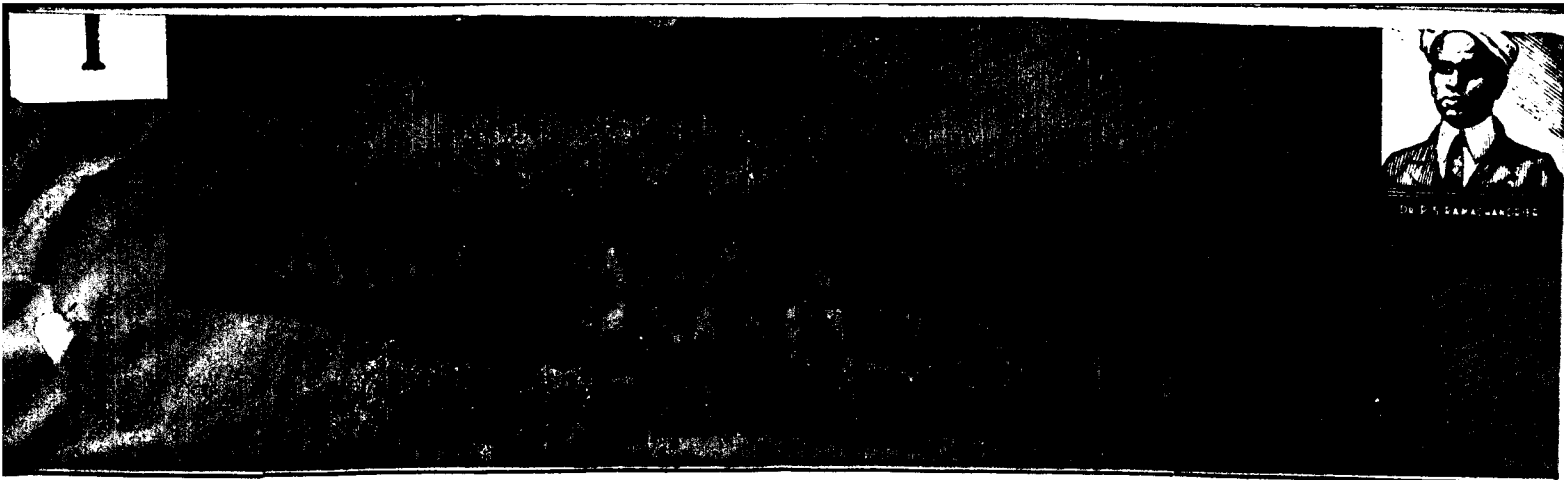


303

Indian Medical Journal

Mar 1942

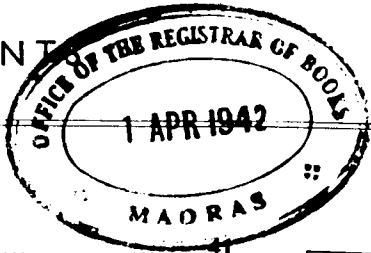
DL-
Lm2, N06
N42.36.3
123924



Vol. 36 No. 3

CONTENT

March, 1942



CHANGE OF ADDRESS

The Office of the Journal has been shifted to:—

27, KRISHNAN KOIL ST.,
G. T., MADRAS.

Our Subscribers and Advertisers are, therefore, requested to send their letters and remittances to the above address in future.

Editorial

Gulfing the Difference ...	41
Address of the Chairman of the Reception Committee by Dr. Jamiat Ram B. Desai ...	42

Addresses

Conference Inaugural Address by Lt.-General Sir Gordon Jolly ...	45
Exhibition Inaugural Address by Sheth Kasturbhai Lalbhai ...	47
Presidential Address by Dr. A. D. Mukharji ...	48
Annual Report by Dr. Manoharlal Kapur ...	55
Proceedings of the 3rd Bombay Provincial Conference ...	60

Medical News ...	65
Epitome ...	67

DOCTORS!

Play your part in Civil Defence

by

1. Organising your Local Branch of the Association to meet the medical demands of Civil Defence.
2. Joining the A.R.P. or any Voluntary organisation.
3. Making your Dispensary a First-Aid Post.
4. Concerting measures of medical aid by joint efforts of all practitioners in your particular locality.
5. Considering no sacrifice as too great to be made on behalf of our people in distress.

WITH SPECIAL CONFERENCE SUPPLEMENT

Annual Subscription (Inland): Indian Rs. 6, Foreign Rs. 12
Single Copy: Ordinary Number Annas Eight, Special Number Rupee One
Editorial and Publishing Office: 27, Krishnan Koil Street, G.T., Madras.

Ergoapiol-(Smith)
REG. U.S. PAT. OFF. AND FOREIGN COUNTRIES

A Menstrual Regulator...

When the periods are irregular, due to constitutional causes, ERGOAPIOL (Smith) is a reliable prescription. Containing superior ergot and apiol (M.H.S. special) together with aloin and oil of saffron of the highest quality, this preparation effectively stimulates uterine tone and controls menstrual and postpartum bleeding.

In cases of Amenorrhea, Dysmenorrhea, Menorrhagia and Metrorrhagia, Ergoapiol serves as a good uterine tonic and hemostatic. Valuable in obstetrics after delivery of the child and for the menstrual irregularity of the Menopause.

Prescribe 1 to 2 capsules 3 or 4 times daily. Supplied only in packages of 20 capsules. Literature on request.

As a safeguard against imposition the letters MHS are embossed on the inner surface of each capsule, visible only when the capsule is cut in half as shown.

MARTIN H. SMITH COMPANY
NEW YORK, N.Y., U.S.A.

123924

A unique PRESCRIPTION!

As a tonic in debilitated conditions, accompanying or following many diseases such as Malaria, Tuberculosis, Anaemia and Senility, VINOSAN enjoys unrivalled popularity amongst physicians as a unique prescription, specially indicated also in extreme cases resulting from nervous weakness and wasting diseases and Phosphaturia.

VINOSAN

VINOSAN is a Draksha-essence reinforced with Glycero-phosphates of Calcium, Sodium and other essential minerals that strengthen the nervous system, check wasting diseases and supply the mineral nutrients so essential to the body.

THE ANDHRA PHARMACEUTICAL WORKS LTD., BEZWADA.

THE ORIGINAL PREPARATION

MIST. DAMIANÆ CO.
(HEWLETT'S)

Trade "HEPATAGEN" Mark



This reliable preparation contains Damiana, Nux Vomica, &c. combined with Medicinal Bitters and Aromatics, and is perfectly miscible with water. It possesses all the specific properties of Damiana in the most convenient form, viz., its alterative effects on the alimentary canal and tonic action upon the brain and nervous system generally. In the numerous forms of Neurasthenia it has been highly successful, as it soothes the stomach, invigorates the nervous system and relieves the exhaustion.

Dose: One to two fluid drachms in water.

COMPOSITION. — Ext. Cascara, Rhei, Jalapin, Podophyllin, Cocaine Hydrochlor. (1/20 gr.) and aromatics in each drachm.

Invaluable in Chronic Biliousness, Jaundice, and all torpid conditions of the Liver. Useful in constipation, especially when accompanied by depression and general malaise. Does not cause griping or sickness.

Dose: 10 to 60 minims.



These preparations do not come under the Dangerous Drugs Act.
Price in England, 4-oz. bottles 10d. oz.; 10-oz., 22-oz., 40-oz., and 90-oz. bottles, 12/6 lb.

Introduced and Prepared only by

C. J. HEWLETT & SONS LTD.

35 to 42, CHARLOTTE ROAD, LONDON, E.C.2.

BOMBAY:
Amessey Khimjee & Co.
Ratilal Homraj

CALCUTTA:
Smith Stanistreet & Co., Ltd.
M. Bhattacharyya & Co.
B. K. Paul & Co., Ltd.

MADRAS:
Madras Drug Store
Dadha & Co.
Appah & Co.

BACTERODIN

For Solid Defence

Please consult your doctor for full particulars.

LISTED ANTISEPTICS
CALCUTTA

This specialised specific protein destroys rapidly the natural bacteria found in the body by stimulating the natural resistance and preventing infectious diseases and diverse inflammatory conditions. Bacterodin does not give rise to unpleasant bye-effects.

Agents:—B. V. RAMANJULU & CO., 3, Govindappa Naick St., Madras

ARTAN

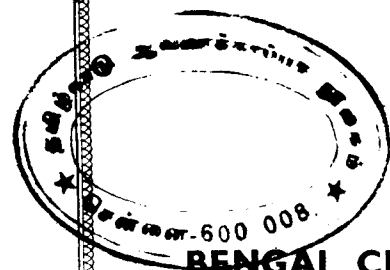
2-Phenyl Quinoline-4-Carboxylic Acid
(cinchophenum B. P.)

Effective Remedy for

Gout, Articular Rheumatism and Allied Morbid Conditions,
Gonorrhœal and Rheumatoid Arthritis, Arthritis Deformans,
Sciatica, Lumbago, Inter-costal Neuralgia, etc.

Increases excretion of uric acid from urine
of both gouty and non-gouty persons.

Each tablet contains $7\frac{1}{2}$ grains (0.5 gram)



BENGAL CHEMICAL AND PHARMACEUTICAL WORKS, LD.
CALCUTTA - - - - BOMBAY

Madras Agents:—N. DASAI GOWNDER & CO., 41, BUNDER STREET

GYNOMIN

TRADE MARK Regd. No. UK.609162

SOLVING

A DIFFICULT PROBLEM

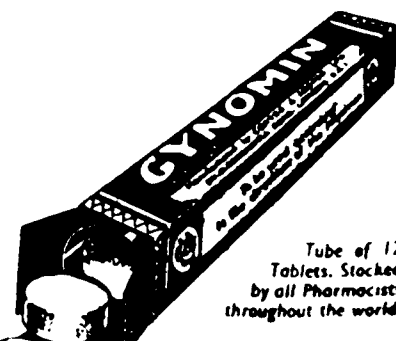
The question of contraceptives is probably one of the most difficult that you are called upon to answer. Upon it the health and future happiness of your patient must depend. You can recommend only a preparation which has been tried and tested and found absolutely reliable.

GYNOMIN was formerly
marketed under the name of **SPETON**

Manufactured by

COATES & COOPER, LTD.

21, EASTBURY ROAD, NORTHWOOD, MIDD., ENGLAND.



Tube of 12
Tablets. Stocked
by all Pharmacists
throughout the world

**THOUSANDS OF PHYSICIANS
PRESCRIBE DAILY -**



The powerful digestive tonic, ideally
suited to combat all conditions of lowered
vitality caused by digestive disturbances
and deficient nutrition.

The vital tonic that gives new life,
new energy and strength to everybody.

In all cases of wasting anaemias, con-
valescence, malnutrition, loss of weight
and strength, failing appetite, debilities
of all kinds, children's diseases like
wasting, rickets and scurvy.

COMPOSITION :

Haemoglobin, assimilable iron, glycerophos-
phates, pepsin, malt and grape juice.



ALEMBIC CHEMICAL WORKS CO. LTD. Baroda



HIND CHEMICALS Ltd., CAWNPORE

The most recent advance in the Treatment of
Pyelitis and other Urinary Infections

UROMALINE

*Ammonium Mandelate in a Palatable
Solution B. R. I.*

Prepared for the first time in India

One fluid drachm or one tea-spoonful
contains an equivalent of one
gramme of Mandelic Acid

*Pamphlets on Uromaline are sent free,
on application to:—*

**THE BRAHMACHARI RESEARCH
INSTITUTE**

82-3, Cornwallis Street - CALCUTTA



SALVITAE

IN
INTESTINAL AUTO-INTOXICATION

The mental haziness, nausea, depression, nervous irritability, apathy, malaise and headache which are commonly associated with auto-intoxication yield readily to the three-fold action of **SALVITAE**.

First, **SALVITAE** gently, but nevertheless actively and directly eliminates deleterious excretory products from the intestinal tract, thus preventing the stasis which is such a great factor in the generation of toxic products.

Second, by reason of its antiseptic and depurant influence, **SALVITAE** effectively combats bacteria and the formation of toxin.

Third, **SALVITAE** markedly facilitates, by the renal route, the removal from the blood stream of toxic substances absorbed from the intestinal tract.

MULLER McLEAN & Co., Inc., Tower House, Chowringhee Square, Calcutta and
Hashim Building, 38, Church Gate St., Bombay;
87, Sule Pagoda Road, Rangoon (British Burma).

WILSON & Co., 5-8, Jehangir St., George Town, Madras.

AMERICAN APOTHECARIES COMPANY (New York)

CORAMINE
Ciba

A circulatory and respiratory stimulant with
a wide margin of safety for emergencies and
prolonged treatment

CORAMINE is manufactured exclusively by CIBA
CIBA (INDIA) LIMITED P.O. BOX 479 BOMBAY

**Clinically Standardized, Well-Tolerated, Injectable Liver
Extract for the Treatment of Pernicious Anæmia**

S. S. JECTATE

For Intramuscular Injection

**Each 2 cc. contains 10 U. S. P. Anti-anæmic Units
(Injectable)**

Standardization

The daily intramuscular administration of 0.2 cc. of a solution prepared by the method employed in making this extract has been demonstrated to produce a satisfactory hematopoietic response in pernicious anæmia and constitutes a unit according to The United States Pharmacopœia Anti-Anæmia Preparations Advisory Board.

Dosage :

For the average uncomplicated case: 10 to 20 units for three successive days or three times during the first week followed by 10 units at weekly intervals until hematologic remission is complete. Maintenance requirements vary according to the individual from 10 units per week to 10 units per month.

**In 2 cc. ampoules
Supplied in Boxes of 6 & 25
In bulbs of 10 cc.**



Manufactured by :

THE UPJOHN COMPANY
KALAMAZOO—MICHIGAN, U. S. A.

Literature on request from :

Sole Agents :

T. M. THAKORE & CO.

110 & 110A, Stringer Street, G. T., Madras

Head Office :

43, Churchgate Street, Fort, Bombay

Branches :

CALCUTTA :

12, Dalhousie Square

MADRAS :

110 & 110A, Stringer St., G.T.

KARACHI :

123, Bunder Road

NOVA-GOIA :

Rua 31 de Janeiro, Post Box No. 2

LAHORE :

124, Anarkali

RANGOON :

65, Tseekai Mg. Taulay St.

**THERAPEUTIC RESEARCH CORPORATION
OF GREAT BRITAIN LIMITED**

1. The purpose of this announcement is to inform the Medical, Dental, Veterinary, Chemical and Pharmaceutical Professions that a group of the leading manufacturers of medicinal products in this country has formed an organization for the more effective prosecution of research in their industry.
2. This organization will be known as the
THERAPEUTIC RESEARCH CORPORATION OF GREAT BRITAIN LTD.
(subsequently referred to as the T.R.C.) and a private limited liability company with an authorized capital of £500,000 has been registered accordingly. There will be no public issue of capital.
3. The principal objects of the T.R.C. are :—
(a) To provide for the co-ordination and extension of research in matters of common interest with a view to accelerating the discovery of new substances for the service of therapeutic and preventive medicine ; to ensure proper collaboration with medical, dental and veterinary practitioners in the introduction of new medicinal substances and to assist in the advancement of the art of medicine by the subsidization of research on a broader and more rational basis than has so far been possible in the British Pharmaceutical Industry.
(b) To provide for the pooling of manufacturing facilities, where desirable.
(c) To enable the industry to co-operate more effectively in national planning by presenting to the Government through its appropriate medical, dental, veterinary, scientific and technical organizations the pooled knowledge and facilities acquired by the constituent companies in the field of therapeutic research.
4. The constituent founder Companies of the T.R.C. are :—
BOOTS PURE DRUG COMPANY LTD.
THE BRITISH DRUG HOUSES LTD.
GLAXO LABORATORIES LTD.
MAY & BAKER LTD.
THE WELLCOME FOUNDATION LTD.
They will subscribe the capital of the Corporation as and when required in equal amounts.
5. The Board of the Corporation will consist of the Chairman or Managing Directors of the constituent Companies.

The registered offices (pro tem.) of the Corporation are at : **183, EUSTON ROAD, LONDON, N.W.1**
(Telephone : EUSton 4477)
6. Plans for research will be drawn up from time to time by a Research Panel consisting of the Heads of Research from each of the constituent Companies. This Panel will co-opt or consult with other scientific workers as and when special problems arise. Similarly arrangements for production will be made in due course by a Production Panel consisting of the Heads of Production of the constituent Companies.
7. Products evolved as a result of research sponsored by the Corporation will be marketed and sold by the constituent Companies under a common name. The T.R.C. will assist wherever practicable in simplifying the nomenclature of new medicinal substances.
8. The fundamental basis of these collaborative arrangements is *research* and the basic qualification for the inclusion of the above Companies in the Corporation is that each of them has been actively engaged for many years in the research, manufacture and distribution of products prescribed by the Medical, Dental and Veterinary Professions and sold by Pharmacists. Their research staffs in Great Britain include many eminent workers in the field of medical, chemical, physiological, bacteriological, veterinary, pharmaceutical and allied research as well as a number of qualified medical men and veterinary surgeons who are associated with these companies in whole-time research and advisory work. The contacts of the constituent Companies with scientific workers as well as their connections with other companies in the Fine Chemical and Pharmaceutical Industries (either through subsidiaries, branches, agencies or working agreements with other firms) are world-wide.
9. The attitude of the Corporation is a co-operative one. It will, where desirable, negotiate agreements with other manufacturers of recognised standing.

All communications should be addressed to the Secretary.

Bankers :

MIDLAND BANK LIMITED
33 & 34, HOLBURN VIADUCT
LONDON, E.C.1

Auditors :

DELOITTE PLENDER GRIFFITHS & CO.
5, LONDON WALL BUILDINGS
LONDON, E.C.1

Solicitors :

BIRD & BIRD
GRAYS INN
LONDON, W.C.1

When Digitalis is indicated . . .

DIGOXIN (B. W. & Co.)

Digoxin is a pure, stable, crystallised glucoside, isolated from the leaves of *Digitalis lanata*.

It may be used whenever digitalis therapy is indicated and is specially valuable in the treatment of auricular fibrillation when rapid effects are desired.

Owing to its rapid absorption and elimination, it has advantages in clinical practice over any other member of the digitalis group.

Oral administration produces a consistent response one hour after administration. Given intravenously it produces the characteristic effects of digitalis almost at once. The maintenance dose can afterwards be given by mouth.

For oral administration

'TABLOID' BRAND DIGOXIN Bottles of 25 and 100 products, each containing 0.25 mgm., Rs. 1-3 and Rs. 3-14 each respectively.

SOLUTION OF DIGOXIN (B. W. & Co.) 0.5 mgm. in 1 c.c. solution. Bottles of 30 c.c. (supplied with Pipette) Rs. 3-3, and 250 c.c. Rs. 21-9.

For intravenous administration

'HYPOLOID' BRAND DIGOXIN Boxes of 10 'Hypoloid' ampoules each containing 0.5 mgm. in 1 c.c. solution, Rs. 3 per box.

'HYPOLOID' BRAND NORMAL SALINE (STERILE) Boxes of 6 x 10 c.c. 'Hypoloid' ampoules, Rs. 4-9 per box.

'HYPOLOID' BRAND DIGOXIN AND NORMAL SALINE Boxes containing 6 x 1 c.c. 'Hypoloid' Digoxin with 6 x 10 c.c. 'Hypoloid' Normal Saline, Rs. 6-5 per box.

Bombay Prices to the Medical Profession,
subject to Medical discount

Literature to Medical Men on request



BURROUGHS WELLCOME & CO., LONDON

(THE WELLCOME FOUNDATION LTD. INCORPORATED IN ENGLAND)

AND COOK'S BUILDING, HORNBY ROAD, BOMBAY

U. 4000 B.

THE Indian Medical Journal

All communications regarding contributions, advertisements, books and reports for review, changes of address and non-receipt of the Journal should be addressed to: 'The Managing Editor', INDIAN MEDICAL JOURNAL, 27, Krishnan Koll Street, G.T., Madras. It is important that the subscribers should report their change of address, if any, immediately to this office to ensure regular supply of the Journal, and if they could not intimate such a change so as to reach this office before the fifth day of the month, they should instruct the post office at their end to redirect the Journal to their new address.

All communications regarding subscriptions and remittances of the same should be addressed to Dr. Khan Chand Wohra, Hony. Treasurer, All-India Medical Licentiate's Association, Borstal Institution, Lahore (Punjab).

All communications regarding policy, programme and work of the All-India Medical Licentiate's Assn., should be addressed to Dr. V. D. Sathaye, General Secretary, 502, Narayan Peth, Mankeshwar Vishnu Road, Poona City.

Associate Editors :

A. N. Roy and Jai Gopal

Co-Editors :

K. S. S. Aiyer and D. V. Venkappa

Advisory Committee :

K. B. Bhujanga Rao, K. Venkat Rao
T. V. Ranganatha Rao, S. Balasundaram
and D. N. Basak

Managing Editor :

A. Viswanathan

Vol. 36 || MADRAS : March 1942 || No. 3

Gulfing the Difference

"A member of your Association who appreciates that the greatest problem before you is the bridging of the gulf between licentiates and graduates, asked me not long ago what my opinion was as to how this gulf might best be bridged. My answer was 'by joining the army in numbers and demonstrating to all your actual service at this time of emergency that your better men at least are fit to hold the higher post.'"

So said Sir Gordon Jolly, the Director General of the Indian Medical Service, in the course of his inaugural address to the 31st Conference of the All-India Medical Licentiates' Association at Ahmedabad. We are, however, afraid that his exhortation reveals a sad lack of understanding of the mind and experience of the licentiates. They have demonstrated their desire and abilities to serve their country times without number, in periods of peace, war and epidemics. Sir Jolly himself bears witness to the fact that even during the present emergency 'the members of the I. M. D. are doing magnificent work.' Where then is the need for further demonstration? This attitude would but show that the time-beaten prejudice of the Government has not yet resulted in any visible crack in its wall. Even granting the need for further demonstration, the result promised would be, not the gulfing of difference root and branch but securing of a claim that "our (italics ours) better men at least are fit to hold the higher post." The

licentiates, as every one knows, have had a record of brilliant achievements in the military and civil service since the time of the East India Company. Even during the last war they demonstrated their loyalty and abilities in no uncertain manner. But in the post-war period, the subordinate medical service was singled out for retrenchment, percentage of promotion was curtailed or denied, even licentiates with higher qualifications were kept in an ever waiting list of promotion, the cadre was weakened and reduced by the infiltration of graduates into it, and finally they were denied even the recognition of the Indian Medical Council when it was formed in 1933 with the ostensible object of maintaining efficiency of the profession at home and its honour abroad. May we ask Sir Jolly a plain and straightforward question : Are these rewards or punishments? Certainly war demands and deserves our fullest co-operation. But we wish Sir Jolly had made his appeal on the more natural and fundamental ground of the need of medical services of the licentiates than on the untenable plea for demonstrating their 'actual service' as a means of gaining a few favoured crumbs during the post-war period or as a method to gulf the existing difference between the licentiate and the graduate which, at present, is based not on the inequality of services already rendered or abilities already recorded between these two groups in the profession but on political and financial considerations of the Government. The most authoritative reply to Sir Jolly's exhortation is contained in Dr. A. D. Mukharji's presidential address itself who has rightly expressed his apprehensions in the following words :—

"If it is not possible to recognise the claims of the *licentiates* (italics ours) during the present trying time, I am afraid, when things settle down to normal conditions, issues and complications of diverse nature would be brought in to cloud the main problems. In all fairness to our just rights, I urge upon the Government of India and the Indian Medical Council not to turn a deaf ear to this side of our demand, but admit licentiates to the full-fledged commission granted by His Majesty the King. I am confident that this gesture on the part of the Government will evoke a generous response from the rank and file of the profession, many of whom are eager to volunteer for this service."

His view has been substantiated by the main resolutions of both the Ahmedabad and the Hyderabad Medical Conferences. The former expressed and demanded its natural right to the King's Commission and conveyed to the Government the growing discontent of the licentiates as a result of this denial on grounds which cannot stand a moment's scrutiny. The latter maintained, among other reasons such as racial discrimination in the I. M. S. and the I. M. D., that unless the licentiates are made eligible for and granted the King's Commission their response would indeed be too poor.

The profession is not unaware of some generous changes recently made in both the emergency services, nor ungrateful to the Government for the steps they have so far taken. But these changes show the halo of concessions forged on the anvil of emergency and not on the realisation of wrongs under which the profession lies buried.

The demands of the profession are plain and simple, and have no political tinge whatsoever unless one views them with coloured glasses. They are not new demands created merely to embarrass the Government.

**Proceedings of the 31st Conference of the All-India Medical Licentiate's
Association, Ahmedabad, 23rd December 1941**

**Address of the Chairman of the Reception
Committee, Dr. Jamiat Ram B. Desai**

SIR JOLLY, MR. PRESIDENT, SISTER AND BROTHER
DELEGATES,

On behalf of the Reception Committee I have great pleasure to welcome you all to the historic city of Ahmedabad and in cheering you up for the work that awaits you at this Conference. The welcome I offer you is really no small or conventional pleasure to me, as I happen to be the only surviving founder member of this organisation. Nor is this the first time that the Annual Conference is held in this city. It enjoyed this privilege and pleasure in the years 1911 and 1923 under the guidance of our revered leader, Dr. Joseph Benjamin.

There may possibly be many defects in our arrangements for your comforts, yet I sincerely trust that you will overlook them and enjoy your short stay here. The charms of this historic city are bound to be greatly refreshing to you after your strenuous labours in the Subjects Committee, the open Conference, and the Scientific Session. The ancient monuments, the modern factories, and the many scattered symbols of organised civic life and amenities will show to you vividly how time has wrought many changes in the history of this ancient city; and the Gujarat Vidyapith and Gandhiji's Ashram on the other side of the Sabarmati River would perhaps indicate to you the probable trend of future development of our characteristic civilisation.

**A Review of the Present State of Medical School
Education**

With this, I may as well close my address, but convention has it that a Chairman of the Reception Committee has to herald the discussion of the more important subjects that are likely to be dealt with by the President and discussed by this assembly:

The most important of them is Medical School Education. Despite the common knowledge and the consensus of opinion that time has come for our country to have only one standard of medical education and qualification, a review of the state of medical school education in the different provinces would reveal amazing contradictions and aimless inanities in the name of reforms and progress. Madras and the U. P. have, of course, acted frankly and fairly in abolishing the dual type of medical education which has been an apple of discord and a cause of discontent in the profession during the last 100 years or more. But the other provinces are merely tinkering with this problem. The Punjab Government have initiated in 1938 the L. M. S. diploma with seven years' course, but none knows whether it will be recognised by the Indian Medical Council or by the Punjab University as equivalent to the M.B. standard. This L.M.S. Scheme looks like a hobby of some vested interests in the Punjab, and the grim indication of it is that while the new L.M.S. is allowed to career in the Amritsar Medical School, it has been halted at the Arya Ludhiana Medical School, where, now, the old L.S.M.F. course is revived, not for four years as before but for four years and a half. When you come to Bengal, the cup of misery becomes full and overflowing.

There are to-day nine medical schools in that province. The Bengal Medical Council has, time and again, protested against the continuance of some of these schools, which have been found to be utterly inefficient by its inspectors, who advised the Government to abolish them. But strangely and adroitly, the Government is maturing plans to open the tenth Medical School at Barisal. It looks as if the way to reforms in Bengal is paved with new jobs for the vested interest of a party Government. In Assam, a special Government Committee recommended two years ago the improvement and integration of the Dibrugarh Medical School into a Medical College by 1943 or 1944. The Government replied with the proposal to start another School at Sylhet! In my own province, the story assumes and shows the strangest hue. The old L.C.P.S. course was for four years with Matriculation as the general standard for admission. In 1937, Inter Science was laid down as the minimum general standard while the length of the course was cut down to three years and a half. Within the next four years, the College of Physicians and Surgeons, Bombay, seems to have rapidly grown grey in wisdom and experience and they have suddenly, without any notice to the students already admitted, under the old regulations or publication of its proposal for public criticism, ushered in a new era of educational reform by lengthening the course to four and a half years—just six months less than the Medical College Course—, and by desiring to have a great building for its own abode as a monument of its achievements in medical school education in Bombay! It may as well erect its own cemetery and thus be off with us for ever! This is a bare and unvarnished review of the existing state of medical school education in many of the provinces of our country. The worst aspect of it is that retrograde and immaterial changes are made in the name of improvements and reform. When this gambling with medical education would cease I do not know, but it is up to us to create a very strong public opinion, and force the Provincial Government to implement it, not by executive orders but by legislation preferably.

A Retrospect of Medical Councils

Many of you are probably not aware of the great difference between the Provincial Medical Councils and the Indian Medical Council. It is glibly said and accepted without question that the Provincial Medical Councils control the standard of Medical School Education and the Indian Medical Council the standard of 'higher medical education' which, as things stand to-day, means University Medical Education. The latter is quite correct, but the former is entirely wrong. The statutory duty of the Indian Medical Council is not only to control the standard but also to lay it down, to regulate and to establish a minimum uniformity. Whereas the duty of the Provincial Medical Council is nothing of that kind. It is merely a registering body. A study of the preambles of the Provincial and the Central Acts would reveal this difference. *The Preamble of the Central Act is: "Whereas it is expedient to constitute a Medical Council in India in order to establish a uniform*

FELLOWS

COMPOUND SYRUP

helps to overcome the devitalizing effects of respiratory infections, pregnancy, dietary deficiencies; and it is an excellent appetite stimulant. This dependable, bitter, and reconstructive Tonic contains valuable mineral salts; and it has been prescribed by doctors the world over for more than 60 years.

