. The new five years course was instituted in lieu of the old 4 year course. The examination took place in 1934 in which the marks were 50 per cent in every subject. This applied to all the schools. It is not correct to say that only in 1935 there were poor results in the Lady wellington Medical School. Generally speaking up to 1933 the results of the Lady students were fair compared with the men and sometimes better. In April, 1934 the results of the women medical students was exceedingly poor. Ex. 12 is the file containing the results of the examination from October 1926 to April, 1936. I see Ex. 13 these are the rules framed by the Surgeon General for the conduct of practical clinical, and oral examination for the final and other examinations. Student are divided into 3 batches to appear before 2 sets of examiners in pairs. I have not heard that Dr. Findlay, Kanakasabesan who were the examiners in the practical course for April, 1935 were stiff examiners. It is a fact that the Lady students of the Wellington school were sent for their practical examinations before the above named two doctors. They were arranged in alphabetical order school war. This arrangement stopped in October 1935. Now the students of all the schools are arranged in alphabetical order. All the students now appear before the identical set of examiners. The results of the examinations held in 1933 October of the Lady Students were better than in the years October 34 and April 35, but not better than 1933. In any case they were much better

than the results of the Stanley school, Royapuram. The results of the lady candidate obtained in April, 1936 were better than the results of 1934 and 1935. In October, 1935 there was only one examiner from any one of the schools for each subject the rest being outsiders. The statement about this matter contained in Ex. A1 is correct. In April, 1936 this practice was not followed because for the first year, we did not have any examiner from any school. We all had outsiders. In April, 1936 for examinations other than that of the final year we had one examiner from each of the 3 schools in all the subjects put together. The practical and clinical examinations from October, 1935 are being conducted in the Madras Medical College and the General and Maternity Hospital. Prior to October, 1935 the senior examiner sent up the marks to me tabulated and totalled up. This was the invariable practice except in one year. I do not know if there is any rule to this effect. From October, 1935 there is a specific rule that the marks should be totalled up by the senior examiner and sent to me. A record of the marks was maintained by the Senior examiner even before October, 1935. In the conference held in December, 1934, it was resolved that on payment of Rs. 1 the failed student can get his marks verified and checked, by paying Rs. 2 he could get the marks and by paying Rs. 5 within one month he can have the papers revalued. No fees were levied before. Before 1934, it was the practice to do all these things free of charge. There was no written rule to the above effect. Ramachandran is the name of the head clerk who used to help me in the tabulation and writing down the marks. This Ramachandran still helps me in the tabulation work. Prior to 1933, it was not brought to my notice that candidates were taking advantage of the peons for the purpose of communicating with those who were waiting to come in. A rule was passed by Col. Hingston that the peons should be watched to see that they do not take the question papers outside. I only copied and published the old rules. There were inter-school competitions conducted every year for the award of prizes for surgery, medicine and pharmacology. The papers were set by the professors of the Medical College. I do not know who corrects these papers but I believe they are corrected by the setters themselves, but not by the professors of any of the Medical Schools. It is not a fact that all the prizes were won by the Medical Students. Majority of the Prizes were won by the women, Medical Students. The statement of fact regarding the interschool prizes appearing at the bottom of p. 16 in Ex. A1 is correct but they are not complete. The results for the year 1935 is suppressed because Stanley Medical School got the Surgery prize. Pharmacology prize was not awarded to any one. The Lady Wellington student got the prize in medicine, and in 1936 Stanley Medical School did not get any prize. The bad results secured by the Stanley School in October, 1935 is due to my absence on leave outside India. I was absent out of India for 100 days. The bad results was only with reference to the final year students who missed my teaching and also my arrangements were upset by my successor but the results of the other years course were quite alright.

Cross examinations to continue.

(Sd.) Abas Ali,

Chief Presidency Magistrate. 5-8-36.

IN THE PRESIDENCY MAGISTRATE'S COURT, EGMORE, MADRAS.

BEFORE ABBAS ALI ESQ., M.A., L.L.B., BARRISTER-AT-LAW.

Chief Presidency Magistrate.

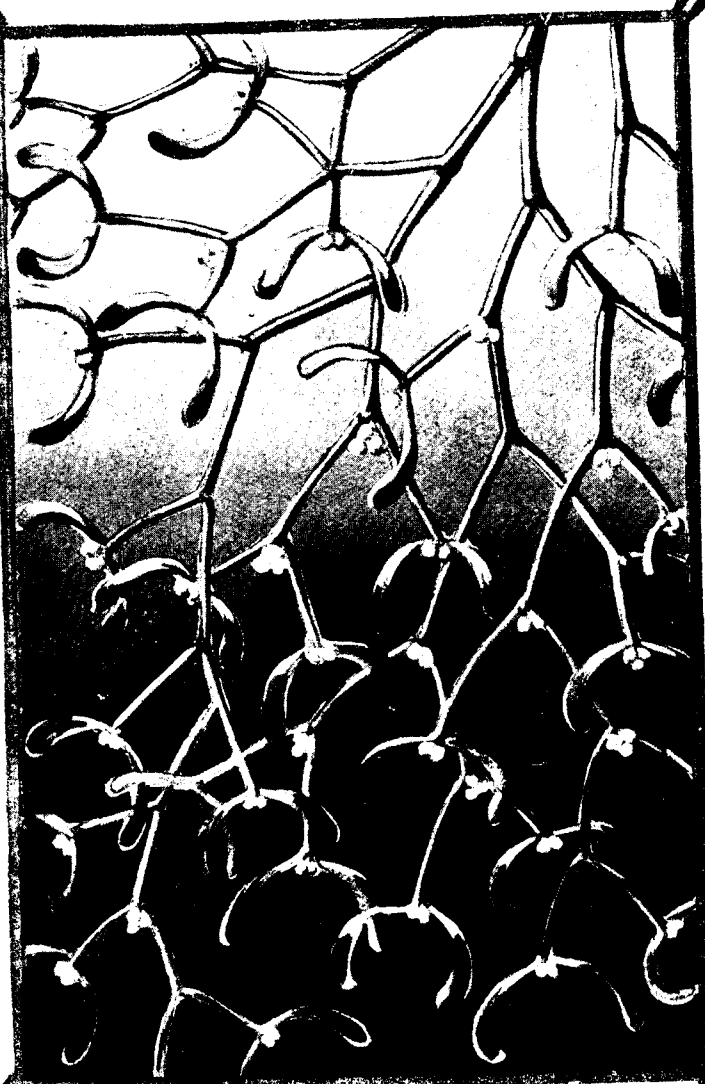
C.C. 1038 of 1936.

P. W. I recalled and sworn 27-8-36, Cross examination continued. I went on leave on the 30th May, 1935 and took charge after return on 8-9-35. My successor was in charge of the Medical School for about 100 days. There is no holiday for clinical work in the hospital. There is a summer vacation during which lectures are not given. He was lecturing in Surgery and also teaching clinical surgery to the final year students. I say my programme was upset by my successor which brought about the poor results in the final year of October, 1935 examination. I say so for the following reasons :

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1. The students instead of being posted for their full term under one Surgeon or physician they were asked to go to 3 different people each for 1/3 of the period.

2. The special instructions which used to be given by me and other teachers for 3 times a week called special tutorial classes were stopped.

3. My successor took away one of the assistants to the operation theatre to help him in the operation instead of allowing him to remain in the ward and teach the students. Instead of allowing the service of the assistant who is an F.R.C.S., and a M. S. to teach the students his services were requisitioned to enable him to learn how to operate. In the other years the results of the Stanley Medical School were not bad. They were quite satisfactory. Stanley fared better in the second year of October, 1935. In the Willingdon School one appeared and one passed: In the Vellore school none appeared. 29 appeared from the Stanley School and 21 passed in the third year. In the 2nd year 21 appeared from the Stanley school 6 passed. In the five year course 7 appeared from Willingdon and two passed. 29 appeared from Stanley School and 9 passed. In the 3rd year from the Willingdon School 12 appeared and 9 passed and from the Stanley Medical School 29 appeared and 21 passed. The percentage being 75% for Willingdon Medical School, 72.4 from the Stanley School. From the Vellore School 3 appeared for the 5 years course and one passed. This was in the 2nd year examination. And in the 3rd year examination 7 appeared and six passed. Final year part I the result of Vellore School is, one appeared one passed. Stanley 4 appeared and 4 passed. Page 1 of Ex. XII gives the results of all the School for all the years courses excepting the first year. The reason why the Stanley Medical School fared worse than the two women Medical Schools in April 1936 is because that during the 1/3 of the year during which I was absent had deprived my students the benefits of my teaching and my programme drafted for their teaching. This only applies to the medicine and surgery. In midwifery our results were better than the Willingdon School but slightly lower than the Vellore Mission Medical School. The Stanley has not fared well in the inter-school prizes examination because (1) one of the examiners in one subject for these years is also a lecturer in the Lady Willingdon Medical School. (2) In Stanley Medical School theoretical surgery is taught only for one year. Whereas in other schools it is taught for two years. That is when the examination for the prize comes on in January my boys have only done 2/3 of Surgery. Only 3 students are allowed to appear for this competition. It is only a theory paper where women score. These examinations are conducted in their own schools conducted by their own teachers. I make no imputation when I suggest that one of the examiners being from the Medical School. I consider it an advantage for the candidates to be examined in their own school, in papers set by their own teachers and valued by themselves and supervised by themselves. L. M. P. Examinations prior to October, 1935 were conducted in their own respective schools and with the majority of examiners absolutely outsiders. The practical examinations for all the schools were conducted in the Stanley Medical School. So far as the practical examination went the women schools fared badly after 1933 and they have also fared badly in other examinations. Up to 1933 there was no complaint that the Lady Students were feeling nervous to their being examined by strangers in alien surroundings. The senior examiner arranges the batches of students and the pairs of examiners. This rule was formulated by me and not by the Surgeon-General. I do not think any question was put to the girls about Tippu Sultan or about anything unconnected with their subject. There was nothing in the atmosphere to make them nervous. Dr. David was the examiner from the Willingdon School for the inter-school prizes in Pharmacology from 1931 up to date. The results referred to Col. 1 on page 16 of Ex. A are given at p. 29 of the same book. Ex. 14. The results of the 2 Lady Medical Schools were better in some years than those of the Stanley School from 1929 to 1933 in the October examinations. I can't say that in the majority of the years the 2 women Medical Schools fared better than the Stanley Medical School in the year 1929. In the year 1930 the results of the Stanley Medical School in some subjects were better than the results of the 2 women Medical Schools and in others worse. I have not seen the earlier articles referred to in Exhibit A-1. I see p. 18 of Vol. VI of the Medical Practitioner. It refers to Col. Hingston's report and the

reforms to be effected in the L. M. P. Course, Ex. 15 and 15-A. Ex. 15 is the VIth volume and 15-A is the article in question. I also see another article at p. 154 of the same volume written by one Gopal Rao, Ex. 15-B and at p. 178 of the same volume I see there is another article entitled new L. M. P. Course, Ex. 15-C I am on talking terms with Arasu, M. L. C. I do not know if he advocated the closure of the Lady Willingdon Medical School. I see Ex. 16 a Government publication of the proceedings of the Local Legislative Council of March, 1935. I find Arasu, M. L. C. has advocated the closure of the Lady Willingdon Medical School at p. 799, Ex. 16-A is speech, and at p. 801 and 802 Dr. Natesa Mudaliar has opposed the closure, Ex. 16-B. The facts referred to in p. 16 of Ex. A-1 are correct as regards the conduct of the examinations held in October, 1935. I do not know the reasons that prompted the Surgeon-General to interfere in the manner he did. I do not know if there were any complaints that the rules regarding the conduct of L. M. P. examinations were not strictly adhered to. As far as I know there were no complaints.

IN THE PRESIDENCY MAGISTRATE'S COURT, EGMORE, MADRAS.

BEFORE ABBAS ALI ESQ., M.A., L.L.B., BARRISTER-AT-LAW.

Chief Presidency Magistrate.

C. C. 1038 OF 1936.

Prosecution witness 1, recalled and sworn 3-9-36. I produce the 4 letters send by Dr. Miss Findlay of the Vellore Medical School to me Ex. 17 series. I did not get any complaint from Dr. Innes. The purport of her letter is contained in the Board's proceedings, Ex. 18 (minutes of the Board's meeting dated April 1935) I did not get that letter at all. Ex. 17 series are the only letters I received from Dr. Miss Findlay. I do not know if Dr. Lazarus addressed any letter to the Surgeon-General about the medical examinations. As far as I remember no letter was received by me from the Surgeon-General in May 1935 asking me to furnish certain answers alleged to have been required by Dr. Lazarus. I have produced the printed circular for 1933, Ex. 19. Item No. 8. in the circular is about the conduct of peons. I know of a peon called Md. Ghouse. There was no allegations against him that he was misconducting himself. He is a poen of the Stanley Medical School attached to me as an orderly still in service. I have not got Col. Hingston's circular 1926. It is not available. The circular relating to the poens is not available. It is not correct to say that I issued rule No. 8 in Ex. 19 as there was a loud complaint against the poens. There was no leakage of papers either in 1932 or 1933. I heard a rumour that question papers were sent to Surgeon-General's office before the date of examination by third parties in 1933. I went and asked the Surgeon-General, he said there was no truth in it. I do not know if Rev. Latham had an advance copy of the question papers. The question papers are not sent to me. They are sent to the different superintendents of the various schools and as Superintendent of the Stanley School the papers are sent to me also. I received these 7 or 8 days before the examination. My Assistant Superintendent will keep them in the "safe" in the school and not in anybody's house. No tutorial classes were held after the receipt of the question papers. I see letter dated 27th August 1934 to the Surgeon General (by) the Superintendent Lady Willington Medical School. I have not seen this letter before (Ex. 20). I see another letter dated 12-7-35 from the Superintendent Lady Willington Medical School to the P. A. to the Surgeon General. I have not seen this letter either (Ex. 21) I was not asked to give opinions on the suggestions contained in them. I see G. O. No. 2484 dated 1-12-32 regarding the annual report of the Medical School. At p. 2. I find tabulated results of the various Government Medical Schools from 1929 to 1932 (Ex. 22). I see at the bottom of page 3 of Ex. 22 a remark to the effect that the percentage of passes in the Women's Medical School was better etc. I see a similar G. O. for the year 1933 (Ex. 23) and at p. 2, the results are given. This is the G. O. for the year 1934 (Ex. 24). The results are set out at p. 2. G. O. No. 2913 is the G. O. for 1935 (Ex. 25) and at p. 3, the results are given, and at p. 7. I see a list of examiners appended, for the first time. I

see p. 3 of Ex. 25 again and under heading Examiners, I see at line 3 "examiners are appointed by the President Board of examiners Stanley Medical School on the recommendation of the Committee consisting of the Superintendent Stanley Medical School, Superintendent Lady Willington School and Principal Mission Medical School Vellore." This is not a correct statement of what is actually taking place. I say this passage is incorrect. I did not read this G. O. even though I got. When I read just now though embodied in the G. O. is not the G. O. It is only a copy of the report sent by the different Superintendents. The G. O. is really at the end at p. 9. Two Superintendents only could send this report. I presume it should be the Superintendent of the other Medical School. This passage occurs in a letter addressed to the Government by the Surgeon-General.

