

MEDICAL SURVEILLANCE

VOL X

NO. 1

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MEDICO-SURGICAL SUGGESTIONS

Vol. X

JANUARY 1941.

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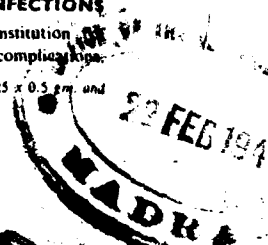
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A MONTHLY JOURNAL OF PRACTICAL MEDICINE & SURGERY
Editor: Dr. P. R. Venkappaya.

VOL. X

JANUARY 1941

No. 1

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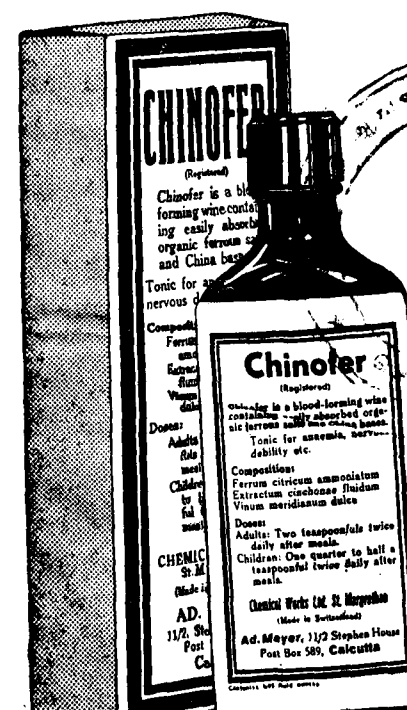
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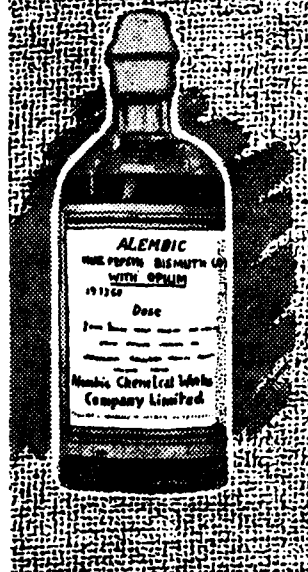
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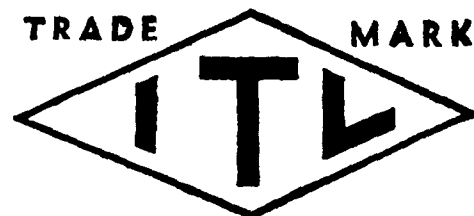
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MEDICO-SURGICAL SUGGESTIONS

(Established 1932.)

VOL. X

JANUARY 1941

NO. 1

THE XVII ALL INDIA MEDICAL CONFERENCE, VIZAGAPATAM.

27th December 1940.

WELCOME ADDRESS

BY DR. P. GURUMURTI, CHAIRMAN, RECEPTION COMMITTEE.

MEMBERS OF MEDICAL FRATERNITY, LADIES AND GENTLEMEN.

On behalf of the reception committee I extend to you a sincere and hearty welcome to the Andhra country, in general, and to Visakhapatnam (Vizagapatnam) in particular. This town was founded about a thousand years ago, in the name of Goddess Visakha, by Kulottunga Chola—son of Raja Raja Narendra, who reigned over Chola, Chalukya, and Kalinga kingdoms and extended his sway over a great part of the present Madras presidency and Orissa. This Andhra country forms, now, a part of multilingual province, Madras; and our cry for a separate province is yet a cry in the wilderness. Our thanks are due to you, Gentlemen, for having come, from far and near, at considerable expense of time, energy and money which shows the abiding interest you evince in the public health of the country. I am sure you will find your stay at Vizag very pleasant and enjoyable,—despite deficiencies in our arrangements,—for which I crave your pardon,—not only by meeting old friends and renewing their friendship and contracting new ones but, also, by enjoying the salubrious climate of Vizag and its suburb Waltair, which is hailed as the Brighton of the East. Vizagapatam is thus not only a health resort, but, also, a place of importance on account of the fine natural harbour, on account of the location of the Andhra University and the Andhra Medical College. Vizag is the Benares for the Medicos of the Andhra Country.

Gentlemen, the one thing that is upper most in the minds of all of us is the war which is causing terrible agony to mankind. The world is plunged in a war the like of which it had never witnessed before. Countries belonging to our greatest scientists, Roentgen, Van Leeuwenhoek, Koch, Laveran, Jenner, Eberth, Madame Currie, Pasteur, Laennec, Ross, Lister and Perking, whose hearts shuddered at the appalling death of people by disease and whose hearts were occupied with the woes of humanity, and who dedicated their lives for the amelioration of the human misery and suffering, are at war and are cutting each others' throats. Civic population, innocent

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women and children are becoming a prey to the atrocities of the war. Science which was intended to advance civilisation and promote happiness of the people is perverted to selfish ends and human destruction. What a sad and distressing spectacle! The scientists who thought in terms of welfare and well-being, health and happiness of man-kind, will turn in their graves at the inhuman and barbarous atrocities of their countrymen. It is, therefore, the duty of all God-fearing men to protest against this murder and marauder, and proclaim to the world that the present politico-socio-economic order based on imperial and materialistic considerations should cease and that a new world order based on co-operation and concord, goodwill and peace on earth should be brought into being at the earliest possible moment. "Medical men have to throw their weight on the side of sanity and stability in a world distraught with disorders, and contribute to the well-being of mankind."

MOTHER INDIA.

India is a land of villages. 90 per cent of the population live there and depend on agriculture. Unless the agriculturist is in a sound and fit condition the country will go to rack and ruins. It is the primary duty of all Governments to make and keep them fit. The acid test of administration is in the condition of villages. No Government can be said to have discharged its duty by its people unless every villager can have adequate and upto date medical facility and every one of the medical institutions has modern equipment and appliances for the treatment of diseases. Governments have been spending a major part of the country's taxes, collected from the poor agriculturists in building grand and luxurious towns and cities, while the villages are languishing.

India is a poor country. The average income is the lowest in the world; 20 per cent of the people are badly nourished; 41 per cent are poorly nourished i.e., 2/3 of the people are starving and are taking to a dieting on which, according to the Director of Public Health, Bengal, even rats could not live for more than five weeks. The majority "hold on to dear life by the skin of their teeth". The poorest in other countries spend more on beer and tobacco, than what is spent by us on food. Poverty is the chief cause of our ills. Poverty and disease are inseparable twins. They move hand in glove. Other conditions complete the tragic picture. A low miserable hut in insanitary surroundings, permitting no light, air, or ventilation, stares us in the face at every turn. Thus, due to poverty, bad housing, deficiency in food supply, people are suffering miserably and are in a low state of vitality. Preventable diseases like Beri-Beri, Pellagra, Rickets, Osteomalacia, Karato-malacia, Anaemias of Pregnancy, Portal Cirrhosis and Dental diseases are prevalent in the country. A judicious and well balanced diet is necessary to have a sound mind and body so that the individual may respond to the opportunities of life; and it is the business of the State to see that its population gets it. The agents of Death are claiming a terrible toll, year after year.

NAME OF THE DISEASE. AVERAGE PER THOUSAND.

Plague	...	71
Cholera	...	220
Diarrhoea and dysentery	...	247
Smallpox	...	84

and hundred millions suffer from Malaria, every year. Tuberculosis and leprosy are on the increase. Blindness is three times larger than in England. The average expectation of life of new-born infants is half of that in England. Infantile Mortality under one year is the highest in the world. The general death rate is 24 per thousand as against 12 in England. Maternal Mortality is 24.5 per thousand as against 8.5 in U. S. A. and 2.4 in Holland. The number of deaths every year from preventable disease alone comes to about six millions. On account of ill health, workers are obliged to be off duty from about fortnight to a month which results in loss of efficiency and income; thus, poverty and disease move in a vicious circle. We have been under the benign British Government for a century and a half and yet this is the pitiable and sorrowful picture of the country in matters of health. These conditions are aggravated for want of proper medical facilities.

CURATIVE MEDICINE.

For seven crores of villages we have ninety thousand trained medical men in the country; at least one is required for a thousand of population. We, therefore, require four lakhs of medical men. There are seven thousand hospitals with seventy thousand beds; i.e., one for every 163 square miles, and for a population of 41,063. The accommodation is quite inadequate.

PREVENTIVE MEDICINE.

The development of social medicine is a healthy augury. It includes more than the prevention of the diseases. It aims at creating positive well-being and at making the citizens strong and stalwart. The progress made in other countries in this direction is an amazing and interesting story. In other countries women are cared for during pregnancy and after delivery, and are provided with necessary food and medical attention. Special care is taken of infants, babies and children of school—going age through welfare centres, creches and nursery schools. Medical inspection of children is attended to. Mental hygiene movement was started to prevent psychological achievements.

Look at this picture and that of ours! We find that precious little is done in this country. Mysore seems to be advancing in this direction, also.

MEDICAL EDUCATION.

The curricula of education imparted in many of the schools has to be revised. In the name of cheapness medical practitioners, not of the requisite standards, are turned out of medical schools by Governments. Human life whether Urban or Rural, whether Rich or Poor, whether White or Dark, is equal in the eyes of humanity and in the eyes of God. All scientific knowledge must be made available and accessible to one and all. One of the greatest disadvantages which has emerged from these different standards of education is the creation of castes, separate electorates and perhaps Pakistans. The dangers of this are too patent to be enumerated here. Therefore these schools should be brought up to the University standard immediately.

THE I. M. S.

The services are divided into castes. The I. M. S. who in the majority of the cases, is neither Indian nor a servant of the people but a big Mahabat, holds sway over the services, monopolising all

the best and important positions,—the junior most of them looking askance at the senior most of the other services. These have generally no sympathy with Indians or with Indian aspirations. The Indian Medical Association is a red-rag to the European I. M. S. There are efficient men in the country and the country does not need them. I am very much pained to observe that Major-General Wilson, the dictator of the medical services of this province willed that his comrades in government services should not identify themselves with this conference.

This is, I am constrained to observe as arrogant ignorance. As President of a Medical Council he ought to know better.

THE INDIAN MEDICAL COUNCIL.

