

The Miscellany

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THE MISCELLANY

Managing Editor: Dr. P. A. S. RAGHAVAN

MONTHLY JOURNAL OF THE SOUTH INDIAN BRANCH
INDIAN MEDICAL ASSOCIATION

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Vol. XVII

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THE MEDICAL MUSE

By "for or against the Doctor"

THE SONG OF THE GENERAL PRACTITIONER

He must not walk his rounds for fear his patients think him poor,
And dearly do they love to see a carriage at their door;
And if his horse is fat, "He must have little work to do,"
And if it's lean, the reason is, "He starves the poor old screw."

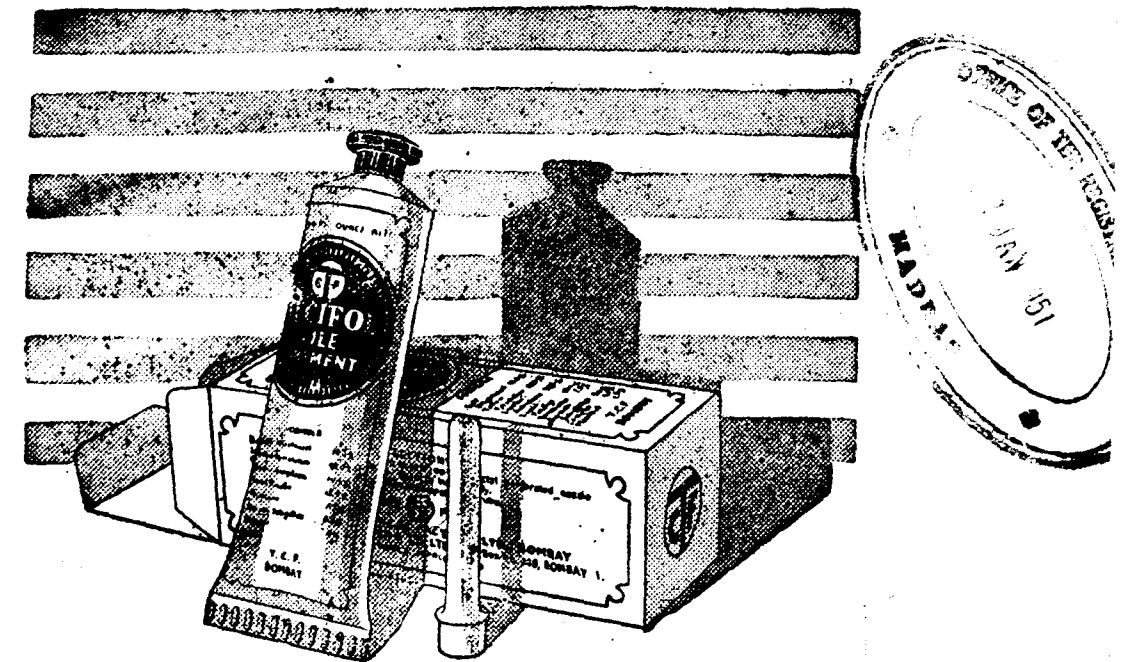
Should he call upon his patients every day when they are ill,
His motive plainly is "to make a great big doctor's bill;"
If he visits them less frequently,—thus less'ning their expense,—
The chances are he'll be accused of willful negligence.

He must work all day and half the night, and never say he's tired;
For the public look upon him simply as a servant hired
And should he take holiday, he'll find when he comes back,
Some patients have resented it by giving him "the sack."

Concerning money, he must seem indifferent to be.
And folks will think he practices from pure philanthropy.
When we hear about him boasting of the guineas that he earns,
We wonder if they all appear in his income-tax returns.

About his own afflictions he must never say a word;
The notion of a doctor being ill is so absurd!
And when, perhaps from overwork, he's laid upon the shelf,
His sympathizing patients say, "Physician, heal thyself!"

—J. A. M. A.