Such care is devoted to the preparation of FELLOWS' SYRUP that only by making sure of the name "FELLOWS" can you be certain of the same unvarying quality.

Samples on Request

Fellows Medical Mfg. Co., Inc.

26 Christopher Street

New York, N. Y.

CADMINOL

(Cadmium-thio-Gluconate in 1½% oily suspension)

IS

A Golden Remedy for Pulmonary Tuberculosis

Advantages of Cadminol :

1. Less toxic. It does not produce any reactions.
2. A fall in temperature is markedly noticed after a week's treatment.
3. Economical in price.
4. Clinical standardization of every batch under expert control.

Packings of 30 c.c. and 10 c.c. respectively are available in the market.

For detailed literature please write to :

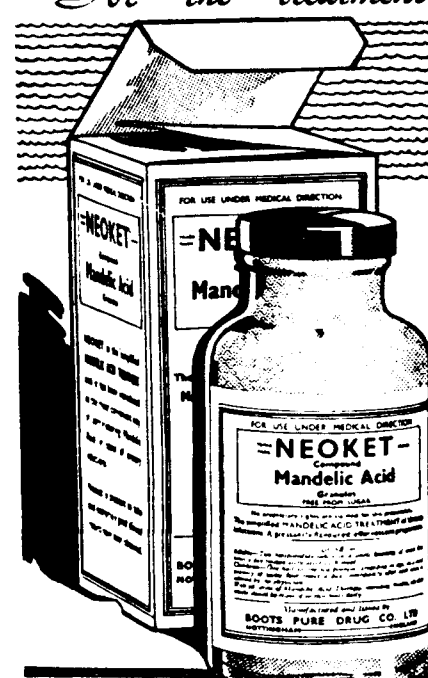
UNION DRUG CO. LTD. CALCUTTA.

Telephone :-
Cal. 1159
Cal. 4975

285, Bowbazar Street
Madras Agents :-
Messrs. APPAH & CO., MADRAS

Telegram :-
"Benzolic"
Cal.

For the treatment of URINARY INFECTIONS



NEOKET

COMPOUND MANDELIC ACID GRANULES

Neoket consists of pleasantly flavoured, effervescent granules containing Mandelic Acid and Sodium Acid Phosphate, suitably sweetened with Saccharin, and Sodium Bicarbonate is present in sufficient quantity to effect neutralisation of the Mandelic Acid. No Ammonium Chloride is contained in Neoket and the collateral use of additional acidifying agents is not usually necessary.

Supplied in bottles containing 1½ ozs. and 6 ozs. (approx.)

AMMOKET

ELIXIR OF AMMONIUM MANDELATE

FOR THE TREATMENT OF URINARY INFECTIONS

The Ammonium Mandelate contained in Ammokat is split in the body into mandelic acid which is excreted in the urine, and ammonia which is converted into urea. With Ammokat the mandelic acid produced is sufficient to maintain the required pH value of the urine, and at the same time exert a powerful bactericidal effect.

Supplied in bottles of 8 oz. and 16 oz.



FOR PARTICULARS PLEASE APPLY TO: **BOOTS PURE DRUG CO. LTD., 10 LALL BAZAR, CALCUTTA.**

**MANUFACTURED BY:
BOOTS PURE DRUG CO. LTD. NOTTINGHAM. ENGLAND**

minimum standard of higher qualification in Medicine for all provinces." This duty of establishing a uniform minimum standard is performed by first laying down its own standard and then regulating and forcing it in all the institutions recognised or required to be recognised by it. The preamble of the Provincial Act, on the other hand, is: "Whereas it is expedient to provide for the registration of certain medical practitioners in the province of... it is hereby enacted as follows." The standard is laid down by the Provincial University so far as medical colleges are concerned, and by State Medical Faculties, Examining Boards, and the College of Physicians and Surgeons of Bombay so far as medical schools are concerned. The former is a statutory Body, and the latter are constituted by the Government, except in Bombay where a private body like the College of Physicians and Surgeons is recognised by the Government for this purpose. It is these cloistered and nominated Bodies that lay down the standard of medical school education. The Provincial Medical Council has necessarily to accept it for the mere purpose of registration. The periodical inspections made by it is not to question the efficiency of this standard but to find out whether the standard as laid down by the State Medical Faculties and the like is being followed in the medical schools. The result of this dyarchic arrangement has been most unfortunate in that the Provincial Medical Councils have no statutory control over these Bodies and that by themselves they could not lay down their own standards. That is why we witness the conflicting and confusing spectacle of seven years' course in one province, four years' in another, four and a half years' in a third, three and a half years' in a fourth, and five years' in a fifth province. Their curriculum also has neither uniformity nor consistency. The Provincial Medical Councils have merely to dot the Rs. and cross the Ts. for the sole purpose of maintaining a Medical Register. I can think of only one remedy for this state of affairs, and that is, the abolition of State Medical Faculties, Examining Boards and the Bombay College of Physicians and Surgeons, and the vesting of statutory powers in the Provincial Medical Councils of laying down their own standard and of controlling and regulating it. It is but right that such a power should vest in a statutory and elected Body and not in a caucus of nominated Government servants. It is, of course, true that the present constitution and the composition of the Provincial Medical Councils are very defective, but even then this is a lesser evil than the one that comes from the unctuous Bodies like the State Medical Faculties or the College of Physicians and Surgeons which experience has shown to be no more than citadels of vested interests and reaction.

This leads me to the question of amending the existing Provincial Medical Acts. All of you know that the Madras Medical Act is now amended in such a way that the old class and caste distinctions in the profession have been entirely wiped away. Only three members are nominated, and the rest are all elected. Out of the latter, three are elected by the staff of the three Medical Colleges, two by the two University Medical Faculties, and seven by a general electorate of all registered practitioners. The Madras Examining Board has now become defunct, and the Madras Medical Council and the Madras Government have accepted the

standard of medical education as laid down by the Indian Medical Council. This was made possible only by the abolition of Medical Schools. A similar state of affairs should be brought about in respect of other Provincial Medical Councils also. The organised medical profession should work out this programme with more vigour than is apparently the case at present.

Coming next to the Indian Medical Council, I shall not recall the bitter resentment which it engendered at the time of its enactment and its great betrayal of more than 75 per cent. of duly and statutorily qualified practitioners. It was indeed a staggering blow to all the nascent hopes of the growing Indian Medical Profession. It will be continued to be condemned on all sides till the Act is amended in a just manner. How it is to be amended has been repeatedly indicated by the leaders of organised medical profession in India. I would not therefore go into this matter at present. I would clear only one possible misunderstanding. We do not condemn it because it has laid down a high standard of medical education. In fact it was in the years 1924-26, long before this Act was enacted and put into force, that our own men the late Dr. K. G. Lohokare of Poona and Dr. U. Rama Rao of Madras, introduced their bills for regulating the medical education in India in the Indian Legislative Assembly and the Council of State, respectively. But owing to the sad and untimely demise of the former and the resignation of the latter, both the bills were dropped. It is thus apparent that the licentiates have absolutely no objection to any standard laid down for the future. We, however, condemn it because, apart from other reasons of its composition, constitution and vicarious principles of reciprocity, instead of recognising the licentiate qualification as at the time of the passing of the Act and enjoining its standard after a fixed and reasonable time limit, it has wholly excluded it from its purview. That has never been the procedure in any country when such statutory Bodies are created. It is said in justification of this procedure that the Medical School Education is under Provincial Governments and therefore the Central Government cannot legislate for them. This is only a sham excuse. The Provincial Universities also are the creatures of the Provincial statutes, and if their medical standards of education could be regulated by central legislation, so also the standards of medical school education under the control of the Provincial Governments. Well, the truth is, we are slaves and are made to eat the crumbs; and, of course, if we do not have these crumbs even, we will die of starvation. This is the most generous criticism which I can say of the I. M. C. Act and which the Ex-Premier of Madras has characterised as the 'most outrageous, tyrannical and foreign Body.'

The President of the Indian Medical Council has said in its last October session that its resolution recommending the recognition of licentiate qualification till 1947, subject to the acceptance of its standard by all the Provincial Governments, was forwarded by the Central Government for the opinion of the former. Well, the conclusion is foregone. The discordant voices of the Provincial Governments are bound to sabotage this proposal. We heard them at the 1938 Government of India Medical School Education Conference at New Delhi, and we would hear them again. I simply refer to

this matter to impress on you that there is no reason for your optimism over this resolution of the Medical Council of India, because it is contingent on the unanimous approval of all the Provincial Governments for the abolition of Medical Schools in their respective areas. If there is any reality behind this resolution, or if the Central Government really approves of it, at least the licentiates of the U. P. and Madras could be straight away recognised even from now, because the Governments of these Provinces have already abolished the medical schools under their charge. If this is effected, the momentum which it can generate in other provinces would be such as would compel the other Provincial Governments to see the wisdom of following suit. The hidden hand that divides would be patently seen then. Let us wait and see the developments.

Emergency Medical Service

You are already aware of the efforts of our Association on behalf of the licentiates in the matter of terms and conditions of their recruitment to the Emergency Medical Service, more correctly the Emergency I. M. D., Assistant Surgeon Branch. Let me seriously and sincerely tell the Government that the change in designation from S. A. S. to A. S. has caused little or no enthusiasm among the licentiates. That is a mere shadow without substance. And even the minimum substance which the Association negotiated for, recently at the Simla Conference, seems far outside our reach and too much for the Government to accept. By asking this minimum, namely that the licentiates within ten years' standing in the profession should be granted at least the initial rank of subedar and initial pay of Rs. 200 per month, we have really and greatly compromised our position. Because if our claim for recognition by the Indian Medical Council is considered, by ourselves at any rate, as just, we cannot with any conscience or consistency ask for anything less than what that recognition involves. Government have now announced that from 1st December 1941 the I. M. D. officers of the Indian Cadre will be granted an emergency allowance of Rs. 125, instead of Rs. 50 per month, though the present pay will remain the same, *viz.* from Rs. 75 to Rs. 125. We are all thankful to Government even for this small mercy, but we are sorry to see why the Government has not increased the pay to Rs. 200. This would have helped our men much in point of position, rank, pensions, gratuities, etc. This Conference should take note of the great feeling of the licentiates in this matter, and by no means shirk its responsibility by opportunism or equivocation. Let me also point out that the Central Council of the Indian Medical Association at its meeting held during last October has finally expressed its view that all the registered medical practitioners should be eligible for the Emergency Commission in the I. M. S. I want you to be warned of the great consequences, if our Association, the traditional representatives of the Licentiates, asks far less than what the Indian Medical Association demands on our behalf. Personally, I believe that the licentiate is fully entitled for the I. M. S. Commission and this period of Emergency is the best time to settle the old

scores for good. If this is not settled now, it will never be in any near future. I appeal to the Government of India to be broad-minded in this matter which is purely professional and not by any means political in nature. Even the General Medical Council has established a separate register for the hitherto unrecognised practitioners with colonial qualifications, including Burma and India, under Defence Regulation 32-B of 1939. The Government of India should do no less. This would greatly encourage the licentiates to join the Emergency Medical Service and the response would be staggering.

Conclusion

LADIES AND GENTLEMEN,

Before I conclude and thank you sincerely for giving me patient hearing, I have to put three suggestions for your consideration at this session and say a word to our young brothers.

My suggestions are :—(1) To have an advisory body to watch the present trend in medical politics to guide our policy, (2) To form a trust to safeguard our present accumulated funds and (3) To form a scheme to help the families and children of our deceased members in place of our Family Fund Scheme, which is unhappily in the process of being wound up.

I am glad to inform you that though this Conference has been organised by the Gujarat Branch of the All-India Medical Licentiates' Association, all medical men and women of the city have willingly joined hands with us. We are really indebted to them all.

I deem it a great personal honour to welcome you all once again to this place, and particularly you, Sir Jolly. You have come down here from a distant place, amidst your innumerable and multifarious duties and more especially at this critical time due to the world war. Your very presence here amongst us, this day, has undoubtedly proved your real sympathy and love for our class and the sincere interest you are taking in their welfare. You, Sir, have indeed placed our whole class under a deep debt of gratitude by kindly consenting to come down here and to inaugurate the Conference.

We are highly indebted to you all, ladies and gentlemen, for having come down here in response to our invitation at great sacrifice and personal inconvenience.

I wish you successful and happy deliberations. I also wish you, brother delegates, who have come from distant places to enjoy your visit to the capital of Gujarat. Maybe, our arrangements are not at all perfect, but our hearts are full of joy at having been given this opportunity to play the host to our co-workers gathered here from the far-flung parts of our country.

I would now request you, Sir Jolly, to kindly inaugurate this Conference.

Sir Gordon Jolly's Inaugural Address

DR. DESAI, DR. MUKHARJI, LADIES AND GENTLEMEN,

I appreciate deeply the honour of being invited here to-day to inaugurate the Thirty-first Annual Conference of the All-India Medical Licentiates' Association. I note, among the names of those who have presided at your Conference in previous years, many of the most distinguished members of my Service. They include one Director General, Major-General Sir William Edwards, who was head of the Service during the latter part of the last war and who, as some of you may recollect, was a good friend to the Licentiates both in wartime and in the difficult period after the conclusion of peace. I hope, when it is my time to go, that you will class me among those who have sympathised with your legitimate aspirations and helped to secure their attainment.

Much has happened since that memorable day thirty-five years ago, when seven far-seeing men met in conclave in the old Parel Laboratory and founded "The Bombay Hospital Assistants' Association." Were their imaginations quickened by memories lingering in the walls of the historic old building, in which they sat, to picture those Surgeons and Assistant Surgeons of the East India Company who left their ships and brought the early practice and teaching of scientific medicine to India? Did they, one wonders, look ahead to the time when the seed they planted would grow into an All-India Association with over 180 Branches throughout the country?

Dr. Jamiatram Desai as the sole surviving member of that founders' meeting must be proud when he surveys the results of his work of so many years ago. He should also be deeply sensible of the great change for the better that has taken place since those days. For myself, while I fully appreciate the gulf that still lies between the graduates in medicine and the licentiates, I think there is a tendency to underestimate the notable advance that has been made. The Hospital Assistant of a generation ago was a non-descript being with a still more non-descript training, the "doctor babu," too often the doctor's "babu"; not a Surgeon, not a medical officer, not to be placed in charge of sick, only fit to help in a hospital as dressers and compounders now do. The change in designation to "sub-assistant surgeon" conveyed with it clear recognition of medical status. The sub-assistant surgeon was not merely a man who assisted a doctor but he was recognised as a doctor himself, working ordinarily under a "surgeon" or "assistant surgeon" but essentially of the same species. This, I maintain, was a striking advance. The grant of commissioned* rank in the Army at the end of five years' service was another marked step forward, conferring authority and conveying the dignity and status of an "officer". In the last two years two further steps forward have been taken, the immediate grant of a Viceroy's commission on entering the Army and the

change in grade from "sub-assistant surgeon" to "assistant surgeon". Dr. Desai in his speech calls the latter step "the shadow without the substance." I disagree with him and I hope time will soon prove this. The taking of the "sub" out of the "sub-assistant surgeon" is more than a mere change of name. It carries with it the removal of what many regarded as a stigma, the breaking of a bar and the abolition of a grade. There is now, in the military medical service but one step between the licentiate and the graduate. We shall see the repercussions of this in civil employment after the war.

You will expect me to say something about medical education. Well, you all know the resolution of the Government of India Conference on Medical Schools presided over by my distinguished predecessor, Major-General Sir Ernest Bradfield. It came, I thought, as a surprise to some delegates to find Government spokesman in full sympathy with and actively supporting proposals for the upgrading of licentiate education and the establishment of a single minimum standard of medical qualification throughout India. The Medical Council of India have given their weighty support to the proposal. I would like you to realise the difficulties in which the Medical Council of India found itself. Faced with the existence of a large number of medical schools having a curriculum below what it considered to be the acceptable minimum and, unable to do more than advise, it recorded in unmistakable terms its support of a single minimum standard of medical education for India.

It may be said that practitioners of scientific medicine throughout India are solidly in favour of a unified standard. Madras has achieved this and the United Provinces are in the process of doing so. Other Provinces, I can assure you, are anxious to follow, but financial difficulties multiplied a hundredfold by the war, together with shortage of equipment and of teaching staff have inevitably delayed matters. The quicker we win the war the sooner we shall be able to push on with the upgrading of the schools. I hesitate to suggest the closing of any. Even Bengal will have after the war, according to modern standards, room for all the medical men she can turn in her schools.

So much awaits the end of the war : so much can only be begun after we have won the war and are able once more to turn our swords into ploughshares, our field ambulances into health units, and our emergency commissioned officers into peaceful and, I hope, prosperous practitioners. This is the theme I would put before you to-day. We must be "realists". The first thing and indeed the thing that matters more than all else is to win this war. Everything depends upon that. Our armies are expanding rapidly ; medical requirements in personnel and stores increase "pro rata". Modern warfare, in which sudden lightning attacks may occur at any point, requires, among other things, a strong medical organisation throughout. The number of medical men needed is necessarily large, strength at every point with no weakness. That is the standard the Army aims at and which the medical men of India can, if they will, ensure and maintain. I would ask each one of you

* Viceroy's Commission. —Ed.

who is of military age to ask yourself the question : " Am I indispensable in my present work ? " If you are not, I would urge you to offer yourself at once for army service. Upon your decision depends in some measure the lives of your countrymen.

Not long ago Government summoned a conference of medical men to discuss licentiate recruitment to the Emergency Branch of the I. M. D. Your Association provided the majority of the delegates. The two main recommendations of the Conference were the need for increased remuneration amounting to not less than Rs. 200 per mensem for the newly joined younger men and a substantial antedate based upon professional experience for older men. The first recommendation was accepted by Government and made public last month and I am glad to say that I have just received a telegram authorising me to announce at this meeting that antedates based on professional experience and the attainment of higher professional qualifications have been approved by the Government of India.

Other recommendations of the Conference have either been accepted by Government or are still under examination. Thus members of the Emergency Cadre are eligible for charge and sub-charge appointment in the Army along with members of the regular cadre. Government propose to increase facilities for Assistant Surgeons to engage in professional work by relieving them, as far as possible, of duties which can be performed by non-medical men such as compounders, technicians of various types and clerks.

In order to make fuller use of licentiates for professional work connected with the war, Government are utilising licentiates in civil employment for recruiting duties and to hold medical charge of ordnance factories, while a scheme for the engagement of civilian licentiates for local duty in military hospitals in India has also been sanctioned.

A representation regarding the designation of the military rank held by licentiates is under examination by Government as are one or two secondary recommendations which have repercussions on other branches of the Army and therefore require more detailed consideration.

Finally Government have acceded to your request to use the medium of the *Indian Medical Journal* for giving publicity to all matters affecting licentiate recruitment as well as to intimate casualties in the Indian Medical Department.

Association Members :—I have read with interest the Programme of your Conference and the Draft Resolutions you propose to discuss. I take it that I am ineligible to be a member of your Association, but you will perhaps permit me to comment upon one draft resolution, which appears in full in your Agenda, and upon another which is only indicated by a number.

The first is number (16) on your list of resolutions given notice of by "members and branches". It reads "In view of a large number of licentiates remaining unemployed, it is resolved that a Service Securing

Agency be started under the supervision of the mother Association. The aims of this Agency shall be to render all possible assistance and to supply all possible information to licentiates in securing employment, in return for payment of a nominal fee as membership. A suitable Committee shall be appointed to frame rules and regulations for the conduct of this Service Securing Agency at an early date." I am frankly surprised to read that at the present stage of this world war, when every fit medical man who is not attending to the absolutely essential needs of the civil population should be enrolled in the Medical Services of the Defence Department, there is a large number of licentiates remaining unemployed. I would suggest for the consideration of the mover, amendments consisting in the addition of the word "Defence" before "Service Securing Agency" and that the words "in return for payment of a nominal fee for membership" be omitted.

For your resolution No. 3 on Recruitment to the Emergency Branch of the I. M. D., I venture to suggest a wording to read :

"In view of the imperative need of the Defence Services of India for large numbers of doctors for the care and treatment of the sick and wounded and prevention of disease among our troops, this Association calls on every licentiate who is medically fit and not indispensably employed in attending to the essential needs of the civil population to join the Emergency Branch of the Indian Medical Department."

Fellow Practitioners! the past record of the Medical Licentiates in loyal and efficient service to Government and to their country is second to none. Particularly fine is their tradition of military service. I appeal to you all to maintain that record and uphold that tradition by offering yourselves in such numbers as will assure our troops that the medical profession of India and the licentiates in particular are with them and will not yield place to any other section of the community in their eagerness to serve.

A member of your Association who appreciates that the greatest problem before you is the bridging of the gulf between licentiates and graduates, asked me not long ago what my opinion was as to how this gulf might best be bridged. My answer was "by joining the Army in numbers and demonstrating to all by your actual service at this time of emergency that your better men at least are fit to hold the higher post."

I have recently had the privilege of visiting Indian Medical Units overseas and of meeting many members of the Indian Medical Department. They are well and are doing magnificent work. They look to you, as I do, to join them in whatever numbers are required to ensure that our soldiers receive the best possible medical aid.

The licentiates form the largest group of medical practitioners in the country; they should play a predominant part in the war effort of the medical profession. You can if you will.

It gives me much pleasure to inaugurate this Thirty-first Conference of the All-India Medical Licentiates' Association.

Opening of the Medical and Scientific Exhibition by Sheth Kasturbhai Lalbhai

Dr. P. R. Trivedi, while requesting Sheth Kasturbhai Lalbhai to open the Exhibition, said :

It is my pleasant duty this evening to request on behalf of this Conference Sheth Kasturbhai Lalbhai to open the Medical and Scientific Exhibition.

Sheth Kasturbhai hardly requires any introduction before a distinguished gathering like the present one. His reputation as a business magnet and leading industrialist is not confined within the limits of the Province of Gujarat but it has spread to the length and breadth of India. He has been for many years a guide, philosopher and friend of the Textile Industry in Ahmedabad and has represented this industry in the Legislature and before the Government. The Government has accorded recognition to his versatile abilities, powers and experience by sending him twice to Geneva as employers' delegate and appointing him adviser to the Government in connection with the Indo-British and Indo-Burma trade negotiations. The commercial institutions of the country marked their appreciation by conferring on him the presidency of the Federation of the Indian Chamber of Commerce and Industry in 1934 and, later, Directorship of the Reserve Bank of India in 1937. But his business pre-occupations have not prevented him from taking interest in social and educational matters. He is a patron of the Ahmedabad Education Society; and the Sheth Lalbhai Dalpatbhai Arts College is a living monument of his munificence.

Turning now to the Exhibition, I scarcely need to emphasise the utility and necessity of exhibiting and popularising the country's medical products. We have been holding these exhibitions since 1916 and the present one is the eighteenth of its series, and our efforts have received the patronage of and encouragement from the highest personages in the country.

The Calcutta Exhibition of 1919 was opened by the Governor of Bengal, Lord Ronaldshay, and the following year Lord Chelmsford, the then Viceroy, performed the function at Delhi. The present exhibition consists of 22 stalls and all the Indian companies are fully represented here and their products are all Indian, the foreign drug companies having expressed their inability to participate due to unfortunate international situation. Since the first exhibition in 1916, the pharmaceutical industry has progressed considerably. Every drug for which basic material is available is being manufactured in India and many drugs are manufactured from imported materials. As a result, no less than 292 drugs, which formerly had necessarily to be imported into the country, are now off the list of imports and these drugs are manufactured in India and the full quota of their supplies distributed locally. Surgical instruments are manufactured to an extent which meets 75 per cent. of the country's needs. Sera, vaccines and other biological products and rubber goods are also produced in good quantities. But this is not enough. Further efforts should be made if we are to exploit to the full the medicinal resources of our country, and meet most of our requirements locally if not all. India possesses medicinal plants and herbs of no mean value and variety, and there are hundreds and thousands of plants which would yield valuable medicinal properties when brought under research. Here then is required the co-operation of Industry and Science and I wish our honoured guest of the evening, whose interest is not confined to one particular class of industry, will turn his attention as well as that of his brother-industrialists towards pharmaceutical industry. Let us hope that Ahmedabad will, in the course of time, possess and boast of a chemical and pharmaceutical works on the same lines as the Alembic Chemical Works of Baroda and the Bengal Chemical Works of Sir P. C. Roy.

Ladies and Gentlemen, with these words I, on behalf of this Conference, request Sheth Kasturbhai to declare the Exhibition open.

Sheth Kasturbhai Lalbhai, rising amidst cheers, said:

LADIES AND GENTLEMEN!

It was kind of you to have invited me to open this Exhibition. Possibly I owe the honour to my connection with the Industry. Surveying our industrial progress during the last twenty years, one must say that on the whole, it has been satisfactory. We are in a position now to manufacture most of our major requirements. The only disappointment is in the matter of the Chemical Industry. We do have a number of small Chemical Works in different parts of the country. But none of them is of any magnitude. Now that the war has opened up some possibilities, let us hope that we will be able to achieve some progress in this direction also.

It was pleasant to hear that now we are manufacturing in the country some 300 drugs and some biological products. You will be able to see these achievements of our Pharmaceutical Industry in the Exhibition today. Capital, which is normally shy in our country, has been more so in this industry. Foreign competition has also been more intense. All admiration is, therefore, due to the heroic struggles of some of the veteran concerns like the Bengal Chemicals, for attaining to their present stage of development. Good, however, as this progress is, I believe the basic materials for most of our medicines are still being imported from outside. At present we are importing on an average about three and a half crores worth of chemicals and about two and a half crores worth of drugs and medicines every year. Unless we have, therefore, a Chemical Industry with a sufficient broad basis, we will continue to be dependent on imports for some of our essential requirements. This is an aspect of the problem, however, for the industrialists. I would like to invite your attention to another aspect where medical men can make their contribution.

When I reflect on the history of medical science, I find that each advance from one stage of our knowledge to another has been marked by some penetrating research which has thrown a new light on the causes of human sufferings. Some of the persons who have done it have been lucky. They just struck something great. But others gave away their whole life to the field of research. Their only desire was to overcome the activities of a particular bacteria, or to relieve a particular human agony. Our specifics against Diphtheria, Yellow Fever, Diabetes, Syphilis, are achievements of these untiring and selfless persons. It is obvious, therefore, that if we want to have a Pharmaceutical Industry which can rank with the leading industries of the world, we require a band of devoted workers who will try to follow paths hereto untrodden and coax or force nature to reveal another of her mysteries. I of course know that not all of us are capable of these brilliant achievements. But these researches require a large basis of experiences and data. That is where even the humblest of us can also make a contribution. I therefore hope that soon the intelligence and brilliance of some of our research workers may be combined with the experience of service people like you to produce something great for our country.

This brings me to another aspect of the problem, and being a non-medical man I place it before you with some hesitation. The development of the Pharmaceutical Industry has certain obvious advantages. It makes medicines more easily available to the public. But I am not sure whether these medicines are sufficiently cheap at present to be within the reach of our masses. Our indigenous system of medicines has at least one merit. The drugs that it offers are very cheap. We have, therefore, to consider whether we could not make our drugs cheaper in their present form or so reconstitute them as to reduce their prices. Unless we succeed in doing this, the development of a Pharmaceutical Industry would have been in vain and we would not have really helped our people.

There is another aspect more fundamental than that of price. On account of the obvious ease in ready-made medicines, the practice of prescribing specific and patent medicines is on the increase. Every practitioner has turned into a consultant, and the patient hurries from his rooms to those of the chemist. In doing this, the practitioner is certainly making the best use of the specialised skill and knowledge of others placed at his disposal by the manufacturers of these drugs. At the same time, I feel that too much reliance on this practice and a too frequent recommendation of patented products is leading to a weakening of a personal bond between the doctor and the patient. Some years back, the

doctor was almost a respected member of the family. He knew the immunities and susceptibilities of each member of the household. He also knew their exact reaction to each type of drug. On the other hand, today he is on the way to become a mere purveyor of drugs with the effect that not in a few cases the patient thinks that he can dispense with him altogether and have a straight recourse to the specifics he is expected to prescribe. I know that the patient is wrong in thus thinking. I leave it to you, however, to judge as to who is more responsible for this state of affairs—the ignorant patient or the doctor who relies too much on specifics.

In any case this weakening of the bond is responsible for some of the severe criticism directed against the medical profession in some of the western countries. It is supposed to have lost its innate humanity and instinctive pity. It is considered to be callous to human sufferings. Quite a lot of this criticism is unfounded and unjustifiable. But it certainly shows that the Society expects its doctors to be less formal and more humanitarian. In our country, particularly the need of this spirit is great. I need not tell you that our people are poor and their cup of misery is full in all directions. They need all the help and all the sympathy that they can get from service people like you.

With these words, Ladies and Gentlemen, I declare this Exhibition open.