The Indian Medical Council at its meeting held on 26th October last, tried to undo the old wrongs, and requested the Government to amend the act, so as to provide for the maintenance of an all India register, and for the inclusion of the licentiates in such a register. Our thanks go to them. But the wrong done to the Medical graduates of the Andhra University has yet to be righted. It has to be noted that recognition was not withheld, for want of efficiency either on the part of the students or on the part of the professors, but for want of buildings and for fear that the Government may not grant the necessary funds, if the recognition is granted. It is a very curious thing. The treatment given to graduates, who passed out before December, 38, is unjust and manifestly indefensible. On December 1st 1938 the improvements have not been effected. Yet the Council granted recognition to degrees conferred after that date. The Council has thus admitted practically that the defects pointed out before were not of a nature as would warrant the non-recognition of these degrees. Students who failed in December 38, and secured a pass subsequently, are given recognition. Nothing happened in between these two examinations. The students were educated in a Government College, declared fit by a duly constituted University, and are authorised to practice medicine; yet there is no recognition to those degrees by the Indian Medical Council. It is a very strange anomaly and the wrong has to be repaired immediately.

RESEARCH.

The scope for research in our Country is greatly restricted for want of funds. In foreign countries, enormous sums are spent. Rockefeller Foundation of America spends ten crores of rupees annually. The British Research Council spends 25 lakhs yearly. It is time that Governments and Philanthropists realise the great need and contribute funds liberally to carry on research. A synthesis of all the medical systems is an imperative and urgent need.

THE DRUG ACT.

The Drug Bill has at last become Law. Some of the provisions found in the Bill were altered, yet, there are some defects which need amendment. (1) The Advisory Board consists mostly of officials. (2) They have no control over the Ayurvedic and Unani Drugs. (3) There is no provision to introduce the Act simultaneously in all the Provinces of India. These are some of the defects and the Act has to be amended accordingly.

Drugs, remedies and food stuffs are advertised in lay dailies and even medical journals. Advertisements in the form of letters of thanks by patients and testimonials from physicians are freely

published and advertised. The worried mothers and guilible public are the easy dupes of these ingenious advertisers. A strict control over this is necessary.

It is very gratifying to note that the Government of India have sanctioned a sum of rupees eight lakhs for the preparation of drugs now not available in India. I hope some good will come out of this.

ADULTERATION OF FOOD.

Acts are in force in the various provinces to control the purity of food supplies. But the Governments have so far interested themselves only in prosecuting people who supplied foods which did not confirm to standards of purity. The Government should set up necessary organisation and machinery for manufacturing certain articles of food and to test certain others before they are offered to the public for sale. Prosecution alone does not mend matters.

The medical service is one of the most honourable as well as the most arduous task in the world.

"Better than learning is a loving heart
And to give comfort to a wounded lamb
Is higher than the wisdom of the schools
And greater than the words philosophy"

The medical men should take care of the society and the society should take care of them. It is the duty of the State to provide decent living to all medical men and station them all over the country.

Gentlemen, "Every man is to consider himself as a particular object of God's providence; under the same care and protection of God as if world had been made for him alone. It is not by chance that any man is born at such a time, of such parents, and in such a place and condition. It is as certain that every Soul comes into the body at such a time, and in such circumstances, by the express designment of God, according to some purposes of His Will, and for some particular ends." Our profession was commonly reputed to have no religion. The "honest thief," "the tender murderer" "the superstitious atheist" and "the devout physician" were not known before, I do not believe that there are men in our profession to day who have no religion.

"Deho Devalayaha, Prokta Jeevo Deva Ssantanaha"

The human body is the temple of the God on earth and we are the worshippers at that noble and sacred shrine. Let us worship there, and thus fulfill our lives' mission.

Gentlemen, I am afraid. I have taken much of your time, I beg to be pardoned, I shall not stand any more between yourselves and the Maha Raja Sahib of Jayapore, Maha Raja Sri Vikramadeva Varma Bahaddar a great poet and philanthropist who has contributed very richly to the Andhra literature by his famous works, Manavathi Charitramu, Sreenivasa Kalyanam and Radha Madhavam and to Andhra Education in general, by the munificence of one lakh of rupees annually and who has very kindly consented to open the conference, and between yourselves and Dr. K. S. Ray, the Founder-Secretary of our Association who has kindly consented to preside over the conference. I now request the Maharaja Sahib to kindly open the Conference and Dr. K. S. Ray to kindly preside over the Conference and guide its deliberations.

PRESIDENTIAL ADDRESS

By K. S. RAY, M.A., B.Sc., M.B., Ch.B. (EDIN.), M.L.C. (BENGAL.)

MR. CHAIRMAN, LADIES & GENTLEMEN,

INTRODUCTORY.

One of the highest tributes that India can pay to a member of the Indian medical profession is election to the presidency of the Indian Medical Association. It is a tribute within the free gift of our countrymen and the position is hallowed by a long list of illustrious names connected with our profession. While therefore I thank you with all the sincerity I can command for the great honour you have done me to-day, I wish your choice had fallen on some one more worthy to take the helm at this critical period of history. To-day, indeed, the responsibilities of the President have multiplied a hundred-fold and I can only surmise that your choice of me is due primarily to a recognition of the humble services I have tried to render to the cause of the Indian Medical Association since its inception. But whatever the reason, I am no less thankful to you and my earnest hope is that I may prove worthy of your choice, of the standard set by my illustrious predecessors in this honoured chair and of the sacred traditions of the noble profession we all follow.

IDEALS AND TRADITIONS OF THE PROFESSION.

These traditions are as old as the art of healing and lie enshrined in the ideals that gave rise to the I. M. A.—ideals of a high standard of professional efficiency, a lofty code of ethics, a stern sense of duty and an all-pervading humanitarianism. These are, or ought to be, the tenets of a doctor's religion. Any individual departure from them reacts to the detriment of the whole profession, for, in matters of health and sickness, confidence is easily destroyed and requires to be carefully fostered in the human mind. Without this confidence, a doctor's task is rendered almost hopeless. In our country especially, where ignorance and superstition are so rife and the scientific attitude almost non-existent, it is only by our strict rectitude and allegiance to such ideals that we shall be able to break down the age-old prejudices and advance the cause of scientific medicine more rapidly and extensively among our people. Nationally and internationally we shall be judged by these ideals.

A BRIEF HISTORY OF THE I. M. A.

Friends, before I launch into a discussion of the more important problems, I should like to give you a brief survey of the activities of our Association from the year of its birth. You will easily see the reason for my love of the subject, the Association being a matter of perennial interest to me. This survey will, I hope, enable us to see how from small beginnings it has grown into an influential organisation in the course of a comparatively short time. This is a message of hope and encouragement for all of us and should strengthen our confidence in its future. The resolutions passed at our Annual Conferences year after year are not mere mechanical repetitions but are so many milestones in the history of the progress of our Association. It is in gatherings such as these that the unseen hands of destiny may well be writing the future history of our activities.

SOME EARLY CONFERENCES.

Many years before the I. M. A. took shape, some form of organisation to which Indian medical men could gather was felt to be necessary in order to discuss the various problems and advance their ideals and interests. The Calcutta Medical Conference of 1917 which was presided over by Dr. Raghavendra Rao may be considered to have been the first real all-India Medical Conference. Conferences were also held at Delhi in 1918 with Sir Nilratan Sircar as President, at Amritsar in 1919 and at Nagpur in 1920. The enthusiasm seems to have waned subsequently as there was no permanent all-India organisation under whose aegis such conferences could be held regularly. There was no established country-wide organisation that offered a common meeting ground for all sections and classes of medical men from all parts of India. The need for some such organisation of Indian medical men was felt since the year 1924 when feelings were roused in India on account of the controversy that began between the General Medical Council of Great Britain and the Indian Universities on the question of reciprocal recognition of their medical degrees. But it was not until the year 1928 that concrete shape could be given to this much-cherished desire for a permanent organisation. An all-India Medical Conference was held in Calcutta in that year under the joint auspices of the Calcutta Medical Club and the now defunct Bengal Medical Association. By a resolution at this conference it was decided to have an All-India Medical Association with the object of looking after the interests of the medical profession all over India.

BIRTH OF THE I. M. A.

Thus the All-India Medical Association later named the Indian Medical Association came to be formed in the year 1929 with Dr. G. V. Deshmukh as its first President and Dr. Aghorenath Ghosh, Dr. D. D. Sathaye and myself as Joint Secretaries. At the commencement there were only about 250 members from the profession in Calcutta but the potentialities of the new organisation soon attracted attention and membership grew space and branches were established all over India. To-day there are nearly 150 branches with an ever increasing membership throughout the length and breadth of the country.

SOME MAJOR ACTIVITIES OF THE ASSOCIATION.

The voice of the Association began to be felt at once in many directions, e.g., (i) protest against the withdrawal of the recognition of the Indian medical degrees by the British General Medical Council; (ii) movement for the encouragement of Indian medical products; (iii) organisation of Ambulance corps and (iv) developments connected with the proposed Central Indian Research Institute at Dehra Dun.

THE ASSOCIATION AND THE MEDICAL COUNCIL BILL.

The activities of the I. M. A. in connection with the Indian Medical Council Bill deserve special mention as lapse of time is apt to fade out the memory of those eventful days. The Central Council of the Association was especially strengthened by the addition of certain prominent members of the medical profession to deal with

the bill. It gathered opinion from all over India, held several meetings and submitted a comprehensive set of recommendations to the Government of India. The Association strongly pleaded for an All-India Register and inclusion therein of the Licentiates. Although the final shape of the bill left much to be desired, yet certain notable improvements on the original bill were manifestly the outcome of the efforts of this Association. And the fact that almost all the elected members of the Indian Medical Council are members of the I. M. A. is not without significance.

THE ASSOCIATION AND THE SIMON COMMISSION REPORT AND EVIDENCE BEFORE THE JT. PARLIAMENTARY COMMITTEE.

The Association again raised its voice of protest against the reactionary report of the Simon Commission so far as the medical profession of India was concerned. Proper attention was also paid to the destructive evidence given by the British Medical Association before the Joint Parliamentary Committee of the Round Table Conference. The policies and recommendations of the Government affecting the interests of the Indian medical profession might have been worse had not the Association timely moved in the matter.

THE ASSOCIATION AND THE DRUG ENQUIRY COMMITTEE.

The Association also took a great interest in the proceedings of the Drug Enquiry Committee (1931) and submitted a memorandum in which, among other things the Quinine policy followed by the Government of India was strongly criticised. I shall have occasion to refer to the matter again.

THE ASSOCIATION AND THE INCOME-TAX AMENDMENT BILL, 1938.

