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"NATIONAL HEALTH INSURANCE (PANEL PRACTICE) IN GREAT BRITAIN".

By

K. C. NAMBIAR, M.B., F.R.C.S.

The National Health Insurance Medical Practice was introduced into Great Britain in December 1911 by Mr. Lloyd George when he was Chancellor of the Exchequer in the Liberal Government. A similar system was in existence in Germany a quarter of a century before this time. Mr. Lloyd George copied the system in its spirit and changed the provisions to a remarkable extent to suit the requirements of Great Britain. It was meant mainly to benefit the working class people, who were compelled by legislation to get themselves insured against sickness and disability. All of those between 16 and 70 years of age, who were under contract service, and drawing a pay of less than £ 250 per year, were compulsorily insured, the premiums being partly paid by the worker and partly by their employers, totalling nine pence per week per head. This amount multiplied by the number of people insured gives the total amount and the State adds a grant to it, forming the central pool, which is utilized for the expenses of the National Health Insurance Service. (N.H.I.S.)

In return for the payment above mentioned, the insured person is entitled to secure (1) free medical treatment including drugs and appliances, at home, or the doctor's surgery, according as he is bedridden or ambulant; (2) payment during sickness of 10 sh. for men, and 7 sh. 6 d. for women per head per week upto 26 weeks; (3) disability payments; (4) and a maternity bonus for women. Furthermore, Sanatorium treatment for tuberculosis was to be provided. These benefits were to be obtained through approved Societies, such as Trade Unions and Friendly Societies; and for those who did not belong to any such societies, through the Post Office.

This was clearly a step forward and an extremely important social measure. As usual, there was vehement opposition from all quarters. The workers and their employers put up a resistance on varying grounds. The medical profession had its own grievances. The insurance authorities arranged with the local practitioners for the medical treatment of the insured at a rate of payment of 6 sh. per head per annum. The British Medical Association protested that the payment was too meagre. So the Government increased it to nine shillings. This again was thought too small, and more than 27,000 doctors signed an undertaking to support the B.M.A. in its determination to fight the Government by withholding their services. The strike continued for a couple of years. Mr. Lloyd George carried the day, and gradually the strike was broken, so that in 1913 the B.M.A. was compelled by large scale secessions from its ranks, to relieve its members from their promises. The protest was of some use. The reasonable demands, such as the free choice of doctors and an increase in the capitation fee had been granted. The Act came into force, became popular and upto now it is accepted as a necessary part of the social system in Great Britain.

At the present date, in Great Britain 19 million people are insured against sickness and disability, and not less than 16,000 general practitioners are in the insurance list. These doctors are technically called panel doctors. Their names could be removed from the list only by the Minister of Health on sufficient grounds of misconduct. The patients have complete freedom of choice of doctors, limited only by geographical distances. In order to avoid congestion and overwork on the part of the doctors, the rules for the limitation of list came into force. The maximum number of insured people on the list of any single doctor was limited to 2,500, and with an assistant to an additional number of 1,500.

The above is a brief sketch of the N. H. I. scheme as it exists in Great Britain to-day. Now I shall give you a skeleton of the administrative aspect of the system.

For purposes of administration a Minister of Health is appointed who is responsible to the Parliament on the one hand, and to the insured public and the panel doctors on the other. The State is divided into small districts, counties or county boroughs to facilitate working, and a regional medical officer is appointed to each district directly under the Minister of Health. He is assisted by an Insurance Committee formed as follows :—

Three fifth of the members are elected by the insured persons, one fifth nominated by the County Council and the remaining one fifth consists of

representatives of medical men and chemists. The total number of members varies between 20 and 40.

This Insurance Committee is responsible for the maintenance of the register of insured persons and a list of panel doctors and the list of insured persons under each panel doctor, with the possible changes from time to time. It is also concerned with the remuneration of doctors on the capitation basis. The doctor who gets on the Insurance practice communicates with the clerk of the Insurance Committee and carries out his duties under the instructions and guidance of the Insurance Committee (I. C.)

The Health Insurance Act provides for the setting up of a Panel Committee, a representative body of the Insurance doctors, whose opinion shall be consulted by the I. C. where medical matters are concerned.

In certain districts, an additional medical committee, called the *Local Medical Committee* formed by the representatives of the General Practitioners (G P.) as a whole, is created to discuss the questions relating to the interest of the profession as a whole. But this is not always necessary.

Any dispute between the insured person and the panel doctor is referred to the ***Medical Service Sub Committee*** consisting of equal mumber of representatives of insured persons and doctors, the total number varying from 6—10.

The Insurance Committee and the Panel Committee work hand in hand in their districts to prepare a statement of conditions called the ***Allocation Scheme.*** The executive body of this scheme is called the ***Allocation Sub Committee*** and consists of equal number of members appointed by the Insurance Committee and the Panel Committee. This committee is mainly concerned with the assignment of insured persons, provisions for emergency treatment and limitation of list etc.

The central pool or the Central Practitioners' fund is divided into the different districts by the Minister in consultation with the *Medical Distribution Committee* consisting of representatives of panel doctors, I.C. etc. This fund is called the practitioners fund for the area and will be distributed among the various doctors on the capitation scheme. Thus I have given you a brief sketch of the administrative framework of the National Health Insurance Scheme. The National Health Insurance Act may be varied from time to time by the Parliament according to the requirements of the country.

The statements and regulations mentioned above apply only to the scheme in England and Wales, while those of Scotland and Ireland are slightly different in their working, though the general principles remain identically the same.

Now having described in brief a skeleton of the National Heath Insurance Scheme of England and Wales, I shall proceed to calculate the advantages and disadvantages of the scheme and place it before you for discussion regarding the possibility of introducing it in Madras. It is apparent that a closer study of the social, political and economic conditions of the people is essential before a decision can be arrived at. I only hope by this paper, to stimulate your thinking in this particular direction and be familiar with the conditions of practice in western countries.

Advantages: (1) The poor and the working class people get medical attention at a low cost. They get sickness benefit for 26 weeks during the time they cannot earn their livelihood, and further, in case they are disabled for life, they get compensation for the same. As they can get medical aid as often as required, there is no delay in consulting the doctor. Thus the health of the working class is considerably improved. They also get their drugs and appliances free from the Insurance Chemist.