Presidential Address by Dr. Amulya Dhan Mukharji

Dr. Desai, Sir Gordon Jolly, Sister and Brother Delegates, ladies and gentlemen :—

Kindly allow me to thank you and the constituent branches of the All-India Medical Licentiates' Association for electing me to preside over the deliberations of its 31st Session. I consider it a singular honour, as by re-electing me in so quick a succession you have demonstrated your profound confidence in my humble self.

I must mention that the venue of the present session has a special attraction for me, and I believe, for all the delegates, as we are in a grateful position to find the only surviving foundation member of this great organisation, in our respected Dr. Desai, extending to us a most cordial welcome to this city of great historical importance which had the unique honour of inviting the Licentiates of India and Burma to confer here twice before.

It is no less a pleasure to us to meet on the bank of the Sabarmati river where Mahatma Gandhi, the leader of Indian renaissance, propounded the new principles of gaining our freedom through non-violence. From his Asram various programmes for the removal of sufferings of the people in different walks of life were enunciated. Meeting in such close proximity to the Asram which has worked out miracles in Indian life, I hope this

conference will serve as a great inspiration to us to chalk out an effective programme for solving the many problems which the medical profession in general and licentiates in particular are faced with.

The abnormal conditions caused by the present international war, under which we met last year also, have not yet abated. Though so long we were not actually within the direct field of its destructive target, the war is gradually coming nearer our hearth and home. We have to bear in mind the dire consequences that are likely to befall our country and its civil population in the eventuality of any push by the enemy on any of the frontiers of India or its neighbouring regions. Being of the noble profession pledged to render aid to the society, whenever in distress irrespective of its sources, we have got to be alive to our sense of duty and keep ourselves in readiness to help the defence organisations in times of emergency. We have also our duties towards those of our gallant countrymen who are to-day fighting in various theatres of war and who have got to be looked after by the members of our profession.

It fills my heart with great joy to find the leaders of public opinion who were running the Provincial Governments in seven provinces and who were last year behind the prison bars, now free. Being true representatives of the people and having great deal of suffering and sacrifice to their credit, they

visualised things in their true perspectives and were eager to plan out well directed reforms in medical relief and public health. But we do not know whether they will resume the responsibilities of running the provincial Governments again.

It is, however, a very hopeful indication that on account of the situation created by the present war, the Council of His Excellency the Viceroy has been enlarged with a preponderance of non-official Indian members in it. The department of Health, luckily now, is under the charge of one who is noted for his wide outlook in life and the medical profession looks up to him for a definite advancement of the public health policy of the Government of India under his guidance.

I need hardly tell you that, while turning to present the various problems that confront us, I will have either to reiterate what I said last year while presiding over the Bombay Session of our Conference or refer to the various points at issue with which we have merged ourselves, heart and soul, through this organisation all these years. But there is no help for it as it has almost become a custom for the President-elect to narrate the current trend of thoughts and the associated problems as much as possible. In this I confess that my task has been made easier by the very able mention of many of them by the Chairman of the Reception Committee.

Education in Medical Schools

It is unfortunate that the medical school education although started earlier for a particular military purpose and then utilised for meeting the medical needs of civil population, was yet neglected by those who created them, after the Universities came into being, in spite of the fact that the contribution of the products of the schools towards popularising the system of medicine which we advocate is not small. It is really an irony of fate that the dual system is perpetuated in spite of the fact that the organised medical profession all over the world do not support it. Possibly to introduce the suicidal policy of creating divisions in the medical profession as well, like in other spheres of life in India, the medical schools are being nurtured as a matter of policy even today. I may mention that the medical profession of this country has realised the folly of this kind of dual system of medical education and has from every platform protested against this system which has brought in divisions amongst us and watertight compartments in the profession and which has stood in the way of the formation of a united Indian medical profession. It is very significant that some of the Congress Governments that came into being after the introduction of the provincial autonomy, particularly Madras and United Provinces, have done away with the school type of education and have introduced university education in its place. I may mention, here, that the Province of the Punjab which desired to do away with the dual type of education, followed the reformists in raising the educational standard obtained in the schools there, and introduced the new Punjab L.M.S. Course. But it is shocking to learn from a recent press report that while this reform is being followed in the Government Medical School at Amritsar, the private medical school at Ludhiana continues to have the old course of training for L.S.M.F. diploma. Thus in this Province there

will be triple qualifications. In the province where we are meeting to-day the training has gone a little higher in raising the preliminary educational qualifications for admission to the schools but the period of training is limited to four and a half years, i.e. six months short of the university education, possibly to perpetuate the existing divisions in the profession. Provinces like Behar, Orissa, Assam and C. P., I am informed, are moving rather slowly. Conditions in the province of Bengal, which had been a pioneer in the field of many reforms in the past will, however, be found to be in a staggering state at the present moment due to the continuance of rickety and ill-equipped medical schools which are even condemned by its own Council of Medical Registration.

The revelations made in the thought-provoking report of Gen. Sir Sprawson, late D. G., L.M.S., about the inefficient medical education that is obtained in many of the existing medical schools of India, and also the recommendations of the Medical School Education Conference held at Delhi in November 1938 under the auspices of the Central Government should be eye-openers to all responsible people. The main and unanimous recommendation of this Conference was that one uniform minimum standard of training and qualification for practitioners of modern scientific system of 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. In accordance with this resolution the Conference also recommended that the standard of equipment and training in medical schools should be raised to that required for recognition by the Medical Council of India. Although three long years have passed by, excepting U. P. and Madras, no other province has acted according to these recommendations.

I may here mention that the movement to keep the medical schools going is engineered by several interested self-seekers to perpetuate their domination over a class of medical men whom they want to keep as hewers of wood and drawers of water, as they are either teachers in these schools or are in the governing bodies which regulate and control this education in the provinces, and thus to preserve their vested interests. It is this coterie that is responsible for the present state of affairs for the continuance of the dual type of education. If one stretches his study outside the shores of India one will find that only one type of medical education is recognised. Of course, in Great Britain there are several qualifications but the basic entrance qualification and the period of study and other requirements are just the same and the products of that country with any of the qualifications obtainable therein are eligible to seek any of its or colonial services. We find, unfortunately in this land of our birth, that much is talked about transfer of power and responsibilities to the leaders of public opinion, but actual conditions have not progressed as they should have. To-day in the political field genuine and sincere efforts are being made to uplift the downtrodden and the neglected members of the society, to dignify them and qualify them in such a manner as to make them fit to be responsible members of the society, but it is an irony

of fate that in spite of the clamour, prayer, agitation and insistence of the largest body of medical men and women the powers-that-be and the leaders of our country have not so far given sufficient time and thought to our problems which should be theirs as well. There are many who frequently subscribe to the view that as the medical licentiates' future and scope for work lie in the villages, they need not have a higher education but should be content with what they have got and migrate to the villages and carry on their existence. It pains me to mention that when the question of providing medical relief for the masses comes up before our leaders they prescribe a different arrangement for these dumb and half-starved millions and another kind for themselves. They probably forget that the life of a poor man living in a remote village under pitiable circumstances is no less valuable than that of one living in cities in favourable conditions. This kind of differentiation in assessing values of human beings in different walks of life can only be possible in a subject country like that of ours. I do not know when our dumb millions will rise up in their thousands and millions to demand of their representatives in the legislatures and in the Local Bodies and wrest their just dues so far at least as provision of amenities of medical relief is concerned. I know there are difficulties in the way of providing highest type of medical aid in our country all at once, but I think time has come when at least a start should be made immediately.

I do not think that the problem of solving the medical needs of the country can be met with by providing a large number of medical men with questionable type of education, ministering to the needs of the society at large. We have been convinced of the utter folly of half-hearted measures and we demand unequivocally a thorough overhauling of the entire system of medical school education which has to be substituted by a form of Medical Education of the University type which must be recognised by the Indian Medical Council and be recognisable all over the world. Nothing short of it will satisfy us.

This long overdue reform will not only elevate us from the present quagmire in which we have been placed for no fault of ours, but the masses of India also will directly profit by this change as they will be looked after by better qualified medical men. I urge upon provincial governments and leaders of public opinion to take stock of things and follow the timely lead given by Madras and U. P. Governments.

Indian Medical Council

This council has been created by our own legislature to establish a uniform system of *higher* medical education in spite of the vehement opposition of the medical profession of India as it has kept out the major portion—two-thirds—of the recognised members of the medical profession from its scope and operations. It was trumpeted in interested quarters that this council will bring in "honour from abroad" and "efficiency at home" but from the workings of this council it can safely be asserted that it has achieved neither. Of course, I will be failing in my duty if I do not express our gratitude to this Council which has last year, on our request, recommended to the

Government of India that the Act be amended in such a manner as to provide an Indian Medical Register without which the council loses its statutory rights and this Register is to include all the existing medical practitioners registered in the provinces, including the present licentiates and those who will qualify till the 31st December 1947, after which date the present qualifications of licentiates will not be recognised by this Council. It has further requested the Central Government to bring to the notice of the Provincial Governments the implications of this recommendation. I learn from the recent address of the President of this Council that the Central Government have sent over this recommendation to the Provincial Governments and are eliciting their opinion. I can visualise what will be the trend of opinion of these Provincial Governments. But even they have got a distinct and definite duty towards the large body of medical licentiates who are suffering from non-recognition of their qualifications by the Council which has been designated as Indian and which is now mainly and mostly manned by elected Indian members presided over by an elected President who happens to be a member of the independent medical profession. Yet its name is a misnomer as it can never be called as "Indian" when it excludes the bulk of the profession from its scope. Whenever new enactments have been introduced in any country persons affected by these laws were given due protection and advantage of the privileges governing these new laws. But when the Indian Medical Council Act was passed, the largest body of duly qualified medical practitioners of the licentiate group was left out of the purview of the Act. I feel that unless a central organisation takes up the question of medical education all over the provinces it would be difficult, if not impossible, to bring about uniformity in these training centres. I would urge the immediate amendment of the Medical Council Act of 1933 to include the existing Licentiates within its purview and to enforce the closing down of the existing schools or bring them up to the standard laid down by the Indian Medical Council.

Provincial Medical Councils

Now coming to the question of provincial medical councils I must tell you that, thanks to the foresight of Dr. Rajan the then Public Health Minister of Madras, the Madras Medical Council has been reconstituted on the most up-to-date democratic principles. Other provinces should also move on the same line. This will help, to a great extent, to cement the bond of union and fellowship of different groups in the medical profession even under the existing conditions. Another feature which I have noticed in the working of these Councils is that they have either not the power or they do not discharge the most important function of theirs, *viz.*, to regulate and control the medical education of their respective provinces which entitles members to be admitted to their medical registers. It is only the province of Bengal and lately the province of Bombay that have taken pains to visit the examinations and medical training centres to satisfy whether the existing requirements are fulfilled. I think other provinces should also take this matter up seriously and reform the provincial Medical Acts on the lines of the Madras Act with statutory power to regulate and control the training for qualifications recognised by them.

State Medical Faculties and Examining Boards

In the provinces there are State Medical Faculties or the Provincial Examination Boards for holding examinations of the products of medical schools. Although these Bodies during all these years have prospered financially with contributions from the licentiates, the provincial authorities did not think it desirable to appoint representatives of the medical licentiates to these bodies. It is only in U. P. and C. P. that our representatives are provided with seats in these bodies. Only recently the Government of Bengal have provided a medical licentiate with a seat in the State Medical Faculty of Bengal. The standard of training and examination under these bodies could not receive proper attention, possibly, because members who try to dominate perpetually over a class of medical men did all along stand in the way of their entry into the portals of these interested spheres. I think the Government and the members of these Bodies should take a more liberal view of the present development of medical science which has made very rapid strides during the last several decades, and prescribe standards bringing in sufficient sense of security and knowledge in the products that are turned out to minister to the medical needs of their countrymen till such time the training in medical schools is not thoroughly overhauled and transferred to the control of Universities.

It is unfortunate that the training under these Bodies is of such an order that the doors to further higher training in this country, not to speak of that obtainable in foreign countries, are not open to their products. We belong to a race and place where our teachers in ancient times used to take legitimate pride in training pupils whose academic and intellectual achievements would reach higher than the teachers themselves. But what a spectacle to-day! Now the teachers often proclaim to their pupils in the medical schools "thus far and no farther." The students should learn this much and nothing more and their field of activities must not be in big towns but in villages! I pity these teachers and I must say that they are unfit for the job they have been called upon to discharge, as knowledge is limitless and there cannot be any bar to its pursuit.

Medical Relief

Whenever the question of medical relief comes up and when I have occasion to compare the state of affairs existing here with that of progressive countries, the picture reveals a pitiable state of affairs.

So far as the preventable aspects of diseases are concerned, it is needless for me to mention that many a preventable scourge has been exterminated in many countries, but the official public health records of our country tell a very sad story which hardly reflects any credit to the State.

The main scourge of this country is malaria and the acknowledged scientific remedy for it is quinine which is grown abundantly in the soil of our country. Besides, there are immense possibilities for the extension of the cultivation of this useful herb, but due to an ingenious arrangement the Government who have the monopoly

of the cultivation and sale of this useful drug have kept the price at such a high level as to make this drug beyond the reach of the average people. I think the Government should revise its quinine policy without losing any further time and let all methods be adopted to extend the cultivation of this product and also to let the people of the soil have this product at the cost price.

Amongst other diseases that are widely prevalent and are on the increase mention must be made of tuberculosis which takes a very heavy toll every year. Cholera and small-pox also have their shares. Death from child-birth and infant mortality hold their sway in this country in an unchecked manner.

Appalling ignorance, poverty and absence of any planned effort on the part of the State are the direct causes of this lamentable state of affairs. Those who believe that instead of tackling these problems production of a large number of medical men will solve these evils are thoroughly mistaken. The main trouble, in this country, is that the nation is devitalised and all schemes of reconstruction will depend upon the successful handling of the economic question of the people. Besides, the cost of treatment of the system of medicine which we advocate is largely outside the scope of average population of poverty-stricken India to afford the same. At the present moment the ratio of the practitioners to the population is very disproportionate when compared with the conditions in European countries, but I think the absence of facilities for travel and the want of amenities in village life, and appalling economic conditions in the villages hardly attract practitioners to migrate to the countryside. I think by introducing health insurance schemes or subsidized or panel system of practice in the villages, conditions can be improved. But to accomplish this concerted action of Government, District Boards and other Local Bodies is needed. I am sure the profession will not hesitate to play its part when called upon by the State.

Unemployment Problem

In spite of glaring disproportion between the ratio of qualified doctors to the population there is no denying the fact that there is acute unemployment prevailing in the profession at the present moment. It has been noticed that the Government, Local Bodies and even persons in charge of big hospitals do take undue advantage of this situation and try their utmost to exploit the unemployed members of the profession by offering terms which are, I must say, disgraceful. They often proclaim that this noble band of workers should dedicate themselves to the suffering humanity and thus be useful members of it. Certainly if the medical profession could live up to this ideal of missionary life it would be a very welcome feature, but as we have our responsibilities and problems of our own existence and that of our dependents it is incumbent upon us to have an honest living as useful members not only of the profession but of the public. I think that the general public who take advantage of the services of the medical profession should think the matter over and see that the profession gets their due remuneration for the services which they render.

Service Conditions

In this connection I may bring to your notice the appalling state of affairs as obtain to-day in the various medical services of the Government, Local Bodies, Railways and Commercial Concerns. Everywhere the same discouraging condition prevails and I think you should deliberate on this issue so that those unfortunate brethren of ours who have by pressure of circumstances joined these services might be given better amenities and emoluments.

Emergency Medical Service

While talking about the services I have got to make a special mention about those connected with present emergency caused by the World War that is raging now. Since we met in our last Conference I had been in communication with the Central Government through the Director General, Indian Medical Service, for granting better terms to the medical licentiates who have joined the Emergency Medical Service.

I think you all know that through the genuine efforts of General Sir Gordon Jolly, the present Director General, Indian Medical Service, who has kindly inaugurated this Conference and who is present in our midst this afternoon, that the designation of Sub-Assistant Surgeons in Military Department has been changed to Assistant Surgeons and the starting emoluments have been raised to Rs. 200 per month from 1st December 1941. At the Simla Conference on Licentiates Recruitment held in September 1941, we had placed before the Government various recommendations. The first recommendation regarding starting emoluments has been given effect to and I have reasons to believe that other recommendations which are receiving Government's consideration will in course of time be accepted and effect given to. Here I must mention that one of the very important points stressed and presented to Government was that licentiates of at least ten years' standing or with additional qualifications should be eligible to the King's Commission in the Indian Medical Service. To this demand of ours, from the Government side, it was contended that the Indian Medical Council would not support the idea of persons whose qualifications are not recognised by them to be admitted to the Commission. I may mention, here, that the General Medical Council of Great Britain under the Defence Regulations No. 32 (b) of the British Government have so amended its schedule to admit all medical qualifications obtained in the provinces of India, Canada, Australia, etc. to the King's Commission during the pendency of the War. So I brought this point up before the Government, as well as the Indian Medical Council at its meeting held at New Delhi in October 1941. What is possible under the present emergent conditions in England is thought impossible in India even when we are not very far off from the arena of devastation! If it is not possible to recognise the claims of ours during the present trying time, I am afraid when things settle down to normal conditions issues and complications of diverse nature would be brought in to cloud the main problems. In all fairness to our just rights I urge upon the Government of India and the Indian Medical Council not to turn a deaf ear to this side of our demand but admit licentiates

to the full-fledged Commission granted by His Majesty the King. I am confident that this gesture on the part of the Government will evoke a generous response from the rank and file of the profession, many of whom are eager to volunteer for this service.

A call has come from the Government for service in the War and those who felt the necessity of joining it have already done so. More are wanted and I hope more will come forward to join these services. A claim for equal status, emoluments and privileges as enjoyed by the British members of the I.M.D. Service has been made by the Association. It is just fit and proper that the demand is repeated now. We must not forget that, in our desire to serve our own countrymen in the battle field, we are entitled to be treated on an equal footing, merits being equal with those who by virtue of their colour and special protection during normal conditions enjoy greater privileges for the same kind of work. Risks to life and the quality of service being the same I think it only prudent that our Association pressed hard to abolish the distinction between the Indian and British Cadre of I.M.D. and for admission to the King's Commission in the I.M.S., in which persons holding dental qualifications which are not recognised by the Indian Medical Council, not to speak of the British Medical Council, have already been admitted to the commissioned rank during the present emergency.

The distinction that has been made in the terms of appointment to the permanent and emergency branches of the Military Medical Service for Licentiates is disappointing as this has introduced further cleavage amongst the members of the Service working under the same conditions. I think that the permanent I.M.D. officers are entitled to receive equal consideration by way of the grant of same terms offered to the emergency branch as is the case in the other medical service, I mean, the I.M.S. The Government have by changing their designation and rank acknowledged them as equal to others and may I urge that the terms of their appointment be also revised in conformity with those enjoyed in the emergency service.

We have noticed with much satisfaction the change of designation of Sub-Assistant Surgeon in the Military Medical Service to Assistant Surgeon. I am confident that it will have its repercussion on the civil side of medical administration as a post-war reconstruction and the old designation will no longer find any place in the services of India.

Indian Medical Service

I may here mention that the profession, particularly the medical licentiates, owes a debt of gratitude to the members of the Indian Medical Service who have done yeomen service in organising and developing modern medical institutions, and their contribution in the field of research in tropical diseases is great. I think they will have, however, to adjust themselves with the changed conditions prevailing in the country. As advisers to the Central and Provincial Governments they should try their best to do away with the present dual type of medical education and help in the unification of qualifications so that at no distant future there develop a unified

and organised medical profession shouldering side by side the responsibilities of medical relief and public health of this country. In this connexion I must mention that the present top-heavy character of the medical and public health administrations of the country should also not escape the attention of the leaders of the nation and should be revised to suit the exigencies of circumstances.

Insurance Company

Our position in the field of medical examination of lives for insurance companies is not as it should be. It has been noticed that many an Indian company make out invidious distinction between a practitioner and another while prescribing the limit of cases and their fees. It was once asserted and very rightly that thorough examination of the life of a proponent cannot be possible without the medical practitioner devoting at least 40 minutes for a case and one can well imagine the fee which he should command for this service. These companies earn a lot of money and meet the requirements of the directors, managers, field-workers and agents, but when the question of remunerating the members of the medical profession, whose recommendation carries a great deal in accepting or rejecting cases, comes in, their just claims do not find much favour. I wish that medical men could unite themselves and formulate their demands on this issue on a stronger basis.

Indigenous Drugs

The very many potential resources of India in the supply of medicinal requirements, which had a very rich tradition, have practically died out due to the introduction of western system of medicine and its support by the State. This has made us mostly dependent upon the products imported from outside India at much higher cost which is beyond the reach of the average population of this poor country. Some efforts to revive the indigenous system of medicine on scientific principles and researches are being successfully carried out to explore the possibilities of reviving them for the benefit of Indian masses. I think special arrangements should be made for these researches and compilation of an Indian Pharmacopœia encouraged.

In this connection I must discourage the half-hearted idea of starting training institutions on indigenous system, run on lines of western system of medicine and mostly manned by persons versed in western system. This will never restore the lost glories of these systems but would only turn out a class of men who would hardly contribute to the regeneration of the ancient indigenous systems of medicine. I think special chairs should be introduced in every training institution

for teaching the beneficial effects of indigenous remedies which, if adopted, will make the treatment of diseases much cheaper and be a boon to the poor countrymen of ours.

Indian Manufacturing Concerns

The medical profession of India has encouraged the Indian manufacturing houses to the best of its ability by patronising their products. The fillip which the present War has given them should stimulate them to explore the possibilities of local conditions and manufacture dependable quality products only. This will bring them further success and the Indian products a very rich tradition. We will, from the profession, do our best to support these concerns if they base their products on scientific principles and stick to their quality. We would, in this connection, expect better treatment for those of our brethren who serve these firms in various capacities as these officers should get their legitimate dues for the services they render to these concerns who make huge profits. These workers certainly are entitled to humane consideration at the hands of their employers, and under no circumstances should they be exploited for selfish ends.

Research

The door to higher medical education being practically closed to licentiates in great majority of provinces, not to speak of outside India, the facilities for further research are denied to us in the existing Research Institutes, although I know many licentiates are imbued with a keen desire for intensive research. I am of definite opinion that we should immediately start a Research Institute where several devoted workers with Research Fellowships could pursue investigations on the maladies rampant in this country and their remedies. If the Association considers it not feasible to invest money on such enterprise I suggest that a Research Institute be started with a capital raised from Medical Licentiates of India and recurring expenses for the maintenance of the Institute and its further development be met by floating a subsidiary manufacturing concern. I am confident that this will open out to those of our brethren who have special aptitude for medical research an avenue for contributions towards the development of medicine. I am sure this Research Institute will be in a position to create many a research worker of international repute. The subsidiary concern will be a limited liability company and will go on manufacturing proprietary medicines, vaccines, sera and other products based on qualitative research. This will also open out avenues for solving the unemployment problem of some of our brethren. We will, through these two organisations, be able to demonstrate to the world that we are

capable of something for which the profession and our country might some day feel proud. I would commend this humble suggestion for your special and dispassionate consideration.

Medical Organisation

Our relations with the Indian Medical Association should be cordial. I will certainly welcome the day when our communal organisation will cease to exist, which will only be possible after the question of medical education in the schools is solved in all the provinces of India. We will then happily merge in the Indian Medical Association and fight shoulder to shoulder with others in the profession to organise a unified medical profession like the British and American Medical Associations. The consummation of the two organisations is only a question of time. I think from now you should consider whether it is time to seriously attempt to have a sort of an understanding by way of federation or actual union of these two great organisations without which I am confident the very many problems which face the medical profession will be difficult of solution. I would be very glad if this receives your serious consideration.

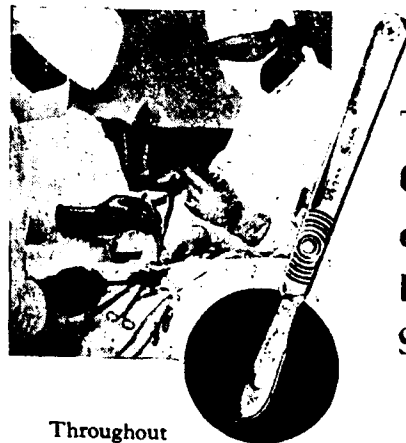
So far as the recent activities are concerned I must mention that of late I have noticed that in various provinces a large number of our brethren are joining and ultimately organising branches of the Indian Medical Association. This is undoubtedly a move in the right direction, but I think that in those provinces where the medical school problem has not been successfully tackled as yet, our brethren should carry on their work of agitation and progress under the banner of our organisation which had been by their side in their sorrow and joy and have rendered them immense services. I think, till such time this question is not solved once for all, our brethren should not desert this association which has a very rich past.

Conclusion

You must not despair of your present position in the profession and you must shake off the feeling of inferiority and sense of disappointment that sometimes overtake you in your activities. We must resolve to vindicate our sense of self-respect by giving up these unwelcome feelings and hold up our heads high. If we can live up to this ideal I am confident that there will be no power on earth which will be in a position to deny us our dues in the profession and the society.

As I have often repeated I feel very strongly that a large number of members of our profession should enter the legislatures, local self-governing and other public bodies not only to safeguard the interest of those serving or working in these bodies but to create a healthy public opinion in favour of the medical fraternity and take up other social and public health activities for the well-being of the people at large. You must have noticed the influence which these bodies and the legislatures have in shaping the destinies of the nation and of the profession. I hope this aspect of the problem will receive your earnest and sympathetic consideration.

SWANN MORTON SCALPEL BLADES



The
Choice
of
British
Surgeons

Throughout Great Britain, Swann Morton Scalpel Blades have become the choice of leading surgeons and hospitals—because they excel in KEENNESS, UNIFORMITY, RIGIDITY. Moreover, their value is unsurpassed. Pre-war prices have been maintained by a constant watch on costs.

PRICES: Blades, 3 Rupees per dozen. Handles, 3 Rupees each.
From all leading Surgical Instrument Dealers.

W. R. SWANN & CO, LTD., PENN WORKS
BRADFELD ROAD, SHEFFIELD, ENGLAND

JAMBU'S SHARK LIVER OIL

We beg to announce to the medical profession that we have succeeded in manufacturing Shark Liver Oil in bulk, which is equivalent to Norwegian Cod-liver Oil in its standard of vitamins A & D, mineral and other contents.

Our Oil is tested by the Indian Institute of Science, Bangalore, before marketing it. A gram of Jambu's Shark Liver Oil has been certified to contain an average of 1500 international units of vitamin A.

Jambu's Shark Liver Oil is 50% less costly than the Cod-liver Oil, of which there has been an acute shortage since the beginning of the War. But its nutritive value is equivalent to high grade Cod-liver Oil, because of scientific methods employed in its extraction.

Available in any quantity.

Packings: 4 gallon and 1 gallon tins,
and 1 lb. bottles.

Price on application.

JAMBU & CO.
Manufacturers of Pharmaceutical Products
Theagarayanagar :: MADRAS

Annual Report on the working of the All-India Medical Licentiates' Association for the year 1940-41:

● Dr. Manoharlal Kapur
(General Secretary)

WORTHY PRESIDENT, BROTHER AND SISTER DELEGATES,

I have great pleasure in presenting to you the Annual Report of the Association for the year 1940-41, embodying a brief account of our organisational progress and the work and activities of our Branches and the Standing Committee of our Association. Permit me, at the outset, to convey to you my sincere thanks for the confidence with which you have placed me in this privileged position as your General Secretary for the last three years, and I only hope that I may have discharged my duties to your entire satisfaction, and to the benefit of the vast body of the Medical Licentiates in our country. I crave your indulgence for my many shortcomings, but I must avail myself of this occasion to tell you publicly that they have been easily overcome by the hearty co-operation of many of our active Branches and active provincial leaders of our Association.

Our Last Conference

I will be failing in my duty if I do not express the gratefulness of the Association to the Bombay Branch for the splendid sense of duty displayed by it in organising the 30th Conference of the Association within three weeks with unqualified success, where there was record gathering of delegates and visitors. This effort was, in fact, a symbol of the great desire among our constituent members for holding our Conferences every year without any break.

Membership

The strength of membership has been steadily increasing during the year. Many of the city Branches, particularly the Calcutta Branch, have programmed a membership campaign for which they have requisitioned financial support from the Parent Body. Such provincial efforts, in my view, should be generously helped by the Parent Body if our membership is to show rapid progress.

Our Branches

The total number of Branches at the end of the year was 181. Two new Branches have been formed at Khulna (Bengal) and Guntur (Madras). The activities of our Branches are briefly epitomised in Appendix E of this Report. In this connection it is worthwhile to record that our Provincial Branches of Assam, Bengal, Punjab, and the United Provinces held their annual conferences with great success and some effect. The importance of regular annual conferences in each Province cannot too strongly be emphasised, particularly in view of the comparative autonomy of the Provincial Governments in many of the matters in which organised medicine is always interested.

Standing Committee

During the year under review, important matters were referred to the Standing Committee of the Association for opinion by circulars and, on an average, out of 41 members, 28 members expressed their opinion on them. In all cases majority opinion decided the issues.