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THE INDIAN MEDICAL ASSOCIATION

VOL. XVII]

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[No. 5

THE FIFTH SOUTH INDIAN PROVINCIAL MEDICAL CONFERENCE, MANGALORE

OCTOBER 13, 1950

PRESIDENTIAL ADDRESS

BY

DR. U. KRISHNA RAU, M.B., B.S., MADRAS

Fellow Delegates, Ladies and Gentlemen,

It is no mere conventional language when I say that I value very greatly the signal honour you have conferred upon me by unanimously electing me to the Presidentship of the South Indian Branch of the Indian Medical Association, and thereby to the Presidentship of this Conference. This Chair has been occupied previously by some distinguished members of the profession who have risen high in the ranks, that I feel it would have been most appropriate and in the fitness of things if one riper in age and richer in experience than my humble self had been chosen for this high office. But if, in spite of it, your choice has fallen on me, it is, I think, due to the love you have for me, to the regard you have for THE ANTISEPTIC of which I am the Joint Editor in association with my revered father, Dr. U. Rama Rau, for the ceaseless service it has been rendering to the profession ever since it was founded nearly five decades ago, and to the large contribution which this, my native district, has made to the personnel of the profession. I am conscious of the fact that the honour you have conferred upon me carries with it onerous responsibilities and I am sure you will extend to me your willing help and co-operation in an abundant measure not only to conduct the proceedings of this Conference successfully but also to steer the Ship of our Association through troubled waters to the haven of victory in the coming year.

The Departed

My first and foremost duty is to pay homage to the members of the profession in general, and to the members of our Association in particular, who have been

snatched away from our midst by the cruel hand of Death in the prime of life and glory since we last met. "Those whom the Gods love, die young," will be apposite in the case of some of them. We would miss hereafter these friends who have, by their selfless and devoted service, enhanced considerably the reputation of the profession. The void that has been left by the untimely passing away of these amiable and good souls will be hard to fill for many, many years to come. The country in general, and the profession in particular, are the poorer for the loss, and I am sure the Conference will place on record its deep sense of regret at the passing away of these good friends and convey to the members of the bereaved families its sincere condolences.

The New Era

It is some time now since a new era has dawned on the country. The alien rule has come to an end and we have attained complete Sovereign Independence, free to order our affairs in the manner we think best in the interests of the country. It had been our practice in the Conferences that were held in the pre-independence era to arraign the foreign government for their various sins, for their various acts of commission and omission, and to demand for this, that or other reform here, there and everywhere. Our voices were not heard; our legitimate demands were not met; our suggestions were not given heed to. The picture has now changed completely. A democratic system of government has come into being and our most trusted leaders are now at the helm of affairs, guiding the destinies of the nation. This change has roused considerable expectations in the minds of the people that the many promises that had been made would be fulfilled, that the many expectations that they had fondly built up would materialise and that life would be made worth living. Our respected leaders are not unmindful of their promises, are not unaware of the wretched conditions in which the people find themselves. Had only normal conditions prevailed in the country, many of the things which the people had longed for would have been accomplished facts by now. But, unfortunately, the partition of the country to which our leaders agreed, much against their wish, and as a last resort, at least to establish peaceful conditions in a truncated India, failed in its purpose and all of us know the aftermath of partition. It has created, and is creating even today, a number of very difficult, complicated and complex problems, demanding the diversion of all the energies of our leaders and all the money in the exchequer, with the result that the many plans they had in mind, the many schemes that had been drawn up and are being drawn up, have to be kept in cold storage for the present. As if these problems are not sufficient to baffle even the stoutest hearts, Nature has also been very unkind to us. We have had the failure of the monsoon for three consecutive years in the richest ricegrowing areas in our Presidency; the cyclone in the Circars last year has created many a slip between the cup and the lip; recently many areas in North India, on which we are at present dependent for our foodstuffs have been ravaged by heavy floods; and, last but not the least, the consecutive earth tremors in the North-East strategic part of our country and one of the areas which is always a surplus one has hit the Province to such an extent that the course of many rivers has changed, that some rivers have disappeared from the face of the earth. The

November, 1950]

people in general, and many members of our profession in particular, must have been hit hard by this unforeseen calamity. I extend to them all, on your behalf and on my own, our heartfelt sympathy. As I am writing this the full extent of the damage that has been caused by these continuous earth tremors is not definitely known. Though it is a great relief to learn from the news so far published, that the loss of human lives has not been as great as at one time it was feared it would be, much of the cattle wealth of the Province on which its prosperity depends has been lost. The Governments, both in the Centre and in the Province concerned, are alive to the seriousness of the situation and are doing their very best to retrieve the situation by every means in their power. Our energetic Prime Minister lost no time in rushing to the Province to obtain first hand knowledge of the havoc that has been caused there and to cheer up the people to boldly face the situation, believing in the maxim that self help is the best help to wriggle out of the difficult situation. It will thus be seen that our Governments are face to face with a very difficult situation, and it is the duty of every one of the citizens, and particularly the members of our profession, to realise the seriousness of the crisis, eschew carping criticism and do everything in their power by constructive suggestions and help to enable the Government to tide it over.