I see Ex. 22. I did not formulate a new set of rules after date of Ex. 22. I have made so many suggestions for the betterment of the L. M. P. Course. I must look into the records before I can say if after Ex. 22 I made any suggestions or not. I see Ex. 10. These rules superseded the rules prevailing from 1929. Ex. 10 A. are the rules of 1929. Ex. 10 contains some modifications over the rules of 1929. Before the meeting of the 30th January, 1933. I may have suggested improvements over the existing rules to the Surgeon-General (i.e.) improvements referred to in Ex. 10. The effect is not to give a freer hand in the selection of the examiners. I see rule 3 in Ex. 10 in the note appended to it, it is stated that officers in charge of large hospitals should not be paper setters. There was no such rule in 1929. I see rule 4 in Ex. 10. This rule relaxes the rigid rule of 1929 whereby two examiners from the same school shall on no account be appointed as examiners in the same subjects. The new rule says that answer papers shall be valued only by the paper setters whereas under the old rules all the examiners equally share the work of valuing the papers. In rule 5 of 1929 it is stated that the papers of batch A to be valued by examiners who conduct the oral and practical examination of batch B. and vice versa. This is omitted in the modified rules of 1933 for the first time. I can't say in 1933 or 33 provision was made for 6 examiners in medicine and surgery. Persons who had no teaching experience for a period of 3 years in the subject they ought to examine should not be appointed as examiners. P.W. 2. (does not) was not a teacher for 3 years when he was first appointed as examiner in Surgery. I was nowhere near Madras about that time. In 1931 he was a midwifery examiner but he satisfied the test but he was not a teacher within the two years of the date of his appointment. I became a chairman of the selection committee in September, 1930. I do not think Dr Paul offended this rule. He was teaching clinical medicine and he was an examiner in clinical medicine. Dr. Parasuram also does not offend the rule. My remarks are the same with regard to Dr. Govinda Pillai. The rule that a person should not continue to be an examiner for more than 3 years is not followed in practice in the case of school teachers and best outside examiners unless they misbehave. I do not know if this rule was rigorously followed prior to 1933. I was an examiner in Medical Jurisprudence for two or 3 years. I was a lecturer for 2 or 3 months in the Medical College. Similarly when I was first appointed as an examiner in Surgery I was not a teacher for 3 years in Surgery. There is a rule that of the two paper setters one should be a teacher of any one of the medical Schools. This rule was completely abrogated in April 1936. I can't say off hand if the above rule was relaxed prior to April 1936. In October 1934 the above rule was violated with regard to the papers for inorganic chemistry, Physiology theory and pharmacology. The rule as to, two examiners from the same school should not be appointed in the same subject has not been followed. The rule that half the total number of examiners in each subject should be outsiders has not been strictly followed. I see Ex. A 1 at p 17 1st column there is a reference to "a one man show" I have not read the previous articles on the subject referred to therein. The reference to one man show refers to me; col. Mahadevan and not to the Surgeon-General. I see Vol. III p. 224 of Ex. 26 of the Medical Practitioner p. 343, 352 and 369. Therein the Surgeon-General is referred to as the ultimate head of medical education. I see Vol. IV p. 150 of Ex. II. Ex. II-A, wherein the Surgeon General is referred to as a Dictator in matters relating to medical education. I see vol. V pp. 86 and 87 of Ex. III—Ex. III-A, wherein Surgeon-General is

referred to as the sole arbiter of the medical education. I see Vol. VI p. 262 in Ex. 27. It is stated that postgraduate training should not be a one man's show. In 1932 General Sprawson was the Surgeon-General. I do not know if the accused was one of the most vigorous critics of General Sprawson. I see Ex. 28, a letter addressed to the accused by General Sprawson dated 11-10-33. I still maintain that the term "one man show" in Ex. A-1 refers to me and to me alone and not to the Surgeon-General. I supplied Col. Hingston with the results of the examination on a requisition from him. I see Ex. 29, the report of Col. Hingston as Inspectors appointed by the medical council to report on the L. M. P. Examinations, pp. 44 and 45 contains results furnished by me to him for April 1934 examinations. I see p. 45. I say there that 129 candidates appeared from the Stanley Medical School and that 56 passed. As regards Vellore School 23 appeared and 5 passed. I see the Fort. St. George Gazette dated June 12, 1934, Ex. 30. It contains the results for the April 1934 examinations. I find that 6 pupils have passed in that year. The mistake must be due to some clerical error. In Ex. 29, it is shown that 6 pupils have appeared privately and are not included in the 129. These 6 students are of Miraj Medical Schools trained there and sent for the examination here. The Gazette shows only the centre from where these candidates appeared. Gazette notification is also mine. I am a human being liable to err. Mistakes in tabulation have occurred once to my knowledge. Candidates once posted before one set of examiners are never changed from that set to another set. I do not know one Mary Nathan. No girl by name Mary Nathan was trained in my school or any girl was trained in my school at any time. Several examiners might have been removed from the list of examiners before their term of 3 years. Not one of them had any difference of opinion with me. It is stated in Ex. A-1 page 17, col. 1. that enquiry by any outside agency was not necessary as the Surgeon General has solved the problem, but the Committee has already sat once. I do not know the date, but it must be somewhere in October, 1935. Mr. Arasu was one of the members of the Committee. He delivered a lecture in our School on 15-11-35. He was not invited at my instance. I did not know that he was a member of the Committee. I did not know that he was a member till he presided. There are instances when non-medical men lectured in my school. I can't give instances. General Sprawson might have given inaugural address. I don't remember when P.W.2 gave evidence on my behalf in a suit filed by my wife against me for restitution of conjugal rights. P.W.2 gave evidence not in a medical or professional capacity but as an ordinary witness to speak to some private conversation. I see Ex. C. I produced myself before the Government. For theory papers list like Ex. C. used to be sent by examiners to me. I asked the Government to prosecute the accused, and if they are not willing, to give me permission to prosecute the accused. I am not satisfied with the apology contained in Ex. B-1. I do not know if the accused is a public worker.

(Sd.) ABBAS ALI,

Chief Presidency Magistrate. 3-9-36.

IN THE PRESIDENCY MAGISTRATE'S COURT, EGMORE, MADRAS.
BEFORE ABBAS ALI ESQ., M.A., L.L.B., BARRISTER-AT-LAW.

Chief Presidency Magistrate,

C. C. 1038 of 1936.

P. W. 1, recalled and sworn, 14-9-36. Cross examination continued. I see Ex. 31, which is a list containing the names of examiners for 1911 to 1930. I see Ex. 32, marks in midwifery for April 1936 for theory and practical as given to me by my examiners. The names are not there. Ex. 33 contains the names of the candidates that appeared for the midwifery examination, with the time table with the number.

Re-examination. I see Ex. II. It congratulates me. General Sprawson and incidentally congratulates himself (accused). Even if the Medical Faculty comes in, I will be just as much an important member as I am now. I am myself in favour of a more democratic institution than the present one and the proposed faculty. I see Ex. 29. The

remarks of Col. Hingston made in 1934 at page 32 wherein he congratulates on the high state of efficiency attained at the examination and the conduct of the examinations and there he states that the lady students work was particularly poor. I see Ex. 5. Dr. Tirumurthy did not attend any of the meetings of the Sub-Committee. He was one of those who originally endorsed Col. Hingston's report. Ex. 5-a I have protested on his attitude in going back on Col. Hingston's report which he adopted without dissent and also on the report he sent to me as President Board of examiners. In the disciplinary sub-committee, I wanted "3 different branches of the medical register to be represented and amongst the L.M. Ps there were only two accused and another. The another was quite new and so I had no other go but to recommend accused. I file Ex. E a consolidated statement of passes of different subjects for different periods for 1928 to 1936 April. (The defence counsel objects, objection overruled as it is not a new document but only a consolidated statement prepared for the documents already filed). I took charge of Stanley Medical School in 1930. The results had begun to improve even in 1930 (i.e.) even before I came, and the reasons are given in G.O.S. of 1929 and 1930 Ex. F and G. G. O.S. 2270 of 1929 and 2448 of 1930. After I took charge the results of Lady Willingdon school improved by 10 per cent, and the results of my school by 15 per cent. I had a better teaching staff and extra March course etc which enabled my school to secure better results. When the Standard was raised in 1934 examination my school came down from 69 per cent to 50 per cent. Lady Willingdon came down from 79 per cent to 53 per cent. Vellore School came down from 73 per cent to 34 per cent all this in medicine. I prepared a statement of the results in Surgery for April 1935 for the information of the Surgeon-General. This shows that the students of Lady Willingdon Medical School failed with every examiner, Ex. H. In 1936 April examination, all the examiners were outsiders. Yet Lady Willingdon School fared in one subject badly though the results are lower than 1935 October results. It was myself who suggested a change for the different schools to one common centre for the betterment of the examinations long before anybody complained of it and the Surgeon-General has quoted my sentence in his order giving effect to my suggestions. I have a reply to one of the letters of Dr. Findlay, Ex. J is that reply. Col. Elwes circular of 1925 refers to the peons and muchies. It is based on his experience of the examinations held in the Medical College and not in the Medical school. This circular with a few additions from Col. Hingston's circular were reprinted in 1928 by Major Barucha and when the circulars got exhausted these were reprinted by me.

IN THE PRESIDENCY MAGISTRATE'S COURT EGMORE, MADRAS.
BEFORE ABBAS ALI ESQ., M.A.L.L.B., BARRISTER AT LAW.

Chief Presidency Magistrate.

C. C. 1038 of 1936.

P. W. 1, Col. Mahadevan, sworn 1-10-36, Further cross-examination after charge. There is no reference to the 100 days leave in the article Ex. A-1. I said the poor results in the Lady Willingdon School was partly due to the absence of Dr. Miss Maduram and partly to bad teaching insufficient number of beds to teach clinics, partly due to the Standard being raised. These are all the reasons. The Standard was raised for all the schools. As the standard was raised, the teachers of the Lady Willingdon School were not able to cope with the high standard because they were not very well qualified. Dr. Maduram is an F. R. C. S. and an M.M. of London of midwifery. She is a very good teacher of midwifery but she was teaching surgery for 12 years. She was teaching surgery up to a low standard till 1933 and during the majority of the period in my school too, the teachers were not properly qualified. Kanakasabesan taught Surgery for 5 or 6 years in General Hospital for the Medical College Students. He is M.S., F. R. C. S. of Edinburgh with surgery as his special subject and not midwifery. He teaches operative surgery theory. I teach main theory surgery in the Stanley Medical School. When I was an Assistant-Surgeon and was the assistant to the Professor of Surgery in the Medical

College, I was also Superintendent of the Madura Medical School where I used to teach Clinical Surgery to the students. I am considered to be one of the best surgeons in the I.M.S. I was an Assistant to the Professor Medical College for a period of about 2 years. This was in 1910 and 1911. It is false to say that I was there only for one year. I was teaching clinical surgery to the students. I asked to be sent to the Outpatients department for a period of two or three months as I had undergone an operation. I was not sent away by Col. Niblock. I was teaching clinical surgery in the Madura Medical School. I taught there this subject 4½ months. I did not teach theory a single day. The chemistry teacher of the Lady Willingdon School was definitely bound to be unsatisfactory. This could be proved by records. Her name is Miss Parakuttiamma. She has no English qualifications. She is a 3rd class graduate of the Madras University in Chemistry. She ceased to be a teacher after 1934. Some of the other teachers who had just then been to the Medical School had not the requisite teaching experience. Some of them did have high academic qualifications. Dr. Miss Satur took the place of Dr. Mathuram in her absence. Dr. Satur is an F.R.C.S. in midwifery as a special subject. In midwifery the results of Lady Willingdon School were always except in the years 1933 and 36 looking at percentages of 1930. In 1933 October we had 79% success and they had 75%. In April 1936 in midwifery Lady Willingdon School got 47% and Stanley Medical School 54%. I see Ex. 32. Out of 8 candidates from the Lady Willingdon Medical School before P.W.2 and Dr. Trasi for midwifery only one student passed; Out of the 7 sent to the other batch of examiners I passed without moderations and 2 with moderations. So 3 passed before Col. Plumptre and Dr. Lakshmanasamy Mudaliar. The Government appointed a committee to enquire into the bad results of the Lady Willingdon Medical school. The committee was appointed in August or September, 1935. I was examined as a witness before that Committee prior to the institution of this case. I do not know if that Committee had finished its sittings. They have partly examined me.