Office of the General Secretary

The number of letters issued from my office comes to 6,200 in the year 1941. In all 30 circulars were issued, 7 to the members of the Standing Committee and 23 to the Provincial and District Branches. You will be glad to learn that I carried on this heavy work of my office with the help of only one clerk and it was all possible because of the intelligent and very hard work of Mr. Hans Raj Jain, my clerk.

Family Fund

You may be aware of Resolution No. 12 of our last Bombay Conference which directed our President to obtain legal opinion as to the best way of winding it up, in the light of opinion held by the Insurance Superintendent that the Fund could only be wound up by an order of the Court. The President has been legally advised that this is the correct procedure and he has since intimated this to the Secretary of the Family

Fund. The latter, according to the instructions of their Solicitors, had called for an extraordinary meeting of the General Body of the Fund, which was held on 22nd September, 1941 and which passed a resolution conforming to the law in question. The Solicitors are now arranging to apply to the High Court of Bombay for necessary orders. The last statement of account of the Fund will be found published on page 168 of the December 1940 Supplement of the *Journal*.

Scientific Research Committee

It has recently been notified in the *Journal* that a scholarship of Rs. 200 for any research work done by any Licentiate member of our Association, as approved by the Committee, and a prize of Rs. 50 for the best article on "The Ocular Complications of Beri-beri", would be awarded. It is hoped that there will be a good response to this generous offer of the Committee. Dr. Jai Gopal, President and Dr. T. C. Basu Chaudhry, Secretary of the Scientific Research Committee took keen interest to make this Committee a success.

Indian Medical Journal

You must have already read the annual report on the working of the *Journal* published in its last November Supplement by our worthy and talented Editor. Despite dwindling sources of advertisement and inordinate increase in the cost of printing paper, it is really a great credit that he had shown a profit of Rs. 604 for the year ending by September 1941. Nor his literary abilities are less than his great business acumen. Just as he had shown a total net profit of Rs. 7,660 (exclusive of subscription income) during the last six years of his management, he was also responsible for fifteen special *symposia* on diseases of topical interest, which have earned the encomium of international medical press and famous authors. The results, we have so far seen, indicate that the good name and the prosperity of the *Journal* are secure in the hands of its present Editor.

Association's Finance

Our closing balance at the end of the year under report was Rs. 69,048 and £157-17-10 as against Rs. 70,389 and £157-17-10. During this year we had to meet a heavy expenditure by way of travelling allowance which amounted to about Rs. 7,600 as against Rs. 4,000 budgeted. This was inevitable for two reasons: (1) the record attendance of delegates at last Bombay Conference and (2) the various deputations which the Association led, and also the urgent Representatives' Conference at Simla in connection with recruitment to the Emergency Branch of I.M.D. At the same time I am happy to inform you that this extra expenditure on Travelling Allowance has been mostly adjusted within the budget by reappropriation from other heads of expenditure where a saving was shown by careful economy in the different offices of the Association. The Finance Committee, I must gratefully acknowledge, had been doing its duty with extraordinary alertness, and it was, in no small measure, due to the Committee's frequent appeals for economy to and corresponding compliance by the various branches and the main Office-bearers of the Association that we have been able to balance our budget without any great deficit. For this successful financial administration, my thanks are due to Dr. S. A. Ahmed, President and other members of the Finance Committee and especially to its enthusiastic and most energetic Secretary, Dr. J. N. Ray and to Dr. Khan Chand Wohra, our Hony. Treasurer.

Recruitment to the Emergency Branch of I.M.D.

The three outstanding events of the year in connection with this subject had been (1) the deputation that waited on the Director-General, Indian Medical Service, (2) The Representatives' meeting at Simla and (3) The Simla Conference on the Emergency I.M.D.

Deputation to the D.-G., I.M.S.

In pursuance of Resolution No. 11 (d) of the last Bombay Conference, the President, myself and Rai Bahadur Dr. Hari Ram, in place of Dr. A. Viswanathan, who could not unavoidably join, met the D.-G., I.M.S., at New Delhi on 14th March, 1941 and pressed the view-point of the Medical Licentiates and discussed with him various reasons why the Licentiates are entitled for better terms and conditions of Military Medical Service and how at least the Licentiates over ten years' standing are entitled for eligibility into the Emergency I.M.S. Of course, in

addition to this, various other issues were very frankly discussed and I believe as a result of the deputation the Government were pleased to change the designation of Medical Licentiates working in the military from Sub-Assistant Surgeon to Assistant Surgeon.

Representatives' Meeting and I.M.D. Conference at Simla

The President of the Association and myself were in correspondence with the Director-General, Indian Medical Service, who met Dr. A. D. Mukharji informally at Calcutta on 21st August, 1941 and after discussion it was arranged to have an I.M.D. Recruitment Conference in Simla on the lines of the I.M.S. Recruitment Conference held there in July, 1941.

The matter of holding a Standing Committee or Representative Committee meeting of the Association to advise the members of Simla Conference was referred to the Standing Committee who, by a majority of votes, decided in favour of a representative Committee meeting which met at Simla on 22nd September, 1941. It was attended by the following members:—

1. Dr. A. D. Mukharji, Calcutta. 2. Dr. D. V. Venkappa, Madras. 3. Rai Bahadur Dr. Hari Ram, Delhi. 4. Rai Bahadur Dr. Mathra Das, Lahore. 5. Dr. Jamiatram B. Desai, Ahmedabad. 6. Dr. A. Viswanathan, Madras. 7. Dr. Khan Chand Wohra, Lahore. 8. Dr. Dal Singh, Jullundur. 9. Dr. M. D. Pustake, Gwalior. 10. Dr. Kunj Behari Lal, Meerut. 11. Dr. G. K. Kulkarni, Nagpur. 12. Dr. A. N. Ray, Calcutta. 13. Dr. U. Satha Rao, Bombay. 14. Dr. G. S. Das, Gauhati. 15. Rai Sahib Dr. Ram Narain Lal, Mussoorie. 16. Dr. K. P. Sen, Calcutta. 17. Dr. V. D. Sathaye, Poona. 18. Dr. Manohar Lal Kapur, Karnal.

This meeting formulated the demands of the Association which were published on page 94 of the October 1941, Supplement of the *Journal*.

Members invited by the Government to attend the Simla I.M.D. Conference, held on 23rd September, 1941, under the Presidentship of Lieut.-General Sir G. G. Jolly, Director-General, Indian Medical Service, were:—

1. Dr. A. D. Mukharji, Calcutta. 2. Dr. D. V. Venkappa, Madras. 3. Rai Sahib Dr. Ram Narain Lal, Mussoorie. 4. Rai Bahadur Dr. Mathra Das, Lahore. 5. Dr. V. D. Sathaye, Poona. 6. Dr. K. P. Sen, Calcutta, and 7. Dr. Manohar Lal Kapur, Karnal.

Although the conference was a confidential one there was general agreement that the present terms offered to Licentiates for Emergency Medical Service were not attractive and that various suggestions placed by the Association representatives at the conference were taken note of by the Government representatives to enable the Government to pass orders on them.

Subordinate Civil Medical Service

Our standard of medical educational training is rising every day and if I say the difference now left between the training of Medical Graduates and Medical Licentiates is more in form than in substance, I am not exaggerating. Yet it is a matter of great disappointment to us all that the already low pay of the Subordinate Medical Service has been further reduced in all the Provinces while the pay in Provincial Medical Services in many Provinces is not touched.

The services of large number of I.M.S. and I.M.D. Officers have been reverted to the military, and in all cases men of Provincial Medical Service have succeeded them. It is shocking to learn that not a single such vacant post has been thrown open to a man of subordinate medical service in any Province of India, although annual reports of Hospitals and Dispensaries of various Provinces show that Medical Licentiates, in most cases, are on the top as Physicians and Surgeons as compared to Medical Graduates.

Indian Medical Council

Apart from other defects of the Indian Medical Council Act, it is well known to you that our Association is particularly interested in the question of recognition of the Licentiates by this Council. It may also be equally known to you that during October 1940, the Association led a deputation to the Executive Committee of the Indian Medical Council and presented a well drafted memorandum on the imperative justice of recognising the existing Licentiates. As a result of this, the Council passed a resolution recommending to the Government of India

to initiate a suitable legislative amendment to the Act for the provision of an All-India Register inclusive of Licentiates in the Provincial Medical Registers upto 1947, and at the same time recommending to the Provincial Governments to abolish their Medical Schools. There are two points in this connection which are worthy of your attention and consideration. They are (1) Does our inclusion in the proposed All-India Medical Register mean also recognition by the Medical Council of India in the sense in which our graduates are recognised? We have to raise this question because of our dire experience of the Provincial Medical Councils, which in spite of including the Licentiates in their Registers, have taken no pains to assert the parity and privileges of statutory registration in respect of Medical Licentiates. (2) Is there any need on the part of the Central Government to refer this matter again for the opinion of the Provincial Governments whose discordant voice on this subject has been heard since 1929 when the Indian Medical Council Bill was first drafted and circulated for opinion, as is said to be the case by the President of the Medical Council in his address to its last October Session? Already two Provinces, Madras and the U. P., have abolished their Medical Schools, and the Licentiates of these two Provinces could as well be straightway recognised. The momentum which such a procedure would generate in other Provinces would be so great as would compel their Governments to abolish the Medical Schools. This is certainly a better procedure than the method of eliciting opinion of the Provincial Governments on a subject in which no difference of opinion could reasonably be held.

Late in the year under report, our President and myself proceeded to New Delhi to explore the possibility of at least temporary recognition of the Licentiates by the Indian Medical Council in the same way as the General Medical Council has done with regard to the hitherto unrecognised Colonial qualifications. We were told by the President of the Indian Medical Council that it was entirely a matter for the Government of India and that the Council would certainly consider the question favourably if the Central Government choose to exercise its emergency powers as the Secretary of State for the Home Department and the Ministry of Health did in Great Britain under the Defence Regulations 32-B of 1941 for the duration of war and for the purpose of war recruitment, recognising the hitherto unrecognised Colonial medical qualifications. It now remains for you to make the necessary appeal to the Government of India on this matter from the two perspectives I have indicated just now.

Establishment of Uniform Minimum Standard of Medical Education

This is one of the main objectives of our Association since its formation. As a result of organised endeavours, the Association has been able to secure so far, the abolition of Medical Schools in Madras and the U. P., and the verdict of the Government of India Conference on Medical School Education in favour of introduction of the standard of medical education as laid by the Indian Medical Council, as early as possible. Since then the position has very much deteriorated, more by half-baked reforms than by maintaining the position of *status-quo-ante*. Our Provincial Branches have been very alert in this matter during the year under report and lodged their protests quite vehemently. The Bengal Branch condemned the proposal of what would be the 10th Medical School at Barisal; so also Assam against the proposed School at Sylhet. The Bombay Branch has vigorously condemned the eccentricities of the College of Physicians and Surgeons in extending the course to just six months less than the approved five years, although the preliminary general qualification required is Intermediate in Science. The Punjab Branch has condemned the restoration of the old L.S.M.F. course (not for four years as before but for four and a half years) in the place of I.M.S., although the latter is still continued at the Amritsar Medical School. These recent vagaries in Medical School education have been well depicted and vigorously condemned in the leading article by our Editor in the last November Supplement of the *Journal*. These events have now to be reviewed by you, and ways and methods to stem this epidemic of inane reforms in Medical School education have to be explored at this Conference. Our complaisance at this stage is very dangerous in that we would have in future, if we do not stem this epidemic now, not a dual but multiple systems of medical education with all its attendant evils in an intenser form than what we are experiencing today.

CONFERENCE SUPPLEMENT TO THE INDIAN MEDICAL JOURNAL

MADRAS

MARCH 15, 1942

Vol. 4, No. 3

CONTENTS

	Page		Page
List of Delegates	9	Resolutions passed, with a summary of related discussion	10
Formation of the Subjects Committee	9		

Proceedings of the 31st Conference of the All-India Medical Licentiates' Association, held at Ahmedabad on the 23rd, 24th and 25th December 1941

[Except the resolutions, the report published below is merely a summary, and does not constitute the official version. For the sake of convenience and brevity the discussions that took place in the Subjects Committee and the Open Conference are presented in a consolidated manner without reference to the time of discussion.—Ed.]

LIST OF DELEGATES

Assam :—Drs. A. C. Dey, S. C. Dutt, K. Gogoi, S. Roy, P. Duram, D. K. Barooah—Total 6. *Ex-officio* :—Drs. J. N. Ray and G. S. Das.

Bombay :—Drs. R. A. Amesur, T. K. Babur, V. S. Sathe, Lalubhai Shah, S. A. Subedar, A. D. Mastakar, U. A. Rao, V. H. Desai, P. M. Bhanagay, V. M. Gokhale, V. G. Joshi, D. V. Pandharkar, R. K. Javeri, M. K. Pandya, H. N. Raval.—Total 15. *Substitute* :—V. D. Sathaye. *Ex-officio* :—Drs. U. S. Rao and U. B. Narayanrao.

B. & O. :—Drs. B. Gupta, R. Sinha, D. P. Dhar, K. P. Aggarwal—Total 4.

Bengal :—Drs. N. N. Mukherjee, A. C. Chaudhry, Taraknath Chakravorty, P. C. Chakravorty, J. C. Mitra, S. Khastagir, K. K. Dutt, K. L. Pal, Salil Dutt, Sachin Sarkar, S. R. Chaudhry, A. Mitra, M. Barooah, G. Mukharji—Total 14. *Substitutes* :—Drs. S. N. Mitra, K. R. Roy, T. Bhattacharya. *Ex-officio* :—Dr. A. D. Mukharji.

C. P. :—Drs. C. Jamadar, C. V. Dawoo, P. H. Sant, K. P. Sen Gupta, G. R. Dongrey.—Total 5. *Ex-officio* :—Dr. G. K. Kulkarni.

C. I. :—Drs. R. A. Bhagwat, G. V. Motiwala, N. S. Kulkarni, R. S. Khot.—Total 4. *Ex-officio* :—Dr. M. D. Pustake. *Reception Committee* :—Drs. B. G. Mehta, K. J. Bhatt, Jayantilal J. Vyas. *Substitute* :—Dr. M. K. Pandya.

Madras :—Drs. Krishnamurthi, A. L. Avadhani, K. Rama Rao, A. P. Kannan, T. S. Venkataraman, C. N. Naidu—Total 6. *Ex-officio* :—Drs. A. Viswanathan and D. V. Venkappa.

Punjab :—Drs. S. L. Rawal, Krishen Kumar, Perma Nand Khanna, Jai Gopal, V. V. Bedi, Anant Ram Luthra, B. K. Joshi, Arur Singh Chawla, Gian Chand Blaggana, Hari Ram (Rai Bahadur), S. A. Bookhary—Total 11. *Substitute* :—Dr. Bakhtawar Singh. *Ex-officio* :—Drs. Manohar Lal Kapur, Dal Singh, Khan Chand Wohra.

U. P. :—Drs. U. B. Mate, J. R. Goyal, R. S. Garga, P. S. Verma, Mannu Lal Sharma, Bhagwati Sahai, Sukh Basi Lal, M. L. Saxena—Total 8. *Ex-officio* :—Drs. T. C. Basu Chaudhry, K. B. Lal Verma. *Two Delegates from Visitor Delegates* :—Drs. J. M. Mehta, P. P. Thakkar.

FORMATION OF SUBJECTS COMMITTEE

The following were elected to the Subjects Committee:—

Province	Names of elected delegates	Ex-officio
Assam	1. Dr. S. C. Dutta	Dr. J. N. Ray
	2. " P. Durah	" C. S. Das
Bengal	1. " K. R. Ray	" A. D. Mukharji
	2. " J. C. Mitra	
B. & O.	1. " B. R. Sinha	" B. Gupta
	2. " D. P. Dhar	
Bombay	1. " A. D. Mastakar	" U. Satha Rao
	2. " V. D. Sathaye	" U. B. Narayan Rao
C. P.	1. " G. R. Dongrey	" G. K. Kulkarni.
	2. " P. H. Sant	
C. I.	1. " S. N. Kulkarni	" M. D. Pustake
	2. " G. V. Motiwala	
Madras	1. " C. N. Naidu	" A. Viswanathan
	2. " K. Rama Rao	
Punjab	1. " Permanand Khanna	" Dal Singh
	2. " Bakhtawar Singh	" Khan Chand Wohra
		" Manohar Lal Kapur
U. P.	1. " P. S. Verma	" K. B. Lal Verma
	2. " R. S. Garga	" T. C. Basu Chaudhry
	Total—18	Total—18
	Grand Total—36	

Drs. Blaggana (Punjab) and Subedar (Bombay) pointed out to the House that they were not consulted in this matter by the delegates of their respective provinces, when the President ordered a fresh election of Subjects Committee in proper form, in respect of these two Provinces.

The Subjects Committee finished its agenda in two sittings (23-12-1941 8-30 a.m. to 12 noon, and 9 p.m. to 1 a.m.).

CONDOLENCE

Resolution No. 1. This Conference regrets to record the demise of the following members of the Association and resolves to convey its sincere condolences to the bereaved relations:—

- (1) Dr. I. P. Kikani, Karachi.
- (2) " Popatlal T. Sanghavi, Rajkot.
- (3) " M. V. Varde, Shahda.
- (4) " V. G. Padhye, Pandharpur.
- (5) " K. Mahadevia, Ahmedabad.
- (6) " Sarju Pershad Dubey, Jhansi.
- (7) " R. S. Dr. Hari Singh Bisht, Almora.
- (8) Rai Bahadur S. K. Sinha, M.A., B.L., Burdwan, (Hon. Legal Adviser).

Moved from the Chair and passed—all members standing.

MEDICAL SCHOOL EDUCATION

Resolution No. 2. This Conference notes with much regret that despite the authoritative opinion that no standard of medical education other than that laid down by the Indian Medical Council should be allowed to prevail in our country, the Provincial Governments other than those of Madras and the U. P. have been tacitly tolerating the State Medical Faculties and the College of Physicians and Surgeons, Bombay, to make such changes in medical school education as are deliberately intended to perpetuate a dual or even a multiple standard of medical education. This Conference, therefore, respectfully urges on the Provincial Governments to put a stop to such meaningless changes, and to abolish such of the medical schools which are not in a fit state to be converted into affiliated University Medical Colleges. Moved by Dr. A. Viswanathan, seconded by Dr. Dal Singh, carried unanimously.

Dr. A. Viswanathan (Madras), while moving this resolution, said that it is a great pity that despite authoritative opinion in favour of one standard of medical education, the Provincial Governments are still deaf and dumb regarding this matter. He criticised strongly the retrograde measures of the Punjab State Medical Faculty and the Bombay College of Physicians and Surgeons in making the L.S.M.F. and L.C.P.S. courses to four and a half instead of to five years. He appealed to the members to carry on a continuous and intense agitation and to expose publicly the vested interests of bodies like the State Medical Faculties. It is time, he concluded, that these ineffectual bodies are abolished totally and that medical education is wholly transferred to the Provincial Universities.

Dr. Dal Singh (Punjab) seconded the resolution, and pointed out the strange anomaly of continuing the experiment of L.M.S. Scheme in the Amritsar Medical School, while re-introducing the old course of L.S.M.F. Course in the Arya Medical School, Ludhiana. He wondered why the Government blew hot and cold at the same breath.

The resolution was passed unanimously.

INDIAN MEDICAL COUNCIL

Resolution No. 3. This Conference while reiterating the need for a comprehensive amendment of the Indian Medical Council Act, urges on the Central Government to give effect to the unanimous resolution of the Indian Medical Council dated 26-10-1940. This Conference is strongly of the view that there is no need to consult again the Provincial Governments in this matter on which no difference of opinion can reasonably be held, and that since Madras and the United Provinces have already abolished their medical schools, the Licentiates of these provinces could straight away be recognised as per the terms of the Indian Medical Council resolution under reference, leaving the other provinces to follow suit by force of time and public opinion. Moved by Dr. D. V. Venkappa, seconded by Dr. U. B. Narayanrao and carried unanimously.

Dr. D. V. Venkappa (Madras) moved this resolution, and while doing so observed that even when the Indian Medical Council is prepared to undo the injustice of non-recognition of the Licentiates, the Government of India is delaying action in the matter by an unwanted and unnecessary reference to the Provincial Governments. This is altogether unfair, he said, and yet the Government want a large number of medical licentiates to join the Emergency Services. He was confident that there would be a bumper response to recruitment if only the Government is prepared to allow the Medical Council of India to recognise the licentiate qualification, as per the terms of its resolution.

Dr. U. B. Narayan Rao (Bombay) said, while seconding the resolution, that this type of injustice is bound to create and leave a permanent ranking in the minds of the licentiates, and that, if even now the Government is irresponsible, it only means that they are not prepared to do justice in any case or under any circumstance. No wonder, he concluded, that our political leaders are demanding full freedom to manage the affairs of our country.

The resolution was passed unanimously.

ELIGIBILITY OF LICENTIATES TO EMERGENCY I.M.S.

Resolution No. 4. In view of the recent General Medical Council circular to all the Provincial Medical Councils of India that it has recognised, under 32-B of the Defence Regulations (1939) the hitherto unrecognised Colonial medical qualifications, including India and Burma; also in view of the resolution of the Indian Medical Council dated 26-10-40 stating the principle of recognition of the Licentiates till 1947, and requesting the Central Government to enact a suitable amendment to put this into statutory effect: and, further, by virtue of Section 121 of the Government of India Act, 1935, this Conference respectfully requests the Central Government to take such action as to secure the recognition of the medical licentiates by the Indian Medical Council and the General Medical Council either under the existing statute of the Indian Medical Council Act or by an ordinance under the Defence of India Act, as was done by the Government of Great Britain, and thus make them eligible for Emergency I.M.S. commission. In this connection, this Conference feels it, as its bounden duty, to inform the Government of India that there is a great discontent and dissatisfaction prevailing among the Medical Licentiates regarding the differential treatment meted out to them in the civil as well as in the military services, despite the fact that they are as much statutorily registered medical practitioners as are the graduates.

This was moved from the Chair. The President, in the course of his remarks, said that the denial of this most simple demand would mean, in the eyes of others who are not conversant with actual facts, that the licentiates are not medical men duly qualified to practise their profession. Even the British Medical Council has recently decided to recognise the hitherto unrecognised colonial medical qualification for the duration of the War. Where then, he asked, lies the difficulty in recognising the licentiates whose services and abilities have been acknowledged by the Government itself, not to say of the public who mostly depend on them for medical relief? Justice delayed is justice denied, he concluded, and if even now when the Government is faced with the difficult problems of medical recruitment, justice is not rendered, it does not lie in anybody's mouth to say that the licentiates are not offering their services as generously as they should, to render medical help to their heroic comrades fighting in many fronts of this war. He hoped that the Government would realise the mistake and would not rest content with minor reforms in the Emergency Branch of the Indian Medical Department.

Dr. A. Viswanathan (Madras) moved, and Dr. D. V. Venkappa (Madras) seconded the following amendment:

"That in view of the above resolution, be it resolved that all the previous resolutions on this subject are hereby cancelled, and that all the Branches are directed to make no demands inconsistent with this resolution."

Dr. Viswanathan pointed out that this amendment is necessary in order that our regional branches may not get confused as to the precise attitude of the Association and that our leaders may not speak with discordant voice on this subject. He further pointed out the blatant inconsistency of demanding recognition by the Indian Medical Council, which formed the substance of the second resolution just now passed with acclamation, and at the same time asking for a position and prospects in the Emergency I.M.D. which is much less than what the recognition of the Indian Medical Council would involve.

Intervening, the President said, there was no need for this amendment as the very passing of the resolution would mean what the mover of the amendment sought to convey, and he therefore requested him to withdraw the amendment.

The amendment was withdrawn, and the resolution was passed unanimously.

PROVINCIAL MEDICAL COUNCILS

Resolution No. 5. This Conference urges on the Provincial Governments to amend the Provincial Medical Acts on the model of the Amended Madras Medical Act of 1939, and thus do away with the invidious and unethical divisions and differences between Registered Medical Practitioners, which are contrary to the accepted implication of statutory medical registration.

Moved from the Chair and passed unanimously.

SELECTION BOARD OF MEDICAL SCHOOLS

Resolution No. 6. This Conference urges on all the Provincial Governments to appoint in consultation with the Provincial Branch of the All-India Medical Licentiates' Association, at least one medical licentiate to the Selection Board in each province for admission of students into the medical schools, so long these are not abolished, as this would greatly conduce to the efficiency and equity of such admissions.

Moved from the Chair and passed unanimously.

FORMATION OF SIND PROVINCIAL BRANCH

Resolution No. 7. That the General Secretary of the All-India Medical Licentiates' Association, be empowered to sanction the formation of the Sind Provincial Branch, as soon as the rules governing the erection of a separate province are compiled with, by having the requisite number of branches formed.

Moved from the Chair and passed unanimously.

DISPOSAL OF PETTY PAYMENTS

Resolution No. 8. Resolved that the system of taking permission of the Standing Committee for the payment of bills of more than six months' duration for petty amounts (up to Rs. 5) be done away with.

Dr. G. K. Kulkarni (C. P.), in moving this resolution, said that sanction for the payment of petty amounts should not be referred to the Standing Committee but disposed off by the Finance Committee on merits.

DISPOSAL OF REJECTED MSS.

Resolution No. 9. Resolved that the contributions to the Indian Medical Journal which are rejected should be duly returned to the authors concerned and due intimation of the rejection should be given to them.

Dr. S. A. Subedar, who moved this resolution, observed that the authors do not know whether their articles would be published or rejected, and it is but fair that the Editor should inform them as to the fate of the MSS. sent to him for publication.

The Editor, Dr. A. Viswanathan, pointed out that articles not accepted for publication are usually returned if postage is paid by the contributors. That is the usual convention in matters of this kind. He had, however, no objection to the passing of this resolution though, in his view, this was unnecessary.

The resolution was passed unanimously.

HELP TO THE UNEMPLOYED DOCTORS

Resolution No. 10. In view of a large number of licentiates remaining unemployed, it is resolved that a Service Securing Agency be started under the supervision of the Mother Association. The aims of this Agency shall be to render all possible assistance and to supply all possible information to licentiates in securing employment in return for payment of a nominal membership fee. Dr. S. A. Subedar was authorised to frame rules and regulations for the conduct of this Service Securing Agency at an early date, and submit the same to the General Secretary for publication in the "I. M. J.," for opinion and comment by the members of the Association.

Dr. Subedar, who moved this resolution, said that he was prepared to accept constructive amendments, but there was no doubt of the need for such an agency to help the unemployed amongst us.

The resolution, as shaped above, was then passed unanimously.

HELP TOWARDS HIGHER EDUCATION

Resolution No. 11. Resolved that a sum of Rs. 50,000 (Rupees Fifty thousand only) out of the present balance of the Association funds be invested in a Trust and the interest accruing out of this Trust, be utilised in giving scholarships for the post-graduate study to the deserving members of the Association, and in helping the members of the Association, who need such help in prosecuting their studies in India only. The member requiring benefit of any of the above scheme must necessarily be a

member of the Association for upwards of two years at least. The preparation of details of this Trust be entrusted to the mover of the resolution to be submitted within six months after which the same be circulated to branches for opinion and then to be placed before the next Conference.

The above resolution, as modified by the House and accepted by the mover, was moved by Dr. Jamiat Ram B. Desai and seconded by Dr. Subedar. The latter said that there was no use in passing resolutions on various subjects of medico-political importance without at the same time showing in action how much we are prepared to help our own brothers in the matter of higher and post-graduate medical education. In more cases than one poverty stands in the way of such higher education and timely help to poor doctors would make them grateful to the Association, increase its prestige, and augment its strength. There is no use, he said, in hoarding up our reserve fund without putting it to proper use, and that the best use lies on lines suggested in the resolution.

The resolution was passed unanimously.

THANKING THE RETIRING OFFICE-BEARERS

Resolution No. 12. This Conference places on record its appreciation of the invaluable services rendered to the Association by Dr. M. L. Kapur as General Secretary for the last three years and also of the services of Dr. N. R. Karandikar as Vice-President, who have retired.

Moved from the Chair and passed unanimously.

AMENDMENT TO RULE No. 66 (d)

Resolution No. 13. After "Committee" insert "one of whom must be the Secretary of the Branch."

The above amendment to Rules and Regulations, as moved by Dr. K. K. Dutt (24 Parganas), was passed unanimously.

BUDGET

Resolution No. 14. The following budget was passed unanimously: (Please see pp. 70 to 72 of the Text.)

OFFICE-BEARERS AND COMMITTEES

Resolution No. 15. The following office-bearers and committees were elected:

President: Dr. A. D. Mukharji, 27-C, Upper Circular Road, Calcutta.
Vice-President: Dr. A. D. Mastakar, Girgaum Road, Bombay.
General Secretary: Dr. V. D. Sathaye, 502, Narayan Pet, Poona City.
Jt. " " Dr. K. J. Bhatt, 235, Ghashiram Pole, Ahmedabad.
Treasurer: Dr. Khan Chand Wohra, Borstal Institution, Lahore.
Managing Editor, I. M. Journal: Dr. A. Viswanathan, 27, Krishnan Koil Street, Madras.
Co-Editors: Dr. Jai Gopal, Civil Hospital, Mukerian, Dt. Hoshiarpur.
 Dr. A. N. Roy, 28-A, Debendra Ghosh Road, Bhowanipore, Calcutta.