(2) The system when coming into force will, in effect be an institution of family doctors, though the individual members of a family have their freedom of choice of doctors. This is of considerable advantage from the point of view of diagnosis and also in winning the faith of the patients. The panel doctor knows by heart the life history and the family history of most of his patients, and in certain cases, their private lives as well. One can imagine how useful is such a system towards early and correct diagnosis.

(3) Thirdly, the medical practitioners automatically get themselves arranged into two classes, the General Practitioner and the Specialist. If the patient does not improve under the General Practitioner's treatment, the latter recommends him to a Specialist in the hospital. Thus the patient has no chance to approach another General Practitioner. This factor, I presume, is of exceedingly great importance in the improvement of medical ethics in any country. Backbiting, underhand dealing, touting, client catching etc., will automatically disappear or diminish to a great extent. We know the number of prescriptions and opinions an average patient can gather before a dose of medicine actually finds its way into his stomach; and also the disconcerting remarks and expressions of dismay that one General Practitioner flourishes over the prescriptions of his colleagues in the

profession. Far be it from me, Sirs, to insult my own profession. But facts have to be stated at least sometime, somwhere. The fault is in the system, that is governed by the struggle for existence. We have to stop it and the best way is the introduction of the panel system.

(4) And from the view point of the General Practitioner he should be glad to welcome it. He obtains a great many conveniences to his credit. *Financially* he knows where he stands. He has nothing to be afraid of for his living. Rise or fall in his income of any dimensions is very unlikely. He has in all essence a fixed pay. *Secondly*, he can avail himself of leave by the apointment of a deputy as long as required, without endangering a bit the size of his practice. The biggest General Practitioner in Madras, as it is to day, cannot afford to be sick for a couple of months together. *Thirdly*, practices can be sold and brought. Is it not a great blessing? If after some period of practice in a locality, one finds neither the place nor people suit him, he can sell that practice and look for a better place. Is this not a covetable state of affairs? On the other hand, if he is compelled to stick on to the same place where people don't want him, the General Practitioner is ruined for life and is very unlikely to have another chance to thrive. Haven't we many such examples in our profession in the city of Madras?

(5) The monopoly of general practice by a handful of seniors will turn out to be much less extensive than it is to-day, for they will be compelled by law, to employ assistants, when they have above 2,500 on their list and pay them handsomely.

A few other lesser advantages may also be mentioned. No patient can reach a specialist privately or in a hospital without a letter from the G. P. who is the family doctor. The G. P. will not be wasting time if he consults the specialist, for he gains nothing by dragging on the futile treatment he can afford. The specialist depends on the G. P. for his practice and therefore there exists a lot of sympathy and good will between the two. The false value of certain particular G. Ps. will not be so great as it is to-day. What the patients can ask for is a doctor and they learn by experience that every qualified doctor can cure their ailment, failing which the specialist will come to his rescue. From the economic point of view of the country, the dumping of patent medicines from the various European countries will considerably diminish, for the insurance chemists can give only the local drugs and not any patent medicine as fancied. Of course, we know, that the majority of the patents going about in the country are really unnecessary and a great drain on our resources.

Disadvantages of the system are certainly few. Overdrugging of the patient is a real one. The G. P. who is enthusiastic about getting more members on his list, tries to favour them with medicines, even where they are not indicated. But this is prevented by the Insurance Committee by keeping a watch over the panel doctors and the total numbers of their prescriptions.

Another one is that the doctor has not a great stimulus for further knowledge. His life in the great majority of cases is that of a clerk and a prescriber combined. But now in England the authorities are taking measures to give the panel doctors some sort of post-graduate teaching.

Difficulties in introducing this system into our province are not many. But the few difficulties are really valid ones. The percentage of the population that is drawing any pay, or that can be made to pay their premiums regularly is a very small one indeed. So the system cannot become of universal benefit. Some other local arrangement will have to be made in our Province to get over this difficulty.

Then again the different systems of medicine, favoured by different sects of people may appear to be a great handicap. But it is not really so, so long as one can get himself insured on the list of any particular doctor that is registered. And unregistered medical practitioners will have to be prevented from practising.

The difficulty is mostly in villages where there is only one earning member in a family of a dozen, where the people are accustomed to local herbs prescribed by their grand-mothers. This is really a system for industrial countries. How far it is workable in a peasant world should be considered at greater length.

In conclusion, may I state that the N. H. I. system is a very desirable one. The manifold advantages to the public and the profession in comparison with the few and insignificant disadvantages, easily outweigh the latter. The points to consider are the possibility of making this system workable in a different soil with the varying political, social, and economic outlooks; and more accurate data of people, work and money are essential for coming to a conclusion, regarding the introduction of the system into our province. I fervently hope and pray that this system will come into force in our Province at a very early opportunity.

HORMONES AND TISSUE HEALTH.

By

A. V. S. SARMA, M.B., B.S

In many diseases, bacterial and non-bacterial, attainment of immunity has been the aim of the physician. Immunity is either natural or acquired. Acquired immunity is obtained by fighting the disease successfully, or it may be bestowed actively or passively by various therapeutic agents. A tissue becomes damaged only when it is susceptible to disease and the invading agent is pathogenic. We are at present able to counteract, in some instances at least, the forces of the invading factors, and not make the tissues non-susceptible to pathogenic germs. If we undertake a study of hormones, perhaps, we may find same light shed on this topic of non-susceptibility of body cells to disease.

The most highly specialised gland derived from ectoderm is the pituitary. The least specialised counterpart derived from the same germinal layer is the epidermis of the skin. From a consideration of the case reports given below, the anterior pituitary seems to be concerned with the health of ectodermal derivatives.

1. Chronic Eczema—Mrs. N... 20 years.

This patient weighed prior to treatment 150 ℔ and was obese; fat being particularly distributed over the lower regions of the body. Menstruation was scanty, irregular and painful. She was first given thyroid by mouth. Later ovarian extract (Unden-Bayer) was given by injection. She conceived within six months and had enjoyed regular periods later. Weight went down to 140 ℔s. The most troublesome complaint was eczema which was present on the gluteal and lower abdominal regions, and which did not subside. With a course of anterior pituitary substance (G. W. Carnrick Co.) and an ointment containing vitamins A. & D (Vitlep-Mata & Co.,) the eczema cleared dramatically well. Body weight at the time of discharge was 136 lb.