Q.—Is it not a fact that the committee could not continue your examination because they thought you were not answering them properly.

Answer. It is not true.

I do not know if my examination is left pending. If what accused says is correct, I do not know their reasons for doing so. To my knowledge nobody told the Committee on my behalf to stay the enquiry on the ground that I was going to launch a criminal complaint against the accused. I was examined in January or February, 1936. I have not requested the Surgeon-General not to transfer me after the institution of this case. I do not remember if I have asked for a large representation of examiners from the Stanley Medical School because we were sending more students. I see the minutes of the meeting of 1933 and from which I would like to correct my former answer. It is true that I have asked for more representation of the examiners in the Stanley Medical School on account of the fact that Stanley Medical School sent up far more boys than any other school. I see Ex. 31. This book is maintained under my instructions. It is only a rough book. I have initialled entries in Ex. 31 made prior to my joining the Stanley Medical School and I have scored them out. After the institution of the proceedings I compared the original minutes with Ex. 31 and initialled them to indicate that they were correct because they there was nobody else's signature or initials. Subsequently I scored the initials because I thought them unnecessary as the original were in court. But I retained the initials for the entries for my period of office. Ex. 31 there are two entries where the Surgeon-General has interfered with the list of examiners sent up to him. Once in 1930 and again in 1933 as per this rough book. As far as I remember Dr. Mangesh Row did not level any criticism at the meeting of the Board of examiners for April 1936. Dr. Mangesh Row is not an examiner for October, 1936 as he did not want to be one. From October, 1934 I commenced recording the minutes of the proceedings of the Board of Examiners. Dr. Thambayya was an examiner in 1934, 1935 October. He did not make any criticism about the Physics examination of Stanley School who was examiner in physics. A committee has been

appointed by surgeon-general with the Principal of Medical College as chairman and Mr. A. Lakshmanasamy Mudaliar as Secretary to consider the remarks of the members of the Board in the meeting held to pass the results of April 1936 examination. Superintendents of Medical Schools including myself are members of the Committee. The committee is still considering the matter. I see Ex. X. Rule No. 7 is struck out in pen. Ex. X was sent to me along with rule No. 7 in it on 30-1-33 but I got orders on 27-4-33 deleting that rule No. 7. I don't think I suggested the deletion of that rule No. 7. Something like that rule No. 7 was suggested that the President himself should preside at all the Board meetings of different years and it was passed. The present rule has no relation to that rule No. 7. Examiners of different years will form a committee with the President presiding for that year. I see Ex. XIII, Hingston's circular. I have certified it as true copy. I have the original of Ex. XIII but I have not got Hingston's circular referring to peons or muchies. The examiners on theory paper were supposed to give the marks before the practical examination, but it was found impracticable. This was so from 1930 onwards. A rule was passed in 1933 which was also existing before that. I do deny that this rule was passed for the first time in 1933. I see rule No. 4 in Ex. X to the effect that the marking of the papers should be completed before the practical and oral examinations. I see Ex. X (a). Rules passed in 1929 I don't find the corresponding provision in Ex. X (a). I can't say now if there is any written rule but it is the practice in every medical examination conducted everywhere where papers are set for these examinations but it is the practice to have the theory paper marks ready before practical examinations begin. It is for the purpose of enabling the examiners of the practical examinations to understand how the candidates have fared in theory papers, so that if they had fared badly in theory the examiners need not worry very much about them. In the hands of gentlemen examiners it is not liable to abuse and we appoint gentlemen as examiners. I see Exhibit E. It is prepared by me. The foot notes contained therein represent my remarks which are facts. I had it with me when my cross examination was going on. I think I had it with me when I was examined in chief. I showed it to my counsel before I was examined in chief. I got intimation from Surgeon General that accused and 4 others were going to inspect the L. M. P. Examinations to be held in April 1936. I communicated this to all the Chief examiners. P. W. 9 is one of the Chief examiners. In April 1936 Examination in midwifery altogether 7 out of 15 passed from Lady Willingdon Medical School. 3 were passed by the Board by giving them extra marks. 2 by the Examiners themselves and 2 really passed out of these 7, one only one of the candidates passed from the batch of Dr. Achutha Menon and Dr. Trasi. In the suit in which P.W.2 gave evidence in my favour in Vellore court went against me. I did not file an appeal. The other side went on with the proceedings. P.W.2's and my evidence were considered by the High Court and though we did not appeal we ultimately succeeded in our contentions. Every year a number of persons are being sent to me for physical fit. In 1932, Abdul Kareem was sent to me. I declared him unfit. I don't know if he made any complaint to Commissioner, Corporation of Madras. I do not know if the Commissioner of Corporation wrote to Surgeon-General that he should be examined by the Medical Board. I do not know if Abdul Kareem was examined with Medical Board nor do I know if he was declared fit. Re-examination:— This is the reply to Surgeon-General with regard to Abdul Kareem Ex. P. Ex. 31 is posted from the Proceedings of the minutes of the meeting. The original minutes of the Board meetings for 1935 and 1936 are in my office and rest are here (Q series). I see Ex. XIV. The percentages are entered. There are mistakes in the last column. After 1935 two additional lecturers with English qualifications were appointed to Lady Willingdon Medical School. Long before my examination in November, 1935, I have already made up my mind to launch this case against this accused. When I was at Madura the results increased from 20% to 60%. clinical and theoretical surgery are not different. In the former we have few students by the bed side whereas in theoretical surgery we have the whole class by the bedside. I am the only person in the whole of India who is an F.R.C.P. and F.R.C.S. No two examiners from Stanley school will form a pair of examiners and the examiners of Stanley school sitting with other professors who are the most important examiners,

IN THE PRESIDENCY MAGISTRATE'S COURT, EGMORE, MADRAS.
BEFORE ABBAS ALI Esq., M. A., L. L. B., BARRISTER-AT-LAW,

Chief Presidency Magistrate.

C. C. 1038 OF 1936.

P. W. 2, E. Achutha Menon, male 47, S. A. on 27-8-36. I am acting as II obstetrician in the Government Hospital for women and children Madras. I am a medical graduate of Madras University and I have got the triple medical qualification of Edinburgh (L.R.C.P. and L.R.C.S. and L.R.F.P.S.) I am a fellow of the Royal College of Surgeons, Edinburgh. I have been examiner for medical examination for the Madras and Andhra Universities and also to the L. M. P. and military medical pupils examination. I have been examiner for L.M.P. in 1920-21, but once in operative surgery also. Even now I am an examiner for L.M.P. and for the Universities. I see Exhibit A-I. I remember to have gone through this article. When I read it the impression I got was that it was an unfair comment on the work of the President of the Board of Examiners. From my recollection I say the following passage, "The fact that the examiners who are the members of the Board of Examiners are selected by the Superintendent of the Stanley Medical School, himself being the President, made matters worse", was the one from which I derived that impression. The other impression I got by reading the article was that the President was using questionable methods for obtaining better results for his school. There was also a suggestion that the examiners were liable to be influenced by the President. I see page 17 end of first column. By the expression, "one man's show" I understood it to mean that it was all conducted and manipulated by one man. The statement of fact that it was one man's show is not correct. To my knowledge it is not correct to say that it is the President that appoints these examiners. I do not think that the President is in a position to interfere with the results submitted by the examiners. I see II column of page 15 of Ex. A.

Note. passage beginning with "we refrain from commenting...or earlier" is put in by the counsel. The witness is asked to give his impression. What I understood was that the Editor did not exactly say what it was but suggests an unworthy cause for the better results. Prior to 1931 each examiner used to examine a candidate alone and give the marks himself. After 1931 two examiners used to sit together and question the candidate and put the marks. The candidate has to present himself before the other pair of examiners for another part of the same subject. I consider this as an improvement over the former method as it is advantageous to the examinees. After the viva voce and practical examinations are over the 4 examiners used to sit together tabulate the marks and send it to the President. The tabulation is in writing and signed by all the four examiners. I see Ex. C. This is a consolidated list for 1935 where all the 4 examiners have signed it. After all the examinations are over the President used to hold a meeting of all the examiners in all the subjects. The consolidated marks list for all the subjects are all made available for scrutiny by all the examiners. The examiners used to see if there are any mistakes and after that all the results are considered and passes declared.

Cross-examination:—After 1920-1921 I became again an examiner after my return from England in the year 1930. Since then I have been an examiner continuously mostly in Midwifery. I am not aware of any rule that an examiner should not continue as such for more than 3 years. I am personally aware of the procedure adopted for the appointment of examiners for L.M.P. course. By personal knowledge I mean knowledge derived from the statements of other persons. I did not personally take part in the selection of the examiners. I did not think of any reason why I have been continuously an examiner for 6 years except that I am personally qualified. I am a friend of P. W. 1 for many years nearly quarter of a century. We are college mates. Knowing him as I do for the last 25 years I would not believe anything unworthy said of P. W. 1. In spite of the article my opinion has not a bit changed of P.W. 1. by reading Ex. A (1). In Ex. A I have marked in red pencil the passages in the article which according to me ascribes

unworthy motive against P. W. 1. I have marked such of those passages as suggest unworthy motive or improper conduct against P. W. 1. I cannot point out any particular words which convey that meaning but reading it as a whole it does convey. I do not remember who drew my attention to this article but not P. W. 1. Sometime in the last month or so P. W. 1. saw me and requested me to give evidence in this case. There was no talk about the impressions made in my mind about that article. I agreed to give evidence. I cannot say or remember on what date or month I spoke to him about my impressions about this article. Once or twice I talked to him about the article. I gathered the impression that the examiners were liable to be influenced by the President to the passage, "The examiners who were members...made matters worse." There is no special passage to the effect that the President is in a position to interfere with the results of the examinations. But there is insinuation and suggestion in the passage beginning with "We refrain from comment...earlier" in page 15 column 2. It did not occur to me that the results of Women Schools are likely to be affected by the preponderance of examiners in the Stanley Medical School. It did not occur to me that the results of women medical schools are likely to be affected by the Practical examinations conducted in Stanley Medical School. I was one of the examiners for midwifery practical April 1936. I can't say definitely that the candidates from Willingdon School appeared before me for practical test. One half of the total number appeared before me. About 40 or 50. I do not remember now how many passed. Some girls appeared before me. I can't say if they came from Willingdon or Vellore School. At the last examination there was a change. I was the examiner for theory and practical. The system of examination was the same as it was all along. In April 1936, there was a departure from the normal course, the same set of examiners examined the candidates for practical and oral which should not have been done according to the rules, I say this was due to a mistake. I can't say if this mistake arose in other subjects also. It is the Chief Examiner who arranges practical and oral examinations under the instructions from the President. The arranging of batches of candidates appearing for examination is done by the President. President also gives instructions to the chief examiner to the conduct of practical and oral examinations. When the mistake happened the President could not have known it. The practical examinations for batches 2 for various subjects take place on different dates. I can't say if the President was unaware all the time. I think on one occasion certain mistakes in tabulation were pointed out at the meeting of the Board of Examiners. I think it was in connection with the Hygiene paper in October, 1935 examination. I do not know if that mistake left uncorrected it would have affected the result of that school. I do not know if similar mistakes in tabulation in this year April examination and I was not present. I do not know if the system of noting down the marks by examiners as in Ex. C was inaugurated as a result of agitation by some of the members; but it was under the specific instructions from P. W. 1. The instructions are given every year. They are in writing as circulars sent round. I am an Ag. Civil Surgeon since 1928. I remember to have read some articles in the Medical Practitioner Journal to the effect, Junior Asst. Surgeons should not be made Civil surgeons merely by reason of English qualifications. I don't consider myself coming under the category as junior Asst. Surgeon. I was not hurt by it. I smiled to myself and said "Poor Kamath does not know I am the senior". There are seniors to me who are not acting civil surgeons. I was in the staff of Stanley Medical School 1920-1921 and then again in 1930.

Re-examination. Nil.

(Sd.) Abbas Ali,
Chief Presidency Magistrate,
27-8-36.

KOO-KOONIN

Has been extensively used by the members of the Medical Profession for Whooping-Cough and as a matter of fact for any spasmodic cough attendant with tenacious expectoration.

IN THE PRESIDENCY MAGISTRATE'S COURT, EGMORE, MADRAS.
BEFORE ABBAS ALI ESQ., M.A.L.L.B., BARRISTER-AT-LAW.,
Chief Presidency Magistrate.

C. C. 1038 OF 1936.

Prosecution witness 3, A. M. G. K. Tampoe, sworn age 55. I am a member of the Indian Civil Service at present holding the office of Inspector of Local Board. I am a friend of P. W. 1. Sometime last year my attention was drawn about an article appearing about P. W. 1 in the Medical Practitioner. I could not give the exact time when my attention was so drawn. Somebody mentioned it to me about the article. I am afraid I do not recollect the person who mentioned it to me. I subsequently read the article, Ex. A—I. I see it now. The impression left in my mind was that P. W. 1. was guilty of serious misconduct, unworthy of an officer and a gentleman. I read through the article.

Cross examination :—I have been a friend of P. W. 1. for the last 14 or 15 years. Acquaintance in the beginning ripened into intimacy later. P. W. 1 is one of my medical advisers. We were both serving at Tinnevely for about a year together. I do not recollect who drew my attention to Ex. A-I. My attention was drawn to it about the time the article appeared. At that time none of my children were ill: I had a daughter down with typhoid last year just about Xmas. She was ill for about a month. P. W. 1. was treating her. I can definitely say it was not he who drew my attention as I asked him about it. To that extent my memory is clear. It was P. W. 1. who gave me the article to read. As far as I remember I did not discuss about the merits of the article with P. W. 1. It is quite possible my daughter was ill from October 1935. We had one discussion but it is possible we had another later on. I have no direct personal knowledge of the facts referred to in that article. I have no direct knowledge about the curriculum of studies or the course of instructions or the conduct of the examinations as regards medical schools. I thought if the facts mentioned in the article were true, then the conduct of P. W. 1. was unworthy of an officer or a gentleman. That is my impression. P. W. 1. told me that the facts stated therein are wrong. He told me generally that it was all wrong. There are words imputing it by necessary implications but not directly. This is my opinion based on recollection. My opinion is not infallible. My recollection may be wrong I read the article yesterday once again. P. W. 1. put it in my hands at my request. The theme of the whole article leads by necessary implication to imputing unworthy conduct to P. W. 1. There is no single sentence in the article which by itself without reference to anything else can be fairly said to impute definite misconduct to P. W. 1. Reading it as a whole I gathered that impression. Probably my impressions would be coloured by the fact of my friendship with P. W. 1. but I was not conscious of it. P. W. 1. treated my child. I did not pay him for his services. He is the Surgeon of the District where I am living.