Finance Committee

President: Dr. Syed Ahmed, Gauhati.
Finance Secy: Dr. J. N. Ray, Gauhati.
Members: Dr. P. Durah, Gauhati.
 Dr. A. N. Bhattacharya, Gauhati.
 Dr. D. Baruah, Gauhati.
 Dr. A. C. Dutt, Gauhati.

Provincial Secretaries

Assam: Dr. G. S. Das, Gauhati.
B. & O.: Dr. R. C. Prosad, Chupra.
Bengal: Dr. A. N. Ray, Bhowanipore, Calcutta.
C. I.: Dr. M. D. Pustake, Lashkar, Gwalior, C. I.
C. P.: Dr. G. K. Kulkarni, Congressnagar, Nagpur, C. P.
Bombay: Dr. U. S. S. Rao, 91, Cowasji Patel Street, Bombay.
Madras: Dr. D. V. Venkappa, 4, Nanarao Naidu Street, Thyagarayanagar, Madras.
Punjab: Dr. Dal Singh, Kala Bakra, Dt. Jullundur (Punjab).
U. P.: Dr. Kunj Behari Lal Verma, Budhana Gate, Meerut, U. P.

123924
 600 000
 2, N 6
 N 42-36-3

Members of the Standing Committee

All the main office-bearers.
All the Provincial Secretaries.
Dr. G. V. Motiwale, Indore, M. T. Hospital, Indore.
Dr. L. N. Sirivastava, Lashkar Post, Gwalior.
Dr. S. A. Bookhary, Hujra, Dt. Montgomery.
Dr. Manohar Lal Kapur, M. O., I/C. Eye Centre, K. E. M. Hospital, Karnal.
Dr. K. R. Roy, Krishnagar, Nadia.
Dr. Ahibushan Mukherjee, Burdwan, Bengal.
Dr. U. B. Narayanrao, No. 1, Damodar Mansions, Opera House, Tram Terminus, and Girgaum Road, Bombay 4, Secretary, Family Fund.
Dr. T. C. Basu Chaudhry, Agra, U. P.
Dr. P. S. Verma, Dampier Hospital, Gobardhan, Muttra.
Dr. Sukhbasi Lal, M. O. Anupshahr, Dt. Bulandshahr.
Dr. D. P. Dhar, Darbhanga Medical School, Laheriasarai, Darbhanga.
Dr. B. Gupta, Kutchery Road, Chupra, Dt. Saran.
Dr. V. S. Rama Rao.
Dr. K. Rama Rao, 30, Varada Muthiappan Street, Madras.
Dr. K. P. Sen Gupta, New Colony, Nagpur, C. P.
Dr. G. V. Dawoo, Bhandara, C. P.
Dr. R. A. Amesur, Rampart Row, Karachi.
Dr. Lalubhai Shah, Rajkot.
Dr. L. K. Barooah, Nowgong.
Dr. S. K. Dutt, Kapnapahar Laboratory, Jura, Assam.
R. S. Dr. K. N. Menon, Pasteur Institute, Rangoon, Burma.
R. B. Dr. Hari Ram, Municipal Commissioner, 1684, Nicholson Road, Delhi.
Dr. Joseph Benjamin, Dehlagarwada, Ahmedabad.
R. S. Dr. Ram Narain Lal, Ram Niwas, Mussoorie.
R. S. Dr. U. Rama Rao, Madras.

Publicity Committee

Dr. A. D. Mukharji, Calcutta .. *President.*
Dr. V. D. Sathaye, Poona .. *General Secretary.*
Dr. A. Viswanathan, Madras .. *Mg. Ed., I. M. J.*
Dr. V. V. Bedi, Gojra, Dt. Lyallpur.
Dr. B. G. Modak, Lonavala, G. I. P.
Dr. K. B. Lal Verma, Meerut.
Dr. K. R. Ray, Krishnagar, Nadia.

Scientific Research Committee

Dr. Jai Gopal, Civil Hospital, Mukerian, Dt. Hoshiarpur .. *President.*
Dr. T. C. Basu Chaudhry, Prosadpur House, Agra .. *Secretary.*
Dr. S. D. R. D. Pandya, Agra.
Dr. K. J. Misra, Agra.
Dr. S. Mitra, Agra.
Dr. G. R. Tandon, Agra.
Dr. Dal Singh, Kala Bakra, Dt. Jullundur.
Dr. D. K. Dutt, Kharagpur, Bengal.
Dr. S. L. Rawal, M. O., Mirchpur, Dt. Hissar.
Dr. Permanand Khanna, Ludhiana Dt.
Dr. A. Viswanathan, Editor, I. M. J., Madras.
Dr. A. D. Mukharji, Calcutta.
Dr. V. D. Sathaye, Poona.

Property Committee

Dr. A. D. Mukharji, President, A. I. M. L. A., Calcutta.
Dr. V. D. Sathaye, General Secretary, Poona.
Dr. Khan Chand Wohra, Hony. Treasurer, Lahore.
Dr. Ved Vijay Bedi, Post Gojra, Dt. Lyallpur.

Legal Adviser

Lallubhai J. Bhatt, Esq., B.A., LL.B., Advocate, Mehta Pole, Raipur, Ahmedabad.

THANKSGIVING

Resolution No. 16. This Association thanks the following for having made this Conference a great success from all points of view.

(1) The Chairman and members of the Reception Committee for their splendid hospitality and arrangements.

(2) The volunteers who have done yeomen service to the delegates at all times of the day and night.

(3) Lt.-General Jolly and Seth Kasturbhai Lalbhai for having consented to open the Conference and Exhibition respectively.

(4) The authorities of the Town Hall who have placed it at our disposal for the period of our Conference.

(5) The medical practitioners of this city who attended the Conference and Social Functions in large numbers, and helped us all in many ways.

(6) The Medical and Surgical Manufacturing Firms who have made our Exhibition a great success, despite difficulties of transport.

Moved by Dr. D. V. Venkappa (Madras) and seconded by Dr. Joseph Benjamin (Bombay) the resolution was carried unanimously. In the speeches made on this occasion, particular reference was made to the unexampled hospitality of Gujarat and Gujaratis as a whole, and no wonder, one of the speakers observed, that Mahatma Gandhi was born of this soil.

VENUE OF THE NEXT CONFERENCE

Resolution No. 17. This Association accepts the invitation of the Punjab to hold its next Conference at Lahore, and thanks the Punjab Branch for this kind invitation.

Dr. A. D. Mukharji, the President, while recommending the acceptance of this invitation, observed that he wanted to invite the next Conference to Calcutta, but that he could not do so owing to the fact that Bengal has now been declared as an Emergency area.

The resolution was passed unanimously.

PRESIDENT'S CONCLUDING REMARKS

Dr. A. D. Mukharji, rising amidst cheers, said in the course of his concluding remarks:

"I greatly appreciate and humbly acknowledge the hearty response of the delegates to my call, on the opening day, for wholehearted co-operation. But for this response, it would not have been possible to finish our agenda within the time at our disposal, and to enable the delegates to reach their homes at the earliest possible time. You know we are passing through stress and strain, caused by the unavoidable conditions of war and that many delegates could not attend our Conference for that reason. Most of us are naturally anxious to reach our homes, and I hope that on your return home, you would give a practical shape to the main resolutions passed today. I wish you all good cheer, and I appeal to you to face all difficulties with firmness and patience. There is no room or cause for despair. What you should seek and get is the satisfaction of our duty well done and the approbation of the public. You should never lose this objective in your fight with Government for the redress of the wrongs."

Concluding he said: "I would be failing in my duty if I do not, on behalf of myself and the Association, refer to the splendid manner in which, Dr. Manohar Lal Kapur, the outgoing General Secretary, has discharged his duties during his term of office. It is difficult to part with a colleague of this type and I am sure that he would take the result of election in a sporting spirit and continue to render his service to the Association, which every member is bound to value greatly. I wish Dr. Sathaye, the newly elected General Secretary, every success in his office which he richly deserves and I am sure that he would in every way justify the confidence which the House has placed in him today."

"I now declare the Conference as closed."

ANNOUNCEMENT

9th Bengal Provincial Conference, A. I. M. L. A.

The above Conference will be held at Mymensingh on the 5th and 6th April, 1942.

The Mymensingh Branch extends its cordial welcome to all the delegates, and requests the members of the Branch, and the other Licentiates in the District to make this Conference a great success.

Reception Committee Membership is Rs. 4 for Doctors and Rs. 2 for Medical Students.

Chaudhuri Pharmacy, }
Mymensingh, 11-2-42. } BHUPATINATH CHAUDHURI,
General Secretary.

Indian Medical Association

The Executives of the I. M. A. have approached the Central Office of our Association with a request to hold our annual conferences with theirs at one place. As this move requires definite directions from the conference I am placing this for your consideration.

Conclusion

As I have said at the beginning of this Report, my task as your General Secretary, heavy and onerous as it was, was much lightened and made pleasant by the unstinted co-operation from all my colleagues of the various Branches, Committees, and the main departments of our Association, who have are due to all the Office-bearers of our Association, who have ungrudgingly offered them co-operation and help whenever I was in need of them. I must specially thank our worthy President, Dr. A. D. Mukharji who has helped me on all occasions. In conclusion, I must thank all the Provincial and District Branch Secretaries of the Association for having given me their fullest co-operation in carrying out my duties, and specially I have to thank my colleague Dr. L. K. Barooah of Nowgong, the Joint General Secretary.

The following are the Appendices of this Report:—

- (1) Appendix A—List of our Annual Conferences.
- (2) " B—List of our Annual Exhibitions.
- (3) " C—Total number of Members and total number of Branches.
- (4) " D—Financial Statement.
- (5) " E—Activities of Provincial and District Branches.

APPENDIX A

(CONFERENCES)

Year	Place	President
1907	Bombay	Maj.-General J. P. Greany, I.M.S., Surgeon-General, Bombay.
1908	Bombay	Lt.-Col. W. E. Jennings, M.D., I.M.S.
1909	Bombay	Maj.-General H. W. Stevenson, I.M.S., Surgeon-General, Bombay.
1910	Indore	Lt.-Col. Sir James Roberts, I.M.S., A.M.C., Central India.
1911	Ahmedabad	Major T. Jackson, M.B., I.M.S.
1912	Agra	Major Austin-Smith, I.M.S.
1913	Amritsar	Col. J. J. J. Bambar, I.M.S.
1914	Rangoon	Lt.-Col. B. C. Barry, I.M.S.
1914	Nagpur	Hon'ble Col. C. W. P. Dennys, I.M.S.
1915	Hyderabad (Sind)	Col. Macknan, M.D., I.M.S.
1916	Madras	Hon'ble Maj.-General W. R. Bannerman, Surgeon-General, Madras.
1917	Agra	Hon'ble Mactaggart, C.I.E., M.A., M.D., I.M.S.
1918	Calcutta	Hon'ble Maj.-General W. H. B. Robinson, C.B., I.M.S., Surgeon-General, Bengal.
1919	Poona	Col. J. B. Smith, C.B., I.M.S., Surgeon-General, Bombay.
1920	Delhi	Maj.-General W. R. Edwards, Director-General, I.M.S.
1921	Bangalore	Dr. Mylvaganan, C.M.O., Mysore State.
1922	Indore	Dr. P. R. Bhandarkar, B.A., I.M.S., Holkar State.
1923	Ahmedabad	Col. A. Hooten, I.M.S., Surgeon-General, Bombay.
1924	Agra	Col. C. L. Dunn, D.P.H., I.M.S., Director of Public Health, U.P.
1925	Rangoon	Col. A. Fenton, I.M.S., Inspector-General, Civil Hospitals, Burma.
1927	Calcutta	Col. J. C. Leicester, Surgeon-General, Bengal.

1928	Nagpur	Col. J. Norman Walker, I.M.S., Inspector-General, Civil Hospitals, Berar.
1929	Lahore	Hon'ble Maik Feroz Khan Noon, Bar-at-Law, Minister of Local Self-Government and Public Health, Punjab.
1932	Darbhanga	Col. L. Cook, C.I.E., I.M.S., Inspector-General, Civil Hospitals, B. & O.
1932	Madras	Maj.-General Sprawson, C.I.E., V.H.S., I.M.S., Surgeon-General with Government of Madras.
1933	Bombay	Dr. Bidhan Chandra Roy, B.A., M.D. (Cal.), M.R.C.P. (Lond.), F.R.C.S. (Eng.), Ex-Mayor of Calcutta.
1935	Indore	Col. Sir James Roberts, Kt., C.I.E., I.M.S. (Retd.), Council Member of Dewas State, C. I.
1936	Agra	Rai Bahadur Dr. Hari Ram, Municipal Councillor, Delhi.
1938	Gauhati	Dr. D. V. Venkappa, Madras.
1940	Bombay	Dr. A. D. Mukharji, Calcutta.

APPENDIX B

(EXHIBITION)

Exhibition opened by

Year	Place	Exhibition opened by
1916	Madras	Sir Alexander C. Cardew, K.C.S.I., Home Member, Madras.
1917	Agra	Lt.-Col. O'Mera, I.M.S., Principal, Medical School, Agra.
1919	Calcutta	H. E. Lord Ronaldshay, Governor of Bengal.
1920	Delhi	H. E. Lord Chelmsford, Viceroy of India.
1921	Bangalore	R. Raghavendra Rao, Esq., B.A., B.L., Member of Council, Mysore.
1922	Indore	H. H. Maharaja Tukoji Rao Holkar of Indore.
1924	Agra	Hon'ble Sir Mian Mohd. Shafi, K.C.S.I., C.I.E., LL.D., Litt., Law Member of His Excellency the Viceroy's Executive Council.
1925	Rangoon	Hon'ble Dr. Ba Yin, Minister of Education and Public Health, Burma.
1927	Calcutta	Hon'ble Maharaja Kshaunish Chandra Ray Bahadur of Nadia, Member, Executive Council, Government of Bengal.
1928	Nagpur	Dr. N. B. Khare, B.A., M.D., Member, Legislative Council, C. P.
1929	Lahore	H. E. Sir Geoffrey De Montmorency, Governor of Punjab.
1932	Darbhanga	Maharajadhiraja Sir Kameshwar Singh Bahadur of Darbhanga.
1932	Madras	Dr. T. S. S. Rajan of Trichinopoly.
1933	Bombay	Dr. M. C. Javle, the Mayor of Bombay.
1935	Indore	His Highness the Maharaja of Indore.
1938	Gauhati	Hon'ble Ramnath Dass, Minister of Public Health, Assam.
1940	Bombay	Major-General R. H. Candy, I.R.C.P., M.R.C.S., I.M.S., C.I.E., Surgeon-General, Bombay.

APPENDIX C

Total Number of Members

1939	..	2678	1940	..	2541	1941	..	2735
------	----	------	------	----	------	------	----	------

Total Number of Branches

1938	..	170	1939	..	175	1940	..	179	1941	..	181
------	----	-----	------	----	-----	------	----	-----	------	----	-----

APPENDIX D

(Please see page 69)

APPENDIX E

Calcutta Branch:

Nine General Body and three Managing Committee meetings were held during the period under report. Protest to change the policy of Bengal Government to replace the Medical Licentiates by Medical Graduates in the posts of Anaesthetists of Campbell Hospital, Calcutta, and Mitford Hospital, Dacca and proposal to open another School at Barisal by the Government were the two chief activities of this Branch. Anti-Indian Medical Council Day was observed. Eighty-six new members were enrolled during the month of November, 1941 which they observed as Membership Campaign month. Dr. Salil Dutt, its energetic Branch Secretary, deserves my best thanks.

24 Parganas Branch:

This Branch invited the Eighth Provincial Medical Conference in April, 1941. Interesting clinical discussions on various subjects were made. There are fifty-one members on the roll of this Branch. It held ten meetings during the period under report. Dr. K. K. Dutt is one of the most energetic Branch Secretaries and it was due to his efforts that the Provincial Conference was a great success. He deserves the best thanks of the Association.

Mymensingh Branch:

This Branch has enlisted thirty-two new members this year. The number of members is eighty-four. The Secretary issued appeals to non-members and tried his best to enrol more members. Ten meetings were held during the year. Various scientific discussions were held in most of the meetings. This is one of the most active Branches of Bengal Province. All this credit goes to Dr. B. Chaudhry, its Branch Secretary.

Burdwan:

In all nine meetings were held during the year 1940-41. Various important subjects were dealt with and numerous scientific discussions were held in the meetings. The Branch observed 20th September as Anti-Indian Medical Council Day. The rotary system of holding monthly meetings in the places of members residing in different parts of the town has been introduced by this Branch. The Branch was successful in enrolling more than a score of members. My thanks are due to Dr. G. Mukherjee for the efficient working of this Branch.

Dacca Branch:

Ten meetings were held during the year under report. Besides considering the terms and conditions for employment in the Emergency Service, protest against the proposal to appoint Medical Graduates in Mitford and Campbell Hospitals and observing 20th September as Anti-Indian Medical Council Day were the other activities of this Branch. Scientific discussions were held in many meetings. Grievances of some of the members in the Mitford Hospital were represented to the authorities with success. Dr. D. N. Basak, the energetic Secretary of this Branch, is rendering useful service to the Association.

Rangpur Branch:

Seven meetings were held. There are nineteen members in this Branch. Scientific papers were read and discussed in some of the meetings. Anti-Indian Medical Council Day was observed.

Faridpur Branch:

This Branch held its third district conference with great achievement. The attendance from outside visitors was very great. My special thanks are due to its efficient Secretary, Dr. S. N. Mukherjee.

Nadia Branch:

Thirteen meetings were held during the year. Clinical discussions about several current diseases of the locality took place in many of the meetings. A special meeting was held to consider the Rural Health Scheme of Bengal Government. 20th September, 1941 was observed as Anti-Indian Medical Council Day. Dr. Dina Bandu Basu deserves special mention.

Rajshahi Branch:

Six meetings were held during the year. Scientific discussions took place in some of the meetings. Anti-Indian Medical Council Day was observed.

Bombay Branch:

During the year under report twenty-two meetings were held. Present number of members is 106. This Branch invited 30th

Annual Conference and also Bombay Provincial Conference in 1940. Protest against debarring of the Licentiates from entering into Municipal Service, the agitation regarding the Alphabetical Register of the Medical Practitioners, protest against the very callous indifference of the College of Physicians and Surgeons of Bombay in increasing the course of the L.C.P.S. from three and a half years to four and a half years, i.e., just six months less than the approved five years, were some of the important activities of this Branch. My special thanks are due to its most energetic Secretary, Dr. V. K. Desai.

Rajkot Branch:

This Branch was revived by pioneer workers like Dr. Jamiatram B. Desai, Dr. U. Seshia Rao, R. S. Dr. Lalubhai Shah and Dr. S. A. Subedar in April 1941. Uptil now four meetings were held. This Branch has enrolled thirty new members. My sincere thanks are due to Dr. S. A. Subedar and Dr. Lalubhai Shah.

Karachi Branch:

There are thirty-three members in this Branch. Thirteen meetings were held during this year. The Honorary Secretary visited Hyderabad and revived this old Branch. Various lectures on different scientific subjects were arranged. Medical motion pictures were shown in several meetings attended by various highly placed I.M.S. officers. Many resolutions regarding the service grievances were passed and sent to proper quarters. There is a proposal to declare Sind as a separate Province. For all this my thanks are due to Dr. R. A. Amesur, its most energetic Branch Secretary.

Hyderabad Branch:

This Branch was revived on 9th February 1941. This is one of the oldest Branches of the Association. There are at present eighteen members in this Branch. There had been ten meetings of this Branch where many interesting discussions took place.

Dhulia Branch:

This Branch has got twenty-three members on its roll. Six meetings were held during the year under report. Many subjects of importance were discussed. This Branch observed 20th September, 1941 as Anti-Indian Medical Council Day.

Poona Branch:

During the year twenty meetings were held. The following are some of the important activities of this Branch. (1) Raising of the present standard of the Medical Schools, (2) Demand for better rank and emoluments in the Emergency Branch of I.M.D. The members of this Branch took keen interest in the working of the sixth Maharashtra and Karnatak Medical Conference. My thanks are due to Dr. P. M. Bhanagay, and Dr. V. D. Sathaye for the excellent working of this Branch.

Tinsukia Branch:

There are forty-five members on the roll of this Branch. During the year nine meetings were held. Anti-Indian Medical Council Day was observed. Many scientific discussions were held. Dr. S. C. Barooah, its energetic Secretary, deserves my best thanks.

Jorhat Branch:

Three meetings were held during the year under report, where scientific papers on interesting cases were also discussed. There are seventeen members in this Branch.

Gauhati Branch:

During the year seven meetings were held including one in the rural area. In all the meetings, scientific discussions on various interesting subjects were held. There are thirty members in this Branch. It is one of the most active Branches of Assam Province and Dr. A. Bhattacharya, its energetic Secretary, deserves thanks of the Association.

Tingri Valley Branch:

There are thirteen members attached to this Branch. Ten meetings were held during the year. Many scientific papers were read and discussed before the meetings. This Branch has kept its reputation in scientific discussion as in previous years. A special meeting was held in which lecture on Air-Raid Precaution was delivered and discussed. This Branch has dealt particularly with the question of Tea Estate Medical Officers' problems. Dr. S. C. Dutta deserves my special thanks.

Mariani Branch:

The members being widely scattered in different places only two meetings could be held during the year. Many items of Tea Garden practice were discussed, along with other scientific discussions.

Saran Branch:

There had been seven meetings in all up till September, 1941 where lively discussions on clinical cases took place. There are twenty-nine members on the roll of this Branch. The Branch Secretary, Dr. B. Gupta, made propaganda tours and enlisted many new members. He deserves my thanks.

Fyzabad Branch:

This is one of the most active Branches of U. P. It invited the U. P. Provincial Conference which was a great success. Many resolutions of great importance were passed and sent to proper quarters. Dr. I. N. Saxena, the life and soul of this Branch, deserves the best thanks of the Association.

Rohlak Branch:

This Branch has got twenty-three members on its roll. There were six meetings in which many subjects of importance were discussed. 20th September, 1941 was observed as Anti-Indian Medical Council Day. Dr. Anant Ram Luthra deserves special mention.

Karnal Branch:

There are twenty-seven members on the roll of this Branch. Eight meetings were held during the year under report. This Branch observed 20th September, 1941 as Anti-Indian Medical Council Day. Its energetic Secretary, Dr. B. K. Joshi, visited different towns and enrolled many new members.

Hissar Branch:

There are twenty-seven members on the roll of this Branch. Five meetings were held during the year. Many important subjects of scientific nature were discussed. Dr. S. L. Rawal is its most energetic Secretary.

Montgomery Branch:

This Branch invited the Provincial Conference. The number of visitors was very great. The Conference was a great success. For all this splendid work my thanks are due to Dr. Jai Gopal, its most energetic Secretary and Dr. S. A. Bukhari, Joint Provincial Secretary.

Delhi Branch:

There are twenty-eight members on the roll of this Branch. Eight meetings were held during the year under review. Dr. K. N. Sharma, a most active member of this Branch, invited the deputationists of A. I. M. L. A., including medical men of Delhi to luncheon. My thanks are due to Dr. Dalip Singh, its Branch Secretary, and to R. B. Dr. Hari Ram, the official host to the members of our Association at Delhi.

Sialkot Branch:

Five meetings were held during the year where scientific discussions were made. The Branch owes its existence to Dr. Chhabil Das, the President of the Branch—a most energetic member of our Association.

Lahore Branch:

This Branch is flourishing under R. B. Dr. Mathra Das, the President and Dr. Khan Chand Wohra, the Secretary of this Branch. Many new members were enrolled during the current year. Eight meetings attended by a large number of members were held where matters of importance were discussed. The President and the Secretary of the Branch deserve my thanks.

Amritsar Branch:

It is one of the active Branches in the Punjab Province which is working energetically under the secretaryship of Dr. Kishore Chand who deserves my best thanks.

Madras Branch:

This is the most active branch of Madras Province. It held its monthly meetings quite regularly. Many resolutions of important nature were passed and sent to proper quarters. Surgeon-General, Madras, was waited upon in deputation. Many new members were enrolled this year. For the sound working of this Branch my thanks are due to Dr. V. D. Venkappa, Dr. A. Viswanathan and Dr. K. Rama Rao, its energetic Branch Secretary.

Assam Provincial Branch:

There are seventeen Branches in this Province. In January, 1941 Dr. G. S. Das, Provincial Secretary, Assam, toured Goalpara district and reorganised the Dhubri Branch. He had been to Shillong two times to oppose the proposed Medical School at

Sylhet. Representation was given twice to the Minister, Medical Health, I.G.C.H., and D.P.H., Assam. A memorial regarding service grievances was submitted to all the Chairmen of the Local Boards. On 13th September 1941, a strong deputation with Dr. A. D. Mukharji, Dr. J. N. Ray, Dr. G. S. Das, Dr. P. K. Sen and Dr. N. Das waited on the Premier and the Medical Minister of Assam at Shillong in connection with the raising of the B. W. Medical School into College and not to start a fresh Medical School at Sylhet and to increase the percentage of promotion of the S. A. Surgeons to the higher rank. Dr. G. S. Das is one of the most energetic Provincial Secretaries and deserves best thanks of the Association.

Bengal Provincial Branch:

The work in Bengal during the year under review consisted more in the direction of organisation of the Association. To achieve this object printed appeals were sent by the Provincial Secretary to over 6,000 Medical Licentiates. The month of November, 1941, was observed as Membership Campaign month. This campaign is an example how Bengal is striving hard to make our Association strong, popular and representative. A new Branch has been opened at Khulna. Its Provincial Conference was held under the auspices of 24 Parganas Branch. For all this sound work my best thanks are due to Dr. A. N. Ray, B.A., Provincial Secretary, Bengal.

Bombay Provincial Branch:

During the year under report Bombay Provincial Branch had been very active. It held its Provincial Conference in December, 1940 with a great success. Here I must congratulate Dr. U. B. Narayan Rao, one of the most active members of this Branch and our ex-General Secretary for the great fight which he put up in the Bombay Medical Council regarding the uncalled-for and insulting remarks in the lay Press about the Licentiates in general by Dr. J. J. Cursetji. The passing of the resolutions regarding the elected President of the Medical Council and the uniform alphabetically arranged Register of the Medical Practitioners were also due to Dr. Narayan Rao's untiring efforts.

Dr. U. Seshia Rao, Provincial Secretary, Bombay toured the whole of Gujrat and Kathiawar and revived all his dead Branches, and enrolled more than a score of new members. Dr. U. S. Rao deserves the best thanks of the Association.

Madras Provincial Branch:

Dr. D. V. Venkappa, ex-President, A. I. M. L. A., is the Provincial Secretary of Madras Province. He toured different places and revived many Branches in his Province. He opened a new Branch at Guntur. He took keen interest in enrolling new members, and was successful in maintaining the high record of work by all the Branches under his jurisdiction. He deserves my best thanks.

Punjab Provincial Branch:

The Provincial Branch of Punjab celebrated its Provincial Conference at Okara, Dist. Montgomery in April, 1941. It was inaugurated by Hon'ble Mian Abdul Haye, Education Minister to the Government of Punjab. Resolutions of important nature were passed and sent to the proper quarters. Dr. Dal Singh, Provincial Secretary, Punjab toured many places and enrolled many new members. The main point which attracted the attention of this Provincial Branch was condemning the restoration of the old L.S.M.F. Course in place of L.M.S. at the Ludhiana Medical School. For the sound working of this Branch my thanks are due to Dr. Dal Singh, the Provincial Secretary and R. B. Dr. Mathra Das, the Provincial President, whose helping hand has even been stretched for rendering any sort of help which the Branch needed from time to time.

U. P. Provincial Branch:

Dr. Kunj Behari Lal toured many places and attended some of the meetings of Branches under his jurisdiction. He revived many old Branches in his Province. He led deputations to the authorities and explained the grievances of Licentiates. The Provincial Conference of U. P. Medical Licentiates was held under the auspices of Fyzabad District Branch. My thanks are due to Dr. Kunj Behari Lal Verma for this energetic work.

C. P., C. I., and B. & O. Provincial Branches:

Dr. G. K. Kulkarni, Provincial Secretary, C. P., Dr. M. D. Pustake, Provincial Secretary, C. I., and Dr. R. C. Prosad, Provincial Secretary, B. & O. took keen interest in the working of all Branches under their sphere of activity and enrolled many new members. My thanks are due to them.

Proceedings of the Third Bombay Provincial Conference of the A. I. M. L. A., Ahmedabad, 21st December, 1941

Welcome Address

Dr. B. G. Mehta, welcoming the delegates, observed in the course of his address:

There are several questions which require immediate redress. Men of our class are undervalued and underpaid though given an opportunity they have proved their worth by doing excellent work in the field of surgery, ophthalmology and the like. Their work is highly appreciated by several high Government medical officers. Yet it is a pity that their status is never improved. Whenever the question of employment comes, whatever may be the capacity and worth, our men are always considered below the average graduate and thus undervalued. The recent action of the Government of Bombay in depriving men of our class from the posts of tutors in the medical schools, so ably held by them since several years, deserves nothing but condemnation.