2. Chronic Eczema—Mr. R. .. 22 years. This patient had congenital heart disease, chronic sinusitis, nasal polyposis, and chronic eczema of at least 5 years duration. This cleared well *i.e.*, the eczema, with 10 × 1 c. c. Antuitarin-S (P. D. & Co.,) and Vitlep.

3. Chronic Eczema—Mr. Raja. 19 years.

This is the brother of case No. 2.—Similar treatment brought about a cure.

4. Chronic Gonorrhoeal Urethritis.—Mr. B. L. 30 yrs. The patient contracted gonorrhoea 7 years ago. He had also chronic eczema for a number of years. Vitlep did much for the eczema. For the chronic gonorrhoea Streptocide and Sulphanmide were given by mouth as also Antuitarin-S. After three months of treatment *i.e.*, 30 × 1 c. c. of Antuitarin-S, the patient had no discharge even after urethral and prostatic massage. (A microscopic examination of the moisture at the meatus could not be made).

5. Chronic Gonorrhoea and Eczema.—Mr. P. R... 56 years. Same treatment as for case No. 4 did the cure.

6. Master. V. N. Chetti, 4 years.

This boy had conjunctival xerosis and undescended testis on the left side (the testes was in the inguinal canal). Antuitary pituitary emplets (P. D. & Co,,) has brought down the testis down to its scrotal residence and also cured the Xerosis of the conjunctiva.

7. Chronic sinusitis, dysmenorrhoea, and asthma—Mrs. S. (Perambur)... These complaints got cured after a single course of 10 × 1 c. c. of Antuitarin-S.

A most highly specialised gland of entodermal origin is the liver. Probably the liver is concerned with the proper functioning of the digestive and respiratory systems, which have the most extensive lining membranes derived from entoderm. Many workers have reported very favourably on the beneficial uses of parenteral liver therapy in pulmonary tuberculosis; peptic ulcers; asthma; and sprue. "Wilson and Carey (American Journal of Medical Science, June 1937, page 752) observe that the use of parenteral liver extract in 30 cases of pneumonia resulted in recovery in 83 per cent with a significant rise in the leucocyte count in all but 2 cases and in the increased output of urine. The treatment is simple, cheap, devoid of any risk of serum anaphylaxis, and caused only slight temporary local pain "—J. I. M. A. page 638-Vol. II- No. 2- August 1937. My own personal experience has impressed me very well of the usefulness of the parenteral liver therapy in chronic bronchitis and as a preliminary to gold treatment of phthisis. Taking the action of insulin, it is known to tone the liver in a variety of conditions and of late its use in asthma has been stressed.

The ductless glands of mesodermal origin are the thyroid, the parathyroids, the cortex of the adrenals, the thymus, and the gonads. Therapy with thyroid and parathyroids is well known. An extract of spleen (prosplen-Ifah) has given me very satisfactory results in a variety of conditions. One is the condition where the enlargement of tonsils, nasal sepsis and polyposis, and eczema (allergic ?) are all met with in the same subject. Another important disease is infantile biliary cirrhosis where there is specially left-sided preponderance of the hepatomegaly. Adrenal cortex is known to control the function of renal tubules and activate the hepatic cells (cf. W. N. Kemp. M. D. Vancouver. " The Adrenal cortex ". B. M. J. 12-6-1937).

A point which I wish to record is that a patient who had severe macrocytic anaemia did not respond to liver therapy until after preliminary treatment with splenic substance. This fact is of interest since in the recent International Congress of Haematology a hormonic secretion has been ascribed to the spleen.

Specialised derivatives from any one germinal layer sometimes seen to be synergic in their action, viewed from a therapeutic standpoint. Stomach and liver are effective in the treatment of anaemias. Thyroid and adrenal cortex are helpful in the understanding and rational therapy of many deranged conditions of sexual organs.

Conclusion:

One point that comes to mind is that the bacteriologist toils to counteract the bacteria or their toxic products, but do not think of making tissues non-vulnerable to disease. The observed efficacy of anterior pituitary in a few cases of chronic gonorrhoea, chronic eczema, and conjunctival xerosis, the usefulness of splenic extract in liver resistant cases of anaemia and many anaphylactic or allergic diseases; and the beneficial influences of liver therapy in pulmonary conditions including pneumonia and tuberculosis throw some light on this unknown sphere of immune powers of the tissues and organs of the human body.

A venturesome statement will be that specialised derivatives from one germinal layer are concerned with the maintenance of normal health and the rearing up of natural immunity of the other tissues and organs derived from the same germinal layer.

HOW TO LIVE LONG.

By

Dr. A. LAKSHMIPATHI, B.A., M.B. & C.M.

"A person who is always regular in his food and habits, who has sufficient rest and recreation who performs all his acts after careful consideration, who does not entangle himself in any vices, who is of a charitable dispostion who regards others as his equals, who is truthful and has forbearance and who conducts himself according to the advice of wise men will be free from all diseases and is always healthy." This is what Ayurveda teaches in its first lesson to the students. Even if only any one of the conditions is not satisfied, disease many easily attack any person.

Protection of one's own life is the most important of a man's duties. It is useless to possess riches unless one has a long life to live Granting that he possesses long life, a man cannot be happy unless he enjoys good health. It is better to die on early death than prolong a sick and miserable life. There is nothing more miserable than to drag on one's existence without a morsel of food to eat, a few rags to cover his body, some sort of work to do and sufficient strength to do any given piece of work. Are we not hearing of some young men who even go to the extent of ending their lives after the failure of all attempts to secure employment. The mental suffering of these boys is more oppressive than hunger.