In 1938 the Association submitted a Memorandum to the Government on the Income Tax Amendment Bill which was then under consideration. Most of the points put forward in that memorandum were accepted by the Central Legislature. These are: a tax-free allowance of 1,500 rupees to every assessee; annual rent of the premises or portion of the premises used for professional purposes and expenses for repairs; salaries and wages of assistants and employees and their boarding; travelling; upkeep of conveyances; telephone; insurance of vehicles and premises and also of apparatus and appliances used for business purposes; Life Insurance premium upto a maximum of Rs. 6,000 etc., etc., Further, depreciation has been allowed on vehicles, books, scientific apparatus and surgical equipments used for professional purposes together with depreciated value of the same when discarded. Mr. D. P. Khaitan who took up the cause of the Association in the Central Legislative Assembly is of the opinion that under the amended Act, "the profession had practically got everything they wanted in their memorandum."

THE ASSOCIATION AND THE DRUGS BILL OF 1940.

This year (1940), the Association submitted to the Government a comprehensive Memorandum on the Drugs Bill criticising its various provisions and putting forward concrete suggestions. Some of these suggestions notably those dealing with the personnel of the Drugs Technical Advisory Board and the introduction of a Joint Consultative Committee have been accepted. The inclusion of a representative of this Association in the Drugs Board is another instance of the growing influence the Association is beginning to wield.

THE ASSOCIATION AND THE BEHAR EARTHQUAKE OF 1934

It is interesting to recall the help rendered by the Association on the occasion of the terrible Behar Earthquake of 1934. It was an occasion that put the capacity of the Association which was still in its infancy to deal with such an emergency to the severest test. But the response to our call for men, money and materials was immediate and generous and enabled us to rise to the occasion in a manner that earned for the Association appreciation and gratitude of both non-officials and officials.

THE ASSOCIATION AND SCHEMES OF MEDICAL AID.

I like also to touch on another activity of the Association which is likely to assume great importance in the near future. I am referring to schemes for Rural Medical Aid and Health Insurance. In 1934 committees were set up by the Association to consider these two subjects. But in such matters both in regard to information and action, private organisations are severely handicapped unless governmental co-operation is forthcoming. Statistics are almost non-existent. Even so it did not deter us from considering many schemes of likely application, and one outstanding note of ours is the memorandum framed by our Bombay Branch in conjunction with the Medical Association, Bombay North and the Bombay Obstetrical and Gynaecological Society and submitted to the Government of Bombay. The Association also adopted a scheme drawn up by Dr. S. C. Sen of Delhi on the lines of London Public Medical Service. This scheme, if adopted, will not only bring adequate and efficient medical relief to the poorer sections of the community but also material benefit to the profession in these days of economic difficulties.

I. M. A. AND THE PROVINCIAL GOVERNMENTS.

While on this subject I should mention that we have always felt that this Association with its branches and affiliated bodies could be of great assistance to the provincial governments and it would seem that this feeling has resulted in a livelier interest among our branches in public health matters. Referring to our U.P. Provincial Branch, Dr. Panna Lal, I.C.S., Official Adviser to His Excellency the Governor of U. P. in a recent speech at Dehra Dun, observed as follows:—"The Indian Medical Association of which you are the Provincial Branch is a body of serious and responsible persons. The Government officially recognised it two years ago and attaches great value to its opinions. It is our intention to continue to refer to it all important matters concerning the welfare of the medical profession." How one wishes that other provincial governments had also similarly come forward to recognise the other provincial branches of the I. M. A. and elicited their opinion on all matters concerning the public health problems of the provinces. It would be pertinent to mention in this connection that no measures affecting the public health problems of the United Kingdom and the Dominions are ever introduced in their Parliaments without in the first instance consulting the British Medical Association or its branches in the Dominions. I do fervently hope that in the re-orientation of things which is bound to take place after the war, the I. M. A. will be given its rightful place in shaping public health policies and measures of the various provincial governments as well as the Government of India. And in this connection I would very

strongly urge that in all future cabinets of the provincial governments, the port-folio of the Minister of Health should be given to a member of the medical profession.

I. M. A. AND THE I. M. S.

In marked contrast with the attitude of the Government of U.P. towards the I. M. A. mentioned above is the attitude taken up by some of the other provincial governments where like U.P. on account of the resignation of the Congress ministries, the I. M. S. Surgeon Generals are once again at the helm of affairs. I am referring here to the recent action of the Surgeon-General of a Province in refusing permission to two government servants who had been elected to the offices of the Chairman and Secretary respectively of the Reception Committee of this Conference but who had, on account of that refusal, to resign their offices subsequently. The Surgeon-General may be quite within his rights to prevent any one from accepting such offices but what can be his justification in exercising this right when he knew fully well that only a couple of years ago, a similar conference was not only opened by the Minister under whom he had worked but that the Chairman of the Reception Committee of that conference was himself a member of the I. M. S. ? In the previous conferences the attitude of the I. M. A. and the medical profession in India with regard to the I. M. S. has been so often discussed in detail and so clearly and emphatically defined in each successive conference that I do not think it necessary to waste your time and patience by going over the covered ground. The present war has fully confirmed what has been repeatedly stated by the Presidents of the past conferences, namely, that the retention of the I. M. S. in civil employment as war reserve is only a myth and if it had not been for the fact that the Indian medical men had volunteered in large numbers to serve in the present as in the last war, the number of I. M. S. officers which are kept in civil employment as war reserves, would never have been sufficient to cope with the war situation. The only thing, therefore, that I would like to say in this connection is that the demand of the I. M. A. about the complete abolition of the Civil side of the I. M. S. and of the administrative posts of the Surgeon-General and the Inspector-General of Civil hospitals, remains unchanged.

FUTURE OF THE ASSOCIATION.

In a short resume like this it is not possible to give much details of all the varied activities of the Association since its inception. But no fair commentator will fail to be impressed with what the Association has already achieved. In view of its non-denominational character, increasing strength and growing influence, there can hardly be any doubt that it is destined to play an ever more important role in the history of medicine and medical politics in India.

NEED FOR UNITY, I. M. A. AND LIFE INSURANCE FEES.

The efficiency and development of this organisation is our very close concern. In the peculiar circumstances of our country and in view of the heaving times through which we are passing we can hardly afford to fritter away our strength in isolated efforts. Whatever we do, should be done by us with one voice and one accord. Any separatist outlook or isolationist tendency is fraught with the

gravest danger. The individual's interest cannot hope to be safeguarded nor the collective interest protected and none of the problems that face us can be expected to be solved unless we act together as a solid and united body. How close the general interest may at times be to the individual interest is evidenced by the fight we are waging against the reduction of the fees paid for life insurance examination to a ridiculous level. Incidentally, it will be seen that we have by no means taken a narrow trade union outlook. The standard of fees proposed by us will be found reasonable by every fair person and we refuse to think that the stability of any sound Insurance company depends on reducing its medical fees to a level that may induce inefficiency and fraud and lead unscrupulous agents to pray on doctors dependent on insurance work to a large extent.

AMALGAMATION OF THE I. M. A. & THE A. I. M. L. A.

Apropos of my remarks on expansion, I feel I must say a few words on the question of amalgamation of our two Associations—the Indian Medical Association and the All-India Medical Licentiates' Association. It is a consummation devoutly to be desired. The accession of strength to the amalgamated body would render its influence almost irresistible. No medical man could afford to remain outside its membership, no authority could fail to give it ear. Unfortunately, we are burdened with the "damnosa hereditas" of compartmentalism within our profession that is found in no other country. It is apiece with the general policy of British administration in India. First we have the compartmentalism and racial discrimination of the I. M. S. and then as between the graduates and licentiates in medicine. There is no need for a caste system here and we as an Association have set our face against it. To this end, we had strongly advocated for an All-India Medical Register that would include the licentiate section. But the key to the situation lies, as our licentiate colleagues themselves admit, in raising the standard of licentiate training. This we have urged again and again and I am glad to say that following the lead given by Dr. Rajan, Dr. Gilder and Mrs. Vijay Lakshmi Pandit in their respective provinces in abolishing the school standard, we are set on the path of uniformity in the matter of medical education in India. The introduction of the All India Register which the Medical Council has recommended to the Government will pave the way for abolition of all class distinctions in future. Of happy augury, however, would meanwhile be the fusion of these two Associations into a strong and united body working for the common welfare and highest good of the country. It is for the leaders of both our Associations to consider seriously whether the time for further hesitation has not passed. No one stands to lose by such amalgamation. Moreover, the various problems facing the medical profession as a whole would thereby be brought considerably nearer solution.

MEDICAL COUNCIL OF INDIA.

The Medical Council of India was constituted now more than six years back with a view to further the cause of 'higher' medical education in India. Its two fold objects were firstly to secure a uniformity of the standard of medical education in the country and secondly the establishment of a system of reciprocity with foreign countries for recognition of medical degrees. In the words of the

late Sir Fazli Hussain, these objects were to secure "efficiency at home and honour abroad." So far as efficiency is concerned, although the Council claims that the object is now on the way to fulfilment as most of the Indian universities are following the curriculum laid down by it, in my opinion efficiency cannot be complete unless the training of 80 per cent. of the medical practitioners in India, viz., the licentiates who do not come under the fold of the Council, is also raised to the uniform minimum standard laid down by it. So long as this is not done, the claim of efficiency will be a mere eye-wash. Before I finish this portion of the matter, I think a word of caution on my part will not be taken amiss. In our craze for imitation of western models, we are sometimes apt to forget the peculiar needs of our country in the light of the social and economic conditions prevalent here. An ideal educational system must be broad-based upon the character of the soil and must not be mere transplantation from other countries. These considerations are sometimes apt to be lost sight of. If, therefore, there are some deficiencies still left in our medical education, it is because we have not been able to co-ordinate our knowledge of what is best in others with the true requirements of our country.

POST-GRADUATE TRAINING.

Personally, I am against over crowding of the syllabus of study during the collegiate period because it is more productive of evil than good. Specialised study should always be left over till after graduation the students can make their choice in the light of liking for special subjects. All that should be done at the outset is to give them a good, all-round, general knowledge of medicine, surgery and midwifery with special emphasis on hospital practice. It is often complained that the student has hardly any time to properly assimilate the training imparted to him as he has to attend classes from morning till night and the authorities of the colleges sometimes find it extremely difficult to fix a time-table in order to accommodate all the different subjects that are crowded in the syllabus. While I am not in favour of such over-crowding of the syllabus, I feel that there should be more facilities for post graduate and special courses by the universities so that the graduates may avail themselves of them for training in post graduate and scientific subjects. This is a matter which has been very much neglected by our universities with the result that our graduates are compelled to go to foreign countries for such training. In the matter of distribution of services also, preference is given to those possessing foreign degrees. The fault does not lie with the foreign degree-holders but with our universities for not providing scope for necessary training. This is a very serious fault and I hope our universities will soon mend it by setting up post graduate and special courses in different centres of education.