Re-examination. Nil.

IN THE PRESIDENCY MAGISTRATE'S COURT, EGMORE, MADRAS.
BEFORE ABBAS ALI ESQ., M.A.L.L.B., BARRISTER-AT-LAW.,
Chief Presidency Magistrate.

C. C. 1038 OF 1936.

Prosecution witness 3, Tampoe, recalled and sworn 2-10-36. Further cross examination after charge. I was living in Kilpauk. I left it in July this year. I lived there for 18 months prior to July. I am now living in Egmore. Kilpauk is no. 1 Dist. I do not know to which Dist., Egmore belongs. I do not think of any mutual medical friend who could have drawn my attention to the article. P. W. 1. requested me to give evidence in this case some little time after the case began in court.

Re-examination :—Hitherto, no I. M. S. officer has charged me for attending on my family. I am a member of the Indian Civil service.

IN THE PRESIDENCY MAGISTRATE'S COURT, EGMORE, MADRAS.
BEFORE ABBAS ALI ESQ., M.A.L.L.B., BARRISTER-AT-LAW.,
Chief Presy. Magistrate.

C. C. 1038 OF 1936.

P. W. 5, Dr. Parasuraman, male 45 years, Solemnly affirmed. I am a member of the Provincial Medical Service. I am the Dy. Superintendent Mental Hospital, Madras. I am a B. A., M. R. C. P., D. C. P. in psychiatry. I have been in Govt. service for about 19 years. I am a subscriber to the Medical Practitioner. I have given two articles to this journal for publication. They were published. I was an examiner for L.M.P. from 1931 to 1933 and then again in 1935. The first time I was examiner in medicine and in the second time in biology. I was an examiner in January, 1936 also. In 1931 when I was first appointed as an examiner there were 5 others in medicine. All the examiners are divided into 3 groups i.e. so many students for each group. Group A students will go for one set of cases to the first pair of examiners. II set for one class of cases before II pair of examiners and so on. Each examinee will appear before two pairs of examiners. Each pair of examiners as soon as the examination of one student is over, they give the marks then and there. At the end of day of the examination, we go over to the Chief Examiner and give him our marks. Then the whole thing is compiled very often in our presence by the Chief Examiner and sent by him to the President of Examiners. Invariably we sign the slips of marks and hand it over to the Chief Examiner. Chief Examiner and another examiner signs the consolidated (list) I used to keep copies of marks awarded by me. Before the results are announced there used to be a meeting of the Board of Examiners. We used to meet 1/2 an hour before the actual meeting time. The results as tabulated are circulated amongst the examiners who are assembled there. After we are satisfied that those results are all right, the meeting begins. Then occasionally if there are doubtful cases to be discussed or grace marks to be given to any set of candidates we discuss at that meeting. Then the results are published as finally approved by us. On an average there would be 30 to 40 examiners in the L. M. P. Board. To my knowledge, the President Board of examiners never tried to influence our decision. I have read Ex. A-I. On reading it, I thought it reflected badly not only on the President Board of Examiners but also on the examiners. The facts stated therein as regards appointment of examiners and conduct of examinations are not correct. I have been examining lady students. I do not find them more nervous than male pupils. I do not think the examination and education for L. M. P. course is one man's show.

Cross examination :—I occasionally read "Medical Practitioner" though I am a regular subscriber. The "Medical Practitioner" has been saying that its object and aim was to the betterment of medical education and medical profession. From time to time articles have appeared regarding betterment of medical profession and medical education. I was examiner for 3 years. Prior to my appointment as an examiner, in Medicine, I was a teacher in Medical College in medicine for 2 years. I was teaching clinical medicine to students in the hospital. I was never a paper setter in medicine. In 1931, 1932 I am not sure if any circular was sent us intimating that so and so as Chief Examiner. This was done so last year in Biology. I am a double graduate in Biology. I was not teaching Biology to medical students. Prior to 1935, I do not remember any rule regarding tabulation of marks. What I said in my examination in chief is what I did. There was no circular that we should sit together and tabulate the marks. I don't know there is a rule to that effect since last year. I do not know prior to 1933 there could be only 4 examiners in medicine. I do not know if there was any change in the rules after 1933 about candidates appearing before a particular set of examiners. The President of the Board of Examiners used to send us circulars. I am not able to recapitulate at this distance of time what all circular stated then. The circulation was a direction to us as regards procedure. I do not know who gives the direction. I know this much. Mr. Williams my senior would tell me "Dr. Parasuram sit with me now". After that

was over he would say, "sit with some body". He was my senior. He was Superintendent of the Hospital and also Professor Stanley Medical School. I used to get intimation beforehand about examiners meeting. The meetings will be held in the Royapuram Hospital. I do not know if Royapuram Hospital was the office of the President of the Board of examiners. There may be chance of producing such intimation. We don't get any intimation in writing that we should meet half an hour before the schedule time of meeting. I go half an hour earlier. I find other examiners there and we are all anxious to know how the candidates fared in their examinations. No record of this informal meeting half an hour before the meeting is kept. I can't say off hand how many examiners of the Stanley Medical School attend the meeting. Or of the total number of examiners on all subjects about one third to half will be examiners from Stanley Medical School. I saw Ex. A-1. It came only in November. They are delayed by about a month. It is written there also. I know Ex. A. came late. I do not think I drew anybody's attention to the article of Ex. A-1. The passage which says that the examiners are selected by the President of the Board of Examiners is not correct. I know as a matter of fact that the Surgeon General appoint all examiners, therefore I say that the statement that the President Board of Examiners appoints, is incorrect. I get the order from the President Board of Examiners. In that order there is no reference to the Surgeon-General. Because I know that the names are submitted to the Surgeon-General and he makes the appointment. There is a circular by which Surgeon-General has to give permission for our accepting examinerships. I can't mention the date, month or year of the circular referred to above. I know I have seen one such circular of some distant date. I don't apply to Surgeon-General for permission to accept examinership. I never applied for such permission. There is no record to my knowledge. I am not able to lay my hands on any particular record to show that statement viz., "President board of examiners appoints examiners is incorrect". I read the deposition of P. W. 1. as reported in the papers. (Press). In the passage beginning with "It may be seen from the result...ending with passes of Stanley Medical School" as compared with the statement given is wrong. By looking at page 29 wherein the tables of passes are given for Stanley Medical School I say there is no gradual increase for the first year. Therefore the passage at page 16 mentioning gradual increase is wrong. What I say is there has been no increase at all. I have not taken into consideration the results for April 1929 as there is no statement for 1930. I take the results of 1931. From 1931 there has been no gradual increase. I take exception to the word "gradual". I have read again Ex. A-1. I cannot find any other statement which is false. I have been a friend of P. W. 1. from 1931. Though both of us come from Palghat I do not know P. W. 1. prior to 1931.

Re-examination. I have been a friend of accused for the last 5 years.

IN THE PRESIDENCY MAGISTRATE'S COURT, EGMORE, MADRAS.
BEFORE ABBAS ALI ESQ., M.A.L.L.B., BARRISTER-AT-LAW.

Chief Presidency Magistrate.

C.C. 1038 of 1936.

P. W. 6, Dr. Venkatasubba Rao, 50 years, solemnly affirmed on 17-9-36. I am a member of Provincial Medical service on leave. I was acting as Superintendent mental Hospital. I am an M.D. of Madras. D.P.M. of Royal College of Physicians and Surgeons, England. I was Asst. Superintendent Stanley Medical School from July, 1927 to May, 1928 and then from Feb. 18th 1931 to 5th December 1935. After that I was posted as physician in the General Hospital, Madras as Asst. Superintendent of Stanley Medical School, I was in charge of question papers for L. M. P. Examinations. The question papers used to be received in double sealed covers, generally by registered and insured post about a week or 10 days before the date of examination. The outer cover will be inspected and opened and the inner cover and the seals thereon would again be inspected. If they are all right they will be kept in a special safe, the key of which is

carried on my person. On the day of the examination for examinations commencing at 10. a.m. I would open the sealed cover containing the concerned questions by quarter-past nine read over the questions have them typed in a waxed paper compare the questions and take copies of them according to the number of papers required for the examination. In addition to the number required two more papers will be taken and sent to the examiners and five more for latter record in the library. Two examinations were conducted every morning and every afternoon. Similarly the question papers for other subjects will be prepared. The question papers will be put into covers sealed and franked by myself or the Superintendent. The wax paper and other rough papers are then burnt in my presence. The manuscript question papers and the 5 extra copies are put into the safe and locked. The typist that types the questions is kept inside the room for half an hour after the commencement of the examination. The sealed covers containing the question paper are handed over to the Chief Superintendent to be taken over to the examination hall. I was the presiding examiner for the conduct of the examinations in the Stanley Medical School. It is impossible for anybody to have stolen or smuggled the question papers after they reach me. I was also an examiner both for L. M. P. and the University, once in 1924 in Medicine, in 1927 for medicine, in 1928 for physiology, and from 1931 to 1935 April in Pharmacology. For the University examinership I take the permission of the Surgeon-General. No permission from Surgeon-General is taken for L.M.P. Examinership, because there was a circular to that effect. There is a selection committee which selects the examiners and the President of the Committee sends these names to Surgeon-General for approval who may approve or modify. After the examinations are over, the examiners used to send the marks to the President Board of Examiners. I have had occasion to help the President in tabulating and checking the marks. As far as I know there was no tampering. I had occasion to read Ex. A-1. I have read it. On reading this article I thought there were some misstatements of actual facts and wrong inference from insufficient data regarding the poor results in 1935 October examination in the Stanley Medical School and intimation that some sort of partiality was shown to the students of Stanley Medical School by examiners when the examinations were conducted in the Stanley Medical School and Government Royapuram Hospital. I have also seen the tabulation at page 29 of Exhibit A. Where the tabulation of marks are given. I found only percentage of passes in April Examinations and not of October and no number of candidates is also mentioned. The last para in Ex. A-1 there are words "one man's show". Probably I thought it referred to the President of the Board of Examiners and I also thought it was a wrong way of putting things because if any one saw the meeting of the Board of examiners, with over 20 or more examiners coming from the Medical college and various schools discussing the results, one would not come to that conclusion. I don't think it is true to call this system of examinations for the licentiates as "one man's show."

Cross examination. I have known the accused for some time. He has been taking some interest in medical education. I am not a reader of medical practitioner. The journal was in the Government Royapuram Hospital. Some one was reading, may be a doctor or a student. After I read it, I did not draw anybody's attention. I had a talk about this article with Prosecution witness 1. It may be in November last. I was employed in the Stanley Medical school then. That was soon after the publication of the article. I broached the topic with P. W. 1 as I considered it as an attack on our institution. Naturally I was offended. The attack in the article was about the final year results of October, 1935. The impression I got was, it was an attack upon the results of examination of October, 1935. At page 17 of Ex. A-1 in the first column the sentence commencing from "these final results as published this month...ending with" than those that could be adduced by the results of the October examination". I took this passage as an attack on the Stanley Medical School. Excepting publishing the results of October, 1935 there is no other reference to the Stanley Medical School. I say the article is not fair, because the results of an examination are influenced by 5 factors.

1. The efficiency of teaching.
2. The quality of students.

3. The standard of examinations.
4. The idiosyncrasy of examiners.
5. The place of examinations.

This again, as regards the examinees themselves there are 3 varieties. The first are those boys who pass in the April examination straightaway. These are called A class students. Then there is a B class of students who appear for October examinations having failed in the April examination and there may be some who may be appearing for October examination for the first time yet there is a C class of students who appear periodically and fail, a problem not only to themselves, to examiners and to the institution. When there are so many factors the editor has taken 2 aspects viz., the change in the place of examination and of the examiners which in my opinion is not fair. I do not know if April 36 results of Stanley Medical School are not as good as the results in previous years April examinations. It may be that the women school fared better this year. I do not remember now if the results of October examination of Stanley Medical is better than previous years. I say that the 1935 October set of our school was particularly bad. The bad result was due to one of the five factors.

Question. Were there any other factors that contributed to this bad result?

Answer. Possibly it may be due to the inefficient teaching imparted in the absence of P.W. 1, on leave. I was the Asst. Superintendent at that time. I can't swear to the inefficiency of the teaching in the absence of P. W. 1. The students lost the clinical handling by P.W. 1. That is only with regard to surgery.