Regular Food.—One should always use such food as is most agreeable to one's constitution, age and strength, climate and country have very much to do with the kind of food on which people habitually live. They use wheat in the cold climate of Northern India, millet and ragi are generally used in the highlands of Central India and rice is very commonly used in the south. It is now universally acknowledged that polished rice from which all bran is removed has to be condemned in favour of unpolished rice (Rakata Sali-Red Rice). One who wishes to get plumpy should gradually accustom himself to the use of milk, curd, ghee, wheat, black gram, new rice and jaggery, and eggs and flesh of animals living in marshy lands. But they must be able to digest them. Those who wish to get thinner are benefitted by the use of light grains such as Ragi, Korra and Chama and pulses like green gram, red gram and horse gram, but not black gram, vegetables such as snake gourd, wild fruits such as Gooseberry, buttermilk and honey are also recommended for reducing the body. The flesh of birds and light animals like partridge and rabbit living in dry jungles are also suited to them. Disease is generally produced by eating in excess and at untimely hours and not so much by want of food.

It is not so much the ignorance of what to eat that is responsible for ill-nourished bodies of the poor folk, but it is the want of wherewithal necessary for their healthy growth. Indian Medical Science is rich in valuable information on dietics which gradually permeated through all classes of people by habit of ages.

Regular Habits.—Long life depends also to a great extent on the habits of the individual. These include cleanliness, physical exercise, mental and bodily rest and sleep and regulation of life including sex-life. The following four examples are given of people constantly suffering from some disease or other. An over-religious teacher, a Government servant, a prostitute and a petty trader, who by nature of their work do not in proper time attend to the calls of nature, nor take their food at proper time, nor have any peace of mind. The orthodox Brahmin is busy with his sacrificial fires, religious observances and teaching his students at all possible time. He does not devote any attention to the care of his body. The Government servant is ever afraid of his master, and in his anxiety to please him and on account of his fears and worries he has no time for himself, owing to his having lost his independence altogether. The prostitute, who has to depend upon her good looks for the attentions of her paramour always thinks of being well decorated and attractive and has really no time to attend to her own food and comfort for fear of something getting wrong somewhere. A petty trader who has to count his pies both in his purchases and his sales, and who gets miserly in his habits prefers to sit continuously in his seat and never cares for his own health. Similarly all those who have worry or fear in their mind and who do not have sufficient time to look after their health are subjected to some disease or other which ultimately makes them unhappy and short lived.

Diabetes and Consumption.—Nowadays two diseases are spreading in our country. Laziness and over-eating and actually sleeping at odd hours and rolling in comfortable seats is often the cause of diabetes. On the other hand over-crowding in ill-ventilated houses, not having even a few square feet for himself to lie down is responsible along with bad nutrition for consumption. Over-strain, retention of excreta in the body, irregular diet and sexual wastage are considered according to Ayurveda the four pre-disposing causes of consumption. Tuberculosis bacillus there may be everywhere and at all times, but like the soil that is responsible for the suitable growth of the seed, it is the poor condition of the human body that offers a favourite site for the growth of the bacillus. It is the soil that has to be improved as it is impossible to irradicate the germ from the world.

Recreation.—Picnics, excursions and water games (Jala kreeda) have become in India sports of the past. Lakhs of Rupees were spent in construct-

ing beautiful and extensive swimming pools which greatly encouraged cleanliness by offering opportunities for two or three baths daily to all classes of people. These tanks have now become breeding places for mosquitoes and had to be closed at some expense simply because we did not think of restoring their usefulness by providing for them a suitable inlet and an outlet.

Early rising, good ground exercises and massage and a comfortable bath have all gone out of fashion. The only pleasures that now exist encourage sensuality, laziness and indigestion. The three pillars which support a healthy body are said to be regular food, regular sleep and regulation of sex life (three upastambhas); all the three pillars are now on the verge of destruction.

It is therefore necessary to strike a note of warning and to tell the public that the senses can never be satisfied by continuously pampering to their tastes and the only way is to bring them under the control of the master and the prime minister namely the mind. No burning fire can be quenched by penning any amount of ghee upon it.

For promoting long life of an individual and of the members of any society, truthfulness, charitable disposition, forbearance and compassion for others and self-control should be cultivated. In countries where these do not exist the internal enemies of man namely desire, anger, miserliness, pride, manliness and jealousy which are called the six great enemies of man destroy the quality of blood more than any fever by the exhibition of excitement, restlessness and even a feeling like delirium and on a large scale create jealousies between nations, wars and untold miseries. Can any disease be imagined which is more destructive of life than a war, which makes people spend restless nights and days in the fear of being killed any moment. That is why Ayurveda says that of all things that protect and prolong human life non-violence is the first and the most important, (Ahimsa Prana Vardhananam, Utkrusta taman). Virginia, who won the title of Miss. America for her beauty is not satisfied with 9 marriages in 14 years and is awaiting her 10th marriage in her 30th year. Whatever the Dharma Sastras or laws may say, society will not sanction such a state of things in India. This Science of Ayurveda which teaches us how to find out the duration of one's life and how to distinguish between what is suitable and what is unsuitable, what makes the life happy and what makes it miserable is the best of all Medical Sciences, in order to promote a healthy and happy life. It is this Science that can very well carry on propaganda once again on the lines of

"Lokah Samasthah Sukhi no Bhavantu"
"Peace be to all Universe".

EXTRACTS FROM THE ADDRESS DELIVERED BY DR. U. L. NARAYANA RAU, AT THE 4TH MADRAS PROVINCIAL CONFERENCE OF THE ALL-INDIA MEDICAL LICENTIATES' ASSOCIATION, VELLORE.

Abolition of Medical Schools

The first fruit of this political change has been the abolition of the medical schools in this province. The honour and pride of having done it goes to a medical licentiate who now happens to be the Public Health Minister—I mean the Hon'ble Dr. T. S. S. Rajan—of this province. It is an act of supreme statesmanship and none but Dr. Rajan, of all the Public Health Ministers in India, would have been so bold to conceive and bolder enough to execute it immediately. I assure him on behalf of the licentiates of this Province that there is not one amongst them who has failed to appreciate this reform. When I say this, I am not unaware of the opinion of some of our Branches and colleagues in Northern India who believe that this change is detrimental to the interests of the medical licentiates. The one great argument they advance is that this change may bring about the extinction of the class for whose welfare we have all been working for the last 40 years. They adduce the British model and say that a medical diploma and a medical degree may co-exist on equal terms and with equal opportunities for State and public service. The second argument is that if this change be permitted or tolerated, the position of the existing licentiates would become intolerably miserable. The third argument is that if our Association welcomes this change it would but mean going against the very objects with which it was started.