RECIPROCITY WITH FOREIGN COUNTRIES.

With regard to "honour abroad", the Council soon after its inauguration tried to enter into schemes of direct reciprocity with 27 countries. Many of them did not reply, four of them, New Zealand, Malta, Burma and New South Wales agreed in the first instance to reciprocate directly with us, though two of them subsequently withdrew, and fourteen countries intimated that they would recognise our degrees only so long as they continue to be recognised by the G. M. C. This scheme is what has been aptly

termed by Dr. B. C. Roy as "Indirect reciprocity" as it kept our Council tied to the apron strings of the G. M. C. I am glad to say that the Council has now seen the futility of continuing this form of reciprocity and recommended its withdrawal and establishment in its place of a General Reciprocity Board for the purpose of facilitating reciprocity on 'honourable' terms between India and the various countries constituting the British Commonwealth of Nations.

MEDICAL COUNCIL AND THE ANDHRA UNIVERSITY.

I cannot here pass by the controversy regarding recognition of the Andhra graduates. The Andhra Medical College was started in 1923 and affiliated to the Madras University for the 1st and 2nd M.B., B.S. and L. M. S. courses. On the incorporation of the Andhra University, the college passed to the jurisdiction of that University in 1926. The Andhra University automatically obtained affiliation for the 1st and 2nd M.B., B.S. courses and further affiliation for the 3rd and Final M.B., B.S. was effected on the recommendations of the Inspection Commission appointed by the Madras University.

The first batch of students of the College on whom the degree of the M.B., B.S. was conferred by the Andhra University, appeared for final examination in 1928. Conjoint medical examinations with the Madras University were held till December, 1933 and thereafter the examinations were conducted by the Andhra University independently of the Madras University, i.e., with effect from 1934.

The Government of India, under Sec. 3 of the Indian Medical Degrees Act of 1916, authorised the Andhra University on 5-10-1933 to confer degrees with effect from 1928 which entitle its graduates to enjoy the same privileges as those of other universities but the Indian Medical Council recognised the graduates of the Andhra University only from 1938.

It seems strange that when the Indian Medical Council Act came into force, the universities of Andhra, Patna and Rangoon were excluded from the first schedule. If the Act was meant to secure "honour abroad" why was it that only those Indian universities which were included in Table 'I' of the British Medical Register were placed on the First Schedule and not all the universities which were in existence and granting degrees at the time? It would thus appear that the whole outlook at the time of the inauguration of the Council was to satisfy the British General Medical Council rather than to further the interests of the Indian Universities.

However, the Andhra University was inspected for the first time in the year 1935. The Inspectors did not submit a unanimous report. The majority concluded thus:—"Considering the knowledge displayed by the average student at the university examination in clinical subjects, and considering that the 'deficiencies' pointed out by us are likely to be soon remedied, we are of opinion that the Medical College, Vizagapatam, is sufficient." But one of the Inspectors, who was also the Secretary of the Council and a nominee of the G. M. C. and whose appointment as an Inspector was strongly opposed by the majority of the non-official members, gave a note of dissent and the Council instead of accepting the report of the majority, unfortunately accepted the report of the dissenting Inspector in spite of the opposition of many non-official members. Even a modest proposal by me

to postpone consideration of the matter was thrown out. The deficiencies pointed out by the latter were not of such serious nature as may not be found in other universities. The Council could easily have given recognition to the degrees of this university and encourage it towards further development as is being done today by the G. M. C. in regard to these examining bodies whose qualifications have been found deficient by the Inspectors appointed by the G. M. C. Even in the first inspection report, all the Inspectors agreed that the examinations conducted by the Andhra University were sufficient. It would therefore be safe to conclude that the graduates who passed out of it were as efficient as graduates of any other university. It would be a great pity if these graduates are to continue unrecognised by, and remain untouchables in the eye of the Medical Council of India. Now that we have an ex-President of the I. M. A. as President of the Council, I would appeal to him as also to the members to take a more sympathetic view of the matter and to rescind the previous decision of the Council so as to be able to accord recognition to these graduates with retrospective effect.

HONOUR ABROAD.

While it was asserted that the Medical Council would bring honour abroad, we have seen how in the matter of reciprocity most of the countries refused to enter into direct relation with the Council. A country can never have honour abroad unless it has sovereign political status. The only other way by which the reputation of medical profession of a country may be enhanced in the outside world, is the measure of contribution which it makes to the stock of human knowledge and to its advancement by original research. We shall never be able to secure this recognition unless members belonging to our profession engage in works of such original nature that the value of our contributions in these directions will secure for us not only honour abroad but also world wide recognition. Unfortunately the original contribution which the Indian Medical profession has so far been able to make in the domain of medicine is very meagre and, in consequence, the estimation in which our profession is held outside India is not very high. The causes for this among others seem to be firstly, neglect of the Indian Universities to stimulate medical research; secondly, failure of the only other organisation, *viz.*, the Indian Research Fund Association to command public confidence and stimulate the spirit of research and original work in the minds of the members of the profession. While the Universities here spend decent sums to encourage original work in sciences like Physics, Chemistry, Mathematics, etc., they have done very little to endow research scholarships or research fellowships in the different branches of medicine or stimulating research under their Faculties of Medicine. It is a pity that while India can claim with pride sons like the late Sir J. C. Bose, Sir C. V. Raman, Sir P. C. Ray, Dr. Bhatnagar, Dr. Saha and the late Mr. Ramanujam who have made their mark in the world's estimation in the domain of pure science, she has none except Brahmachary, Chopra and a very few others who have been able to attain distinction in the realm of medicine. This is a state of affairs of which any country ought to be ashamed, and particularly India, where genius and scientific talents are by no means wanting.

PAUCITY IN THE FIELD OF MEDICAL RESEARCH.

- If any one goes through the records of investigations carried out by the workers under the Indian Research Fund Association, one will be surprised to find that although huge sums of money are spent annually, there is hardly any work of outstanding merit which can be held out before the world as epoch-making or as creating a land-mark in the science of medicine. Research can only grow in an atmosphere of freedom and, if genuine research workers are to be attracted to this Fund, the stuffy official-controlled air of the place must make room for a freer atmosphere. Unless the workers are given more latitude and freedom not only in the choice of their work but also in the manner and method of their investigations, I am afraid this state of affairs is bound to continue. Here I would appeal to the rich and well-to-do people to do their duty to the country by encouraging research by their private charities. There never was any dearth of philanthropic people in India and, if their charities have hitherto flowed in other directions, let them now flow in the direction of medical research—a direction which has unfortunately been very much neglected in the past.

NURSING.

An allied problem of our profession is that of medical and surgical nursing. It is not a question that can be solved on the basis of the West, because here the economic and social circumstances are so different, and our nursing Councils should not make the blunder of imitating their sister institutions of the west. Adequate nursing means a lot not only to the patient but also to the doctor and certainly provision must be made for efficient training. So far training of the nurses in this country has been more or less a by-product to get the hospital work carried on cheaply by the probationers. The main purpose of the hospital is not the training of nurses; it is only a secondary object. One may as well characterise it as a sort of exploitation. On the other hand, the proper thing would be to have separate institutions with attached hospitals for the training of nurses. Here the Universities can help by granting diplomas or degrees in nursing to attract better type of Indian girls. This would, to my mind, at once help to raise the standard of nursing in this country and overcome the disinclination and apathy of the better classes to join the nursing profession. If these suggestions are followed, Bengal might profitably convert some of its medical schools which cannot be raised to satisfy the standard laid down by the Medical Council of India into institutions specially reserved for training of nurses. India at the moment needs more nurses than doctors. If the western system of treatment has to be carried on properly, we cannot do without efficient nursing sisters side by side with the doctors. I would also go further and suggest that both the government and the public should make endowments for free training of nurses so as to encourage the really deserving but poor women students to take advantage of them.

NURSING COUNCILS.

The Nursing Councils of the different provinces also require re-adjustment for the purpose of inclusion in their Managing Committees as representatives those who have more direct knowledge of the local customs and conditions as their respective provinces and they should not also register nursing qualifications of countries which refuse in their turn to recognise the nurses of our country.

MALARIA.

My thought next turns to the malaria problem. This is a problem which has no account of its seriousness justly engaged our attention for the past several years. I am not however going into the merits of the various anti-malarial measures which have been suggested from time to time but shall strictly restrict my remarks to one aspect of the question, the curative aspect. Quinine has now been recognised as the only drug which should be liberally used for this purposes. Let us therefore analyse the present policy of the Government of India with regard to distribution of quinine in the country. The following table recently prepared by Prof. K. V. Krishnan of the Ail-India Institute of Hygiene and Public Health, Calcutta, admirably sums the present position with regard to manufacture and consumption of quinine in India :—

Number of sufferers from malaria	100 to 200 millions
Minimum quantity of quinine reqd	600,000 to 1,250,000 lbs.
Quantity at present consumed	... 210,000 lbs.
Quantity imported from outside	... 140,000 lbs.
Quantity manufactured in India	... 70,000 lbs.
Number of acres available for cinchona cultivation in India	... 38,000 acres
Quantity of quinine that can be produced in that area	... 6,840,000 lbs.

"From the table", observes Dr. Krishnan, "it will be evident that India can produce one hundred times the amount she is producing now or ten times the amount she actually needs. That being the case why cannot she be self-sufficient and meet her own demand?" We need not of course go very far to seek the reason. In our Memorandum to the Drug Inquiry Committee in 1931 we had pointed out that the total cost of manufacture of quinine sulphate in our country did not exceed Rs. 9/- per lb. and yet all these years it has been sold here at the prohibitive rate of Rs. 18/- per lb. This has been done at the instance of the Government of India who, it would seem, had agreed to abide by this price arrangement principally to help the interests of the Anglo-Dutch Plantation Co. and the Dutch Combine—the Kina Bureau. War must have now fairly doubled this price, thus placing quinine very much beyond the reach of those by whom it is most needed in India. Unless, therefore, the Government revises its quinine policy in the interests of the children of the soil, we do not see how the suffering of the people can be mitigated. I would therefore very seriously urge upon the Government the need for immediate revision of their quinine policy.

TUBERCULOSIS.