Cross examination continued:—There is insinuation in the article that partiality is shown to the pupils of Stanley Medical School, but I can't point out any passage in Exhibit A-I about it. That is my inference. The expression "one man's show" is used in the article not only with reference to examinations but also for the control of the medical education. P. W. 1. is not in control of the medical education, though it may be said he is in control of medical examinations in the Stanley Medical School. P. W. 1 is acting under the orders of Surgeon-General in all matters concerning Stanley Medical School. It is possible as the passage in question refers to Medical education also "one man's show" may refer to Surgeon-General—but taking the article as a whole and also more specially concluding portions of the article, I am led to believe the one man referred to therein—probably refers to P.W. 1. who is the President of the Board of examiners. The theme of the article is the desirability of a Madras State Medical Faculty. Personally I am of opinion that it is desirable that the control of medical education should be in the hands of independent persons unconnected with any of the medical school concerned. The article further says that the education imparted in women medical school is not so bad as it is made out to be. Lady Willingdon Medical School has got staff with high qualifications. I am the presiding examiner and as such I have so to open the cover containing examination paper ¼ hour before the examination. As the Assistant Superintendent I receive and sign for all postal communications including registered, insured etc. I have received oral instructions from my Superintendent to open the outer cover and place the unopened sealed cover in the iron safe. During the interval I carry the key of the iron safe in my sacred thread. P.W. 1. has delegated that poor to keep the key etc. I open the cover in the Superintendent's room as it is not possible to do so in the examination hall which is an open anatomy hall (which) without doors or windows. I have not heard of any complaint regarding rule no. 4 in Exhibit 18 not being strictly followed. I was present at an examiners meeting on 1-5-1935. I see this from Ex. 18. There was a discussion about an alleged unfair treatment of certain school in that meeting, I do not know why the Surgeon-General took up the conduct of the examination in October 1935. P.W. 1. is the surgeon of 1 district.

Re-examination. The discussion at the meeting was with regard to a male student.

IN THE PRESIDENCY MAGISTRATE'S COURT, EGMORE, MADRAS.

BEFORE ABBAS ALI ESQ., M.A., LL.B., BARRISTER-AT-LAW.,

Chief Presidency Magistrate.

C. C. 1038 of 1936.

P. W. 7, Dr. P. Venkatagiri, male 51 years, solemnly affirmed on 7-9-36. I am the Assistant Superintendent Stanley Medical School and also R.M.O. Lying-in-hospital, Royapuram and lecturer in midwifery in Stanley Medical School. I am a M. D. of the the Madras University. I am the examiner in midwifery course for Stanley Medical School for L.M.P. Course and Madras University and also Andhra University. I am a subscriber to the "Medical practitioner". I read it. I have read an article under "news and comments" at page 27. Vol. II, No. 1. October, 1930. Ex. K is the volume. K-1. passage in page 27: It is a criticism of P. W. 1's appointment as Superintendent Stanley Medical School, as this passage appeared a few days after the appointment of P. W. 1 as Superintendent. Such a thing did not appear when other superintendents were appointed. I do not remember if there were any other change in Superintendent's place just on or about that time in other institutions. I drew his attention to this article (K-1) about a month or month and a half ago. I see Vol. II, No. 5 page 184, (February 1931) Ex. L is the volume. L-1 is the article under the heading Royapuram Medical School course. There is a criticism of P. W. 1 in that article. I have read Ex. A-1 at the time when it was published. The passage at page beginning from "That the examiners were members of the Board of Examiners.....made matters worse". It is an incorrect statement of facts. I understood there was imputation not only against P. W. 1. but also against other members including myself. The imputation was that the examiners were partial to one school only. I have been an examiner from 1924 except in April 1936. From my experience I say there is no foundation for this attack on the examiners and the examiners have been very fair. I see Ex. M. It is a memorandum dated 14-2-34 issued by Surgeon-General regarding permission to be taken by examiners.

(Sd.) Abbas Ali,

Chief Presidency Magistrate,

17-9-36.

IN THE PRESIDENCY MAGISTRATE'S COURT, EGMORE, MADRAS.

BEFORE ABBAS ALI Esq., M. A., L. L. B., BARRISTER-AT-LAW,

Chief Presidency Magistrate.

C. C. 1038 OF 1936.

P. W. 7, examination-in chief continued solemnly affirmed on 18-9-36. I see volume 5 No. 12 September, 1934 of the Medical Practitioner. page 307—Ex. N accused expresses gratitude to his constituents and there is an implication. There is a reference to a high official. I think it refers to the Superintendent Stanley Medical School.

Cross Examination. At the time when I read Ex. N-1, it occurred to me that the article referred to P. W. 1. It has not referred to him by name or by designation. The words "high official in school" was also interesting himself at the selection "enabled me to conclude that it refers to P. W. 1. There are other high officials in the teaching institution at Royapuram. I do not know if P.W. 1 was interesting himself in the selection (election) nor did I ask anybody if P.W. 1 interested himself in the selection (election). I did not draw the attention of P.W. 1 to this article at all. I drew P. W. 1's attention to Exhibits K and L., the two articles referred to by me the other day. I did not draw the attention of P.W. 1 to Ex. N. When P.W. 1 told me that he had filed a case against the accused then I told him that accused had begun the attack long ago in his journal. In support of my asser-

tion I produced Exs. K and L at his request. At that time he did not tell me that I should figure as a witness in this case. Some days later, he wanted me to be a witness in his case. I did not remember about Exhibit N when I spoke to him about Exhibits K and L. I see Exhibit K. I have marked the passage beginning "The Government were in the know of things.....(ending with) in every way. There is no reference to Prosecution witness 1 by name or designation. Because P. W. 1's appointment took place at that moment I say it refers to P. W. 1. There is nothing wrong in the sentiments expressed in both the columns of that page. On page 27, first column of Ex. K, there is a reference to four transfers of superintendents in the school for one year, and the writer criticises these frequent transfers. I don't remember the four transfers of Superintendents. I see Ex. G. There are 4 transfers of superintendents referred to therein, within a period of one year from Stanley Medical School. There are other transfers from other medical schools also referred to. I do not know when Ex. G was published to the public. I do not know if the publication of Ex. G is delayed after printing. I see Ex. L. p. 185. The article is written by a correspondent. I drew the attention of P. W. 1 to this article as referring to him. According to me the expressions in Ex. A-1 "made matters worse" 2nd column page 15 mean led to greater dissatisfaction. I have no personal knowledge of the way in which the examiners are chosen. Because of the expression "made matters worse" I say that it is an attack on the chairman and the examiners. From the same expression I say there is an implication of partiality. I do not know if there was any dissatisfaction at P. W. 1. being the President of the Board of examiners. Col. Bradfield now (Major-General) was the Superintendent of the Stanley Medical School for some years. I know him. Even if I see his handwriting I will not be able to say. I think the journal has written advocating the transfer of medical officers from the city. I want to remain here at the fag end of my life. I was not hurt by this article. As Asst. Superintendent of Stanley Medical School, P. W. 1 was my immediate superior. I have been acting as Asst. Superintendent for the last 8 months. I have been P. W. 1's subordinate for the last 5 or 6 years as R. M.O. in the lying-in-hospital. Every 6 months P. W. 1. has to make confidential reports about his subordinates to the Surgeon-General.

Re-examination. Nil.

IN THE PRESIDENCY MAGISTRATE'S COURT, EGMORE, MADRAS.

BEFORE ABBAS ALI ESQ., M.A., L.L.B., BARRISTER-AT-LAW.,

Chief Presidency Magistrate,

C. C. 1038 of 1936.

P. W. 9 S. Rajagopal Naidu 43 S. A. on 18/9 I am Acting Chemical Examiner Government of Madras. I am an M. B., B. S. in Chemistry. Master of Science of London University and also I hold the diploma in Chemistry of the Imperial College of Science and Technology (London). Fellow of Institute of Chemistry. I am an M.B.E.

I have been an examiner for L.M.P. Course for organic and inorganic Chemistry from 1934. I believe I was also an Examiner for L.M.P. course 10 years ago for 2 or 3 years. I was also a lecturer in Chemistry in Royapuram Medical School in 1926. From my experience of the conduct of L.M.P. Examinations I can say there can be no manipulation by P. W. 1. It is not correct to say that these examinations are a one man's show. I do not know who appoints these examiners. My opinion is that examinations are conducted in a fair way.

Cross-examination:—I have served under Major-General Bradfield some years ago. I can't say if this letter is in the handwriting of Major General Bradfield. I can't say it looks like his writing. I did not directly work under him. I worked in the Hospital for about a year in 1927. I know now that the accused was appointed as one

of the Inspector by the Medical Council for the L.M.P. Examination held in April 1936. Accused did not inform me that he was an Inspector appointed by the Medical Council. I asked him who he was. He did not give me a reply. As a result of some discussion he left the hall without inspection. I do not know if this incident formed the subject matter of some correspondence between Dr. Dyson and the Surgeon-General. Dr. Kamath (accused) wrote to me giving his version and asking for a true version. I did not reply to him. This incident formed the subject matter of an article in the Medical Practitioner. This was some months ago. I do not know if the Medical Practitioner deprecated, protested against full time Government Servant running private dispensaries. I had a dispensary at Pudupakkam when I was a private Practitioner and I continued it when I was in Temporary Government service and closed it later. This was 7 or 8 years. Probably a year or two ago a circular was issued to full time Government servants. (I remember having read a G. O.) that they should not run private nursing homes and dispensaries. I did not close my dispensary as a result of any Government Order. I am now acting in the Cadre of Civil Surgeons. I do not know if Medical Practitioner advocated in its columns that simply because a man happens to have European qualifications he should be put over the heads of seniors.

Re-examination:—I did not reply to accused's communication as the Government servant conduct rules does not permit me to do so.

(Sd.) Abbas Ali,

18-9-36.

Chief Presidency Magistrate.

(True copy)

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THE Medical Practitioner

VOL. VIII.]

MARCH, 1937.

[NO. 6]

VERDICT OUT SIDE THE COURT

As was mentioned by us in these columns once before, the Editor of a journal has a body and a soul. He cannot lose them either before he entered the Police Court and even after he was dragged into. Now that we are out of court where ever we go, whether it be a Hospital, a public office, including the office of the Registrar of Co-operative Societies, a Druggist shop or any other shop including those in the Moore Market—we are greeted and then come out expressions of congratulations. A large number have been saying to the effect, "From what we were reading in the newspapers and from what we heard, we had serious doubts whether the case would end in your acquittal. Thank God truth conquered." A few who had a legal temperament even without being Advocates, and Advocates themselves said to the effect, "We have been sympathising your lot in the Egmore Police Court before and after you were charged but when Drs. Tirumurti, Thambiah and Dyson entered the box as witnesses for Defence, we saw the scales turning on your side and we rejoiced that you could not be convicted at all after Dr. (Miss) Lazarus and others belonging to her profession and sex deposed for the defence." There were a few sharp critics who said, "Why did you prolong the case? If your witnesses were called in the reverse order, there would not have been a necessity for your having so many witnesses."

Nobody could know our plight more than ourselves in the surroundings where we, as accused could not be known to the extent the complainant was. The latter was a Lt. Colonel hailing from the Indian Military Medical Service occupying the various positions described by him in his

complaint and latter repeated while deposing as the first Prosecution witness. Added to this, the Prosecution was in the hands of one of the senior most advocates of the Madras Bar, in the person of one who was once a Judge of the High Court. This was not all. The complainant did not give a list of his witnesses on the day he filed the complaint which they say, is the usual procedure. After some days the complainant filed an application in which only two witnesses were mentioned one from the Government Mental Hospital, Madras, another from the Government Royapuram Hospital and a third, an Advocate; the last two did not appear before the Magistrate at all, the first did. After the complainant was cross-examined, by the Defence Counsel, a supplementary list of witnesses was produced. This procedure being rather unusual, the Defence objected to this which was done in an application to the Magistrate with no effect. We were not alarmed nor our learned Counsel who being our friend and a patient, knew not only us but The Medical Practitioner quite intimately and his regard, his sympathies and concern towards us were certainly more than those of any other Advocate at the Madras Bar. Having known our Counsel even from his boyhood, we had implicit confidence in him and his abilities both as a criminal and civil lawyer, a rare combination in these days of specialities. So, our Counsel was not all perturbed at the list of the witnesses subsequently filed by the Lt. Colonel though the first name in the list was that of a senior member of the Indian Civil Service followed by five more Government Medical officers almost all of whom were the teachers of the medical school of which the complainant is the Superintendent and all of whom were the Examiners for the L.M.Ps. Who they were

and what they deposed could be seen from the evidence published in the earlier pages. It is natural that outsiders who had sympathy for us must have been more than alarmed at the happenings in the Police Court as they could not know what was actually transpiring in the court from the meagre reports of the proceedings appearing in the newspapers. As could be seen from the complaint, the allegations regarding defamation were vague the complaint did not indicate what were the actual sentences or words that were defamatory of the complainant. In the complaint, it is said that we bore malice against Lt. Col. Mahadevan. The nature of the malice was not mentioned in the complaint nor in the evidence, he later deposed. Mention was made in the complaint that we wrote the article in question inspired by the enemies of the Lt. Colonel. Who these enemies were, or how they influenced us was neither said in the complaint nor later proved either by the Lt. Colonel or his witnesses. All this, coupled with the fact that a high influential officer of the Government had come to the court with the purpose of vindicating his honour about which we said nothing, and the information that the Government would not prosecute us but allowed the Lt. Colonel to conduct the prosecution himself, compelled our Counsel to put an application to the court praying for exemplary punishment in case the court decided to convict us so as to enable us to appeal to the High Court if necessary. We had to adjust ourselves to the circumstances prevailing in the court. All the witnesses of the complainant were asked to depose about their impressions about the article and Mr. Tampoe, a senior I.C.S. officer and a friend of the Lt. Colonel deposed amongst other things that the article in question gave him an impression that the complainant was 'guilty of serious misconduct unworthy of an officer and a gentleman.' In our attempt to rebut such impression, we were forced to let in evidence to the contrary from some of our witnesses including amongst them a retired Presidency Magistrate. We wish the public and the profession judge our humble services to the medical profession and the public, by the facts deposed by the prosecution witnesses almost all of whom swore to the correctness if not the justification of our pleadings for the profession and the public whether they be regarding abuse of the privileges of private practice by Government

Medical Officers, the need of transfers and supersession of seniors in service. These sworn statements may also help the readers to judge, who bore malice to whom. The learned judgment of the Magistrate is based entirely on the facts mentioned in the article and our justification in mentioning them. Our fears before the judgment was delivered, were such that we had to arm ourselves against all that was said by the Lt. Colonel and his witnesses. There was yet another unfortunate circumstance against us. On the day fixed for our Counsel to argue to convince the court that there was no case against us and that we might be discharged, neither he nor we could be in the court in time on account of serious illness of one of the members in the household of our Counsel whom we were treating in our professional capacity and before the Counsel arrived we were charged on the evidence before the court at the time. We now feel along with others of a judicial mind, that if it was possible for our Counsel to be in the court in time, and if he argued about the complaint and the evidence till then let in by the Prosecution, which he could have done as cleverly and as admirably as he did at a later stage, we might have got out of the Dock much earlier without causing any inconvenience to the court, and at the same time would have avoided all the sensation which started soon after we were put on Defence. The judgment of the learned Magistrate and the depositions of the defence witnesses preceding the judgment which we would publish in the next issue would justify our remarks.