I do not for a moment question the seriousness of or the motives behind this opposition. But on ultimate analysis you will find that abolition of the medical schools is the inevitable and natural culmination of the aspiration and work of our class and our Association.

Honorary Medical Service

It would serve no useful purpose at this juncture to discuss the merits and demerits of the system of Honorary Medical Service as in vogue in this country, particularly in Madras, as opposed to socialized medicine which aims to employ every doctor available and to give efficient and timely medical relief to all the citizens of the State. I agree entirely with the observations of Dr. M. R. Guruswami Mudaliar whose long experience in the medical profession entitles his remarks to close attention and thorough consideration. He said recently:

> "I wish you all to look forward to a condition wherein every medical man would be paid by the State and every person would have a claim on the State for his or her ailment being treated without payment. The State collected taxes and provided for the necessities of life. Similarly the State should also provide free medical aid. But meanwhile, on that account, no medical man should be asked to render service free and go without employment."

But the policy of the Government seems to be, as expressed in their communique on this subject dated 23rd December 1937, to replace gradually the stipendiary by the honorary service. Whether this would ultimately benefit our profession and our people I do not know, and for the present we have no other alternative than to agree to this scheme of the Government and help, as far as it lies in our power, to work it out successfully.

Apart from this general view, the original scheme was thoroughly distasteful to the medical licentiates from another point of view also. It deliberately excluded them from seeking honorary appointments even as Assistant Medical Officers and limited them to the field of House Surgeons only. This was followed by an unfortunate statement by the Hon'ble Minister of Health at the Stanley Medical School that "no Government order can ever make a licentiate equivalent to M.B., B.S., and create opportunities equivalent to all of them." These events created a great stir among the licentiates in this Province at that time. The Madras Branch sent a strongly worded memorandum against this attitude of the Minister, and other Branches followed suit. Dr. D. V. Venkappa, Provincial Secretary, had an infructuous interview with the Minister. He toured round the province and created a favourable public opinion on this subject. And the result is that the Government have removed some of the objectionable features of the honorary scheme. The medical licentiates are now, under this amended scheme, ordinarily eligible for appointment as honorary assistant medical officers. I hope that what the Minister acceded to them in principle will not be whittled down in practical application. I may assure him that the licentiates will prove worthy of the trust he has reposed in them.

Amendments to the Madras Medical Registration Act of 1914

You are all aware that our good friend, Dr. P. S. Srinivasan, M.L.A., had been kind enough to give notice of moving in the Madras Legislative Assembly an amending bill drafted by the Madras Branch of the All-India Medical Licentiates' Association with the consent of other Branches, and that the Hon'ble Minister for Public Health has approved of the same with some necessary alterations.

Post-Graduate Courses

It is sad to note that our Province cannot boast of any great facilities for post-graduate studies and diplomas in various special subjects. Consequently our men have to proceed to foreign countries for such a purpose. This means an avoidable drain of money from our country. With such first class general and special hospitals in our city and with teachers of great experience

and ability in our midst, it is not at all difficult for the Government to organise suitable post-graduate courses for both specialists and general practitioners, and these can be made even self-maintaining by levy of fees on the post-graduates who will willingly pay for such facilities. Post-graduate training is the greatest need of the profession to-day in view of the growing advances in medical science, and without such a periodical training medical relief will naturally suffer from lack of completeness and efficiency. It may be argued that this is the essential function of the medical associations and the Universities in this country, as indeed they are in other civilised countries in the West, and not of the Government. But the Government seem to ignore the fact that in the United Kingdom almost all the hospitals are under private management and the trustees of this management make arrangements for post-graduate courses, whereas, here, all the big hospitals are entirely under the Government. As such, it should be their primary duty to open post-graduate courses and thus help the profession in the efficient discharge of its duties. Nor need this cost much to the Government, if cost is their consideration, because it can be made self-supporting by charging fees—even high fees if necessary—from the candidates. I appeal to the Government to consider this question early.

Public Health Act

I may assure the Minister of Health, on behalf of our Association, that it will heartily co-operate with the Government in successfully working this Act which he intends to introduce in this province. It is needless for me to add that this Act is a great desideratum and that it will, in course of time, materially improve the state of public health in this Province.

Rural Medical Relief

It is gratifying to note that the Government of Madras have a genuine desire to extend rural medical relief, and consistent with their budget limitation, they have set apart a reasonable sum for further extension during the year 1938—39. It is also equally gratifying to note that the Public Health Minister is sympathetic towards the grievances and demands of the Subsidised Rural Medical Practitioners as set forth by their Association in a recent deputation to the Minister under the leadership of our able friend and colleague, Dr. V. Rama Kamath. Many of their grievances are easily remediable and will cost the Government neither money nor loss of prestige. That they are smarting under barbed-wire restrictions is beyond question. The meagre provision for sick leave, the insecurity of tenure, absence of provisions for study leave, too many masters to serve and too many duties to perform are some of their sore grievances. It was far from the original

intention of the scheme that these practitioners should behave and conduct themselves as full-fledged Government servants. In practice, however, it has degenerated into a form of enlightened slavery. The restrictions imposed on them have become increasingly severe, worse than in actual Government Service, and their independence has become a mere myth. Many a willing recruit has, to my knowledge, been scared away by these restrictions.

Already the Minister for Public Health has shown some signs of generous attitude towards them, and may I hope that he will pursue a policy which will make this Service happy, contented and efficient?

It may be noted in passing that there are at present 400 subsidized practitioners in this Province, out of whom nearly 394 are medical licentiates. If only the Government take such steps as would make rural medical practice comfortable, decent and worth undertaking, the problem of the personnel of rural medical relief and its further extension may be easily solved in the near future.