The present burning question for us is the minimum and uniform standard of education in all medical institutions. It is only in England there are medical degrees and diplomas from A to Z, and we blindly follow them. There should be only one degree. It is, therefore, imperative to convert Ahmedabad and Poona medical schools into colleges and to grant M.B. B.S. degree to the products of these institutions.

Really speaking the medical education in India requires thorough overhauling. We are blindly following western science. A new system of medical education should be evolved absorbing Allopathic, Ayurvedic and Unani.

It is obvious that in the Bombay Medical Council our representation is inadequate. We demand more seats proportionate to the strength of the members of our class, in place of two seats as at present. The Government of India orders for giving promotion to the deserving men of our class in the B.M.S. Service seem to be a dead letter.

The conditions of our men serving in the Local Bodies are pitiable. Not only they are insufficiently paid, but they are also never encouraged even though they may have better skill and additional qualifications. I suggest that there should be a competitive examination for employment by the Local Bodies and the Government and the best men from amongst the graduates and the licentiates be selected for service. Preference should always be given to senior and competent men in the Service and they need not be made to perform hard outdoor work. The authorities of the Local Bodies should know that men of our class always perform their duties most successfully and honestly.

Members of our class employed in Government Services, Local Bodies and the like should be given study leave and opportunities to undergo post-graduate course in selected centres to refresh their knowledge.

Finally I hope and trust that under the able guidance of our worthy President we will be able to come to unanimous decisions in solving our problems.

Brother Delegates! I give you all a cordial welcome to our city and thank you for being here in response to our humble invitation.

I have to heartily thank particularly our worthy friend and veteran, Dr. Rochiram Amesur, for his so kindly accepting our request to come down here from a far distant place to inaugurate our Conference this day. I request you, sir, to inaugurate this Conference.

Inaugural Address by Dr. R. A. Amesur

MR. CHAIRMAN, FELLOW-DELEGATES, LADIES AND GENTLEMEN:—

You are meeting today under the able guidance of your President, Dr. U. B. Narayan Rao, to solve many difficult questions affecting our class in the Bombay Presidency including Sind. I do not, therefore, want to take much of your time, for I know you must be very anxious to hear the President and also discuss the various problems. However, I cannot resist the temptation of saying a few words on two or three important subjects on this occasion and I hope to be excused for thus trespassing upon your time.

Medical Education

The first most urgent need of the Province today is proper medical education. It is surprising to find that in spite of the agitation and repeated representations by the medical profession and the medical students, the dual and injurious system of medical education is still carried on in this Province. If we are to examine the situation carefully, we would find that both practical and theoretical training in medical schools is far from being satisfactory. I would even go further and say that it hardly exists, and the staff of the teachers appointed have no special training for the subjects which they are required to teach. They are more for their private practice than for imparting proper education to the students. It is time, therefore, that Governments of Bombay and Sind realised this and converted their Medical Schools into Colleges affiliated to the University.

Status of our Class

The next important point which suggests itself to every one of us is the status of our class. You are well aware that in private practice, members of our class are amongst the leading practitioners and are today treating princes, ministers, millowners and command huge and extensive practice all over the country, but the Government, it is a matter of regret, refuses to consider our claims in the service. Therefore, we have to assert our rights. What I would respectfully suggest to the Government is that they should do us justice by throwing open all services under them and under Local Bodies to all the Registered Medical Practitioners by open competitive examination, except those which require special qualifications. This will not only remove the legitimate grievance of the licentiate class, but would also give them justice which is their right. It is only by

MARCH, 1942]

BOMBAY PROVINCIAL CONFERENCE

61

organizing efforts and through proper leaders that we can achieve our objects. Because one student is able on account of the influence of his parents to go in for University Degree, while another born in poverty takes Licentiate Course, he should not be made to start life initially at a disadvantage. A large number of licentiates compare favourably in education and other attainments with the medical graduates of the University and command equal or even larger practice than them. Why should they then labour under this disadvantage in their life? If recruitment can be done by competitive examination, all would have equal chance and the fittest persons would then be in the service.

Military Service

The thing that is uppermost in the minds of the entire medical profession is the situation created by the War. Though this is a problem for the Mother Association to solve, still I feel that the provinces have to play an important part. The War is coming nearer and nearer day by day, but so far the recruitment of licentiates is concerned, the issue is being fiddled with. The Government invited a Conference of our leaders at Simla on 23rd September 1941. The eyes of all were turned to this Conference and we expected a good and just outcome from it. But alas! this proved to be a great disappointment. When the Government wants us to serve, they should give due consideration to the problem of feeding our children and maintaining our self-respect. There is a beautiful saying in Gujarati "*One cannot worship God on an empty stomach.*"

The licentiates can be District Medical Officers and discharge the duties of Civil Surgeons, but are unfit for the posts in the I.M.S.—so thinks the Government. What is the achievement of our leaders at Simla? That we will get Rs. 125 as monthly allowance and thus there will be Rs. 200 as total emoluments per month! What a pity! What we want is a proper status in the Emergency I.M.S.

We do not want more than we deserve. Let our province assert our rights and tell the powers-that-be, and the leaders of our Association that it is no use talking, as we want what is due to us, while we are prepared to serve in the Military.

It is no use throwing the burden on the Indian Medical Council which is a creature of Government and say that Government is prepared to give I.M.S. Commissions provided the Indian Medical Council registers licentiates. If the Government is sincere, Commissions in I.M.S. can be given to the licentiates by passing an Order under the Defence Regulations as is done in British Islands. This will compel the Indian Medical Council to recognize the licentiates. It is an irony of fate that in the military service, a young matriculate can get commission whereas the licentiate who has even passed inter-science and studied for four years or more in a medical school is not considered eligible for this job.

I now declare the Third Bombay Presidency Provincial Conference open.

Presidential Address by Dr. U. B. Narayan Rao

Dr. Mehta, Brother and Sister Delegates, Ladies and Gentlemen,

I crave your indulgence to deviate from the usual convention of tackling the many problems confronting us and deal with only one subject which I believe to be of outstanding and immediate importance to us, viz., the standardisation of the medical education of our country by the abolition of the existing compartmentalism in the profession. Once we have achieved this objective, I am confident that all the other disabilities will take care of themselves or could be easily remedied.

Our Goal

Friends, our goal has been decided once for all. It is not without a heavy heart that this century and a quarter old class has resolved to efface itself as its final goal. In the usual course of evolution, a class which was mainly responsible for catering to the requirements of the Government and the nation, one which was rightly termed as the bulwark of the profession, in short, a class with such a glorious past, should have been a source of pride to any Government and should have been a tower of strength to any country. But in our unfortunate land, that was not to be. Ever since the seeds of compartmentalism in the medical education were sown with the establishment of the Universities in 1858, the licentiates began to feel the effects of this invidious distinction. All these years, especially so after our parent organisation was founded in 1906, when most of the members were in service, the licentiates utilised all their energies and all their resources in all possible ways to stop the rot. They appealed to the authorities for improvement in their pay and prospects consistent with their position in life but excepting a few concessions here, a few crumbs there, their appeal was in vain. Their cry for scope for higher studies and recognition by the General Medical Council was not heard. Their pleadings for betterment of their status fell on deaf ears. Their petitions were unheeded and the protests received scant respect. With the increase in the output of University men, Government services are being gradually blocked to them. Graduates are taken up even in their cadre. The Local Bodies and even private managed institutions follow suit. Parcelled and crushed at every step in all walks of life, the Licentiates decided that the permanent abolition of the class was the only honourable solution to their ever increasing troubles. This selflessness at last opened the eyes of the Government and the other sections in the profession. Madras was the first province to abolish the class. U. P. recently followed suit. The Bombay Government have also been planning for the abolition of the Medical Schools. We understand that arrangements

have been complete for a five-storeyed building in Ahmedabad for the housing of the Hospital and the contemplated medical college. Due to want of supply of building materials the scheme had to be postponed till after the war. In Poona the Government seems to have decided to admit undergraduates for the prosecution of M.B.B.S. studies from 1943. The Hyderabad School will be looked after by the Sind Government. The other two, viz., The National Medical College and Miraj Medical School shall have to come up to the University standard or close down.

College of Physicians and Surgeons—A Huge Farce and a Failure

The tragic confusion of the dual system of medical education in the country has been worse confounded by the triple control in our presidency—the University, the Government and the College of Physicians and Surgeons, the latter two, looking after the medical schools. This College was started in 1913 with a high ideal to be an institution similar to that of the Royal Colleges of England. But the actual constitution and working of the College has proved to the hilt that it has failed miserably in achieving this noble ideal. The licentiates, its own alumni, are not given any voice in the affairs of the College. It places unnecessarily severe restrictions on those aspiring for its Membership and Fellowship. To-day a licentiate can obtain the M.B.B.S. degree in two and a half years, but he will require three years for obtaining the much inferior diploma of M.C.P.S. of the College. Honorary Fellowships till recently were the monopoly of the graduates. The rules, revised lately, are such that no self-respecting licentiate would ever care to go in for the Fellowship. The College does not consult or respect the views of the organised medical profession of the country in matters medical. It has not yet obtained recognition of the Indian Medical Council for the M.C.P.S. and not even for the F.C.P.S. by examination. The proceedings of this so-called public institution is a closely guarded secret.

As if to crown all these inglorious acts of commission and omission, the College has from last June onwards increased the course of the licentiates to four and a half years—just six months shorter than that of the University, thus creating a further division in the class; and this, at a time, when even the Government are contemplating to abolish the class. The College Council consists of 24 members (elected from amongst 100 Fellows), some of whom happen to be the front rank leaders of the Indian Medical Association, and it is a thousand pities that these members have fallen in line with the views of the diehard elements in the Council, thus openly going against the resolutions of that Association. The College authorities have added insult to injury by trying to justify this action by saying that the Licentiates themselves have been asking for this reform and that it is in the interest of the profession. There cannot be a greater perversion of facts than this. Let me, therefore, publicly refute the Mangaldas' statement on the subject that recently appeared in the press, and repeat that the Licentiates have been asking for a full five years' course which will conform to the standard laid down by the Indian Medical Council and nothing less than that. Let me reiterate our demand for the abolition of all the existing medical

schools and Examining Bodies and replace them by Colleges affiliated to the Universities.

M.C.P.S. Snare

A suggestion has recently been made in interested quarters that the new course should be accepted but the students passing through should be given the M.C.P.S. diploma of the College.

We know the value of this diploma too well to be lured away by these lip-sympathisers of our aspirations. The bitter experience of Madras where the D.M.S. was given to the L.M.P. students who put in a five-year course in the medical school there should prove to be an eye-opener to us that these diplomas will only mean further differentiations in the class. Let us not be a party to this game. Let us oppose this move tooth and nail.

The College should go—or?

Friends, the past history of the College regarding the Licentiate's education reveals a sorrowful state of affairs. It has treated its own alumni with such callous indifference that the Licentiates—who ought to have been proud of the Institution—are to-day ashamed to own it as their *Alma Mater*. It is high time that the College dissolves itself or is abolished. It has outlived its existence.

One Resolution

Friends, the burden of my theme is finished. It remains for me to suggest that at this critical moment of the history of our Association, we should terminate the deliberations of our Conference by passing only one resolution on this subject. That will prove to the powers—that be our earnestness, seriousness and determination to win our freedom at all costs. That will have an immense propaganda value in focussing public opinion on our just and fair demands; that will, I believe, have an effect more than that of all our resolutions of all the past years combined together.

We are at the fag-end of our battle. Let us put up with it as nobly, honourably and courageously as in the past. Mendicancy—the beggar's bowl that has been our curse in the past—has given place to the new demand for a future united profession. Let us, therefore, resolve today—in this very city where the great sage of Sabarmati demanded a political swaraj for his countrymen—that we shall have medical swaraj in no distant time.

MENESTRIN CAPSULES

Sure Remedy for Amenorrhoea, and the Safest Contraceptive by Mouth.

Action: Physiological

Ingredients: Iron, Quinine, Manganese, Thyroid and Ovary.

Doctors advise ladies dreading pregnancy to take MENESTRIN Capsules a week before the expected menstrual cycle.

Manufactured by:

The Oriental Research Laboratory, Vepery, Madras

Available at all Chemists in Madras, and M/S P. M. ZAVERI & CO., Princess Street, Bombay

Provincial Secretary's Report for the Year 1941

Dr. U. Sesha Rao

Branches :—There are today thirty-two Branches in the Provinces of Bombay and Sind,—thirty in the former and two in the latter. It may be of interest to you to know that when I took charge of Provincial Secretary's Office in 1937, there were seven branches. Through correspondence and mostly through personal contact while on tour more branches were opened.

Membership :—The number of members in the Provinces of Bombay and Sind has been steadily increasing. There are nearly four thousand Licentiates in these parts and out of them only 486 were members at the beginning of the year. Hundred and four new members were enrolled during the year. I am sorry to state that five members died and some have left. The total number of members on the roll today is 533.

Activities of the Provincial Branch : They are necessarily the activities of the component district branches, the provincial branch being the co-ordinating centre for the activities of the branches lying within its jurisdiction. Twenty-one circulars were issued from the office of the Provincial Secretary, two amongst them being the circulars to the members of the Standing Committee. I am sorry to say, the response from the members of the Standing Committee for both the circulars was very poor. About 700 letters were despatched from the office of the Provincial Secretary during the year under report.

Bombay Medical Council :—Thanks to the members of the Council, the resolution amending the Bombay Medical Act to reconstitute it on more democratic lines has been again reiterated by the Council this year and let us hope that the Government will accord sanction to this overdue reform. I take this opportunity to express our heartfelt thanks to Dr. Narayanrao for championing the cause of Licentiates and in putting up a bold fight against Dr. Cursetji's remarks made against the licentiates in a lay journal which episode culminated in the apology tendered by Dr. Cursetji.

Government notification to amend the Bombay Medical Practitioners' Act, 1938 :—This Act has come into force in Bombay on 4th November 1941 and is to be enforced in other parts of the Presidency two years hence. The Government notified their intention to amend the Act to permit persons not qualified under the existing Acts to practise medicine by exempting them from the operation of the Act. Whereas the Bombay Medical Council has very recently recommended to the Government to amend the new Act so as to debar any one from practising unless he is registered. This was considered desirable to prevent persons holding registrable qualifications from escaping liability for punishment for unethical practice. If, therefore, the Government exempts certain persons from the purview of the Act, there is a possibility of such persons also carrying on unethical practice to the great disadvantage of registered practitioners. The Provincial Branch has, therefore, addressed a protest letter to the Government requesting them to extend the time-limit of 15 days fixed by them for the proposed amendment and requesting them to define clearly objects and reasons for the proposed amendment so as to enable the profession and the public to give full thought to the proposal.

Association with or employment of unqualified nurses, etc. :—A communication from the Registrar, Bombay Medical Council, advising the registered medical practitioners was circulated to all the branches for opinion. The Registrar states,—“Clause 7 of the Warning Notice relating to association with uncertified women practising as midwives lays down that the conduct of a Medical Practitioner enabling uncertified persons to attend women in child-birth or otherwise than under the direction and personal supervision of a duly qualified medical practitioner is contradictory to law, and discreditable to the profession and that any registered medical practitioner who is proved to have so offended will be liable to have his name erased from the Medical Register. Although there is no specific reference made to nurses or health visitors, it seems the provision will be applicable in the case of association with or employment of a nurse or health visitor as well, as the list of offences in the Warning Notice is not exhaustive but only illustrative. It is competent to the Council to take cognisance of such offences, as in their opinion are objectionable, as being cases of professional misconduct, in any form or manner, vide para. 3 of the Warning Notice.”

Interpretation of Clause 7 in this manner would entail unnecessary hardships on rural medical practitioners and also middle class and poor patients. Because, it will not be possible to insist on the patients to engage qualified nurses only for the following main reasons :—(1) In rural areas, it will be difficult to find enough qualified nurses. (2) Qualified nurses usually charge Rs. 5 to 6 for a day and Rs. 6 to 8 and upwards for night nursing and certainly this would be beyond the reach of middle class and poor people.

This subject should, therefore, be considered in this Conference and decided.

Service Grievances :—I understand our brethren in service have several grievances whether they are in the service of the Government, Railway, Municipality or Local Boards, I invite them all to write to me giving necessary details together with their own suggestions regarding the measures to be taken for getting them redressed. I can assure them that any or all such communications will be treated as strictly confidential if so desired. There is a Resolution of the Bombay Municipal Corporation recommending to the Executive authorities to select as far as possible the M.B.B.S. only for appointment in their Medical Departments with the result that since some years none were appointed to the posts so far held by the Licentiates. This should receive the attention of this Conference.

The Secretary then gave a review of the activities of the Branches.

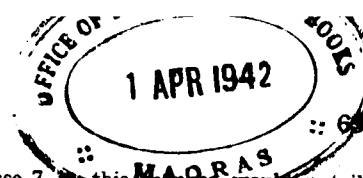
Resolutions Passed

(1) Resolved that this Third Bombay Provincial Conference of the All-India Medical Licentiates' Association protests against the futile changes that have been recently introduced by the College of Physicians and Surgeons of Bombay in the matter of medical school education in the Province despite the authoritative opinion that there should be only one uniform qualification for all the provinces of India. Therefore this Conference urges on the Government of Bombay to convert the existing Medical Schools into University Medical Colleges before the end of 1942.

(2) This Conference emphatically condemns the ineffectual changes that have been made by the College of Physicians and Surgeons of Bombay in the standard of medical school education in the Province once in 1937 and again in 1941, without in any manner conforming to the standard laid down by the Indian Medical Council and against the opinions expressed by the Health Ministers' Conference in the early part of 1938, the Government of India Conference on Medical School Education in the later part of 1938, and all the Provincial Medical Councils in this country. Therefore this Conference urges on the Government of India as well as the Government of Bombay to so amend the Indian Medical Degrees Act, 1916 as to deprive bodies like the College of Physicians and Surgeons of Bombay of the power of conferring diplomas on standards of education not approved by the Indian Medical Council.

(3) This Third Bombay Provincial Conference of the All-India Medical Licentiates' Association while placing on record their deep sense of sorrow at the sad and untimely death of Drs. Permanand Chablani, Karachi; I. P. Kikani, Bombay; Popatal T. Sanghavi, Rajkot; M. B. Varde, Dhulia; V. G. Phdhye, Pandharpur; G. Mahadevia, Ahmedabad; pray to God almighty that their souls may rest in peace and hereby tender their heartfelt sympathy and condolences to the bereaved families.

(4) This Third Bombay Provincial Conference of the All-India Medical Licentiates' Association disapproves the action of the College of Physicians and Surgeons of Bombay in raising the course of studies for their Licence Examination from three and a half years to four and a half years thus keeping it only six months shorter than the University course of studies, at a time when the Licentiate course and Medical Schools are to be abolished. This Conference, therefore, requests the College of Physicians and Surgeons of Bombay to suspend their new regulation and allow the medical school students to appear for their examinations as heretofore.



(5) This Third Bombay Provincial Conference of the All-India Medical Licentiates' Association requests the Governments of Bombay and Sind and the authorities of the National Medical College, Bombay and of Miraj Medical School to stop admission and to take steps for the conversion of the medical schools under their control to University affiliated colleges.

(6) This Third Bombay Provincial Conference of the All-India Medical Licentiates' Association regrets to have to bring to the notice of the Government that College of Physicians and Surgeons has during the last twenty-eight years failed to justify its existence by its attitude towards medical education in general and the licentiate class in particular and in the event of the College not complying with resolution No. 4 above, this Conference requests the Government to institute a Board of Examiners instead.

(7) This Third Bombay Provincial Conference of the All-India Medical Licentiates' Association appoints a committee consisting of:

1. Dr. U. B. Narayan Rao. 2. Dr. U. Sesha Rao. 3. A. V. Baliga. 4. Dr. A. D. Mastakar. 5. Dr. U. A. Rao. 6. Dr. K. Lalwani, Hyderabad. 7. Dr. Natwar Lal Shah, Ahmedabad. 8. Dr. V. D. Sathaye, Poona

to do all that is necessary for the purpose of giving effect to these resolutions.

(8) This Third Bombay Provincial Conference of the All-India Medical Licentiates' Association supports the demand of the Sind Province for the establishment of a separate Provincial Branch for Sind.

(9) This Third Bombay Provincial Conference of the All-India Medical Licentiates' Association strongly oppose the move of the Government of Bombay to exempt certain persons not qualified under the existing acts to practise medicine from the purview of the Bombay Medical Practitioners' Act of 1938.

(10) Office-bearers for 1942 :-

Dr. U. B. Narayan Rao .. President.
Dr. U. Shesha Rao .. Hon. Provincial Secretary.

Proprietary Preparations

- 1. RAKTA WARDHAK:**—It promotes quick regeneration of Hemoglobin and assists in the restoration of normal blood-levels. Patients of anemia show rapid improvements.
- 2. CALCIPRAL:**—Used in all conditions of calcium deficiency such as osteomalacia, caries of the teeth, rickets, etc. and in all conditions of deficient general growth.
- 3. GOLD COMPOUND:**—Anti-Tubercular and General Tonic.
- 4. VASOSIN:**—Specific remedy against all bronchial and pulmonary affections as: Influenza, Bronchitis, etc.
- 5. THIO-STANNIN:**—Useful in all specific and non-specific skin diseases.
It acts as a specific in all staphylococcal infections.

The Ayurveda Rasashala Poona Ltd.,
POONA 4

Free Sample to Doctors

A Short Practice of Ophthalmology (Ancient & Modern)

By

Dr. K. Krishnamurthy and Dr. N. K. Bidyadhar,
in collaboration with eminent ophthalmologists.

Pp. 278

Price Rs. 6/-

Just Out

OPINIONS

Antiseptic: We must congratulate Dr. K. Krishnamurthy and Dr. Bidyadhar on their new book on Ophthalmology. This book differs from the rest of its kind in that it aims to help the medical students and practitioners to have a comparative idea of Modern and Ancient Ophthalmology. Few of us are aware that the world's first Ophthalmic Surgeon was Susruta of India's antiquity and some of his teachings on the principles and practice of ophthalmology can very well stand the rigid test of Modern Science. The section on Modern Ophthalmology represents the crystallised views and experience of a number of prominent practising ophthalmic surgeons of repute in this country. The section on Ancient Ophthalmology embodies the result of investigations by Dr. Bidyadhar.

Starting in the usual manner with a description of Anatomy and Physiology of the Eye, the authors proceed to discuss the various diseases of the Eye, Diseases of the Conjunctiva, Sclera, Retina, Lens, Orbit, Lids, etc. The sections dealing with the Evolution of Cataract Surgery by Dr. N. K. Bidyadhar, the Intracapsular Extraction in Senile Cataract by Tumbling of the Lens by Rai Bahadur, Dr. Mathradass Pahwa and that dealing with Pitfalls for Beginners of Cataract Operation by Dr. Jadavji Hansraj and that of Some Observations on Primary Glaucoma by Dr. B. P. Banarji and that on the Diseases of Conjunctiva as described by Susruta, are practically well written. In all the chapters a comparative study of Modern and Ancient views are given, which is a special feature of this book. Ocular complications in diabetes, vitamin therapy, chemotherapy and physical therapy in ophthalmology, Susruta's Ocular Therapeutics, Modern Methods of Anaesthesia and Analgesia for Ophthalmic operations, surgical treatment of detachment of the retina, and corneal grafting are all very well written.

The authors have succeeded in making the book a compendium of useful information for the guidance of the junior ophthalmic surgeons and the general practitioners. We are sure this will meet the needs of the average general practitioner and we wholeheartedly recommend it for him.

Indian Medical Journal: The special feature of this book is the bringing of modern and ancient ophthalmology into one compass and thus helping the practitioners to have a comparative idea of both. It is intensely practical and copiously illustrated. It covers almost all the important aspects of ophthalmology and gives such valuable information as would be highly useful to meet the average need of the ophthalmic side of the general practitioner as well as the ophthalmic practitioner himself. The book, in fact, represents the crystallised views and experience of a number of prominent ophthalmic surgeons of our country, whose collaboration the authors have been fortunate enough to secure. Its get-up and printing is good. We heartily recommend it to the profession.

Order for copies immediately to avoid disappointment.
Several hundreds of copies were already sold.

The Ophthalmological Books Publishing Company
CHODAVARAM, :: S. INDIA

MEDICAL NEWS

[Owing to great delay in the receipt of foreign mails, we have for the present suspended our American, Canadian and London Letters. In future, all news—Indian and Foreign—would be published in a consolidated form under this column.—Ed.]

Progress of Drug Industry

Nearly 350 items of medical supplies, which were formerly imported, are now manufactured from indigenous raw materials. Among such items may be mentioned chloroform, chloral hydras, amylnitras, stains, xylol, etc. Anaesthetic ether is now being produced at the rate of 15,000 lbs. a month compared with about 1,500 lbs. per month before the war. Some of the commonly used drugs, now largely manufactured in our country, are caffeine, potassii permanganas, creosote, nicotonic acid, liquid glucose, and ethyl chloride.

A.R.P. Arrangements

Owing to some cause or other, the appeal made by the official A. R. P. organisations in the coastal cities of India to the medical practitioners to join their schemes of medical relief of civilian population injured by air raids, seems to have given but a poor response. In Bengal, this aspect of civilian protection was tackled seriously by the Civil Defence Minister, Sri Santosh Kumar Basu, and by his colleague Shyamprasad Mukharji, who sought the co-operation of the organised bodies of the profession in the city of Calcutta. They were thus able to bring into effect a Liaison Committee composed of the President of the Indian Medical Association, the President of the All-India Medical Licentiates' Association, and other representatives of the profession. In fact Bengal's programme of Civil Defence seems to be very good as is made out in the speech of its Finance Minister:

"Out of a total estimated expenditure of four crores provided in the next year's budget for civil defence measures, two crores will be required for the payment to the personnel of various A.R.P. services, thirty-five lakhs for construction of shelters, fifteen lakhs for the relief of persons rendered homeless by air attacks, forty-nine lakhs for supply of stirrup pumps, respirators, helmets and eye-shields, nine lakhs for the civil nursing scheme, five lakhs for expansion of the Fire Brigade, fifteen lakhs for organisation of street fire-fighting services, eight lakhs for rescue service, thirty-one lakhs for hospital accommodation for air raid casualties in vulnerable areas, two lakhs for mass inoculation against cholera and small-pox and six lakhs for the establishment of infectious diseases hospitals.

The revised civil defence expenditure estimates in the current year include fifteen lakhs for temporary housing and feeding of persons rendered homeless by air attacks, sixteen lakhs for an alternative water supply in Calcutta by means of tube-well, nine lakhs for expansion of the Calcutta Fire Brigade, five lakhs for fire-fighting services in industrial areas outside Calcutta, nine lakhs for protection of essential Government buildings and emergency hospitals by means of baffle-walls and ten lakhs for provision of emergency hospitals and motor ambulances for the treatment of persons injured in air raids."

In Madras, no such efforts have been made so far. This would show the need to create a separate portfolio for Civilian Defence and Relief for each province and to put it in charge of a popular minister who would be able to recruit a large number of doctors for A.R.P. work.

The Mayor of Madras convened a meeting of private practitioners on February 5, 1942 with a view to concert measures for organising medical relief to civilian casualties in the event of air raids in the city. A suitable committee has been formed and is actively enlisting the co-operation of the city practitioners.

Reservation of Hospital Beds for Air Raid Casualties

It is gratifying to note that all the major hospitals in India have been directed to keep in readiness sufficient number of beds to admit serious civilian casualties. In Calcutta, Emergency hospitals are proposed to be created and to recruit doctors on a whole-time basis. As regards doctors in existing hospitals who will have to attend on air raid casualties the Government propose to abolish the honorary system and fix a scale of pay commensurate with the standard of service demanded from them. The Liaison Committee, referred to above, has recommended the following scale of pay:

Visiting officer—Senior	..	Rs. 500 per mensem.
" " Junior	..	" 350 " "
Anaesthetists and Radiologists..	..	" 350 " " each
R. M. O.	..	" 350 " "
House Surgeons or Physicians ..	..	" 140 " "
Assistant	..	" 150 " "
Medical Officer for first		
air raid posts—Whole-time	..	" 250 " "
" Part-time	..	" 100 " "

At the meeting of the National Defence Council held on February 4, 1942, Lt.-General Sir Jolly, D.G., I.M.S., made a statement on the provision of hospital accommodation, equipment, and organisation of medical services generally in the different provinces for purposes of civil defence.

Ante-date in the I.M.D.

The ante-date which is limited to five years will be reckoned on the basis of half the number of completed years of their medical practice. Thus ten years spent in active practice will qualify for the maximum of five years' ante-date: six years in practice for three years' ante-date and so on. Ante-date will not be reckoned in periods of less than six months.

In addition, an Assistant Surgeon (Indian Cadre) who, at the same time of his selection, is in possession of a higher qualification such as M.C.P. and S., M.M.F., M.S.M.F., and D.M. & S., or an equivalent post-licentiate qualification may be granted an ante-date not exceeding twelve months.

An ante-date not exceeding six months may also be granted to an Assistant Surgeon who possesses a diploma in Tropical Medicine or a qualification which is recognised as equivalent in all respects to the above mentioned qualification.

The whole period of ante-date which an officer may obtain will, in future, count for increments of pay and seniority in the services.