N.B.—The depositions published are a true copy of what was supplied to us by the court. There may be here and there words for sentences which may appear either out of context or punctuation and there may also be very few spelling mistakes. All this we observed after we got the certified copies. Such things are bound to occur in courts which are not provided with stenotypists. It is really a laborious task for a judge to take down evidence with his own hand and at the same time devote his attention to what is transpiring before him. A judge in sensational trials and even in ordinary ones, has not only to write down what comes out from the mouths of those in the witness box but watch their demeanour which at times helps the judge to weigh the evidence before him more effectively. There may also be printer's devils here and there. The italics appearing in the depositions as quoted in the following columns are ours.—(Ed.)

News and Comments

News and Comments: Evidently the learned Magistrate avoided to weigh the evidence before him as he found there was no need for it, the facts mentioned by him in the Judgment and which appeared in the article complained against, being perhaps considered by the learned Magistrate as coming under justification clauses, explained in section 500 of the Indian Penal Code. But many facts deposed by witnesses on both sides supply us news for comments which we hope will interest our readers, counting amongst them the authorities running the Medical Department and the Government.

Lt. Col. Mahadevan speaks: Lt. Col. Mahadevan apart from filling several responsible offices, is according to his own statements made in the court, 'considered to be one of the best Surgeons in the Indian Medical Service' and is 'the only person in India who is an F.R.C.P. and F.R.C.S.' The statements made by such an eminent person in the court must receive the attention of the Government to set right matters complained of by him if there be any justification in such complaints.

While questioned by the Defence Counsel regarding bad results in the Stanley Medical School in October 1935, Lt. Col. Mahadevan said amongst other things, "The bad results were only with reference to the final year students who missed my teaching.....My successor was in charge of the Medical School for about 100 days.....He was lecturing in Surgery also teaching clinical surgery to the final year students.....3. My successor took away one of the Assistants to the operation theatre to help him in the operation instead of allowing him to remain in the ward and teach the students. *Instead of allowing the services of the assistant who is an F. R. C. S. and an M. S. to teach the students, his services were requisitioned to enable him to learn how to operate.*"

On 3-9-36, when the subject for cross-examining Lt. Col. Mahadevan was with regard to the appointment of Examiners for the L.M.Ps., he was shown the order of the Government for 1935 on the report of the Surgeon-General about the Medical Schools and he said, "I see at line 3 examiners are appointed by the President, Board

of Examiners, Stanley Medical School, on the recommendation of the committee consisting of the Superintendent, Stanley Medical School, Superintendent, Lady Willingdon School, and Principal, Missionary Medical School.' *This is not a correct statement of what is actually taking place. I say this passage is incorrect. I did not read this G. O. even though I got it. When I read just now though embodied in the G. O. it is not the G. O. It is only a copy of the report sent by different Superintendents. The G. O. is really at the end of page 9. Two superintendents could send this report, I presume it is the Superintendent of the other medical school. This passage occurs in a letter addressed to the Government by the Surgeon-General.*"

When the subject for cross examination was about the inter-school prizes and when Lt. Col. Mahadevan was asked why the majority of prizes were won by the women medical schools, he said, "*These examinations are conducted in their own schools by their own teachers. I make no imputation when I suggest that one of the examiners being from the Medical School.*" He meant the Lady Willingdon School and when further questioned said that "*Dr. David was the examiner from the Willingdon School for the inter-school prizes in Pharmacology from 1931 up to date.*"

On 1-10-36, when the Lt. Colonel was deposing about the poor results in the Lady Willingdon School in 1934, he said, "*As the standard was raised the teachers of the Lady Willingdon School were not able to cope up with the high standard because they were not very well qualified.*"

The Lt. Colonel agreed with our views when he said on 27-1-36, "I consider it an advantage for the candidates to be examined in their own school in papers set by their own teachers, and valued by themselves and supervised by themselves though for the purpose of a complaint against us such views expressed by us were considered by him—perhaps on the advice of his learned Counsel—to be imputations against him. We did not mind about the complaint against us for, what we did, was in good faith and for public good and we, with as much good faith and in public interest have chosen some passages from the depositions of Lt. Col. Mahadevan, as these were from the witness box and not from the Editorial table of The Medical Practitioner.

Poor Kamath: The Libel case against us invoked sympathies for us even from a witness of the Complainant Dr. Achutha Menon, though this witness was a friend of the complainant for quarter of a century. He pitied us and said, "Poor Kamath does not know I am the Senior." This was an answer to a question by the Defence Counsel to the effect whether Dr. Menon was aware that The Medical Practitioner did not favour the idea of a junior Asst. Surgeon being promoted as a Civil Surgeon superseding his seniors in service, merely on account of the former possessing foreign qualifications. We did thank Dr. Menon for his sympathies for us soon after he got down from the witness box and even wished him better luck at Vizagapatam, as he was then under transfer orders being posted as a Professor of Midwifery, Vizag Medical College. But in a court where our position is to be in the Dock as a dummy we did not wish to take more liberty than we were allowed by the court. We thought we would be able to tell the court that what this witness said on a oath was not correct as at the time this witness was promoted as an Acting Civil Surgeon, there were many Asst. Surgeons who joined service earlier than this junior of theirs did, at least at the time of his promotion. The fact that this witness, though promoted over his then seniors is not confirmed till this day as Civil Surgeon, and that the post which this witness was occupying at the Government Hospital for Women & Children till he left Madras is to be filled in future by an Asst. Surgeon, should convince all whether the 'Poor Kamath' as Editor of The Medical Practitioner was correct or this witness in the witness box. As our Counsel, shrewd as he ever is and was specially so during our Defence, chose a path of least resistance especially so as he had an assurance from the court, more than once that there was no need for comments about the evidence as all that was said by the witnesses was before the court, we are now forced to comment on an incorrect statement to satisfy our readers that our comments are always based on facts.

A Correction. Mr. Thampoe, a senior member of the I. C. S., Inspector of Local Boards, in this Presidency deposed that at the time his child was ill, she was treated by Lt. Col. Mahadevan, and later said that Lt. Col. Mahadevan was Surgeon, First Dis-

trict, where Mr. Thampoe was living. As Mr. Thampoe was, we are told, responsible to fix the boundaries of the 40 Municipal Divisions in the city, the public are likely to be misled by the statement which we believe this witness might have made inadvertently. We referred to the latest copy of the Civil Medical Code where the boundaries of the four districts are given and found that Kilpauk where Mr. Thampoe lived, at the time his daughter was ill, is not in the first District but in the second.

Free Service for I. C. S.—District Medical Officers in the Madras City and also in the mofussil are to render free service to the I. C. S. officers and other officers belonging to superior service but the humbler folk in the service have to pay the I. M. S. officers a fee ranging from Rs. 15 to 20. This is really a hard rule not capable of any reasonable or healthy construction, when the richest are to be served free and the poorest made to pay. Mr. Thampoe went a step further and revealed about a convention that the I. M. S. did not charge fees even for the members of his family. This is likely to hit the I. M. S. especially the European section of it, some of whom at least juniors, are now realising that their pay is very low to maintain their status. District Medical Officers whether in the city or in the mofussil, have a lot to do in the hospitals to serve the public. It is desirable in public interest that the rules of free service to officers in the superior grades of Government service are deleted and in the meanwhile the Government should advise its officers not to claim free service from the District Surgeons for the members of their family. This is bad in spirit as well as in practice.

Impressions: Major portion of the evidence let in by the Prosecution was about the personal impressions of the witnesses about the Editorial which was the subject-matter of the complaint, and the only witness who could not say anything about facts but gave his impressions only, was Mr. Thampoe a friend of the complainant for 'the last 14 or 15 years'; we have chosen quotations from Mr. Thampoe's evidence as this person being once a collector and having handled cases similar to the one launched by his friend in the Chief Presidency Magistrate's Court, could in our opinion know the effect of such impressions on

the Presiding Magistrate and also on the public mind. Mr. Thampoe said, "The impression left in my mind was that P.W. 1. was guilty of serious misconduct, unworthy of an officer and a gentleman." He also said, "There is no single sentence in the article which by itself without reference to anything else can be fairly said to impute definite misconduct to P.W. 1. Probably my impressions would be coloured by the fact of my friendship with P.W. 1, but I was not conscious of it, P.W. 1, treated my child. I did not pay him for his services. He is the Surgeon of the District where I am living."

Another witness, Dr. P. Venkatagiri, Asst. Superintendent, Stanley Medical School, gave his impressions not only of the Editorial, but recollected his impressions of the news published in The Medical Practitioner from 1930 up to the date of the launching of the case and though in all the news there was no reference about his Chief, the Lt. Colonel, it was possible for him to depose that Lt. Col. Mahadevan, was the person referred to. The items of news are marked Exhibit K, Exhibit L, and Exhibit N. As the journals which are these exhibits are still in court, we have to refresh our memory and say what these exhibits refer to.

In 1930, before Lt. Col. Mahadevan was appointed Superintendent, Stanley Medical School, there were constant changes in the staff including the Superintendents who were four in one year. We brought this to the notice of the Government and said that in a teaching institution, such frequent transfers were not desirable and incidentally said to the effect that while choosing the teachers the Government should not only take the qualifications of the teachers into consideration but also their character, as the latter is an essential commodity in the medical profession. The other incident referred to by this witness was about the news published in the Journal when the Governor of this Province was present at a social function and alcoholic drinks were distributed. The correspondent's an old boy of the School was pleased to observe that that His Excellency did not partake any drink when offered to him. Drinks and character were not the themes of the article, 'Madras Needs a State Medical Faculty.' Yet Dr. Venkatagiri was made to depose about these and give his impressions.

The third item of news was with regard to the election of Dr. Kamath to the Madras Medical Council, in 1934, a more recent event when the Editor of The Medical Practitioner Dr. V. Rama Kamath was one of the candidates. Dr. Kamath while thanking the electorate through the columns of the journal mentioned that in spite of the rumour that a high official in the school was also interesting himself in the election, he was able to get 1258 votes as against 66 scored by his rival. Being a rumour, we published the news in the way it came to our office. If we knew who this rumoured official was, we would have made a specific complaint to the Government as canvassing by Government officials during elections, is an offence.

These impressions amused us a lot and gave us and the public a cue of past events which we could not know ourselves as definitely as Dr. Venkatagiri professed he did. They never harmed us but added to the sensation of the case. Even this day we say that what we wrote was in the interest of a medical school which trains a class of medical practitioners who form the the largest section in the medical profession. Whatever might have been the purpose or motive of Dr. Venkatagiri, it was not fair that he attributed to us malice depending on his impressions and not on facts. We deeply regret his attitude towards us and that in a law court where a witness should know the effect of what he says on oath. We were pained the more when the trying Magistrate asked this witness while in the Box if he hailed from South Kanara a district from where Dr. Kamath also came to Madras. We never swerved from truth while mentioning facts and have now taken advantage of the facts mentioned on oath so as to justify that we had not nor have even now personal malice in attacking the system of medical administration.

I want to remain here at the Fag End of my life: One of the Government Medical Officers, Dr. Venkatagiri deposed on 7-9-'36 amongst other things, "I think the journal has written advocating the transfer of Medical Officers from the city. I want to remain here at the fag end of my life. I was not hurt by this article. I have been acting as Asst. Superintendent for the last 8 months. I have been P.W. 1's subordinate for the last 5 or 6 years as R.M.O. in the

Lying-in-hospital, Royapuram". This particular officer was in Government Maternity Hospital for nearly as many years or perhaps more than his stay at the Lying-in-Hospital attached to the Stanley Medical School. His statement justifies our usual comments in the journal that there should be transfers once in 5 years in Government Medical institutions. This rule is followed with regard to the mofussil institutions but not in the city institutions, the excuse generally given by those who want to have particular individuals in particular institutions being the interest of the teaching. It was a very pleasant surprise to us that one of the prominent medical officers at the top, in one of city hospitals told us that even the teaching would improve if the 5 year rule of transfer is introduced even in teaching institutions as the officers were likely to devote more attention to their legitimate work than to their popularity in private practice. The Government has at present 4 such institutions, 3 for the boys and one for the girls. About a couple of years ago, the Hon'ble Minister in charge of Medical Portfolio made a statement on the floor of the local council that 5 years' transfer rule would be soon introduced even in Madras. They say that a G. O. is ready and will be soon published. In the interest of good administration, all service men should be treated alike. Even the Governors and Viceroys who have been rendering meritorious services to the State enjoy only 5 years' tenure. Why not introduce this healthy rule in the medical institutions in this city? The tendency for Nursing Homes, Special Clinics, and Chemists shops will be much less directly or indirectly and there will be more harmony and contentment and with it more discipline in the Government Medical Institutions. We cannot blame anybody much less Dr. Venkatagiri for his anxiety to remain in Madras till the whole period of service. It is natural that when a person is allowed by his department to stick to a particular station, this person gets so much accustomed to the place that he finds it quite inconvenient to leave the same. The fault is in the system which permits officers to be in a place indefinitely and not in the officers who find it hard to change a place after permanent settlement.