Food and Housing

Public health, in the words of our beloved Prime Minister, is 'obvious and trite.' It depends far more on other factors than just drugs and medicines. It depends on enough nourishing food to eat and relatively decent living conditions. In both these respects the condition in India at present is far from satisfactory. The shortage of foodstuffs that arose when Burma fell to the enemy, still continues, in spite of the victorious conclusion of the war and the restoration of *status quo* in that country. The Grow More Food Campaign that was started in the latter part of the war, to secure self-sufficiency in food, is still continued with unabated vigour and crores have been invested in the movement. But yet the position has not eased; on the contrary, it has deteriorated considerably of late that the Madras Government have been forced to cut down the rice ration to 6 ozs. in statutorily rationed areas. But even this is not easily available, we are told, in many areas, and the condition in the villages where crops have completely failed owing to want of rain is serious in all conscience. The power of resistance of the people has gone down considerably. It is no good trying to treat a man who is starved or undernourished. We can treat him today, but he will go back again because he has not got the wherewithal to live. The same applies with equal force in regard to housing. Housing is much more important than all the medicines in the world from the public health point of view. Not only its effects are physical, but it affects the mind too. And a diseased or despairing mind cannot bend what little of energy is left in the body to increase production and thereby enrich the nation. It is a good sign that the preventive aspect of medicine is receiving more and more attention these days. And the ensuring of adequate nourishing food and proper housing conditions will help considerably the prevention of disease. So far as the food situation is concerned, though the Governments are alive to their responsibilities and are trying their best to ease it, even with

the best of intentions they cannot, by themselves, solve the problem in a satisfactory manner. The public should co-operate with them in their efforts. The deficit is not so great as to cause serious alarm. From the pronouncements of those in authority, it is seen that the percentage of deficit is really small, only 7%. If only those who have hoarded more than what they require for themselves and their families, release the surplus stock, the position would ease considerably. The Governments are determined to put down with an iron hand the black-marketeers, but much has not been achieved because public co-operation on which the Governments depend to put them down is not forthcoming to the extent necessary. I appeal to the public to give to the Governments all the co-operation and help they need to put down with an iron hand the unsocial elements in the society.

As regards housing, of late some earnest efforts are being made to solve this problem. Factories have been started, or are in the course of being started, for the manufacture of pre-fabricated houses. There is a large volume of opinion in the country which considers that pre-fabricated houses are not suitable to India, climatic and other conditions being what they are. And the recent happenings in some places provided with pre-fabricated structures has confirmed this view. Our country has long been accustomed to certain ways of housing suited to the conditions of the country. The same can be continued with such improvements as have been found by experience to be necessary, through co-operative societies, aided by the Government to the extent necessary. It will also be one of the best means of tapping the resources of the people themselves for their own good and for the good of the community. Only when these two problems are tackled satisfactorily, can the foundation be well and truly laid for public health. These are the core of the preventive side of medicine, and I hope, that in spite of the financial strain, the Governments will boldly come forward to tackle them satisfactorily. The investment made for these two important and basic purposes will give a good dividend in the long run.

Medical Personnel

The members of the profession have a great part to play in the building of public health, on which depends the future welfare and prosperity of the nation. But compared with other advanced countries in the West, India is lacking in everything that is needed to improve public health and extend medical relief on the scale that is needed to meet the ever-growing requirements of the country. In the first place, we lack the required personnel. The Bhore Committee has, after a thorough examination of the situation obtaining in the country, recommended a short term and a long term plan to meet the needs of the situation. One of its recommendations is the establishment of more and more Medical Colleges in the country to provide the country with the required personnel. While the Report of the Committee has been acclaimed as a monumental one, its recommendations have not been given effect to, the reason pleaded being lack of funds. And the starting of some Colleges originally planned have been held in abeyance owing to financial strain. It is true that in spite of the enormous increase in the revenues of our State during the last two decades, the expenditure also has risen equally high owing to various causes into which it is