So also when we turn to tuberculosis, it is so much to be deplored though here the gloom is relieved by the valiant effort made by Her Excellency the Marchioness of Linlithgow to raise a crore of rupees for the King Emperor's Anti-tuberculosis Fund. Her Excellency's effort has served to focus public attention but it will be readily understood that the sum actually raised is hardly adequate when applied on an India wide basis. It is still being discussed how best this money should be laid out. I personally feel that mere multiplication of T. B. Clinics and propaganda are not the only effectual means of tackling a colossal problem like this. While dispensaries and clinics are important, mere multiplication of them

will not serve the purpose. In view of the mass illiteracy, people here cannot take advantage of the usual methods of propaganda which have been found useful in other countries. The great need of the hour is isolation and treatment of the patients in suitable institutions. The cases may be divided into two classes, the curable and the incurable. Certain beds should be available for incurable cases in the hospitals of the districts from which the patients come so as to prevent them from over-crowding the cities in the hope of getting accommodation in the hospitals and thereby infecting citizens. It should be remembered that segregation of one patient save nearly 20 others from infection.

The incidence of tuberculosis in India is fearfully on the increase and the figures of mortality which must exceed 3 lakhs on the lowest computation, are daily ascending by leaps and bounds. And yet strange as it is, national consciousness does not seem to have been roused to appreciate the magnitude of the danger that threatens us. How vast the problem is and how pitifully inadequate has been our effort to meet it, will be evident from even a superficial comparison with what the Soviet Russia has already done in the matter. There are in Russia to-day 500 special tuberculosis hospitals; nearly 5,000 dispensaries and clinics dealing with early diagnosis and treatment; 16,000 sanatoria; 11,000 convalescent homes and one labour prophylactorium on the Papworth model in each industry. If this is what has been done by Russia with a population of 183 millions only, how much more needs to be done by India with a population of nearly 400 millions? It seems therefore that we have not yet touched even a fringe of the whole problem.

QUACKERY.

Practice of medicine by unqualified persons which generally goes by the name of 'quackery' is also another of the serious evils with which the profession has to contend. It flourishes in an atmosphere of ignorance and superstition and the wide-spread prevalence of these in India is responsible for so much of the success of the quacks. The economic condition of our villages is also another contributory cause for the prevalence of quackery. It is an evil which cannot be eradicated by mere legislation without the willing co-operation of the people. I need hardly say that spread of education and better economic conditions are the only real and effective remedy for this evil. In advanced countries like England although quacks are not prevented from practising, they are denied many of the privileges which are by statute given to qualified practitioners. But the standard of education in these countries is so high and the range of their public health reforms has been so wide and extensive that quacks have hardly any scope for work there. Further, a great proportion of the public including industrial and agricultural workers are covered by schemes of Health Insurance under which no one who is not a qualified practitioner can be appointed as medical officers. Therefore the great bulk of the industrial and agricultural population in these countries need not go to the quacks, having been already provided with free treatment by qualified persons under the Insurance Acts and a large number of medical practitioners are also settled in the villages under the provisions of the same Acts. These are the reasons why quacks cannot thrive in countries like England. In India, unfortunately, the economic condition of the rural population is so low that it hardly ever offers any attraction to qualified

men to settle in villages for a living inspite of the attempts that are now being made in some provinces to subsidise them. There is no Health Insurance and hardly any Public Medical Service; consequently qualified persons are crowding into the towns and cities even at the risk of a precarious existence, leaving the poor villagers to the tender mercies of the quacks. The result of this on the health of the people can be better imagined than described. I am very confident that introduction of health insurance or a system of local subsidy will more and more lure the qualified people to the villages and enable them to liquidate quackery in course of time.

BOMBAY MEDICAL ACT OF 1938.

The Bombay Government have, however, recently introduced a legislation in Bombay by which they have sought to control quackery in an indirect manner. While granting recognition to all those who are qualified in any of the recognised systems of medicine, Western, Ayurvedic or Unani, the Act seeks to make it penal for any one whose name is not entered on any of these registers, to practise. How far the Act will succeed in checking quackery remains to be seen, it being as yet too early to pronounce any final opinion on it.

THE STATE AND ITS FUNCTIONS.

If the word 'government' has found frequent expression in the course of this short address, it is because the experience of the world teaches us that it is only by the State that these larger issues can be successfully dealt with. Indeed, many of our problems in India, even our medical and public health problems, have to wait on the solution of larger political and constitutional issues. And when these are in ferment, it is hardly a time for constructive work. The imperfectly constituted provincial governments are too much racked with communalism at present. All this offers a serious stumbling block to the solution of so many Indian questions, medical and otherwise. These apparently must await a freer political atmosphere and, I have no doubt also, a thriving economic situation in which the necessary finance will be forthcoming. But given the desire, the will and the earnestness, I see no reason why the barrier offered on the score of finance should prove insurmountable.

WAR AND THE MEDICAL PROFESSION.

The medical profession all over the world stands on a somewhat different footing from the rest of the combatants in the war because it has to render aid to the sick and injured irrespective of whether he is a friend or foe. That is why apart from all controversial politics about India's participation in the war efforts, the I. M. A. as soon as the war broke out, not only issued pamphlets on treatment and prevention of air-raid injuries but also urged medical men all over India to render every assistance to the government in this direction. It must be sufficiently realised that to-day war is not merely a matter of first line trenches and large battalions of soldiers but the organization of the entire resources of the country, bringing civilians, women and children, into the combatant area. The aerial bomb and torpedo drop with the impartiality of rain on soldier and civilian alike. In a world gone mad with the lust of killing, how far can we see, to what extent can we plan? It seems ironical to prate of the art of healing, of saving lives, when the vast resources of modern countries are concentrated in an orgy of destruction. How also we shall be affected by political and other

developments in India, it is impossible to say. We cannot see too far ahead in the circumstances of to day. We must simply carry on holding steadfastly to the hope that human nature will soon be seen to better purpose. For our part we plead no special virtues. We are doctors but we are Indians at the same time. We see around us an infinitude of waste and human suffering. We cannot forget that out of every 1,000 infants brought in the world, 488 die before the age of 10; that 160,000 mothers die of child birth of which 80 per cent. are preventable deaths; that the average expectation of life in India is only 26 years; that death rate reaches the figure of $6\frac{1}{2}$ million; that 360,000 succumb to malaria each year and an equal number if not more to tuberculosis; above all, that one third of our population do not get a square meal in the day. What the 1941 census will reveal we cannot say but these figures are startling enough. So much, so very much, of the waste and suffering is preventable! How great this suffering is others may tell: but we doctors know. We come in contact with it at every step. As doctors and as Indians it makes us bitter. Nevertheless, I feel with the dying Paracelsus:

" If I stoop
Into a dark tremendous sea of cloud,
It is but for a time; I press God's lamp
Close to my breast; its splendour, soon or late,
Will pierce the gloom; I shall emerge one day."

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THE XXX ALL INDIA MEDICAL LICENTIATES'
CONFERENCE, BOMBAY.

22nd December 1940.

WELCOME ADDRESS

BY DR. U. B. NARAYANARAO, *Chairman, Reception Committee.*

Worthy President, Major-General Candy, Brother and Sister delegates, Ladies and Gentlemen.

On behalf of the members of the Reception Committee and on my own behalf, I extend to you the warmest welcome to this great City of Bombay, whose good fortune and honour it is that the Annual Conference of our Association for the year 1940 is held for the fifth time in its history.

Under the unforeseen circumstances which necessitated the change of venue from Ahmedabad to Bombay, so late as in the first week of this month, we had little time for preparation. We therefore request you to forgive us for our inability to make better arrangements for your comfortable stay. Short indeed as the time was to make arrangements for a Conference of this magnitude, yet the Bombay Branch spontaneously obeyed the call of the President of the Association who was anxious that the Association should fulfil its engagement of the Conference for the year 1940 on the dates already publicly announced, which is by itself a rare chance to the Bombay Branch to vindicate its sincerity and sense of discipline, and devotion in the cause of the Association.

I do not propose to follow the convention of addressing you, as Chairman of the Reception Committee, on medico-economic and medico-political problems in general, and on problems that are peculiarly and particularly of the Licentiates. The Presidential address would certainly cover those grounds, and this House would dispose of these problems on their merits. I would therefore content myself by pointing out to the public and the Government the two fundamental objects of the Licentiates' Association, which need the sympathetic attention. They are:—

- (1) To work for the abolition of the present compartmentalism in medical education, medical services and medical statutes in this country.
- (2) To urge for and obtain statutory equality of status for the medical licentiates in respect of entry into State Service and higher appointments therein.

The history of events that led the Association to adopt these two objects which may look apparently trifling or narrow but which are the real causes of tardy progress of medical in our country is worth your attention and that of the public.

It may be said broadly that the origin of the dual type of medical education, and the triple type of medical services—the root causes of the ills of the major part of the profession—can be traced to the times of the East India Company. But they outlived the latter and continue even today despite the fact of their condemnation by the leaders of public opinion and of the organised profession. Even the Government realise the evils of these by-gone types, but strangely

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enough they sit on the fence as if it is not their concern. And when they move, they take the wrong side as evidenced by the initiation of Provincial Medical Acts during the years from 1912 to 1918 and the Indian Medical Act in 1933, which have enlarged instead of mitigating or removing, the evil sphere of erratic historical developments in medical education and related subjects.

The developments can be demarcated by three definite landmarks of time, although there has been no break in the claim of motives behind changes that were time and again introduced in medical education and medical services.

The first period is from the time of the East India Company to its disappearance in 1857. The Company created medical schools and colleges to produce medical men who would primarily serve their army, their civil stations, their civil officers, their military operations in different parts of India and Burma. Thus the beginnings of medical education and services were based neither on plan nor system except what was dictated by the conditions and needs of those hectic days.

The second period was from 1857 when the Crown took over the Government of India to 1918 when Provincial Medical Acts were legislated. At the very beginning of this period the University Act was passed when the Government gave away some of the medical schools to the newly created provincial Universities but kept the larger number of medical schools in their own custody for imparting medical education in such a way as to suit their own administrative and financial needs and purposes. All these form the origin of the dual system of medical education, and inevitably, of the medical services. And thus were brought about divisions in education, divisions in services and divisions and demarcations in the medical statutes.