Who Versus Whom.—The readers of The Medical Practitioner might remember that under the caption, "Is it insult or Con-

tempt?", we published news of an incident when a member of the Madras Medical Council deputed by the Council to inspect the L.M.P. Examinations in April last, was not permitted into the examination hall for Organic Chemistry by the two examiners, Drs. Rajagopal Naidu and Mannady Nayar, of whom the former seems to be the Chief Examiner as per the statement made by Lt. Col. Mahadevan in the Presidency Magistrate's Court (Vide his deposition dated 1-10-36). He deposed amongst other things that day, "I got instruction from the Surgeon-General that accused (Dr. Kamath) and four others were going to inspect the L.M.P. examination to be held in April 1936. I communicated this to all the Chief Examiners. P.W. 9 (Dr. S. Rajagopal Naidu) is one of the Chief Examiners." Later when P.W. 9 (Dr. Rajagopal Naidu) was in the witness box on 18-9-36, he said regarding this incident, "I know now that the accused was appointed as one of the Inspectors by the Medical Council for the L.M.P. Examinations held in April 1936. The accused did not inform me that he was an Inspector appointed by the Medical Council. I asked him who he was. He did not give me a reply. As a result of some discussion, he left the hall without inspection."

We reiterate what we said in the journal last year about this incident:—

"At the very entrance to the laboratory where the examinations were going on the Inspector introduced himself to the chief examiner of the day in Organic Chemistry. We publish here below the conversation between the Inspector and the two examiners, Drs. Rajagopala Naidu and Mannady Nayar, as sent to us by the Inspector who reproduced it immediately after the scene, in a letter addressed to the convener of the Special Committee, Madras Medical Council:—

Dr. Naidu:—You cannot inspect, you may just see. I can permit only one as I did the other day regarding Inorganic Chemistry Examination.

Inspector: Nobody is accompanying me.

Dr. Naidu: Where is your permit? The person who saw the practical examination in Inorganic Chemistry brought with him a permit.

Inspector: Are you not aware that the Madras Medical Council had appointed a Committee to go into the matter of Medical Education for the L.M.P. course and that this committee have been inspecting the practical examinations for the L.M.P. this year? May I also know who you are and what is your position regarding to-day's examination?

Dr. Naidu : I am the Professor of Chemistry Madras Medical College and the Chief Examiner for L.M.P. in Organic and Inorganic Chemistry.

Dr. Naidu then sent for Dr. Mannady Nayar who was at the other end of the Laboratory.

Dr. Naidu to Dr. Mannady Nayar : He (i. e., Inspector) says he is an Inspector come to inspect the examination conducted by us. He has no permit. What shall we do?

Dr. Nayar addressing the Inspector. We cannot allow you to be here, will you leave the hall?"

Later on 6th May 1936, the Inspector sent the following letter

"To

Drs. S. Rajagopala Naidu, B. A., M. B. B. S., and A. S. Mannady Nayar, M. B. B. S., Ph. D. (Edn).

Gentlemen,

Having had most unpleasant experience at the practical examination hall on 29-4-36, when both of you were examiners for Organic Chemistry for L.M.P. students and when one of you, Dr. Mannady Nayar asked me to 'go out of the hall', I wish to give you previous intimation, that it is my turn to-day to inspect examination in Organic Chemistry. I have not been supplied with any 'permit', which both of you demanded from me that day though you knew that the Medical Council desired to inspect the L.M.P. examinations through its inspectors and knew me well as one of the members of the Madras Medical Council. Kindly let me know per bearer, if you will permit me to enter the hall to-day. Unless you intimate to me immediately in writing, I feel nervous and difficult to do the duty assigned to me as an Inspector. Though I have addressed to you conjointly, I have sent you each a separate letter to avoid any inconvenience or delay..... Inspector.

Both of these examiners did not contradict what was written in this letter. It will be preposterous to say that both of them did not know Dr. Kamath. The above depositions should convince our readers that these two examiners knew that the Medical Council had deputed Inspectors to inspect the L.M.P. examinations in 1936 April. Why these two examiners for the L.M.Ps. could not recognise Dr. Kamath as an Inspector, whom they knew before he was an inspector,

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is a matter to be mused upon. The depositions of Lt. Col. Mahadevan who is the President, Board of Examiners and P. W. 9. (S. Rajagopala Naidu) who was the chief examiner in Organic Chemistry will, we are sure, make our readers ponder over this incident to come to a decision Who *versus* Whom? as could be judged from the evidence of the Lt. Colonel as against Dr. Naidu.

Private Dispensaries run by Government Medical Officers.—The utmost The Medical Practitioner could do to put a stop to questionable practices in Government service, is to make general statements depending upon the information gathered or reported. The Libel case which is the subject-matter of this issue has given us some opportunities of proving our statements, one of them being about the running of dispensaries by men in Government service. Dr. Rajagopala Naidu said during the course of his cross-examination on 18-9-36, "I had a dispensary at Pudupakam when I was a private practitioner and I continued this when I was in temporary Government service and closed it later.....I remember having read a G.O. that they should not run private nursing homes and dispensaries."

We have referred to this subject in our last issue in some other connection that even this day there are a few men in service who directly or indirectly are connected with private dispensaries or chemist shops. We request the Government to note that our agitation regarding questionable practices by Government medical officers such as running nursing homes or private clinics, chemist shops etc.' about which The Medical Practitioner has been agitating ever since it came into existence from 1929, was not without foundation. We do not mean to say that Dr. Rajagopala Naidu is still running a private dispensary, but should say with due respect to the present position he occupies, that what he did in the past was against the rules of conduct of Government servants.

SOUTH INDIAN MEDICAL DINNER 24th MARCH '37.

To provide an opportunity for members of the medical profession to meet, to exchange views, and promote harmonious relations among the different sections of the profession, a dinner was held at the Connemara Hotel last night.

It was attended by nearly a hundred and fifty doctors, representing the many activities of doctors, private practitioners, rural medical men, doctors in Government and Railway services, European and Indian, and several lady practitioners. The function was organised by Dr. M. Subramania Ayyar, Rao Bahadur Dr. T. S. Tirumurthi, Dr. R. J. Dyson and Dr. V. Rama Kamath, who hope that similar functions will be held every year. Yesterday's was styled the "Inaugural Dinner," Sir Frank Connor, Surgeon General with the Government of Madras presided, and after dinner he proposed the toast of the King-Emperor, which was duly honoured.

THE PROFESSION.

Proposing the toast of the profession, Dr. M. Subramania Ayyar said that the medical was the best of professions. He was sorry their prestige in this country was not as high as in other countries. Though there were many Medical Associations in the Presidency, they all seemed to be suffering from some chronic malady. There was a great lack of cooperation among medical men and women, the most important cause for which was the existence of a number of partitions in the profession separated entirely from each other. There were the service men, the independent practitioners, the railway doctors, doctors belonging to the Missionary Societies, the rural medical practitioners, and the new and well developed section of lady doctors.

Before 1914 the service consisted of L.M.S. officers and civil medical subordinates. The latter were considered inferior and were not entrusted with much work. It was only during the Great War that the Government became aware of the capacity of the civil medical officers, and, as a result of this recognition, the civil medical men began to receive better treatment and better prospects.

In the early years of this century independent medical practitioners were few in

number, but there was some cooperation between them. As the status of the civil medical officers increased they developed, so to say, a "superiority complex," as a result of which they began to consider the independent practitioners inferior. This "superiority complex" had in the present day, greatly increased.

A little over 12 years ago the Government, after prolonged and continued agitation by the independent practitioners, conceived the idea of appointing honorary officers to their hospitals. Although the Government had, in a halting fashion, felt that the system had worked fairly well, the fact remained that it had not been the success it would and should have been, had it received more than step-motherly affection, at the hands of the Government. Government appeared to have felt that they were helping the independent medical practitioners, and that they stood to gain nothing by the system, but really the case was the other way about.

NURSING HOMES.

The independent medical practitioners, had he was sorry to say, not done much for the profession. More than 15 years ago Dr. C.B. Rama Rao started a hospital in this city, worked entirely by independent practitioners. It existed for about 2 or 3 years and was doing good work, but unfortunately, for various reasons, it had to be closed.

"In the city of Madras" the speaker went on, "there are a large number of so-called nursing homes run by individual practitioners. In my opinion this system is neither good for the doctor, nor for the profession. It is certainly not possible to get the facilities and appliances necessary to treat the sick in these small institutions. Moreover, it looks more commercial than professional. The proper procedure would be for these individual practitioners to cooperate and run a real nursing home, wherein the various practitioners could have their individual cases attended to. In the long run, this will increase the prestige of the profession, and will be of immense advantage to the public."

"We and the public owe a great deal to the Mission doctors. There are, in South India, a number of beautiful, well-equipped hospitals controlled by them. We are very glad to have with us Dr. Ida Scudder, whose indefatigable efforts have been res-

possible for the beautiful and well-equipped hospital in Vellore, which has, in addition, a school for training our sisters in the profession. This has helped to raise the prestige of our profession and we owe a debt of gratitude to her.

REMUNERATION TOO LOW.

"The system of appointing rural medical practitioners was introduced with good intentions, by the Government about 10 years ago. The expectations were then great, but unfortunately disabilities and disadvantages developed later and for want of proper remedial measures this system, I am afraid, is not now a success. Considering the standard of equipment necessary at present to set up independent private practice, the remuneration offered to these rural practitioners was far too low and not tempting to a well-qualified candidate.

At the beginning of this century, added the speaker, the railway medical service contained few men. Now the fine and well equipped hospital in Perambur railway quarters was an outstanding evidence of the great development that had taken place in this service, but unfortunately there has been no connexion between this service and the independent men. To the discredit of the latter, no railway servant could be treated by him even though his family might be entirely under his guidance. This state of affairs required consideration and the speaker hoped the railway authorities would give its attention.

"In this connexion I would like to bring to your notice," he said, "another disadvantage in Madras, from which independent medical men suffer. The Madras Corporation have now developed a maternity system, and they have in their employ a large number of midwives, who go from house to house to conduct labour cases at the residences of poor patients. If, by any chance, any such patient desires consultation with his family medical man, this is denied, and the moment the doctor steps in, the nurse leaves the patient and goes away. Some remedy must be found for this.

The number of women in our profession has very greatly increased. This is satisfying a necessary demand by the public on the profession and fits in with the scheme of giving maternity relief. They have a great future before them, and I hope they will add greatly to the prestige of the profession.

"Since my entry into the profession," concluded Dr. Subramaniam, "great changes have taken place in it, both scientific as well

as economic. To increase the prestige of the profession, I think the Government will very soon have to consider the question of restricting private practice now freely allowed by them to service men. This may seem strange, but I would not be surprised if a demand for this was made in the near future.

"It behoves me to exhort my sisters and brethren assembled here, belonging to both wings of the profession to work in harmony and cooperation and eventually to evolve a system of medical relief based on lines obtaining in civilised Western countries, whereby the paid medical officer in Government institutions will cease to exist."

THE RESPONSE

Responding to the toast, Major-General Sir Frank Connor congratulated those who had the energy to organise the dinner, which, he understood, was the first of its kind.

"We are a profession," he continued, "in which, in our beginnings, we are very united, in colleges and in schools and so on. We are united in many ways, but as soon as we qualify, become practitioners, we all seem to melt away into our personalities, take no interest in our erst-while friends, and associate with them less and less. Well, that is all wrong."

At that dinner, Sir Frank observed, he had met several old friends, and made new acquaintances, and he presumed the object of the dinner was to meet old friends and make new ones and to promote that friendship among them, which was strangely wanted. Because they were terribly busy each in his own groove, he presumed they had no opportunity to meet each other.

"We are extremely divided," observed the speaker, here, more than elsewhere.

He hoped the dinner would be continued in years to come and would expand. It was a tribute to the organisers and their purpose that at such short notice they had such a vast gathering.

COOPERATION WANTED

From the programme, continued Sir Frank, he noticed he was put down to speak on "Service". He did not know what it meant, and took it to mean "Service before self," of which he said they were all the epitome. He was there as one who had been a medical practitioner for many years and nothing else. The programme named speeches

on rural medical service, medical missionaries and railway service. They wanted cooperation among all these classes and the one and chief effort he had always made in his official corporate existence had been to try and do something to achieve that blending.

Rural medical practitioners were a class whom the speaker admired greatly. He hoped medical men would cooperate with the railway medical service.

Regarding the Missionary Service, that was a service of which one could hardly say enough. When he toured the presidency he saw many of their institutions some of which he had envied. Though those institutions were not financially well off, they carried on, were splendidly equipped and continued to do very useful service. They all owed a debt of gratitude to the Missionaries who had thus been doing selfless service.

PRIVATE PRACTITIONERS

Dr. U. Krishna Rao speaking of the independent medical profession, said the profession was divided into different compartments and on occasions such as the present he believed they would be able to sink their prejudices, either private or professional, and join in making themselves a solid community. He hoped that object would be achieved by the time they met next year.

Speaking of the honorary system, the speaker paid a tribute to the noble band of men doing that kind of service. The Government should not consider that by extending the honorary system they were obliging a section of the people; on the other hand, the extension of the system tended to save large sums of money for the government. He also hoped there would be more cordial relationship between the paid men and the honoraries than now existed.

Referring to the independent medical profession, the speaker stated that men of that class were between the "Devil and the deep sea." The devil was the poverty of the people and the deep sea the competition of State paid officers (hear, hear). In his opinion, State medical men should only have consulting practice, and not be allowed general practice, and he endorsed Dr. Subramania Ayyar's suggestion that private practitioners should join to run a hospital. If they had not done so, it was not because they were unwilling, but because leaders like

Dr. Subramania Ayyar had not come forward to guide them.

As Chairman of the Health Committee of the City Council, the speaker wished to refer to the maternity and child welfare scheme referred to by Dr. Subramania Ayyar. He said that the remark that the moment a doctor was called in, the nurse disappeared, held good two years ago.