"A Bill to Regulate the Import of Drugs and Medicine into British India"

A bill with the above caption has been accepted by the Central Legislative Assembly during last year and it is now referred to the Select Committee for final consideration. This Bill is intended to control only the imports, and leaves out completely the question of controlling the standards of local manufactures, and adulteration of food-stuffs. The excuse is that these are within the jurisdiction of the Provincial Governments and that the Central Government is not justified in encroaching on their powers by a central legislation. I do not think the Provincial Governments will refuse to submit to central legislation if a comprehensive Bill is enacted to control the standards of all drugs and foods on a rational basis. In fact, it is my considered opinion that such a bill should have an all-India application and usefulness in order to avoid piece-meal provincial legislation and provincial conflicts. The recent communique by Dr. B. C. Roy, President of the Indian Medical Association, brings out the intrinsic dangers of the Bill under contemplation, for, as he rightly points out, the certification of imported drugs and foods will act as a stimulus to foreign trade in the absence of similarly certified drugs and foods of local manufacture. The Bill, as it is, will be a death-blow to Indian manufacturers, and I cannot imagine any valid reason to split drugs into *imported* and *local* when what we want is a proper control of all drugs, Indian and foreign, so that only standardised drugs and foods may be in circulation in the Indian market, and so that the public may have the benefit of pure drugs and foods.

Chopra's Drug Enquiry Committee published its recommendations in 1930, and this report revealed the deplorable state of adulteration of drugs and food-stuffs, both foreign and Indian, current in the Indian market, and the disastrous consequences on the health of the nation. The Government of India had accepted this report and I think it is their duty to act upon it fully. Though the present Bill is obviously based on Chopra's report, it is yet incomplete and narrow in its provisions and will not really help to remedy the hopeless conditions of drug adulteration even as reported by its own Committee. May I draw the attention of our Government to the narrow provisions of this contemplated Bill and request them to advise the Central Government to make it more comprehensive, to frame it on an all-India basis, and to include under its purview all drugs and food-stuffs—Indian or foreign?

Friends, I have almost finished and I hope I have touched upon all the important subjects that affect the licentiates and the profession in general. Still there are matters which I have left out, not because they are unimportant but because you are already too familiar with them.

Reorganisation of the Indian Medical Service

One of them is the recent reorganisation of the Indian Medical Service by the Government of India. The three important effects of this reorganisation are: (1) the reduction of the Indian personnel of the I. M. S. in the general total strength and in military and civil appointments; (2) the reservation of civil appointments to British I. M. S. officers only; and (3) apparent reduction in the emoluments of the Service being made up by an increase in the overseas allowance. There has been a country-wide protest against this action of the Government of India. For my part, not only do I protest against this one-sided justice of the Government of India, but I also do question the necessity for continuing the Indian Medical Service at all, and, if continued, the necessity of imposing this Service on Civil Medical Administration. I consider that the time has now come for the medical department to be wholly Indian in composition, Indian in character, and Indian in out-look. This should be our objective in future.

Allopathy and Indigenous Systems of Medicine

Another subject of topical interest is the so-called conflict between allopathy and indigenous systems of medicine. You may be aware that the new Provincial Governments are attempting to consolidate and recognise the various systems of Indian Medicine. The votaries of Indian Medicine are now brought into a separate register by the Government of Madras. In Bombay there is a Bill pending in its legislature for the registration of indige-

nous medical practitioners. In the United Provinces, the Hon'ble Mrs. Vijaya Lakshmi Pandit, Minister for Public Health, is said to have a scheme which will replace small allopathic dispensaries by ayurvedic and unani dispensaries. What this movement will ultimately result in it is difficult to foresee. Probably, when the political conditions of India become normal, what is best in these systems of medicine will be absorbed into one scientific system. Medical science is neither Eastern nor Western—it can only be interpreted in terms of usefulness and truth. Patriotism, prudence and the demands of true science require that the votaries of various systems of medicine should shed off their prejudices which, I believe, are more based on sentiments than on facts. Our leaders should see that the science and art of medicine is not divided into compartments of past and present or into systems working against one another. There should be no quarrel in doing a good thing like saving human life and in mitigating the sufferings of disease. What is wanted is really a scientific system of medicine to prevent and cure the ills to which the flesh is heir and not to indulge in controversies which are futile and meaningless. At the same time, I would appeal to our popular Government to reorganise the indigenous systems of medicine on a scientific basis. One of the best means of doing this will be to create a Chair for Indian Medicine in our University and make it an essential part of University medical studies. I entirely agree with Lt. Col. Pandalai when he said :*

> "The modern medical student should also be told about Ancient Medicine, otherwise he will develop into a man without a national background."

This is too true to be ignored.

The Conference of Representatives to discuss the future of Medical School Education

Probably you may be aware of the proposal of the Government of India to hold a conference, at the end of this year at Delhi, of representatives of Provincial Governments, Medical Councils and Examining Bodies to discuss about the future of medical education in the medical schools of this country. I am glad that the Government of India are showing some anxiety to arrive at some solution with regard to the vexed, and hitherto much-neglected, problem of medical school education. It is difficult, even hazardous, to foresee the probable results of this Conference. I can only hope that its deliberations may find a way out for the unification of medical standards and for the consolidation of medical profession in this country. Meanwhile, I am surprised to note that while the Government of India have called for representatives of the Provincial Governments, the State Medical Faculties

* At the 14th Indian Medical Conference, Dec. 1937, as Chairman of the Reception Committee.

and the Provincial Medical Councils, they have not cared to call for similar representation from the All-India Medical Licentiates' Association which is directly as much interested in the future education of medical licentiates as any other Bodies, Government or private, in this country. This is a mistake which ought to be rectified early—and there is time enough to make good this omission. I believe such a representation is indispensable if the recommendations of this proposed Conference are to be acceptable to the medical licentiates. There is no use of deciding things without consulting them, because they are the persons who will be involved in the effects of any decision, favourable or unfavourable. I say deliberately that, because the licentiates have been given poor representation in the Provincial Medical Councils, State Medical Faculties and other Examining Bodies, because they have never been actually and seriously consulted by the Government in matters touching their interests as if they had no voice in their own education, and because their voice of caution and advice, of progress and probity was drowned in the din of vested interests, and brushed aside as too contemptible to be heard, the medical school education is what it is to-day—ill-defined, ill-adjusted and incomplete. The Government, as any body else, know that our Association has been demanding from the very first year of its inception to affiliate all the medical schools to the respective Provincial Universities, so that there may be one medical standard and one medical degree. But the Government consigned these resolutions to the waste-paper basket. Then, as an alternative, the Association suggested to raise the course to five years and to fix Intermediate in Science as the minimum general educational qualification for admission into the medical schools. This again was not heeded to. Thus the standards of the medical schools were kept deliberately low, ostensibly on financial grounds but really to please certain vested interests and to propitiate the superiority complex of the so-called "superior grades" of medical officers. What more proofs do the Government of India want than these verifiable facts that the licentiates have been made the scape-goats of expediency and selfish interests? The tragic irony of the situation is that while the medical licentiates are condemned as possessing inferior medical qualification, the system which produces such men are connived at and condoned. I, therefore, say on behalf of the licentiates that they ought to be heard at least this time, and that no plans should be foisted on them which would injure their status and dignity in the profession. May I hope that Col. Wilson, our popular Surgeon-General, who is going to Delhi as the Director-General of India Medical Service will set right this serious omission and thus do justice to the licentiates' claim of representation in a Conference which is intended to discuss their future medical education?