The third period falls within our own time. And this inglorious period is marked black by the passing of the Indian Medical Council Act in 1933 with the flamboyant purpose of securing efficiency at home and honour abroad, as if these could be so easily secured by the sabotage of the organic position of the licentiates in the body-politic of the profession in our country to-day. How can it be otherwise when the statute of the Indian Medical Council does not embody two of its most natural functions viz, *establishment of a uniform minimum standard of medical education and of a medical register*? On the other hand, this Act has made us the laughing stock of the world, as evidenced by the refusal of about 27 countries to recognise the qualifications recognised by the Medical Council of India unless the General Medical Council recognises them also. This is perhaps the nemesis of retribution for the historical wrongs heaped upon the innocent and the useful heads of the licentiates without whom the physical and physiological existence of the Indian Medical profession of to-day, cannot, by any intellectual stretch of imagination be conceived or defined.

These events naturally made their distinctive marks in the history of our Association. It realised that its early victories, such as the change of designation from the Hospital Assistant to the Sub-Assistant Surgeon, the conferment of L. M. P. diploma, and its subsequent recognition, without however the status that naturally follows such a recognition, by the Provincial Medical Councils,

were more pyrrhic than real and resulted more in sympathy and commiseration than in real advancement of its cause. It realised subsequently that it has reached the blind end of its agitation for "*better pay, prospects and promotion*" when the Provincial Governments began to take in medical graduates into the subordinate medical service, and when they, in every province, systematically picked out the subordinate medical department as the first deserving object of retrenchment axe. Such reserves brought the Association, in spite of itself, to the belief that unless it undertakes to treat the primary cause of the troubles of the licentiates, they may change in character or intensity but would not wholly cease or be eradicated. The primary cause is the dual type of medical education handed down to us from the days of the East India Company. So it decided at its Agra Conference in the year 1936 that the Association should intensify its efforts for securing the integration of medical education into one intelligible and unified system preferably of the University type. This has become the chief plank in the Association's programme of work since then. It has already secured a thorough success in this respect in three major provinces, viz, Madras, U. P., and the Punjab, and hopes that other Provincial Governments would set up a high standard of medical education, not certainly out of fear of the Indian Medical Council, but in fulfilment of their own duty for the service of their people.

This is indeed a supreme sacrifice of the Association on behalf of the licentiates who have, without a moment's thought of their own immediate interests at stake, accepted to bear this sacrifice in the larger interest of our country and our profession. I hope and trust that the public and the government would see that this great sacrifice is honoured and respected by initiation of such interim measures as would give due recognition to the licentiates on par with the medical graduates both in the medical services and in the medical statutes of our country.

There has been nothing in the History of Medicine in our country of which the licentiates need be ashamed. They were victims more to circumstances than to their own intrinsic defects. They were created by the Government for their own purposes. The Government have betrayed their interests in every epochal period in their history. Even this betrayal has not unnerved them. They have emerged from these betrayals in great and glorious colour and I have no doubt that on this supreme sacrifice of their immediate and personal interests will be built the medical profession of the future in our country. Their place of honour in the History of Medicine in our country is assured.

PRESIDENTIAL ADDRESS

BY DR. AMULYA DHAN MUKHARJI

SISTER AND BROTHER DELEGATES, LADIES AND GENTLEMEN.

At the outset I must thank you and the branches of the 35 years old great organisation of ours for kindly electing me to this exalted office which was in the past adorned by many illustrious members, not only of our group, but also by many stalwarts of the Indian Medical

Service. I consider this to be the highest honour in the gift of my fellow brethren and I must confess that I am proud of it. I believe this honour has been conferred upon me not as a personal distinction but as a token of your appreciation of my humble service to the class to which I have the privilege to belong. I only wish that I could be worthy of the honour as I am fully conscious of my shortcomings and limitations. In spite of this feeling in me I have accepted your offer because I know that being one of you I have your indulgence and goodwill, and, therefore, I hardly feel any diffidence to address my own brethren who have assembled to-day to deliberate on matters, vitally affecting them and the profession in general.

I cannot help mentioning that we are meeting under very abnormal conditions because of the grave international situation which threatens to destroy the civilisation of the world. Though far off from the actual arena of destruction we have not been able to escape from its repercussions. In addition to this, many respected leaders of public opinion of this land of ours, who were controlling our destinies in the majority of the provinces till the other day are gradually being taken away from their normal field of activities along with many others for pursuing their honest belief and conviction.

I feel that my task in enumerating our various grievances has been made rather light by the very lucid exposition of most of them by the Chairman of the Reception Committee who has just finished his excellent speech.

Those of you who are associated with this organisation of ours know well the metamorphosis which the medical licentiates of India have gone through since the year 1822, when they were first created to serve the military medical needs of the East India Company. Although these members of the profession have contributed in no small measure to stabilise and popularise the modern scientific system of medicine, viz. Allopathy, in this country, their claims to gain their rightful places in the profession and society have systematically been ignored by all concerned. Although they were the fore-runners of the present medical profession in this country, it is unfortunate that after the establishment of medical colleges and University Medical Faculties in 1858, all care and attention were diverted to improve the conditions of training therein, leaving aside the question of medical school education to the cold shade of neglect, till the year 1895 when the course of training in medical schools was extended from 3 to 4 years and medium of instruction changed from Vernacular to English. Marked changes in the right direction have brought university medical education to run at par with the education granted by any other civilised country of the world. The position is due in no small measure to the occasional interference by the General Medical Council of the United Kingdom and also to the vigil now exercised by the Medical Council of India.

Although since 1855—during the last 45 years—medical science has made rapid strides the question of training obtained in medical schools of India did not engage the due attention of the authorities. Our organisation since the year of its beginning in 1906 is clamouring for having the training improved and getting the schools affiliated to the Provincial Universities. It appears to us that the powers that be were loath to bring about the timely reforms in

medical school education and consequently there gradually developed a class of practitioners who were looked down upon not only by other groups of the profession but even by those who created them. To my mind, possibly to perpetuate the policy of creating divisions in the medical administration of the country as well, two distinct and water-tight compartments were created, one for the graduates and the other for the licentiates. To cloak the issues, various pleas were brought out, chief among which was the provision of cheap and extended medical aid. This compartmentalism in the profession has stood in the way of growth and development of a united profession so far.

To-day the medical profession in this country has realised the futility of perpetuating such castes and compartments in the profession which had so long been eating up its vitals and they are demanding from every platform and organisation that a uniform medical education of the University standard all over India should be introduced, this being the standard laid down by the Medical Council of India and recognised all the world over.

Except Madras no other Government acceded to our appeals for reform in medical school education. The Government of Madras on the advice of Major General Megaw, the then Surgeon-General, abolished a number of medical schools and extended the course of study in the two remaining ones to 5 years in 1933. Thereafter the Hon'ble Dr. Rajan, a member of our Association, took charge of the medical portfolio, in the Congress Ministry, much to our relief when one school was converted into a college and the other abolished. Thus to-day in Madras we have only one class of practitioner, viz., University graduates. This has set at rest for all time to come the question of superiority and inferiority complexes in the profession in that province. This move of Madras was followed by the United Provinces Government under the Congress regime, which has also converted the Agra Medical School into a college under the Agra University. The Bombay Government were, I am told, much in earnest to do away with school education when the Government collapsed due to political reasons. May I hope that the present Government of Bombay, which is mostly pursuing the policies adopted by the Congress Ministry, will take up the question of improving medical school education and follow in the wake of its sister province, Madras.

I think there should not be any doubt about the introduction of reforms in medical school education in India to-day when the report of Major General Sprawson, late D.G., I.M.S., on medical schools of India, reveals a state of affairs which is neither satisfactory nor commendable from the point of view of equipment and training. I must mention that the majority of these schools stand self-condemned. While selecting teachers for medical institutions it is also imperative that those who are generally called upon to teach must have special training and aptitude to discharge the obligations attached to their duties to be able to help in the turning out of the right type of the members of the profession. In most cases these conditions are nonexistent. In addition to this, the expert Conference on medical school education convened by the Government of India through the D.G., I.M.S., in November, 1938, consisting of representatives of Provincial Governments, Provincial Medical

Councils, State Medical Faculties or examining bodies and of our Association, have unanimously recommended the introduction of well-thought out reforms in medical education with a view to laying down the standard for uniform medical qualification in this country by the following resolutions :—

1. This Conference recommends that one uniform minimum standard of training and qualification for practitioners of modern scientific medicine should be established throughout India at an early date and that this standard should be such as shall satisfy the requirements laid down by the Medical Council of India.

2. In accordance with Resolution No 1 the Conference recommends that the standards of equipment and training in medical schools should be raised to those required for recognition by the Medical Council of India.

3. Until the requirements of the Medical Council of India can be fully met this Conference recommends that improvements be effected in the existing Medical Schools on the lines laid down in Resolutions Nos. 4, 5, 6, 7, and 8.

4. This conference recognises that in some cases difficulties will be experienced in raising schools to the standard required by the Medical Council of India and recommends that in such cases improvements should be introduced gradually, as circumstances permit, in the following stages of training—

- (i) General preliminary education qualifying for admission to medical schools.
- (ii) Pre-clinical scientific subjects.
- (iii) Clinical subjects.

5. This Conference is of opinion that, wherever it may be necessary to continue a medical qualification of the licentiate standard for some further period, steps should be taken to introduce the uniform minimum standard of general education laid down by the Medical Council of India as a preliminary qualification for entrance to medical schools.

6. This conference recognising that provincial Medical Councils are the Bodies responsible for supervision of provincial medical education considers that full use should be made of their powers in order to standardize and improve education in medical schools.

7. This Conference recommends that no student should be allowed to begin the medical curriculum proper until he has attained the age of 17 years or will attain that age during the first term of the curriculum.

8. This Conference desires to emphasize the importance of a better training in the subjects of midwifery and diseases of women during the medical school curriculum. This training, in addition to courses of systematic instruction and clinical demonstration, should include practice and instruction at a pre-natal clinic and should provide for the conduction of at least ten cases of labour under the adequate supervision of a qualified medical officer.