unnecessary for me to enter, that the Government have to carry on a hand to mouth existence. But that is no justification for postponing schemes of public utility. The people in this State are lacking considerably in medical facilities, and information is now and then vouchsafed to us in the Legislative Assembly that more and more institutions had to be closed down for lack of personnel. It is one of the elementary duties of the State to provide the citizens with adequate facilities to enable them to keep themselves fit to shoulder the responsibilities of citizenship, and if owing to financial stringency, it is not possible to make any large scale investments for establishing more and more Colleges, it is necessary that at least the existing facilities should be exploited to the fullest extent possible to meet, at least partially, the growing needs of the people. I am aware that the number of students admitted into our Medical Colleges has been increased recently, but it is not sufficient to satisfy the requirements. Steps should therefore be taken to take in more students than are at present allowed. The introduction of the shift system is one of the means by which this difficulty can be met. And such a system which is working satisfactorily in other countries is bound to work equally well here also, in spite of existing limitations and the lack of facilities. But replying to an interpellation the other day in the Madras Legislative Assembly, the Hon'ble K. MADHAVA MENON, Minister for Education, stated that it was not proposed to introduce the system in the coming year. If one reads into his answer, the conclusion is inescapable that such a plan is considered practicable, though not in the next academic year, at least in the years to come. If it can be introduced from the year 1951-52, it should not be difficult to introduce it from the next academic year itself by taking steps meanwhile to remove the obstacles in the way. And while on this subject I shall be failing in my duty if I do not draw public attention to the very unsatisfactory procedure that is now followed in regard to admissions to Medical Colleges. From district-war it has now become region-war. While the Government might claim that the present plan is an improvement on the previous one, it does not follow that it is the best possible method. We want for the medical service the best talents in the State in whose hands the lives of the people can be safely entrusted. And if merit be made the sole criterion for the selection of candidates, and those who are capable of being benefited by the course are taken in, we can have, in course of time, a Medical Service comprising of the best talents in the State. A percentage of the total number of seats available was reserved some years back for students of real merit. The scheme has subsequently been given up. Much water has flown under the bridge subsequently and in the Constitution of the country it has been guaranteed as a fundamental right that "no citizen shall be denied admission into any educational institution maintained by the State or receiving aid out of State funds on grounds only of religion, race, caste, language, or any of them." It therefore follows that merit alone can be the criterion for the admission of students to educational institutions maintained or aided by the State. I am aware of the view recently put forward by some responsible persons that the marks obtained by a candidate in a public examination is not the only criterion of merit and that there are others as well. I do not know what other criteria those propounding this view have in mind, but whatever they are it will be straining the

language of the right guaranteed too far to seek any support therefrom. Recently orders have been issued by some Governments doing away with discrimination in regard to appointments, and I hope and trust that in regard to admission to educational institutions also the discrimination would be done away with, since the language in the clause on Fundamental Rights in regard to education is the same as in that concerning appointments. I hope that the Government of Madras would declare that merit should be the sole criterion in regard to admission to the Medical Colleges. I shall leave it to that for the present for obvious reasons.

Medical Education

In order that the many problems of public health and medical relief which require serious attention can be attended to properly, the medical profession has been insisting from a long time past that the licentiate system in the profession should be abolished and that there should be only one standard of medical education in the country. The Bhoré Committee which also examined the matter expressed the definite opinion that there should be only one standard of medical education in the country. The Health Minister of India has also expressed the opinion that the training of medical personnel is one of paramount importance and that the training must not only be of a high standard but also be uniform throughout the country. Thanks to our efforts, the licentiate course has been abolished. But unfortunately some Governments in the country have not risen to the occasion as they should have and still stick to the continuation of a shorter course to produce quick results. The action of a Provincial Government in introducing a three year course can be quoted as an instance in point. It is a most retrograde step for any popular government to take, and now that the views of the Government of India have been made clear, let us hope the Government concerned would give up its short-sighted policy and toe the line with the rest of the country. Only then can the public demand for the best service be met with. While on this subject I cannot refrain from referring to the view widely held that the present course of medical education can be safely shortened without in any way impairing the efficiency, by reducing the course in some subjects which are not of very much use in their practice later. But at the same time there is also the other view that the standard must be improved with a view to make the students more useful and efficient in their work when they begin their practice. So far as the Madras University is concerned the standard is fairly high and our University has received encomiums even from foreign experts that it is the best University in the East. In regard to the reduction in the course, there is much to be said in its favour. Even in advanced countries in the West the same problem is engaging the attention of the training bodies. The Goodenough Report is the result of such an enquiry. It is time that our Universities also put their heads together and revise the curricula in all subjects in the light of the views expressed in these Reports and the experience so far gained. It is for the profession to go deep into this problem in all its aspects and make suitable recommendations. Such recommendations, I am sure, will be given due weight and consideration by the Universities and the Government.