The Corporation appointed a committee of experts to inquire into the working of the scheme, and on its recommendations the rules had been amended, so that now every patient treated by the staff of the Child Welfare Scheme, if she desired a consultation could obtain it, and the nurse should agree to it and help the family doctor. If any instance of violation of that rule was brought to his notice, the speaker promised to look into the matter.

Continuing, Dr. Krishna Rao said they were now on the eve of the reforms. They did not know what the future would hold for the services, for the Independent profession and for the honoraries. He hoped that the new era would in no way interfere with the cordial and harmonious relations they all wished for. If at the end of the year, that happy coordination existed, he was sure the dinner would have served a good purpose.

RURAL AND RAILWAY SERVICES

Dr. Vittaldas Pai spoke on rural service. The Surgeon-General had told them that he had visited rural dispensaries and practitioners and had seen them seemingly prosperous. Perhaps that was due to the rural climate, but it was a mistake to think they received proper remuneration. He was glad that the Surgeon-General had told him that he would receive a deputation from them, and do his best to remedy their grievances when placed before him. They hoped to arrange that deputation and hoped that their condition would, as a result, be ameliorated.

Dr. R. J. Dyson, Chief Medical Officer, M. and S.M. Railways, spoke on the Railway Medical Service. He said that many among them knew what the Railway Medical Service was but, they would be surprised to hear that there existed profound ignorance of it in Great Britain. He had come to this country in a spirit of adventure, and

had no idea of what a railway medical officer would be called upon to do. People in England asked him what he had to do as a railway medical man and they were impressed when he told them the number of men, women and children in their care and that they had four or five fairly big hospitals in their charge.

He was convinced that the railway service man and other professional men should meet and talk things over with a little humility, discuss things a little more frequently their mistakes, rather than their numerous triumphs. There were numerous associations to look after their welfare and the commercial welfare of various classes of the profession, but there were very few gatherings which promoted free happy tolerance, which they all required. It was for that reason only that he was one of the promoters of the dinner. He hoped they would have a spirit of tolerance, as the bed-rock of their association together, a little true humility which would do them a lot of good. He hoped they would meet in succeeding years and try to get to know each other, not as members of one schism or another, but as members of a honorable profession.

MEDICAL MISSIONARIES

Dr. Galon Scudder replied for Medical Missionaries. The Missionary enterprise represented not a single missionary enterprise of one nation but of all nationalities. They had a body of men and women who had brought to this country the impact, the knowledge, the skill and the various attributes that were prominent in their countries. The Missionaries had started a number of medical institutions in this Presidency, a hundred hospitals, well-equipped and well-staffed and ministering to the needs of many villagers. He had noticed a great change in the standards of medical men and institutions and he paid a tribute to the excellent manner in which the Hospital at Vellore was being conducted, where under the leadership of Miss Ida Scudder they had a staff as efficient as any in any part of the world. So far as the Missionaries were concerned, he assured them that they would cooperate with all classes of the profession in their struggle to raise the efficiency of the profession.

They realised, he continued, that they were in competition with the old native

quack. In every village and town, their standard, he emphasised, should be high and service should be such that people should begin to realise the worth of it.

"Our efficiency is our service; people should be impressed with this fact that we are there to give them assistance."

The rural areas still required an expanded medical service and it was the intention of the missionaries to minister to these needs. The spirit of cooperation and harmony was essential in the profession, and he hoped the annual dinner would promote it.

"OUR SISTERS"

Dr. Miss Ida Scudder of Vellore replied for "Our Sisters." She recalled the day when she came to this country with her parents and at the sight of the suffering among the women of India decided to become a doctor and settle here. She counted it a great privilege to serve her sisters in India. The longer she worked among Indian women, and with young Indian women students the more was she convinced what fine women they had in India. There were many doing excellent work throughout the Province and she felt proud that she had been able to have some little share in training them for their great work.

Rao Bahadur Dr. T. S. Tirumurthi proposed the toast of the guests, Mr. A. A. Hayles, Editor of *The Madras Mail* and Mr. L. S. Nilakantan, the representative of the *Hindu*. They needed the help of journalists, especially at a time when things were changing, when colossal experiments were being made in various activities of human life and welfare. Just as members of the educational profession moulded the activities and life of young people, so the members of the journalistic profession moulded public opinion on all matters. He did not consider the journalistic profession any less noble than the medical. Their guests tried to hold the scales even as between castes, creeds and communities, parties, politics and politicians. It was a very difficult task indeed, and he was sure the high opinion people had for them was due to the fact that they were capable of holding the scales even as between all warring elements, and created a really true public opinion and gave proper judgment on men and matters, which are a vital necessity for the growth of the nation.

He proposed the toast of *The Madras Mail* and the *Hindu* which was enthusiastically honoured. Mr. A. A. Hayles replying thanked the organisers on behalf of himself and his fellow journalists, and referring to the requests for the assistance of the newspapers to the profession, said, Believe me, I assure you on behalf of *The Madras Mail*, and I know I can speak for the *Hindu* also, that we are prepared to assist the profession. We are not less aware than you what a terrible amount of suffering exists in India, what a great need there is for medical men and women in Indian towns and countryside and we are prepared, as far as we can, to help you in supplying it. He believed the press could help the profession to achieve that solidarity which that gathering desired. "Tell us what you want us to do," and if it is straight, honest, and not calculated to set one class against another, you will find *The Madras Mail* and the *Hindu* willing to assist you" (hear, hear). "Do not think we are willing to assist one class against another. We have no particular axe to grind. We are not interested in one service more than in another."

When the late Raja of Panagal started the Rural Medical scheme, the subsidy was fixed not on the basis of the value of the work, but on what Government could afford. The late Raja of Panagal had ideas of developing the scheme and if he had lived he would have endeavoured to increase the stipend to the rural medical practitioners, though the continued financial stringency might have

delayed the fulfilment of his plans. His aim was that medical relief should be available for even the remotest villager. In this connexion, the speaker paid a tribute to what the Missionaries were doing for the villagers.

In conclusion, Mr. Hayles suggested that independent medical practitioners should go to the villages and serve the poor. He was sure if they went into the interior they would find vast scope for their services and they would get the backing they deserved. The general practitioner in England was the back-bone of the profession and he asked whether it was not possible for the independent practitioner in this country to develop practices on the same lines and become the confidential friends as well as the medical advisers of the villagers and townsmen.

In conclusion, Mr. Hayles thanked them for the splendid dinner they had organised and wished their movement for better understanding among medical men success.

Dr. V. Rama Kamath thanked the diners, acknowledging the valuable help he had received from the Surgeon-General and other elders. In spite of some one trying to wreck the dinner by mischievous telephone messages and in spite of several other obstacles, he was glad the dinner had taken place and was acknowledged to be a success. The dinner was intended, he said, to unite the profession. He thanked Dr. Dyson, Dr. Tirumurthi and Dr. Subramania Ayyar for their help and encouragement in getting up the function and also the Press for accepting the invitation. The party then broke up.

(*The Madras Mail*, dated 25-3-'37.)

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PAN-SCHISMATIC DINNER.

By DR. V. RAMA KAMATH.

To demonstrate or atleast to bring about unity in the existing diversity in the Medical Profession in this country, a Dinner was organised in Madras which took place on 24th March, 1937 at the Connemara Hotel. The idea of bringing together members of a noble fraternity has been in my mind for a long time and I thought that the eve preceding the dawn of Reforms was an opportune moment for the members of the medical profession to demonstrate that diversity is the very spice of nature and the existence of inequalities in themselves assures and should assure healthy and desirable co-operation and co-ordination as is demonstrated by Nature in our very fingers all of which are not alike either in bulk or appearance, but all of which work automatically in assisting our bodies to function harmoniously. The non-cooperation could be seen in them only when they are diseased by an injury or any such cause. The useful co-ordination and co-operation seen in the fingers could be seen in all other parts of the body and even in the organs. But artificial inequalities brought about by humanly vested agencies should be put an end to. This was the aim and purpose of this all embracing sectarian Dinner which my fellow organiser who interests himself in theatrical activities also, wished to call it by a Greek name Pan-schismatic. I do not know at the time I am writing this whether Dr. Dyson takes interest in a buffoon or a hero or both as the name not only amused the Diners but indicated the heart of one of the four heroes, the organisers of the pleasant function, the Inaugural Pan-schismatic South Indian Medical Dinner.

On the very day the idea of bringing harmony in the medical profession struck me, I ran up to important and prominent officials and non-officials and got their approval for this pleasant function. But I found that there was difference of opinion amounting to obstruction from some seniors belonging to provincial and honorary service which was overcome by my young comrades in both the groups, thus demonstrating the inherent virtues of the noble profession more than the activities of the sects representing some associations.

In addition to the common grievances of the rank and file in the profession in service and outside, my young friends in the Government institutions had another tale to tell me. "This is a month of farewells and we are to subscribe for Dinners and other social parties" was another item that worried the organisers of this 'get-together dinner', if I may borrow this expression from the Madras Mail. Those who did not wish to join were pertinently asking me and Dr. Tirumurti who later became my joint partner in canvassing, "What is the purpose of this Dinner?" and long sentences from the mouths of both of us could not convince them and we are glad that some of them after the function, are blaming us especially me for not using the pleasant expression of the Editor of the Madras Mail, the guest of the profession, who gave the real and actual feeling that prevailed at the dinner table and that in two words.

An April fool who wished to play his part earlier than the month when fools have to be excused, added to our troubles through the telephones. He was not afraid his voice might betray him. On the 20th night at about 9 P. M. he called me on the phone and told my son who answered him that he was Dr. Ramasami and when I came to the telephone he said, "Dr. Dyson speaking" and was very particular to know how many responded. As I would not answer him and said 'you could not be Dr. Dyson' he left the telephone instrument down grunting something most indelicate. The queries of this mischievous man continued even after and he found that he could not baffle me by his repeated telephone queries during my absence from my residence. His last effort to wreck the function was to ring up to important Diners such as Major-General Sir Frank P. Connor and inform them on 24th noon that there was no Dinner. He made it appear as if the message was from Connemara Hotel. There were a few more incidents which I do not wish to mention for the simple reason or for the fear that if I were to mention them all, it may be possible for the readers to spot out the April fool.

In spite of such an atmosphere, the function took place and it is not for me to say that it was a grand success. This success proved without a shadow of doubt that the heart of the medical profession as a whole is quite sound and it is possible to bring

harmony and contentment in it removing all the artificial inequalities and barriers.

Grades in service should exist and must exist, but it must be made possible that one in the lowest grade may aspire and even attain the highest. In private practice, seniors and juniors must be the only two grades, and it is for the people to choose merit or qualification or both. The idiosyncracies of the people in the matter of choice of doctors should not affect either the senior or the junior in service much more in private practice. There is a dawn of comradeship amongst the younger generation; that is my general feeling wherever I went in the city in connection with this pleasant function.

The cost of such function cannot be a barrier for the profession to meet at least once a year. There are ways and means to make such functions so useful that the cost will not be a consideration. If all of us love our profession, and not money, as was evidenced to a large extent by our missionary sisters and brethren, on the day the Dinner was held the profession will shine in this country in true colours, and the huge problem of medical relief to the masses may be solved by the medical fraternity itself without the intervention of any outside agency including the Government.

Before closing I wish to give a tip to my comrades and sisters in Government service, especially the humbler folk amongst them

who are made to feel the burden of farewell or welcome functions which are usually held for the purposes they indicate. If there were to be a Dinner once a year of the type we had on 24th March, the farewell and welcome dinners and other functions could be most advantageously combined into one so as to honour the officials and non-officials concerned by the entire profession. There was also a feeling that Medical Dinners so far arranged established pedigree instead of cordial relationship. This being too true I was careful and made attempts that such feeling did not prevail in our Pan-schismatic Dinner and was trying to arrange seats in such a way as to have a free mixture but before I could do so, the dinners mustered in such large numbers and had to stand outside the Dining Hall for much longer time than they usually do at such a function and though my heart was throbbing not being able to arrange seats to guarantee a free mixture even after an hour, the Dinners rushed in and sat so nicely that all of them felt as belonging to one family in spite of faults of omission and commission either on the part of the organisers or the Hotel management. Now that the profession have diagnosed the causes which keep us apart as could be seen from the after dinner speeches, the prognosis for such yearly gatherings is good and very hopeful and I trust that before we meet next, the April fool will be also out of Madras.

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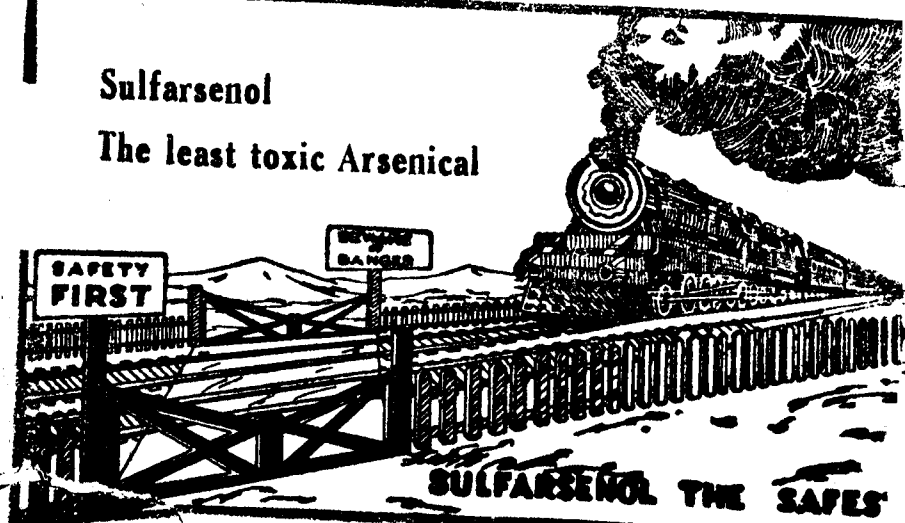
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