Although two years have passed by since these recommendations were adopted excepting the United Provinces no other province

has so far taken them up seriously. The condition in my province, Bengal, is, I must say deplorable. There are to-day six Government and three non-government medical schools, most of which are not of the right type and should not be allowed to continue a day longer. To add to this, I am told, another school is in the process of establishment by the Hon'ble Premier of Bengal. It is unfortunate that when other provinces are forging ahead to introduce reforms, Bengal, where the seed of the system of medicine we advocate was first sown, is making a backward march in the course of events. From this platform I appeal to all provincial Governments, particularly Bengal, to look at the question of medical school education with broader vision not only in the interest of the profession at large but in that of the suffering masses who have every right to get equal treatment for all of them so far as medical relief is concerned. I believe there is no necessity to have a class of practitioners of the licentiate standard now when there is practically no demand from the public for this class of doctors as the positions held by them in local bodies and Government are to a great extent being filled up by medical graduates on the same emoluments. The public at large also prefer to get the benefit of the type of doctors turned out by the medical colleges and of late many of the latter are settling themselves in the countryside. It is often trotted out that as the doctors who pass out of the medical schools are meant for settling in the rural areas, their professional knowledge need not be of a sufficiently higher order. I, with many others, do not share this narrow view. On the contrary, I feel that the scope for consultation facilities being very remote, if not totally absent, in the villages, those who would be called upon to settle therein possess a more thorough and a sound knowledge. There must not be any difference in the provision of medical aid for a citizen or a villager, rich or poor. They have a right to demand the best and the State is under obligation to provide the same. Under no circumstances should quality be sacrificed for quantity, however great the need may be of settling more medical practitioners in the villages.

The problem of reforming medical education has, of late, been made to some extent pressing and urgent by the very recent recommendations of the Indian Medical Council which has advised all provincial governments through the Government of India that the present medical school education be done away with by 1947 at the latest, and the minimum standard laid down by this Council should form the basis of obtaining the minimum registrable qualification in India with the provision that as a transitory measure all existing Licentiates be recognised by this Council. This, if acceded to by the Central Government and the legislature, will be showing belated justice to us and will bring some solace to our group of practitioners.

The recommendation is in conformity with the desire of medical licentiates of India, who are out on a mission of self-effacement to remove once for all the stigma of inferiority that is frequently assigned to them by pressing hard the abolition of the school standard of medical education which has brought about many complications in the profession. There might have been some necessity for this class of practitioners in the past when the number of medical colleges was very few but to-day there are qualified

practitioners numbering about 35,000 in India. This works out to a proportion of one doctor for about 8,000 of the population. In towns, of course there is over-crowding in the profession and the proportion is somewhat like one doctor for about 1,500 population. To a casual observer familiar with conditions existing in other parts of the globe these figures might appear to be very disappointing but while assessing the nature of medical relief one must not forget that because of illiteracy, ignorance and appalling poverty of the masses of India and the existence of so many systems of medicine, the scientific system which we advocate has not extended far and wide. Besides, the costlier of our methods of treatment is a distinct handicap for its wider adoption in a poor agricultural country like India. The vast rural areas which are beset with so many problems, e.g., want of communications, absence of amenities of life and good social conditions do not attract the practitioners, who hesitate and rather refuse to settle in the countryside which is also infested with quacks and *charlatans* who make honest practice impossible and who are a regular menace to society and the profession alike. I think some effective legislative measures are immediately called for to check these quacks and State aid is indispensable if practitioners are to be allowed to settle in remote parts of the country on a subsidy basis.

In spite of the fact that there is a considerable disproportion between the population and the qualified medical men in India, there is no denying that there is acute unemployment prevailing in the profession to-day. This is a problem which should engage our serious attention. Our leaders of public opinion and those who manage hospitals in our country, often take advantage of the situation by offering jobs to the members of the profession on humiliating terms. These so called well-wishers of the nation think that because we belong to the noble profession we do not need food or other necessities of life and we have to dedicate ourselves to the service of these institutions and the public. I wish we could work as missionaries to act upto this ideal, but unfortunately we have responsibilities, not only to ourselves, but to those of our relations who have spent money to get us educated and who depend on us. It is but natural and logical to make earnest attempt to eke out a honest living as useful members of the public. By this I do not mean that the leaders of the profession who are in the fullness of their wealth and reputation should not render honorary service to public institutions. We owe our inspiration for many things to the west wherefrom this system of honorary medical service has been borrowed but our leaders have failed to take note that in England in the recent years the honorary officer have, to a considerable extent, been replaced by paid staff, limiting the question of honorary service to the seniormost members of the profession as consultants. I fail to understand why free service is demanded from us when no other profession lends their services free. Like others, doctors have got to live and it is incumbent upon the public to see that professional men get their due remuneration for the services rendered in time of need.

With the growth of unemployment and restricted scope for professional work, I think, we will have to explore other avenues for employment. I believe a section of the medical profession who have the incentive, capacity and resourcefulness should start manufacturing concerns to produce requisites of the medical profession, e.g.,

medicines, food stores, surgical and optical instruments, and appliances, and they can assist the profession with dependable commodities to the benefit of the suffering people and thus develop national industries which will add prosperity to our country.

I think groups of medical men should also combine to have polyclinics instead of trying to have independent and isolated practice. This will, to my mind, be of immense help not only to the profession but also to the public who can get all facilities of treatment in one centre. In these days of rapid development of specialised practice, I am sure, these polyclinics will play a great role in the future development of things.

The question of introducing panel practice as is existent in European countries should also be discussed and if possible adopted in our country.

Being members of the medical profession, the question of providing medical relief and better sanitary conditions in the country should engage our attention. The Government through the provinces supply some medical aid to the country and I find that there were, at the middle of 1938, 311 I.M.S. officers serving in the Civil Side, 1,054 Assistant Surgeons 3,041 Sub-assistant Surgeons in different provinces doing curative work and 1,206 officers doing preventive work under the Public Health Departments of the provinces. There are altogether 6,191 hospitals and dispensaries and on an average 278 sq. miles are served by a single dispensary and on an average 37,000 persons are placed under each dispensary. The expense on medical relief varies from 0-11-2 in Coorg to 0-1-0 in U.P., making an average of 4 annas 11 pies per capita taken British India as a whole.

The amount spent for public health work in this country by Government and local bodies, when compared with the miserable conditions of health of the nation, I must mention, is insignificant. The nation lives in the villages and unless the Government and all concerned come forward to carry on a systematic propaganda in matters of health and rouse up sanitary consciousness in them and help them with financial aid liberally as had been done in Soviet Russia and other European countries in recent years, I am afraid, the problem of solving the health of this country will remain in a stalemate. In this connection, the picture of infant mortality, increased population, death from preventible diseases and the effective measures adopted by other countries which have brought about an improvement therein should be brought to the notice of the people of India by systematic methods of propaganda and serious attempts must be made to raise up the economic standard of the population. In these matters the Government have a large part to play through their co-operative, industries, rural reconstruction, irrigation, public health, education and publicity departments. In these matters affecting the general well being of the nation, I trust the medical profession has a very large share. I believe these methods should be supplemented by the provision of compulsory Health Insurance schemes as are in existence in the European countries.

I hope the Provincial Governments who are primarily responsible in these days for the welfare of the population under them, will go ahead and revise their policies of tackling the problems of health and medical aid to save the nation from further disintegration.

I must emphasise that the preventive and curative sides of medicine now administered separately as distinct entities by Public Health and Medical Departments be amalgamated so that the work of prevention and cure can go on side by side.

I cannot here but mention the top-heavy character of the administration of these departments because a considerable part of the expenses under these heads is now used up by the highly salaried I.M.S. officers who are meant to serve the military department but foisted on the civil side of administration by an ingenious arrangement. By this I do not mean that these officers did not help us to reach the present stage, but I think, it is time that we have less costly machinery for work, as our country is poor and its needs are of a far greater magnitude for which more money is needed and every avenue should be explored to get added grants for these nation building departments.

Now I pass on to the consideration of the Medical Council of India which has so long ignored the largest bulk of the profession in this country, viz., the licentiates, from its operations resulting in the negation of the just rights of this band of medical men and women who had their education in accordance with the syllabus and rules prescribed by the Provincial Government and they are not of their own creation. I must mention that it is a very happy augury that the present Council with Dr. B. C. Roy as its President has realised the injustice done to us and has recently recommended on the motion of Dr. K. S. Ray our inclusion in the proposed All-India Register without which, I think, the Council cannot function in the discharge of all the normal activities of a body of this nature. It has also recommended the conversion of medical schools in India into University colleges in conformity with the standard laid down by it. I hope the Government of India and the Central Legislative Assembly will give their assent to the recommendations of this expert body.

Coming to the question of the Provincial Medical Councils, I must mention that the compartment system of election to these bodies and the maintenance of the Registers on that basis has helped in widening the gulf existing between the different groups in the profession, and I am of opinion that Provincial Council elections should be on the basis of joint electorate as has recently been introduced in Madras, which is pioneer in the matter of medical reforms. The councils should also have elected Presidents on the line of the Indian Medical Council. I wish other provinces desirous of doing away with the compartmentalism in the profession to follow the lead given by Madras, as this will help the medical profession to face the common electorate, know each other more intimately and share each other's joy and sorrow so far as the professional matters are concerned.

I have noticed that most of the Provincial Medical Councils do not exercise their rights in regulating medical education in their respective provinces. I think of this, as a default in the normal functions of these bodies. I appeal to the elected member of the Councils to make these bodies more useful so that they can exercise their obligations to the profession and the public properly.

Now I pass on to the question of observance of the code of medical ethics. I am very sorry to mention that in spite of the fact

that the code of ethics is meant for the guidance of the medical profession, this is gradually being followed more in breach than in observance by the members of the profession. As useful members of the noble profession, our dealings with the public and with others in the profession should be of such a character as to draw nothing but admiration from them. I cannot, too strongly, commend the codes of ethics published by the various provincial councils for due observance by our members. I know, in these days of competition and professional jealousy it becomes difficult at times to honour them but if all of us join hands to make the profession worthy of the fair name it enjoys none of us will have occasion to be sorry for the observance of these rules.

Of late, we have noticed a rather rapid growth of manufacturing houses in this country. Although some of them are trying their utmost to go ahead of others on strict principles, many of them have not as yet been able to come up to the proper standard in the manufacture of only the quality products. Some of them, on the other hand, want to take advantage of the national sentiments of the people and the profession and bring into the market products often of questionable character. I would appeal to the Indian manufacturing houses to make clean abreast of the composition of their products and manufacture only drugs of genuine quality to enable the profession to depend on them and to save the drainage of the national wealth to foreign shores. It is gratifying that due to the present international situation the Indian concerns are reaping heavy harvest because of the forced restrictions on import of foreign products. I would wish that, as soon as, normal conditions are restored they should not loose the ground thus acquired and carry on extensive and intensive research work with the raw materials which our country abound in. It must be known to all of you that over five crores of rupees worth of medicinal products are imported every year in this country and many of these are the outcome of the raw and crude materials exported from the Indian soil. What is needed is the organised utilisation of the minerals and medicinal herbs in this country. Because of lack of enterprise from our side some foreign manufacturers made India the dumping ground of their products which were, in many cases, not of good quality. This was possible because of the want of a Food and Drug Act for India. It is of importance to us that recently the Government of India have passed a Drug Act which, if properly applied, is expected to check these evils to a great extent.