Our Association

"The proof of the pudding is in the eating." The good work that the Indian Medical Association is doing has helped considerably to increase its strength. But there are yet many in the profession who have not joined it for reasons unknown. The establishment of independence has increased manifold our responsibilities in guiding the Government on right lines in the solution of the many public health and medical problems that await solution. It is, therefore, the duty of those who are still ~~keeping~~ **keeping** out of the Association for reasons of their own to give up their isolationist policy and join the Association and make it a strong, united and powerful body, whose opinions the Governments in the country would be bound to respect and act upon. The need for such strengthening has become all the more necessary in view of the very many difficult and complex problems that have to be tackled in the near future in the best interests of the country.

Amalgamation of I.M.A. and A.I.M.L.A.

In this connection I have to refer to the persistence with which some members of the A.I.M.L.A. seek to maintain the separate identity of their Association in spite of the fact that the question of the amalgamation of the two Associations has been in the air for some years, and in spite also of the fact, according to the Honorary Secretary of the Association itself, that many members of the Association are against continuing the *status quo*. The I.M.A. is anxious that the two organisations should be amalgamated in the common interests of the profession as a whole and has been ever ready and willing to accommodate the A.I.M.L.A., to the maximum extent possible. It makes no discrimination against licentiates, and it honours as much the licentiates, as it does its own members. The very fact that Drs. U. Rama Rau and R. A. Amesur, both licentiates, were elected to the Presidentship of the Indian Medical Association annual conferences, that P. A. S. Raghavan and Dr. Chhabil Das were elected to the Presidentship of the South Indian Medical Conference and the East Punjab Provincial Medical Conference respectively, is proof, if proof is needed, that the I.M.A. makes no discrimination whatsoever and treats the licentiates with as much respect and regard as it treats its own members. The I.M.A. stands for equality of status among all the members of the profession irrespective of their academic qualifications. It was believed that the A.I.M.L.A. Conference held at Vellore some months back would set its seal of approval to the amalgamation plan. But some members were not in favour. They were suspicious of the I.M.A. and felt that the amalgamation would not be to the best advantage of the licentiates. They also thought that the licentiates who form a dwindling number would be looked down upon by the fast increasing graduate members of the I.M.A., and their views would not be heard in the councils of the combined and united body. At the Vellore Conference of the A.I.M.L.A., to which I had the honour of being invited and where I had an opportunity of meeting the leaders of the A.I.M.L.A., this feeling was evident and this suspicion was upper-most in the minds of some of the leaders and delegates. The delegates were told that in the event of amalgamation, the A.I.M.L.A. would cease to exist, that the present members of the A.I.M.L.A.

purpose in imprisoning therein all the talent acquired through a long and difficult course of training in the Medical Colleges. If the rural dispensaries are to serve the purpose for which they are intended, i.e. cater to the medical requirements of the people, they should be fully equipped with a view to afford the opportunity to the practitioner-in-charge to utilise his knowledge and talent to the best advantage of the people. Then and then only can all the knowledge acquired by him be made available to the public and also saved from becoming rusty. While it is necessary to equip the Central Medical institutions which cater to the needs of a large number of people with the required personnel and facilities to meet any emergency that may arise, it is equally important that the rural dispensaries should also be fairly well equipped for any contingency. Disease makes no difference between a townsman and a villager, and the facilities that townsmen have must also be made available to the rural population in a fairly good measure. There is no justification to treat the rural dispensaries in a step-motherly fashion. If the rural areas are to be provided with real medical facilities to which they are entitled to by virtue of the large contribution they make to the economic prosperity of the country, the present distinctions should be done away with, and the rural dispensaries provincialised and placed on a par with others. Then the differences in the pay and prospects would vanish into thin air and people posted to rural areas would not remain condemned all their life to a particular area, where the society they need is lacking and where facilities for the education of their children are non-existent now. It is only by the introduction of such a wholesome reform in the medical administration of this Province, that service in rural areas can be made attractive. It is true that such a reform will entail huge expenditure but that can be made good by the reduction in the present expenditure, through the expansion of the honorary system. This system which was introduced after considerable pressure was not given that amount of fair trial and encouragement it deserved, due mainly to the opposition of vested interests in the pre-independence period. But revolutionary changes have come about, and vested interests have disappeared altogether. And, fortunately, we have now at the helm of affairs in our State Public Health and Medical Departments, a veteran in the profession, Dr. T. S. S. Rajan, who knows the needs and requirements of the people and who can fight for them unflinchingly. Through his initiative the honorary system has been expanded and you would have noticed the news published in the Press recently in this connection. There is further scope for expansion and only the case for it is placed before him in all its bearings I have no doubt that he would do his very best to advance the cause.