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JOURNAL OF SOUTH INDIAN MEDICINE.

JULY, 1938.

MEDICAL EDUCATION.

We are often told by many people who are expected to be familiar with the conditions in various Provinces that Madras is generally well ahead in educational matters. The standard of English is said to be high—a dubious compliment just now. The failures in the examinations are known to be phenomenal and this is said to indicate a high standard of education. These statements may be controversial, and we are not anxious to argue them here. But there can be no two opinions that so far as medical education is concerned, Madras is far in advance of other provinces. This province was the first to extend the facilities for medical education by increasing the number of medical schools from three to seven or eight. And we are proud to feel that Madras has again been the first to abolish all the medical schools. There has been a growing realization all over the world that medical education should aim at a uniform minimum standard. Medical education in this country has generally been patterned on the British model. Great Britain is a land of multiplicity of examinations and diplomas. But even there, medical education is more or less uniform however varying the standards of qualifying examinations may be. The United States of America is the only other great country where there are still differing grades of medical education and examinations which qualify men to practise medicine. But America is making strenuous efforts to level up medical education to a basic standard. It is therefore a matter for great congratulation that Madras has been able to achieve this object of a one standard medical education so early. The abolition of the two State Medical Schools and the likely abolition of the Missionary Medical

School for women at Vellore in the near future are events of more than passing interest.

The abolition of these Medical Schools was hardly contemplated when less than ten years ago the Madras Committee on Medical Education found against increasing the number of medical schools, nor when about five years ago, the course of instruction in the medical schools was modified and the period of training increased to five years. Therefore the decision to abolish the medical schools has been sudden and dramatic, and even more so the creation of another Medical College. These changes have become established facts. The rare speed with which these changes have been effected indicates almost a revolutionary change in the movement of government machinery. The province and the profession know that we owe these great improvements almost entirely to the perseverence and singleness of purpose on the part of the Hon'ble Minister for Public Health. We thank him very much and most sincerely congratulate him on his achievements.

There have been many criticisms against this change. But there has been none so far against the abolition of the medical schools. The criticism has been chiefly against the starting of another College. It is quite possible that the sixty more students who have been enabled to join the Stanley Medical College could as well have been educated in the existing two Colleges—The Madras and the Vizagapatam Medical Colleges. We remember similar arguments were advanced when the Vizagapatam Medical College was started. But now the whole of the Andhra province is enthusiastic about their College. We are confident that when the initial difficulties are overcome, the new Stanley Medical College would be welcomed as a great asset to the furtherance of sound medical education and relief in this province.

OBITUARY.

Dr. T. A. SANKARANARAYANA PILLAY, M.B. & C.M.

We regret very much to record the sad demise of Dr. T. A. Sankaranarayana Pillay, M.B. & C.M., of Madras. He was one of the oldest practitioners of the City. He started his career as a civil assistant surgeon in the Madras Medical Service, and for a number of years was a lecturer in Anatomy in the Government Royapuram Medical School. Later he settled down as an independent medical Practitioner specialising in the surgery of Ear, Nose and Throat. He was a member of the South Indian Medical Union and used to take great interest in its work in the early years of the Union. Latterly he was rather retired in life and thus lost contact with the younger generation of medical men in the City.

Dr. G. NARAYANASWAMY MUDALIAR, L.M. & S.

It is our painful duty to record one more loss to the profession during this month. Dr. G. Narayanaswamy Mudaliar, L.M. & S. of Triplicane died suddenly at the age of 61 years on the 16th July 1938. He was a very popular practitioner of Madras, he had a large number of medical men as his friends by whom he was held in high esteem. His friends and patients would miss his familiar figure very badly. He joined the Union almost from its beginning and continued his membership to the very last day.

ASSOCIATION NOTES.

The Medical Practitioners' Association, Nuzvid.

A monthly meeting of the above Association was held at Vissaunapeta on Sunday the 27th March 1938 in the local L. F. Dispensary premises when Dr. (Mrs.) N. M. C. Seshagiri Rao presided. Mr. P. Anjaiah Naidu of the local Dispensary was at home to the members.

The meeting commenced at 4 p.m., with prayer. Mr. Anjaiah narrated two case reports one of which was a lady patient of 16 years with extreme anaemia and a very bad haemophilic tendency so much so that the bleeding caused by puncture of the vain for drawing out blood for Wassermann test could not be stopped by any amount of trials both mechanical and medicine and mere application of a rubber bandage caused a oozing of blood through the fingers. The second case was a multipara that delivered a child 3 days back and manifested a uterus still enlarged and tender and a P. V. revealed a bag of membranes which on manipulation burst out and expelled fluid just similar to liquor Amnii and immediately the distension was relieved.

Dr. A. Venkateswararao read his clinical notes on a case of cancer of the ascending colon and how originally it was diagnosed to be a moveable right kidney, later on a tumour of the mesentery and a laparotomy by the Surgeons of Hyderabad revealed to be one of cancer. Dr. P. Anjaiah then proposed a resolution duly seconded by Dr. D. Satyanarayana and carried unanimously thus :—

" This Association resolves to request the Government to provincialise the L. F. medical institutions on the same scale as the Government Institutions."

The meeting came to a close by 6-30 p.m.