Central Advisory Board of Health

The view that provincial and local authorities had a responsibility for maintaining at least those persons who were in the infective stage of leprosy was expressed in a resolution adopted at its meeting held at Calcutta on 27th January 1942. The Hon. Mr. N. R. Sarker, Member for Education, Health and Lands, Government of India, was in the chair.

While expressing its warm appreciation of the labours of voluntary institutions, particularly, Christian Missions, the Board supported the view originally expressed by the International Conference on Leprosy, Cairo, 1938, and reaffirmed by the Committee in their report that "voluntary organisations have in the past, and can in the future aid greatly in anti-leprosy work. It should be emphasised, however, that the control of leprosy is the inescapable responsibility of the Government concerned.

The Board emphasised the paramount importance of the prevention of infection of leprosy among children and considered that, in anti-leprosy propaganda, more use should be made of schools and of teachers' training institutions.

The establishment of a Leprosy Institute of India by the Central Government was recommended by the Board. It maintained that there was great need for medical men with good general education, high medical qualifications and a wide experience of leprosy to work as provincial leprosy officers in the provinces in which the disease was common. An anti-leprosy policy should be laid down, with reasonable financial provision. In particular, the policy should include the establishment of provincial sanatoria to act as the hub of anti-leprosy work in the province.

The Board urged, with the view of the Committee, that the existing legislation for the control of leprosy in India had not been of much practical value and recommended that in any projected legislation certain principles, as defined in the Report, should be followed.

Mid-day Meal for School Children

The importance of all children attending school being given a mid-day meal, whether it was brought from their homes or provided at the school, was emphasised by the Central Advisory Board of Health, which concluded its three-day meeting in Calcutta today. The Hon. Mr. N. R. Sarker, Member for Education, Health and Lands, Government of India, was in the chair.

The Board discussed the report of the Joint Committee appointed by it and the Central Advisory Board of Education on "the medical inspection of school children and the teaching of hygiene in schools." It endorsed the opinion of the Committee that satisfactory arrangements for medical inspection and treatment of students in schools formed an essential part of an efficient system of education and as such steps should be taken to ensure that children, both boys and girls, attending school were healthy and kept healthy. The Board agreed that any scheme for medical inspection without provision for treatment was of little or no use, while in addition any scheme of treatment should include the provision of supplementary nourishment for under-nourished children. The importance of hygienic school buildings and of a high standard of personal cleanliness on the

part of teachers, in promoting healthy habits among the children was emphasised.

Commending the report of the Joint Committee for the consideration of Provincial Governments, the Board stated that although there were difficulties in the way of giving effect at once to all the recommendations of the Committee, its view was that the problems could not be deferred indefinitely and that a beginning ought to be made now for its solution.

Training of Nurses

The question of nursing in India was introduced before the Board by Lt.-General Sir Gordon Jolly, Director-General of the Indian Medical Service, who referred to the need for increasing their number as well as improving the standard of their training. He also emphasised the necessity for co-ordinating the activities of the different Provincial Nursing Councils. The Board suggested the establishment of a Central Nursing Council and recommended to the Central Government that the constitution of such a Council might be considered at a very early date. It further recommended the establishment of a Central Post-Graduate School of Nursing.

Other subjects discussed by the Board were the control of mosquito breeding in rural areas by the use of pyrethrum insecticides, coning of industrial areas in cities and towns, compulsory re-vaccination against small-pox and the work of health units in India.

Indian Medical Council Act

Mr. N. R. Sarker moved a Bill in the Central Assembly (16-2-42) further to amend the Indian Medical Council Act, 1933, inserting a new section providing for appointment of such number of visitors as the Indian Medical Council might deem requisite to attend at any or all of the examinations held by medical institutions in British India for the purpose of granting recognised medical qualifications.

Mr. Jamnadas Mehta drew the attention of the Government to the fact that a large number of qualified Indian medical men were excluded from the purview of the Act and urged an amendment of the Act so as to allow these men being included in it.

Mr. Sarker promised to look into the point raised by Mr. Jamnadas Mehta.

The Bill was passed.

FILARIA

Do not give up hope. You may depend on

ARSENO-TYPHOID

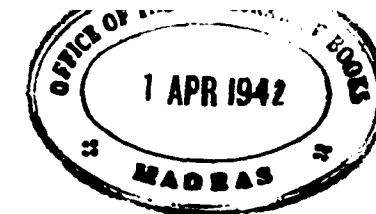
The best tried remedy for

Elephantiasis and all kinds of filarial

scrotum, legs, hands, etc.

Calcutta Clinical Research

6, Chowringhee, Calcutta



EPITOME

Ind. Med. Gaz., Dec. 1941

	PAGE
Endemic typhus in Mysore—Heilig and Naidu	705
(1) Sulphanilylguanidine in Cholera—Chopra and others	712
(2) Developmental anomalies of kidney and ureter—Murray and Ahmed	718
Arsenic in food—Bagchi and Ganguly	720
Post-sulphapyridine anuria—Sundaram	726
(3) The prevailing types of pneumococci—Jiwani and Chitkara	728

(1) **Chopra** writes: In a series of 218 cholera cases, sulphaguanidine 1 gm. initial dose, followed by 0.5 gm. six-hourly for 72 hours, has been found effectively to reduce the mortality. The mortality in control saline-treated cases (94) was 6.38 per cent. whereas the mortality in sulphaguanidine-treated cases was only 3.21 per cent. Sulphaguanidine is not toxic to human beings in these doses.

Sulphaguanidine-treated cases passed fewer stools per day and required less intravenous saline.

The percentage of deaths among culturally-positive cases, treated with large doses of sulphanilylguanidine, was 3.84, whereas among control culturally-positive cases of cholera, treated with saline transfusions only, this was 8.97.

(2) **Murray and Ahmed** point out the possible anomalies of kidney and ureter:

Anomalies of the kidney: (1) *In position.* Congenital ectopic kidney in the pelvis or lumbar region, same side or crossed.

(2) *In structure.* Rudimentary atrophied or hypotrophied cystic (single or multiple).

(3) *In number.* Absence of one or both. Supernumerary kidney.

(4) *In shape.* Horse-shoe, disc, 'S' shaped, or mass multi-lobular kidney.

(5) *In blood supply.* Single aortic renal artery, bifurcating. Multiple aortic renal arteries. Renal artery originating from common iliac, inferior mesenteric, middle sacral, etc.

Anomalies of the renal pelvis: (1) *In number.* Duplication of the pelvis.

(2) *In form.* Cystic pelvis.

Abnormal position or shape subject the kidney to (a) Trauma. (b) Tumour formation. (c) Infection, including tuberculous. (d) Calculus formation. (e) Hydronephrosis.

Anomalies of the ureter: (1) *In number.* Duplication throughout, or bifurcated above or below.

(2) *In form.* Short or elongated or tortuous, narrow or dilated (megalo-ureter).

(3) Abnormal position of opening into bladder.

(4) Opening into abnormal structures such as urethra, vagina, rectum, seminal vesicles or perineal region.

(3) **Writing on the epidemiology of pneumococci, Lal and Chitkara** observe:

Type 1 is responsible for the largest number of cases. There is apparently diminished incidence of type 1 in the age groups 0 to 10 and 51 to 60. When these figures are taken in conjunction with the total number of cases in the age groups, and percentage incidence calculated, the real incidence will be found to be practically the same. The cases in other groups are very few, and correct deductions cannot be drawn. Incidence according to sex cannot be assessed from these figures, as Indian women do not come to the hospitals as frequently as men.

Pneumonia incidence in children is low because patients of this age group are generally not brought to the hospital, so we cannot draw any definite conclusion from these figures. Similarly the number of cases in the age groups 41 to 60 are very small; any conclusion on a percentage basis would be fallacious.

Pneumonia cases occur throughout the year, being more numerous in winter than in summer. The number of cases begins to rise in November or December reaching the maximum generally in January or February, then recedes rapidly, raising again in May and June. This is in accord with the observations recorded by other workers.

Again type 1 is the commonest cause of infection in the larger part of the year. The incidence of the various types, however, varies considerably in the corresponding months of January, February and March 1939 and 1940. This is in accord with the opinion of Topley and Wilson that, 'Figures reported by various observers are sufficient to indicate that the incidence of the various types may vary widely from place to place and from time to time. Again the relative frequency of different types observed at one place at one time has not been maintained at other times and at other places.'

It is a popular belief amongst Indians that rainfall is followed by amelioration of respiratory disorders.

Apart from these factors which influence the activity of the pneumococcus, the constant relative preponderance of certain types over others suggests that the route of infection is by contact from case to case or from healthy carriers, as in many other infectious diseases. The present work has not been directed towards the elucidation of this problem. However, an interesting case illustrating the immense influence of contact infection is well worth mentioning. Two labourers were admitted into the wards the same day. They lived together in one small room and fell ill with pneumonia at an interval of one day. Their sputa contained pneumococci type 1. Incidentally they responded equally well to the same serum, and Dagenan therapy.

The lobes most frequently involved are the lower lobes the incidence between the right and left sides being practically the same.

The progress of the disease, complications and mortality in this series of cases have been profoundly influenced by the serum and chemotherapeutic measures, and it is not fair to compare with those cases, which did not have specific treatment. This has been fully discussed in the clinical paper by Taylor and Chitkara (1940).

The phenomena of crisis and lysis in pneumonia have evaded satisfactory explanation. The administration of specific serum and the specifically-acting chemotherapeutic compounds is followed by crisis in a large number of cases, and is considered to be the result of their action on the pneumococcus capsule. Again, in Neufeld's quellung phenomenon, we have a method for finding out the intactness of the capsules. It would be interesting to repeat the Neufeld reaction from day to day right into convalescence, both in specifically-treated cases and controls in order to find out, on a statistical basis, the truth of the above commonly accepted hypothesis.

Jr. I. M. A., Dec. 1941

(4) Studies in acidosis of cholera—Dutta	61
Malaria treatment and its effects on the histopathology of the brain in general paralysis of insane—Saha	67
Impetigo contagiosa—Kapur	73

(4) **Dutta** writes that: (1) In the stage of evacuation the acidosis is due to actual loss of bases from the body but in the subsequent stage due to retention of acid radicals in the blood.

(2) All the cases showed fall in the alkali-reserve in the stage of collapse and during the period of suppression of urine which returned to normal in course of ten days.

(3) The reaction of blood was uncompensated in many of the cases.

(4) Ketone bodies were present in the first urine.

(5) The acidosis is not the cause of suppression of urine but rather the result of it.

(6) Clinical symptoms were mild when the acidosis was of short duration, but with persistence of anuria and acidosis the symptoms were severe.

Cal. Med. Jr., Nov. 1941

A medium for the production of clostridium welchii toxin—*Basu and Sen* 557

Investigation of the behaviour of kidney in cholera—*Dutta* 561

(5) Recent advances in the treatment of epilepsy—*Gupta* 583

(5) *Gupta* writes about Dilantin sodium in epilepsy as follows:

This is a valuable anti-convulsant drug recently introduced by Merrit, Putnam and Schwab. It is specially potent as an analeptic, its anti-convulsant effect is superior to that of phenobarbital, whereas it has a further advantage, namely, that it produces considerably less narcosis than the latter. It is also known under the proprietary names of epanutin or solantoin. It is a derivative of glycolyl urea and is a white or cream-coloured odourless powder with a bitter taste. It dissolves in water to form an alkaline solution with a pH value of 11.7. It is slightly soluble in alcohol and practically insoluble in ether or benzene.

The name diphenyl hydantoinate of sodium or dilantin sodium, represents chemically, the sodium salt of 5, 5 diphenyl hydantoin. The name 'Dilantin' designates the basic substance 'diphenyl hydantoin'.

The sodium salt being soluble is more suitable for clinical use than the insoluble dilantin (diphenyl hydantoin).

Dose and administration: The drug is administered in capsules containing 0.1 grain or 1½ grains. The average adult dose is one capsule thrice daily; children are given the same dose, twice a day, after some food to avoid gastric symptoms.

Practical considerations: As the treatment has to be a prolonged one, dilantin sodium should be administered with circumspection under the careful supervision of a physician.

Sudden cessation of phenobarbital or dilantin sodium is often followed by a shower of attacks. For cases of ordinary severity phenobarbital is the drug of choice in the early stage. In all severe and refractory cases, dilantin sodium should be used in gradually increasing doses. Patients who are accustomed to taking full doses of phenobarbital should not be suddenly taken off that drug and shifted on to dilantin sodium. If toxic symptoms appear dilantin sodium should be reduced and substituted by an equivalent dose of phenobarbital lest the patient suddenly passes on to status epilepticus during the transition.

Mode of action: Its mode of action differs widely from that of phenobarbital. The two drugs are similar in the fact that they both control major epilepsy better than minor. A table is set forth below to compare and contrast their mode of action.

Contra-indications: Dilantin sodium should not be administered to weak and debilitated patients or to aged patients with hypertension, damaged arteries or cardio-renal disease. These contra-indications are, however, only relative and not absolute. Much depends on the discretion of the physician along with a trial administration of the drug.

Toxic symptoms: Are many and various but they are usually of no consequence. They mostly appear during the first ten days (though in the case I, reported in page 98 of the *Transactions of the Medical College Reunion* we observed gingivitis after using the drug, without any ill effect whatsoever, for more than a year. D. S. was gradually replaced by prominal. Meanwhile she started menstruation, painful and irregular which precipitated a few fits which were again controlled by D.S.), in less than 15 per cent. of cases. A reduction of dose is usually sufficient to eliminate them. These minor symptoms are dizziness, ataxia, tremors, slight nausea, faint rash, eosinophilia, and disturbances of vision.

More serious symptoms such as dermatitis, exanthematous, scarlatiniform or morbiliform rash or purple patches resembling purpura or simple erythematous patches. These appear about the tenth day, accompanied by pyrexia. Epistaxis with a rise of blood pressure has also been noted. Urine shows no albumin or sugar, R. B. C. or W. B. C. There may be tremor of the tongue and extremities, loss of taste and dysaesthesias in the mouth, nystagmus, and bilateral ptosis. Unsteadiness in walking is probably due to cerebellar dysfunction and is only transitory. The patient may feel uncomfortable, restless and is conscious of the heart beating. Sometime there may be conspicuous change of temperament and an amiable and good natured person may become irascible and cantankerous.

It is worthy of mention that these toxic symptoms appear to be many on enumeration but are few on actual observation

and even when they cannot be avoided, can usually be tied over without either a serious aftermath or a grave risk to life.

Antiseptic, Dec. 1941

(6) Surgical tuberculosis in South India—*Somervell* 875

Chrysotherapy in the pulmonary tuberculosis—*Singh* 884

Malaria and the mosquito—*Bana* 890

(6) *Somervell* writes that in South India as a whole, it is a widespread condition, probably owing to the scant attention that is paid to the disinfection of milk, from which it usually arises. I know a family of whom three members have three kinds of surgical tuberculosis—of mesentery, bones, and small intestine respectively—although they are otherwise healthy people and never likely to get phthisis. Obviously, a cow, whose milk they drank unboiled, was the cause of the disease in all these three cases.

The big problem the medical profession is up against in its fight against surgical tuberculosis is undoubtedly the problem of rendering milk free from infection, by inspection and control of cows and by insistence on the boiling of milk in all places where surgical tubercle is known to exist. In this attack on disease, Governments and the medical and veterinary professions must work hand in hand. But, as surgeons, we are more often called upon to treat cases which have already fallen a victim to the milk they have ingested, than to arrange for their milk supply to be properly dealt with.

In South India, surgical tuberculosis is fairly widespread, but has a very different distribution among the various organs from that which obtains in Europe. In England, laparotomy in cases of tumour of the caecum reveals a carcinoma twenty times as often as tuberculous caecum.

In my own experience, I have performed the operation of excision of the caecum for tuberculosis on fifty-four occasions during the last twelve years, as against two excisions of large intestine for carcinoma. Relative to carcinoma of the colon, then, tuberculosis is more than 500 times as common in India as it is in England.

Tuberculosis of the spine seems to be less widespread here, but stricture of the small intestines is very often found. I have operated on 128 cases of this condition in twelve years, in every case resecting the diseased intestine and performing anything from one to four anastomoses. Yet, in Europe, it is a rare disease.

Surgical tuberculosis is best divided as follows:—

Particulars of operations	Number of cases	Percentage of series	Deaths
Abdominal:			
Peritonitis	52	5%	14 27%
Stomach	2	0.2%	
Small Intestines	95	10%	5 5%
Caecum	54	5%	4 7%
Rest of large intestine	8	1%	
Rectum	1	0.1%	
Anus (T. B. Fistula)	20	2%	
Glands:	232	23%	23 10%
Neck	272		
Axilla	44		
Groin	24		
Joints:	340	34%	1 0.29
Limbs (including pelvis and scapula)	273	27%	4 1.5%
Spine	47	5%	1 2%
Bones:			
Ribs	46	5%	
Other:			
Tibia 2, skull 4, clavicles 4	10	1%	
Genito-urinary:			
Epididymis and vesicles 46	52	5%	1 2%
Kidney	6		1 17%
Total cases operated	1000		31 3%

(Tuberculous ulcers of skin, tongue, etc., and lupus, not included)

Med. Bull., Dec. 6th & 20th, 1941 & Jan. 3rd, 1942

Diagnosis and treatment of acute and chronic glaucoma—*Nanavati* 685

Gastro-intestinal disorders of infancy and childhood—*Das* 687

The scope of artificial impregnation in the barren marriage—*Israel* 692

(7) Syphilotherapeutic criteria—*Vora* 711

(8) Anemia in hospital practice—*Sulakhe* 1

(7) *Vora* points out that to attain biologic cure in sero-negative primary stage of syphilis, most authorities consider that the treatment should be continued for a minimum of 2 to 3 unit courses without a break; and for early seropositive cases primary and secondary, the treatment should be continued 12 to 18 months, after the disappearance of all signs and symptoms, and blood and cerebrospinal fluid have remained normal for a year. "A safe rule in early syphilis in general is to administer continuous treatment until blood Wassermann and cerebrospinal fluid have become normal and have remained so for one year. In most cases this will not be difficult." In late syphilis, prolongation of treatment for two to three years after all signs and symptoms have disappeared and blood Wassermann reaction,—if possible—has reversed, are considered essential. Here, the criterion of Wassermann reversal should not be insisted on; in fact, it is of little value as a measure of length of treatment. The effect of treatment is better gauged by clinical standard and in terms of "arrest". The response of the abnormal spinal fluid to treatment should be used as a guide to treatment in neuro-syphilis.

In early syphilis, serologic reversal of blood serum is expected during the first course; sero-resistance after two full courses or six months' treatment is dangerous and is a definite indication for the examination of the cerebrospinal fluid. It not uncommonly indicates,—in absence of irregular treatment—the involvement of the nervous system. In late syphilis, persistently positive Wassermann is much more likely to be due to borne, visceral or cardiovascular involvement than early in the disease.

In early syphilis the study of the spinal fluid should be deferred until completion of the second course. But in late syphilis it should be always done before starting the course of treatment. If the initial examination of the fluid is negative, it should be repeated 12 to 18 months after the completion of treatment. If negative, after this period, the patient may be assured with reasonable certainty that he will not develop neuro-syphilis.

It must be remembered that with the completion of required treatment and return of clinical and serological normality, the responsibility of the medical attendant is by no means ended. Subsequent relapse may occur and a real protection against this relapse and progression lies in rigid post-treatment "follow-up" in every case, for a period of five years. This fact should be made known to the patient and his co-operation for periodic supervision should be sought.

[Concluded from page 57]

APPENDIX D

SUMMARY OF FINANCIAL STATEMENT

Year	Opening balance	INCOME				Expenditure	Closing balance
		Subscription	Advertisement	Other Receipts	Total		
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
1937-38	54,333	12,055	14,917	2,775	29,747	19,910	64,170
1938-39	64,170	11,712	14,086	1,871	27,669	27,851	63,988
1939-40	63,988	11,275	11,887	3,207 &	26,369 &	19,968	70,389 &
				£157-17-10	£157-17-10		£157-17-10
1940-41	70,389	11,537	12,619	3,130	27,286	28,627	69,048 &
							£157-17-10

(8) Writing on the incidence of anaemia in hospital practice, *Sulakhe* observes that out of 75 cases selected for study there were 61 of males and 14 females, according to different communities there were 34 Hindus, 30 Mohammedans and 11 composed of other communities chiefly Parsis. Fifty were taking non-vegetarian diet, only 25 were vegetarians. It is generally believed that the female is apt to suffer more from anaemic states than male owing to natural tendency to blood loss in the reproductive processes and the consequent increased demand. So looking to the low incidence in female in this series it seems likely that major portion of anaemic women are probably treated in special hospitals. The another interesting point is, here the majority of the patients are non-vegetarians. It is common belief that non-vegetarian diet contains more iron than the vegetarian diet; besides the quantity of proteins in non-vegetarian diet is much higher than in a vegetarian diet and the animal proteins are biologically superior to those in a vegetarian diet. So the non-vegetarian escapes the possibility of deficiency of the extrinsic factor which is so essential for the proper haemopoiesis, while on a purely vegetarian diet one is apt to suffer from this deficiency. Considering all this, it is rather difficult to explain the higher incidence of anaemias in non-vegetarians in this series. In the diet surveys in South Indian villages Aykroyd and Krishnan (1937) studied the diets of 44 families who were vegetarians mostly and found that iron-content varied from 13 to 32 mgms. and the mean average was 32.8 mgms. per consumption unit per day (International scale). They ascribe this high iron-content to the rich iron-content in the soil from which many articles of food were obtained. Niyogi and Sukthankar (1939) while studying the diets particularly of the vegetarian type in Bombay found that the total iron in a day's food varied from 30 to 215 mgms. Mitra (1939) while reporting the diet surveys in 72 families in Assam found that the total iron-content in a day's diet was considerably above the usual requirements. Aykroyd and Krishnan think that the problem of iron-requirement is complicated by the observation that the iron contained in many foods is partially unavailable. Mitra mentions that if we take the international Sherman's standard of 12 mgms. of available iron for the daily requirement, the Indian diets are definitely deficient in available iron.

Med. Dig., Dec. 1941

This is Part II of its Cancer Number. It contains an account of cancer in special sites.

Patna Jr. Medicine, Oct., 1941

Observations in heredity in schizophrenia—*Varma* 161
School health service—*Kanta* 187
Vitamin C nutrition in hæmorrhagic conditions—*Hai* 208
Arsenical jaundice in syphilis—*Lahiri* 216

[Concluded from page 11 of the Supplement]

Revised Budget of Income for the Year 1940-41

Heads	Actual 1939-40			Budgetted 1940-41			Actual 1940-41		
	Rs.	A.	P.	Rs.	A.	P.	Rs.	A.	P.
Opening Balances	63,988	4	2	70,388	14	11	70,388	14	11
				& £157	17	10	& £157	17	10
Subscription	11,275	5	0	11,000	0	0	11,536	12	0
Advertisement	11,887	2	1	10,000	0	0	12,618	10	9
Interest	3,191	2	11	2,000	0	0	3,112	9	1
Miscellaneous	15	6	9	25	0	0	15	11	0
Contributions							2	0	0
TOTALS	26,369	0	9	23,025	0	0	27,285	10	10
GRAND TOTAL	90,357	4	11	93,413	14	11	97,674	9	9
				& £157	17	10	& £157	17	10

Profit and Loss Account for the Year 1940-41

Actual Expenditure	Rs. 28,627	0	0
Less Actual Income	27,285	10	10
Deficit	Rs. 1,341	5	2

Revised Budget of Expenditure for the Year 1940-41

Heads	Actual 1939-40			Budgetted 1940-41			Actual 1940-41		
	Rs.	A.	P.	Rs.	A.	P.	Rs.	A.	P.
Establishment	5,076	0	0	5,196	0	0	5,196	0	3
Postage	2,408	4	9	2,700	0	0	2,516	7	3
Stationery	184	2	0	250	0	0	207	15	0
Rent	720	0	0	720	0	0	720	0	0
Miscellaneous	738	15	9	100	0	0	887	6	11
Travelling Allowance	1,508	7	6	4,000	0	0	7,612	4	0
Furniture	62	14	3	50	0	0	13	2	9
J. M. J. Printing	5,496	2	9	7,000	0	0	6,015	2	0
Cont. to F. Journals	163	0	9	160	0	0	40	5	1
Payment to Contributors	125	15	0	200	0	0	165	0	0
Audit Fee	60	0	0	60	0	0	60	0	0
Advertisement Commission	66	6	0	100	0	0			
Other Printing	210	10	9	250	0	0	447	15	6
Propaganda	796	5	0	1,000	0	0	608	6	0
Other Contingencies	55	8	0	150	0	0	35	0	0
Branches	2,050	9	6	2,300	0	0	2,648	1	3
S. R. Committee	1	7	0	250	0	0	10	6	0
Expenses for S. C. Meeting	141	13	0						
O'Mera Gold Medal	101	12	0	60	0	0	47	8	0
Income-tax							194	11	0
Bank Commission							16	5	0
Representative Committee Meeting							150	0	0
Expenses of Bombay Con.							750	0	0
Typewriter for F. C.							110	0	0
Litigation Charges against Dr. Sen Gupta							175	0	0
TOTAL	19,968	6	0	25,436	0	0	28,627	0	0

J. N. RAY,

Finance Secretary, A. I. M. L. A.

K. C. WOHRA,

Hony. Treasurer,

MANOHARLAL KAPUR,

Genl. Secy., A. I. M. L. A.



THE FRUITS OF RESEARCH

Constant research in our laboratories
has enabled us to make a number of
important contributions to chemotherapy

We have, in particular, had the
pleasure of introducing to the
medical profession various
sulphonamide derivatives of
sound therapeutic value, namely:

PROSEPTASINE
SOLUSEPTASINE

that outstanding chemotherapeutic
agent

DAGENAN—M & B 693

By prescribing May & Baker
sulphonamides you are assisting
chemical research.

MAY & BAKER'S SULPHONAMIDES

* DAGENAN—M & B 693* Oral
sulphapyridine

* DAGENAN SODIUM—M & B 693
SOLUBLE* Parenteral

* THIAZAMIDE Oral

Sulphathiazole

* PROSEPTASINE Oral

* SOLUSEPTASINE Parenteral

* SOLUSEPTASINE Ointment

Topical

SULPHANILAMIDE,
MAY & BAKER Oral

*Trade Mark.

MAY & BAKER (INDIA) LTD.
BOMBAY CALCUTTA



BLOOD-VITA

IDEAL TONIC & BLOOD PURIFIER

It is also highly efficacious in Anæmia, Dyspepsia, Rheumatism, Gout, Blood-pressure, Nervous debility, Liver and Kidney troubles and other cognate complaints.

IT IS BIOLOGICALLY AND CHEMICALLY TESTED IN THE LABORATORIES OF THE GOVT. OF INDIA AND THE GOVT. OF BENGAL

Prices:— 8 oz. phials Rs. 1/8
16 oz. phials Rs. 2/12

Available at all Chemists and Druggists

ADHYAKSHA MATHUR BABU'S
MEDICAL RESEARCH LABORATORY
P. 23, Central Avenue, CALCUTTA



ACUTE APPENDICITIS

HITHERTO A SURGICAL DISEASE, NOW SUCCESSFULLY TREATED WITH

NOTOAA GRANULES

RELIEF OBTAINED WITHIN HALF-AN-HOUR

Transformation of Ginger into NOTOAA GRANULES provides physicians with a therapeutic agent of high potency for Acute Appendicitis.

NOTOAA contains no purgatives to make the case worse; no opium to mask the symptoms until too late; it does not interfere with any line of treatment and does not fail in correctly diagnosed acute cases. It is not a quack nostrum but a scientific product.

Therefore we solicit physicians to try this medicine before resorting to the knife. If relief is obtained you have avoided a risky operation; if no relief within half-an-hour, perform the operation, if so decided.

Full literature on request. Bottles of 25 Granules Rs. 12 each, same as samples to doctors Rs. 5 each, if paid in advance.

DR. KHURSHAD'S

KUSHMOL

(THE ASTHMATIC'S DELIGHT)

A weapon of precision. Effective from the very first dose in 98% of cases.

Superior to all the drugs yet known to physicians.

ARM YOURSELF WITH KUSHMOL AND DEFEAT ASTHMA

Life long chronic cases are cured in a few days.

Bottles of 80 grs. Rs. 3 4 - each.

THE KUSHMOL PHARMACY, VICTORIA PARK ST., BENARES, U.P.

KAGTA SILVER PILLS

(FEMALE)

(AN IDEAL UTERINE TONIC)

Radical cure for Leucorrhoea and Menorrhagia. No Local treatment necessary. The inconvenience of douching done away with.

Results extremely pleasing to patients and physicians alike.

Bottles of 60 pills Rs. 3 - each.