Service conditions of the profession under the Government are gradually assuming a very low standard. This is probably due to unemployment problem for which the employers get men on any term they like. Lowering of salary and other facilities in service is expected to have an unwholesome reaction which is likely to affect the morale of the members of the service. The conditions of service of the licentiates who generally form the subordinate branch of the Government Medical Service are every day being lowered possibly because of the disproportionate relation between supply and demand. Those of our brethren who work in the railway, local bodies or other commercial firms are not better off so far as service conditions are concerned.

Our brethren who entered the Government service during the course of the last ten years and were under the system of bond to

serve the Military Department, if emergency arose, are now being transferred to the emergency branch of Indian Medical Department of the Government of India to serve inland and overseas. The emoluments which are granted to these officers while on military duty fall far short of what these officers got during the last war and these are not at all compatible with the hazardous condition which they are called upon to face in these emergencies. As a result of representation made by our Association these officers are now being granted Viceroy's Commission and an allowance of Rs. 50/- only per month in addition to the civil pay they draw. The free rations which are supplied to them do not contain much wholesome food to give these officers the bare necessities of life and the less I say about the caloric value of the food materials the better. Although officers holding King's Commission are allowed to mess together, the I.M.D. officers are not allowed to do so. I fail to understand why they are denied this privilege and why the quarters they occupy are not provided with electric lights and fans, although these are available in the cantonments and other officers are entitled to enjoy them. These officers when they are deputed to move from one station to another are provided with second class railway passes but are allowed only 0-5-0 as their daily allowance for food and nothing is paid for conveyance or portage. It is not recognised that these officers cannot get their bare food in course of the day and night for this paltry sum.

I think the Military authorities should revise the daily allowance of I.M.D. officers, on transit, and raise it at least to Rs. 5 - per day and they should be granted conveyance and portage allowances in addition. Besides the allowance for being invalid while on duty and that for the dependants, if unfortunately any of these officers die, are anything but satisfactory as the few coins that are provided are a small pittance for a number of years with which the helpless dependants of the deceased can hardly pull on. I think these antiquated terms introduced decades ago should receive due consideration and revision be made in the light of the existing conditions in the country. I know these officers from the civil branch of the service have no other option but to carry out the orders and regulations in force unless they are prepared to pay to the Government Rs. 1,000/- as compensation, but as these members are primarily concerned in the civil side of the Provincial Government and are compelled to take up work under adverse circumstances, it is but fit and proper that due consideration is made of these grievances of theirs which are of a genuine and serious nature. I hope the Government of India will look at these points from a sympathetic point of view. It is needless to mention that the terms offered to these officers fall far too short of those wanted by our association and I think this Conference should reiterate the demands made by its Standing Committee meeting held in this city in the month of July, amongst others, to consider this aspect of military service.

I have also noticed that the Indian branch of I.M.D. officers are not supposed to treat any case ordinarily but carry out directions from superior officers, which are mostly of a clerical nature. I fail to understand when these officers are considered fit to treat the civil population and placed in charge of sub-divisional and district hospitals as medical officers, why they are debarred from treating the

Indian sepoys whose lives are equally valuable as those of the civil population.

Postgraduate training facilities for those of our brethren who are in the services of Provincial Governments to get additional qualifications are very unsatisfactory, although these are fully enjoyed by the more fortunate members of the other branches of the service, as they are often sent at Government cost for foreign countries to get further training. It is regrettable that, even facilities for study leave are denied to the members of the subordinate branch of the medical services. I fail to understand the implications of this unjust and differential treatment.

I must here mention that arrangement for postgraduate training in this country has so far not developed on right line and there is plenty of scope to found research and postgraduate institutes for the benefit of the profession.

I think, many of you will agree, when I say that the hospitals which were created to cater to the needs of the indigent suffering public are now being utilised to a very great extent by those who can well afford treatment on payment outside. This is partly because, these people command some influence in public life and also over the authorities of the hospitals. I must say this to be flagrant abuse of the facilities of the hospitals. Some arrangements on the line of the almonar system as is existent in the European countries should be introduced here to prevent these practices.

Lack of co-operation between the independent practitioners and those who are on the hospital staff is another feature which should draw our attention. I think the profession at large should be allowed to have their cases referred to the public hospitals for diagnostic purposes and advised upon the line of treatment. Cases, which private practitioners think, need treatment at the hospitals because of the special nature of treatment or of the slender financial resources of the patients, should be given some preference in the hospitals.

Regarding general professional work the system of opening up of clinics and dispensaries by the members of the profession where medical advice is advertised to be given free should be discouraged. The patients visiting these clinics should be made to pay fees, however, small the same might be dependent on the experience and position of the medical man.

In this connection you should also consider whether the members of the profession can arrange some holiday in course of the week by rotation.

During recent years there has developed a growing tendency amongst people to develop the indigenous systems of medicine and attempts are made to regularise them by having State recognition and control. I have noticed that in many of these institutions instead of a genuine desire to develop the real indigenous system of treatment and carry on regular and up to-date researches to bring them on scientific lines, attempts are made to immitate the western methods of training and treatment in many cases. Qualified medical men of our schools of thought are appointed as teachers in these institutions, not only to teach pre-clinical but also clinical subjects. I do not think the solution for the genuine development of the indigenous system can lie with this kind of arrangement at the

training centres. I would suggest that instead of the adoption of these methods, let special posts be created in all the medical institutions of the country for carrying out researches on indigenous drugs to find out the pharmacological and therapeutic uses of the products used in this country since the ancient days and let us incorporate their salient features in a special Indian Pharmacopoea which should be prepared by the members of the medical profession in conjunction with the manufacturing houses. By this, I think we will be in a position to make use of the best which these systems can offer for the benefit of the suffering masses of India. I believe thus the indigenous products many of which are full of potentialities can be utilised and a sort of co-ordination between the different systems be established.

During the last 35 years of our existence through this association we have organised ourselves to a certain extent but now with the growth and stability of the other organisation in this country, e.g., the Indian Medical Association, we have got a greater responsibility not only to ourselves but to the members of the profession in general. There is no denying the fact that ours is a communal organisation and sooner we are in a position to do away with this communalism the better not only for us but for the medical profession as a whole. Things are so moving to-day that I can visualise that the day is not far distant when there will be a happy consummation of the two great organisations in this country, and we will be in a position to present to the world a unified medical profession representing the different groups under the banner of one Association. I know the Indian Medical Association has not shirked its responsibility to espouse the causes which, we the medical licentiates, have been chiefly confronted with, but there is still a feeling in some of us that so long as the process of manufacture of the medical licentiates in the provinces is not put a stop to, it will not be desirable to close up the ranks of our association and merge in the Indian Medical Association. I feel that in order to present an united front to the powers that be, in whose hand the destiny of the medical profession is to a great extent dependent, a united professional organisation like the British and American Medical Associations is of urgent and immediate necessity.

The question of the medical school education is rapidly heading towards a solution and I believe the lead given by the Medical Council of India will finally settle the problem of this education very soon, and after this is achieved there will be hardly any necessity for the continuance of the two organisations in the country. But so long this is not achieved, the leaders of both the associations should work hand in hand in solving the problems affecting the medical profession as a whole by trying to bring about the long cherished unity amongst the different groups of the profession. I believe you will give this question your considered opinion.

Ladies and gentlemen! I think I have tired your patience by trying to bring before you so many points with which we are confronted. I do not know whether I have fulfilled your expectations as our grievances are of such a varied nature that they needed separate and elaborate treatment. If I have left out any point, believe me, it is not due to lack of my sympathy but to spare you from a further lengthy address.

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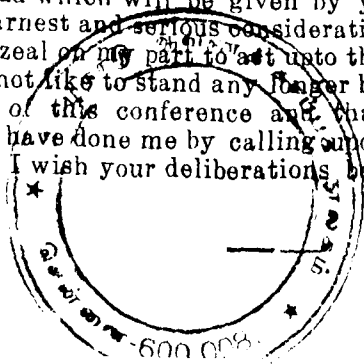
I would, before I conclude, appeal to you to shake off the feeling of inferiority and disappointment which sometimes I have seen overtaking us in our activities and which to my mind are stumbling blocks to our progress in majority of cases. We must resolve to vindicate our keen sense of self-respect by giving up these feelings and hold our heads high and associate with other groups in the profession as equal partners. If we can achieve this, I am confident, our dues will never be denied to us any longer and we will be in a position to enjoy our rightful places in the profession and the society.

I would suggest, in this connection, that those of us who have time, energy and money should enter the legislature and other public bodies in as large a number as possible. This would enable us to safeguard the interests of the profession as well as to create a healthy public opinion in favour of the medical fraternity, and I consider this will be a great asset to us.

Before I conclude, I would like to bring home to you that I have noticed with some amount of concern that the enthusiasm which is evidenced at the time of the conference of our association amongst our brethren is forgotten after they return to their respective stations. I appeal to you to be serious in your deliberations to bring home to the authorities and to the general public; your demands in a manner consistent with the dignity of the profession and try your level best to translate your thought into action during the course of the year after the session is over. I must say that in order to achieve the desired result it is incumbent upon all of us to join hands and try earnestly to give effect to the resolutions which we pass in this conference.

Another matter which I cannot omit mentioning here that there might be difference of opinion amongst some of the workers of this great association and those of us who do not see eye to eye with each other should not try to pursue their own beliefs and impose the same on others. Let us not forget that we come from the same stock, suffer from the same ills, try to solve the same problems and wish to enjoy the same blisses and let there not be any diversion from this unity of purpose and let us try to respect each other's feelings so long the same does not clash with the general well being of the community and of this great organisation which has a very rich and glorious past. Let us not by our action or thought try to harm the normal activities of this organisation which has a brilliant heritage and let each one of us assembled here or outside who belong to this stock join hands to march in a manner which will bring further glory and achievement to this beloved organisation of ours.

With these observations I can assure you, ladies and gentlemen, that the lead which will be given by you in this conference will have my earnest and serious consideration and there will be no lack of effort or zeal on my part to act upto them to the best of my abilities. I do not like to stand any longer between you and the future proceedings of this conference and thank you again for the great honour you have done me by calling upon me to preside over this session and I wish your deliberations be crowned with the desired success.



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