The Tinnevelly District Medical Association, Palamcottah.

(*Tinnevelly Branch of the Indian Medical Association*).

The Tinnevelly District Medical Association held its monthly meeting on Saturday the 25th of June 1938, at Papanasam one of the most sacred places of the District, noted for wild scenery and most charming waterfalls.

Members numbering 42 gathered from all parts of the District. All the members had an early bath in the Falls which was followed by light refreshments.

The meeting began at 10 a.m. under the Presidentship of Lieut.-Col. T. S. Shastry, I.M.S. The Secretary read the minutes of the last monthly meeting held at Mangalagiri near Tuticorin, on Saturday the 14th of May 1938, which were passed.

The proposal of the Ramnad Branch of the Indian Medical Association that a Presidency Branch of the Indian Medical Association should be formed in order to be able to speak in the name of the Presidency in regard to the Indian Medical Association, was discussed, and the following resolution was unanimously passed :—

> "The Tinnevelly District Medical Association is of opinion that the question of forming a Provincial Branch of the Indian Medical Association for the Madras Presidency may be considered when an adequate number of District Branches of the Indian Medical Association have been formed in the Presidency."

The letter from the Secretary, Indian Medical Association, Calcutta, regarding the All-India Anti-Medical Council Act Day was read and discussed. The following resolution was passed *nem con* :—

> "The Tinnevelly District Medical Association is of opinion that the time has come when the All-India Medical Licentiates Association and its Branches together with its membership, funds, and Journal should be entirely amalgamated and merged with the Indian Medical Association, thereby facilitating the formation of a united front for the redressal of the legitimate grievances of the Licentiates and to unify the Allopathic Medical profession as a whole."

The following resolution was also passed unanimously :—

> "The Tinnevelly District Medical Association is of opinion that the Indian Medical Association subscription may be reduced from Rs. 3 to Rs. 2 in as much as the membership of the Indian Medical Association has increased appreciably since its formation and as there is every likelihood of more Medical Associations joining the Indian Medical Association if the subscription is reduced and that this suggestion may be sent up to the Central Council of the Indian Medical Association ".

It was also considered necessary to discuss the above subjects at Courtallam meeting on the 23rd July 1938, where the Medical Associations of the Travancore State, Ramnad, Madura and Tinnevelly District meet together.

Thereafter Dr. T. K. Nilakanta Iyer, of the Government Headquarters Hospital, Palmcottah, read the following interesting cases which were successfully operated and treated at the Government Headquarters Hospital, Palamcottah :—

1. A case of Stab Injury of the neck.
2. A case of Liver Abscess.
3. Two cases of septic knee—successful treatment with prosepta-sine and Soluseptasine.
4. Three cases of Erysipelas—successful treatment with Prontosil.
5. A case of Fracture of femur attended with haematomyelia.

After detailed discussion by the members, Colonel Shastry, summed up the salient and important features of all cases. He offered his cordial thanks to all those members who helped towards the success of the function and thanked Dr. T. V. Gopala Menon, M.B.B.S., for the excellent arrangements. He congratulated Dr. K. R. Venkoba Rao, L.M. & S., B.S.Sc., one of the members of the Association on his selection for the Health Department of Madras.

All had an excellent Dinner at 1 p.m. Thereafter an enjoyable musical entertainment brought the happy gathering to a close at 3 p.m.

HEALTH EXHIBITION.

At 5 p.m. a very enthusiastic Health Exhibition was held at the Thirthapathi High School, Ambasamudram. It was opened by Mr. Jayarajan, I.C.S, Sub-Collector, Sermadevi. Dr. T. C. Sankara Iyer, L.M.P. of Kallidaikurichi, presided over the function.

Lieut.-Col. T. S. Shastry, I.M.S., the President, welcomed the guests and requested Mr. Jayarajan, to open the Health Exhibition. Mr. Jayarajan, in declaring the Exhibition open said that such exhibitions are very useful and beneficial to the masses.

The President, delivered his speech in Tamil which was very interesting. He impressed the necessity for such Exhibitions and its usefulness and urged the people to practise the ways of Health and to create a health conscience and stressed how our personal habits should improve in regard to our latrines, and water courses.

The Exhibition was thrown open to the public and school children till late in the evening. The Exhibits consisted of posters relating to Cholera, Tuberculosis, Malaria, Small-pox, etc. This was very much appreciated by

the gathering which consisted mostly of school boys and Teachers—about 300 strong from the whole of Ambasamudram area.

Lieut.-Col. T. S. Shastry, I.M.S., offered cordial thanks to the Head Master, Thirthapathi High School, Mr. Jayarajan, I.C.S., and Dr. T. C. Sankara Iyer, for their kind co-operation for the success of the Health Exhibition.

Ramnad District Medical Association.

(Branch of Indian Medical Association).

The June meeting of the Association was held in the Schwarts High School, Ramnad on Saturday the 18th June, 1938 when there were 21 doctors present.

Those assembled were entertained to Tea by Dr. V. K. K. Menon.

Dr. V. P. Kamath, Retired Civil Surgeon, Madras who graced the meeting with his presence was voted to the chair in the absence of both the President and the Vice President of the Association.

The minutes of the Annual Meeting held at Karaikudi on the 9th April 1938 read by the Secretary was adopted.

Dr. V. K. K. Menon, M.B. & B.S., delivered an impressive address on "Hints on the Treatment of Minor Ailments". He dealt with many diseases seen in daily practice, *viz.*, Diseases of Eye, Ear, Nose, Throat, Headache and common disorders of Respiratory, Digestive and Urinary systems. In the discussion that followed Drs. O. C. Madhavan, M. Nagaswami and P. Kesavan Nair took part.

The Chairman in his concluding speech remarked that the lecturer gave valuable hints and said he was much honoured in having been asked to preside that evening.

With a vote of thanks to the Chairman, the lecturer who was also the host, and those present, the meeting terminated. The Secretary announced that the next meeting will be held at Courtallam on the 23rd July, 1938 as the combined meeting of Tinnevelly District Medical Association, Madura Medical Association, Travancore Medical Association and the Ramnad District Medical Association.

The gathering dispersed late in the night after a dinner provided by Dr. V. K. K. Menon.

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