All-India Medical Licentiates' Association, Proposed Budget of Income for the year 1941-42

Heads	Actual 1938-39	Actual 1939-40	Actual 1940-41	Total 3 years	Average	Budgeted 1940-41	Proposed by G. S.	Proposed by F. C.
Opening Balances	Rs. 64,170	0 9	63,988	4 2	127 10	127 10	127 10	127 10
Subscription	11,711	13 6	11,275	5 0	11,388	14 11	11,388	14 11
Advertisement	14,085	8 1	11,887	2 1	12,618	10 9	12,618	10 9
Interest	266	7 4	3,191	2 11	3,112	9 1	3,112	9 1
Miscellaneous	26	15 6	15	6 9	15 11	0	15 11	0
Total	90,260	13 2	90,357	4 11	97,672	9 9	97,672	9 9
							99,072	9 9
							98,072	9 9

BUDGET OF INCOME & EXPENDITURE

Proposed Budget of Expenditure for the year 1941-42									
Heads	Actual 1938-39	Actual 1939-40	Actual 1940-41	Total 3 years	Average	Budgeted 1940-41	Proposed by G. S.	Proposed by F. C.	Remarks
Establishment	Rs. 5,189	0 0	5,076	0 0	5,153	10 8	5,153	10 8	
Office Equipment	949	0 0	2,408	4 9	2,516	7 3	2,516	7 3	
Postage	2,635	4 0	184	2 0	2,077	15 3	2,077	15 3	
Stationery	186	15 6	720	0 0	720	0 0	720	0 0	
Rent	710	0 0	738	15 9	724	13 1	724	13 1	
Miscellaneous	1,092	6 5	1,508	7 6	1,368	11 1	1,368	11 1	
T. A.	5,913	6 6	62	14 3	6,015	2 0	6,015	2 0	
Furniture	103	13 0	615	2 0	6,015	2 0	6,015	2 0	
J. M. J. Printing	6,117	2 5	5,496	2 9	5,876	2 4	5,876	2 4	
Con. to Foreign Journals	118	13 2	163	0 9	163	0 9	163	0 9	
Payment to Cont.	195	6 6	125	15 0	160	0 0	160	0 0	
Audit fee	50	0 0	60	0 0	55	0 0	55	0 0	
Advert. Com.	64	11 0	66	6 0	65	8 8	65	8 8	
Other Printing	281	5 0	210	10 9	245	11 0	245	11 0	
Propaganda	426	13 3	796	5 0	1,031	8 3	1,031	8 3	
Other Contingencies	55	8 0	55	8 0	55	8 0	55	8 0	
Branches	2,071	8 3	2,050	9 6	2,060	11 8	2,060	11 8	
S. R. Committee	238	15 0	101	12 0	169	4 0	169	4 0	
O'Mera Gold Medal			47	8 0	47	8 0	47	8 0	
Expenses Subsidy to Reception Committee, Bombay Conference, 1940									
Total	26,344	8 0	19,826	9 0	27,231	0 0	27,231	0 0	
							30,030	0 0	
							30,204	10 0	

Printing of I. M. J.: Increase because of increased cost of paper, and includes the average cost of phone at Rs. 12 per month necessitated owing to the distance between the office and the press.

Stationery: Cost increased in the market.

Establishment: The triennial increment of the first clerk of the office of I. M. J. falls due on 1st June 1941 at Rs. 5 x 16 = Rs. 80. Increment of peon from 1st October 1941. Rs. 2 x 12 = Rs. 24.

J. N. RAY,
Finance Secretary, A. I. M. L. A.

K. C. WOHRRA,
Hon'y. Treasurer.

MANOHARLAL KAPUR,
General Secretary, A. I. M. L. A.

Budget Allotment for Different Offices for the Year 1941-42

Heads	G. Secretary	M. Ed.	Treasurer	F. Secretary	President	Totals
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
Establishment	792	3,704	540	144	120	5,300
Postage	300	1,450	650	50	50	2,500
Stationery	365	60	55	12	8	500
Rent	120	360	120	120	..	720
Miscellaneous	170	450	200	40	40	900
Travelling Allowance	200	..	7,300	..	..	7,500
Furniture	20	15	15	..	..	50
I. M. J. Printing	..	8,000	..	..	..	8,000
Con. to foreign Journals	..	100	..	..	..	100
Payment to Contributors	..	200	..	..	..	200
Audit Fee	..	..	60	..	..	60
Other Printing	125	50	75	..	..	250
O'Mera Gold Medal	..	..	50	..	..	50
TOTALS ..	2,092	14,389	9,065	368	218	26,130
Propaganda	..	(to be spent as directed by F. C. on the recommendation of G. S.)	..	..	..	1,000
Other Contingencies	..	(to be spent as required in Special cases)	..	..	..	150
*Branches	..	as detailed below	..	..	..	2,500
Scientific Research Committee	..	..	..	..	..	250
			GRAND TOTAL ..			30,030
* Details for Branches						
			Postage	Miscellaneous	Stationery	Totals
			Rs.	Rs.	Rs.	Rs.
District Branches	..	..	520	80	110	710
Provincial Branches	..	..	410	90	90	590
Clerical charges for Provincial Branches	..	..	..	1,200	..	1,200
TOTAL ..			930	1,370	200	2,500

As the season for colds begins

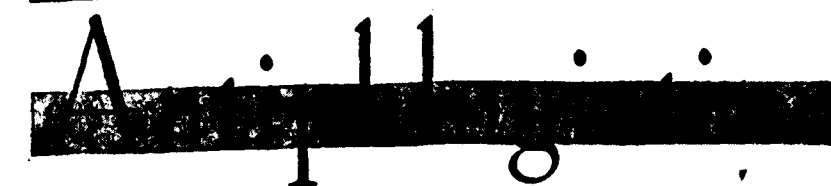
~A Reminder



Chest Colds
Bronchitis
Laryngitis
Coughs
Tracheitis

• With fall and winter just around the corner, affections of the upper respiratory tract will become more frequent. Antiphlogistine is an ideal adjuvant to the general treatment of such affections. When administered promptly, its medicative and sedative warmth prove helpful in the process of decongestion and repair.

The Denver Chemical Mfg. Co., 163 Varick St., N. Y. C.



USED BY PHYSICIANS FOR MORE THAN HALF-A-CENTURY



From one Doctor to another...★

The after-treatment of Malaria, Influenza and Bronchitis.

In building up the patient's strength when lowered vitality follows illness, the use of WINCARNIS is frequently attended by a most gratifying improvement. Its pleasant flavour and aroma make it readily acceptable even in cases where the lightest and daintiest sick-room diet is refused. It stimulates the appetite and has a definite, beneficial action on the digestive system, enabling the patient to get full benefit from the food taken. Being free from all drugs, WINCARNIS may be safely prescribed in cases of severe prostration; its tonic action and strengthening elements promote the natural activity of gastric functions rendered subnormal by feeble muscles and the lowering effects of prolonged illness. WINCARNIS encourages healthy sleep and enriches the bloodstream, increasing the patient's resistance so that there is little chance of relapse.

WINCARNIS is a blend of pure matured wines, strengthening elements and vitamin malt extract (4850 International units Vitamin A per ounce; 700 units Vitamin D).

A wineglass or two a day is the usual prescription.

One of a series published by the proprietors of WINCARNIS—the tonic wine

COLEMAN & CO. LTD., WINCARNIS WORKS, NORWICH, ENGLAND.

WINCARNIS

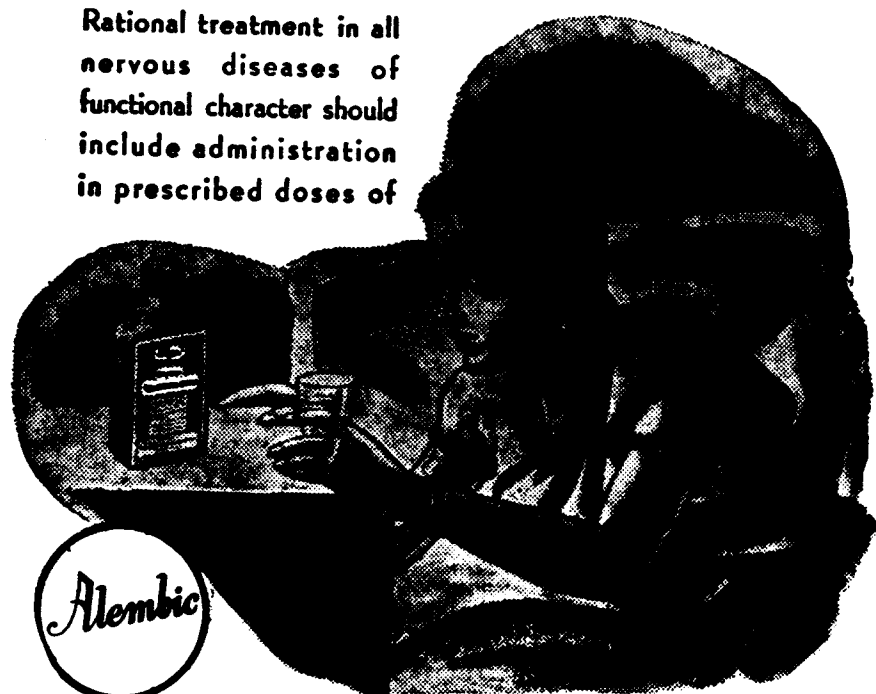
★ over 25,000 recommendations from Medical Men



LM/W/116

HIGHLY EFFECTIVE SEDATIVE

Rational treatment in all nervous diseases of functional character should include administration in prescribed doses of



Alembic

ELIXIR VALERIAN BROM

an elegant sedative and hypnotic preparation with none of the dangers of toxic hypnotics of the Barbitol group. More efficient than ordinary bromides.

INDICATIONS

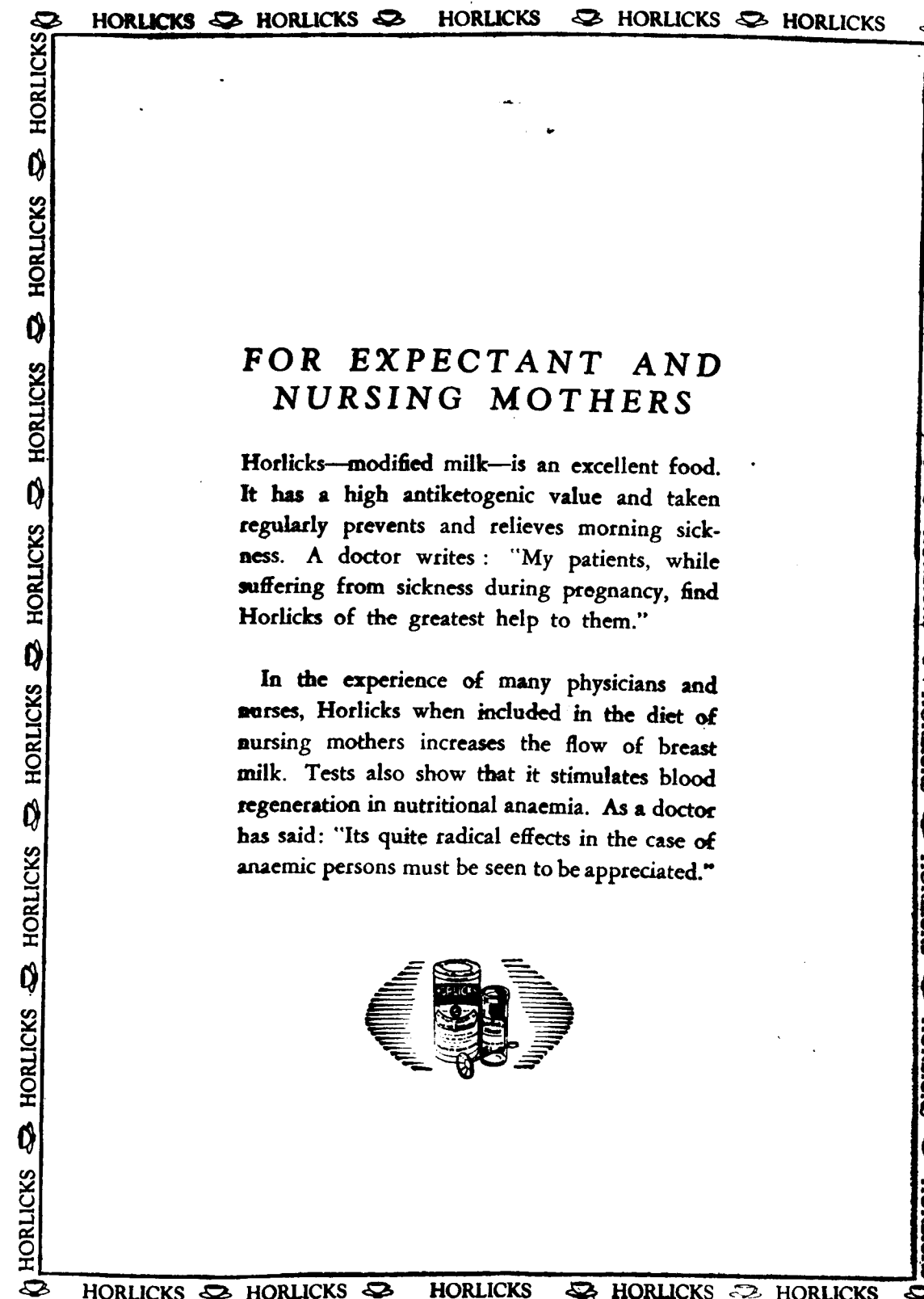
Functional nervous disorders such as Epilepsy, Neurosis, Hysteria, Infantile Convulsions, Sleeplessness, Painful Menstruation, Headaches, Chronic Alcoholism, etc.

ALEMBIC CHEMICAL WORKS CO. LTD., BARODA

FOR EXPECTANT AND NURSING MOTHERS

Horlicks—modified milk—is an excellent food. It has a high antiketogenic value and taken regularly prevents and relieves morning sickness. A doctor writes: "My patients, while suffering from sickness during pregnancy, find Horlicks of the greatest help to them."

In the experience of many physicians and nurses, Horlicks when included in the diet of nursing mothers increases the flow of breast milk. Tests also show that it stimulates blood regeneration in nutritional anaemia. As a doctor has said: "Its quite radical effects in the case of anaemic persons must be seen to be appreciated."



IMMEDIATE RESPONSE-
in serious cases of
ANAEMIA



LIVOSAN is a highly concentrated and purified extract of liver, absolutely safe and protein-free, in which all the constituents of liver, including vitamin B fraction are conserved. Its potency and reliability were definitely proved in severe blood relapses where an immediate action of the liver was necessary.

Hundreds of doctors prescribe Livosan for diverse kinds of anaemias.

Each ampoule contains the active Hemopoietic principle of liver equivalent to 1000 grams of fresh liver taken orally.

LIVOSAN
Liver Extract

THE ANDHRA PHARMACEUTICAL WORKS LTD., BEZWADA

INJECTABLE
Supplied in 2cc and 5cc ampoules in boxes of 6 and 12 ampoules each and 10cc bottles.

ORAL
LIVOSAN PLAIN—AND
LIVOSAN WITH STOMACH
extract and traces of Iron and
Copper—in bottles.

DEPENDABLE HEALTH PRODUCTS

for the Treatment of Children's Diseases

BIOLACTIN (oral)

(Lactobacillus Acidophilus)

A specific for infantile diarrhoea

Arrests the development of the putrefactive germs

Dose: 2 to 3 tablets 3 times a day dissolved in milk with lactose preferably

HALIBUT-ORANGE

(Containing Vitamin A, C & D)

Combination of Halibut Oil and fresh Orange Juice.

Indicated in Rickets, Malnutrition, Wasting diseases and Avitaminosis.

"HEALTH" IN WAR:

Indian Health Institute & Laboratory, Ltd.

Manufacturers of Biological & Chemo-Organotherapeutic Products

BELIAGHATA MAIN ROAD, CALCUTTA

LIVER TONIC

A suitable mixture of sodi benzoas, bile salts, indigenous ingredients and liver extract.

Indicated in disturbances of the secretory functions of the liver of infants.

"HEALTH" FOR EVER:

LEUCODERMA

TREATMENT WITH
OLEUM PSORALIA CORYLIFOLIA (S. C. T.)
2 oz. bottle Rs. 4 net.

Oleum Psoralia (S. C. T.) in demand from Europe, America and other foreign countries, widely used throughout India and strongly recommended by the Dermatologist, Medical College, Calcutta, and Calcutta School of Tropical Medicine.

"I used your oil for Leucoderma which I found excellent."
(Sd.) B. WEIDLE,
Risalpur, N. W. F. P.

"... The result is very satisfactory ... sure to cure the disease."
(Sd.) M. A. BHASKARAN,
Medical Officer, Govt. Leprosy Clinic, Cochin State.

"Found miraculous result."
(Sd.) J. G. CHATTERJEE, L.C.P.S.,
Leprosy Officer, Bankura, Bengal.

"I am very much satisfied."
(Sd.) S. N. ROY CHOWDHURY,
Manager, Uma Pharmacy, Delhi.

Free Literature and free Medical Advice:
SCHOOL OF CHEMICAL TECHNOLOGY,
4, Satyen Dutt Road, Ballygunj, CALCUTTA.

AUROGANOL 'B' OLEOSUM

(Di-Sodium Salt of Auro-mercapto-Benzol)

An exact substitute of Solganol 'B' Oleosum. Extensive clinical and laboratory investigations have proved it to be the most valuable agent for the treatment of Tuberculosis, Lupus erythematosus, Chronic Articular Rheumatism (Infective arthritis).

THEOCADIUM 'A' OLEOSUM & 'SUSPENSORIUM'

(Cadmium Sulphide in Oil or in Glucose)

An excellent substitute for gold therapy in Pulmonary Tuberculosis. (Vide 100 case reports in April Issue 1941 of Indian Medical Gazette.)

ORIENTAL CHEMICAL WORKS LTD.

8/2, Bejoy Bose Road, P. O., Bhawanipur, Calcutta
Agent:—Maclure & Co., Mount Road, Madras

Ideal Food for Children and Adults
in Health and Diseases



NEO-VIT
MALTED MILK

FOR HEALTH
VITALITY

NEOVIT LABORATORIES LTD.
CALCUTTA

9-B, SAHANAGAR ROAD, KALIGHAT

The South Indian Eye Laboratory, CHODAVARAM (S. INDIA)

EYE OINTMENTS PRICE LIST

	100 Grains	1 oz. Packing.	Packing.
	Rs. A. P.	Rs. A. P.	
1. Anti-Cataractous	4-0-0	1-4-0	
2. Anti-Leucoma	2-8-0	1-0-0	
3. Anti-Conjunctivitis	2-6-0	1-0-0	
4. Anti-Keratitis and Pannus	2-8-0	1-4-0	
5. Anti-Keratomalacia	3-0-0	2-0-0	
6. Anti-Corneal Ulcer	2-8-0	1-4-0	
7. Anti-Bacterial	2-4-0	1-0-0	
8. Anti-Chalazion	2-8-0	1-0-0	
9. Anti-Iridocyclitis	2-8-0	1-0-0	
10. Anti-Scleritis	2-6-0	1-0-0	
11. Anti-Blepharitis	2-6-0	1-0-0	
12. Sulphanilamide Cum Atropine	2-6-0	1-0-0	
13. Sulphanilamide Cum Dionine	2-8-0	1-4-0	
14. Sulphanilamide Cum Copper	2-6-0	1-0-0	
15. Sulphanilamide Cum Zinc	2-6-0	1-0-0	
16. Sulphanilamide Cum Yellow Oxide of Mercury	2-6-0	1-0-0	
17. Sulphathiazole	2-8-0	1-4-0	
18. Sulphapyridine	2-8-0	1-4-0	
19. Copper Citrate Cum Atropine	2-6-0	1-0-0	
20. Yellow Oxide of Mercury	2-4-0	1-0-0	
21. Halibut Liver-oil Cum Yellow Oxide of Mercury	2-4-0	1-0-0	
22. Halibut Liver-oil Cum Plasma Cum Atropine	2-8-0	1-4-0	
23. Dionine	2-8-0	1-0-0	
24. Atropine and Dionine	2-8-0	1-0-0	
25. Sulphathiazole Cum Yellow Oxide of Mercury	2-8-0	1-4-0	
26. Argylol	2-8-0	1-0-0	
27. Atropine	2-4-0	1-0-0	
28. Anti-Septic Sedative	2-8-0	1-0-0	
29. Argento-Cuprum	2-6-0	1-0-0	
30. Bichloride of Mercury	2-4-0	1-0-0	
31. Bismuth Iodoform Paste	2-4-0	1-0-0	
32. Boric Acid Ointment	2-4-0	1-0-0	
33. Boric and Zinc	2-6-0	1-0-0	
34. Calomel Ointment	2-4-0	1-0-0	
35. Chaulmoogra Oil	2-4-0	1-0-0	
36. Collargol	2-6-0	1-0-0	
37. Copper Citrate	2-6-0	1-0-0	
38. Eserine Ointment	2-8-0	1-0-0	
39. Homatropine	2-6-0	1-0-0	
40. Iodoform	2-4-0	1-0-0	
41. Mercurochrome and Atropine	2-6-0	1-0-0	
42. Optochin	3-0-0	1-4-0	
43. Pantocain and Chloretone	2-8-0	1-0-0	
44. Pilocarpine	2-6-0	1-0-0	
45. Protargol	2-6-0	1-0-0	
46. Picric	2-4-0	1-0-0	
47. Scarlet Red Ointment	2-6-0	1-0-0	
48. Thiosinamine Mixed	2-8-0	1-0-0	
49. White Precipitate	2-4-0	1-0-0	
50. Xeroform	2-6-0	1-0-0	
51. Yellow Oxide of Mercury	2-4-0	1-0-0	
52. Zinc Ointment	2-4-0	1-0-0	
53. Zinc and Ichthyl	2-6-0	1-0-0	
54. Picric Cum Atropine	2-6-0	1-0-0	

DEXTROSOL

(PURE d-GLUCOSE POWDER)

IN HEALTH AS WELL AS DISEASE
BUILDS UP THE GLYCOGEN
RESERVES OF THE BODY

"Of the many new advances, one (dextrose therapy) stands forth in its unique brilliance from the standpoint of effective value and diversity of usage."

Schwartzman—1933.

INDICATIONS

Gynaecology & obstetrics
General malnutrition
Gastric and Duodenal ulcers
Hematemesis
Surgical Shock
Cardiac and circulatory disturbances
Acidosis
Allergic diseases
Tuberculosis, pneumonia etc.
Affections of the liver and kidney
Atonic wounds
Hepatic toxæmias etc. etc.



The convenient 4 oz. pack
for your poorer patients.

PURE ANHYDROUS
DEXTROSE B.P.

DEXTROSOL

Professional sample and literature gladly supplied free and post-free on request.
CORN PRODUCTS CO. (India) LTD., — P. O. Box 994, Bombay. — P. O. Box 2191, Calcutta.

FORMS OF CALCIUM FOODS



FOODS

in readily assimilable
form, representing
Calcium Therapy at
its best.

1 A LCALZIUM—A very effective Calcium preparation in all cases of Calcium Deficiency.

2 A LCALZIUM with Parathyroid (1/20 grain)—useful in cases of Parathyroid deficiency.

3 A LCALZIUM with Iron and Vitamin D—of special value in cases needing iron and Vitamin D in addition.

4 A LCALZI-GLUCONATE with Vitamin D—represents Calcium Gluconate 10 grs. and Vitamin D 500 units with chocolate flavour.

ALEMBIC CHEMICAL WORKS CO., LTD. Baroda.

After Malarial and Enteric Fevers

Angier's Emulsion will be found eminently useful in the convalescent stage of Malarial and Enteric Fevers. By its antiseptic properties and its soothing, lubricating effects upon the intestinal mucous membrane, it aids in the elimination of the toxic matter elaborated in the system during the acute febrile stage. Moreover, by its stimulating effect upon the absorptive functions, assimilation of nutritive material is increased, appetite is improved, the blood is enriched, and the anæmic, digestive disturbance and nervous prostration are all rapidly overcome.

A retired Colonel of the Indian Medical Service writes:—

Dear Sirs,—Following repeated attacks of debility due to long service in the

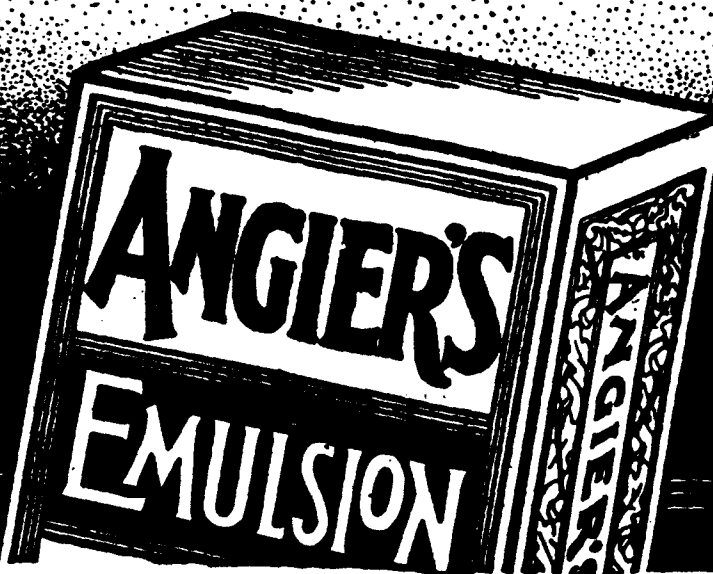
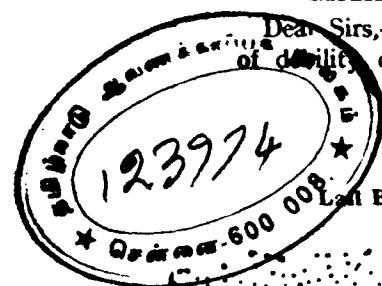
tropics, I was left with obstinate chronic bronchitis, severe flatulent dyspepsia and a general neurasthenia, which took the form of mental depression (irrational fear, neuritis of musculo-spinal nerve), etc. The action of Angier's Emulsion was wonderful. (Observe that these symptoms were of nigh two years' duration). The first few doses showed a perceptible amelioration—a couple of bottles removed all symptoms. I have no cough now, eat well, sleep well, am not a bit nervous, can walk a hillside with a gun or wade a river all day salmon fishing, and I am 60 with 24 years' Indian service behind me. The effect was equally good with my housekeeper, who suffered from chronic bronchitis and dyspepsia. I could quote a dozen similar cases.

Signed—M.B., C.M., &c.

Free Samples to the Medical Profession.

MARTIN & HARRIS, LTD., Mercantile Building,

1st Bazar, CALCUTTA. Proprietor:—The Angier Chemical Company, Ltd.



TO THE MEDICAL PROFESSION

We regret to inform our friends in the Medical Profession that war conditions prevent us from supplying Brand's Essence of Chicken to the trade.

Everything possible is being done to renew supplies to the country and the Medical Profession will be immediately advised when Brand's Essence of Chicken is again available.

We take this opportunity of thanking the Medical Profession for their support in the past, and feel confident that their support will be renewed in the future when circumstances permit.

BRAND & CO. LTD.
LONDON

Agents: GRAHAMS TRADING CO. (India) LTD.

Brands 2255

GLYKERON

**Coughs, Bronchitis, Asthma,
Laryngitis and other Res-
piratory Affections**

A Bronchial Sedative

Control the cough that weakens your patient.

GLYKERON quickly relieves this distressing symptom because it contains medically approved respiratory sedatives.

Your patients with respiratory affections do better when they sleep better—without coughing.

GLYKERON may be administered to diabetics freely as it contains no sugar or syrup and causes no disturbance of digestion.



Stimulating Expectorant

GLYKERON loosens the mucus in the bronchial passages and aids in its expulsion.

It lessens the hazard of complications by getting rid of germ-laden secretions.

Prescribe it for the symptom of cough. Very palatable.

GLYKERON supplied in 3 oz.
as well as 16 oz. bottles.

DOSAGE: Adults, one to two teaspoonsful every two or three hours or at longer intervals as the individual case requires. Children, from ten drops to one teaspoonful according to age.

Literature on request

MARTIN H. SMITH COMPANY • NEW YORK

LEXIN THERAPY

OTHER USES OF LEXIN

Snake-bite : Lexin inhalation and injection.

Opium Poisoning : Lexin inhalation and intravenous injection 1 c.c. to 4 c.c. Repeat as required.

Influenza : Put a few drops on handkerchief and inhale deeply for a few minutes; repeat every hour now and then till relief.

Hysteria } Inhale as above ; or put a drop or two into nostril ; this breaks the fit.
Epilepsy }

Cholera: Inject 2 c.c. intramuscularly, repeat every hour if necessary. If no pulse inject 1 intravenous.

Collapse : Intravenous injection 1 c.c.

Trauma and Surgical Shock } Intravenous injection 1 c.c.

Bleeding from any Orifice: Inject 2 c.c. intramuscular or 1 c.c. intravenous.

Asthma : In extreme dyspnoea—inject 2 c.c. intramuscular ; after 1 hour 2 c.c. intravenous.
Only one injection gave prompt relief and permanent cure in many cases.

Pains of Cancer : Inject 2 c.c. intravenous.

P. BANERJI, Mihijam, India

EDITED AND PUBLISHED BY DR. A. VISWANATHAN AT 27, KRISHNAN KOIL STREET, G.T., MADRAS
ON BEHALF OF THE ALL-INDIA MEDICAL LICENTIATES' ASSOCIATION

PRINTED BY MR. M. CHAKRAVARTHI IYENGAR AT THE MADRAS PUBLISHING HOUSE, 19, MOUNT ROAD, MADRAS

[illegible]