Mobile Units

But the lack of personnel is a very great impediment in the way of the extension of rural medical relief in the very near future. Some other plan has to be thought of which, while not taxing the resources of the Government to the breaking point, the difficult conditions in which they find themselves in, would, at the same time, be a great way to make available the much-needed medical relief to rural areas. You are aware that some mobile units which have been established by some private

organisations are doing valuable service to the needy. And recently Dr. Vasudeva Rao, Dy. Surgeon-General with the Government of Madras, referred in glowing terms to the unostentatious and selfless service which a practitioner in South Arcot District is rendering in a leprosy area by devoting one day in the week for service, charging a nominal fee in the case of those who can afford to pay and utilising even the money so realised to the welfare of the village itself. The medical profession is a very honourable profession and the service the practitioners render not only ennobles them but also brings relief to sick and the ailing. The members of the profession are animated with the desire to serve their fellow countrymen and countrywomen to the best of their ability, and if only a way is opened to them to make them more useful to the community than it is possible at present, I am sure they would jump at the opportunity and avail themselves of it to the fullest extent possible. In every urban area there are a good number of practitioners; some of them specialists in particular branches of medicine, and others general practitioners. It should not be difficult for them to set apart a day in the week, as the South Arcot brother has done, for service in rural areas. In big towns a number of teams, each consisting of specialists and general practitioners, can be constituted, and in smaller urban areas where the number of practitioners available is limited they can all together form a team. These teams can go round the villages on a fixed day, in the week, examine the sick and the ailing, give them the required medicines and advice, and arrange for transport of serious cases to well-equipped head-quarter hospitals for immediate attention and treatment. The object of medical relief is to provide it free, but where the patients are in a position to pay for it they can be charged at a nominal rate, and the amount thus realised utilised for further equipping the unit. What is required to bring this scheme into force is the provision of mobile vans and the medicines and equipment. If Government will provide the funds for this initial expenditure and undertake the responsibility for recurring charges, the experiment can be tried on a very large scale. But if the Government find it hard to find the funds for the Province-wide adoption of the scheme, they can at least provide for select areas, watch the results of the experiment and expand it gradually if the results justify it. I am sure the members of the I. M. A. would be only too glad and willing to work the scheme wholeheartedly for all it is worth. We have branches of our Association in almost all the districts, and it should be easy for the District Association to select the teams for the different areas and guide them in their work. The Provincial Branch can take the initiative in the matter, prepare a draft scheme and place it before the Government for their consideration and approval. By taking such a step we would not only be helping the Government in the solution of the problem, but also bring succour to the suffering humanity and thereby earn their lasting gratitude. I would request the Conference to give this matter the consideration it deserves and make a move forward. I am sure the Minister for Public Health and Medical Relief, if approached with such a scheme, would give it all the attention and encouragement it deserves and take steps to give it a fair trial.

Indigenous Systems of Medicine

I now turn to a subject on which, after the publication of the Yodh Report (Provincial) and the Chopra Committee Report (All-India) a great deal of controversy

and animated discussions have cropped up—I mean the Indigenous Systems of Medicine—due entirely to a misconception of the basic factors involved. No one, least of all the Allopathic practitioner, disputes the fact that the Ayurveda and Unani systems are hoary and famous, that they have served India well in the past, that they still command a large volume of public support, that they have created for India a very creditable record in the field of medicine in the past and that these two systems have some excellent remedies for certain kinds of diseases. It is one thing to admit all these things, but it is a quite different thing to say that because of these they should be accepted as scientific and integrated with the modern system of medicine. Even the Chopra Committee did not claim perfection to these systems. From the summary of the Report made available to the public through the Press, it is clear that the confounding of medical science and medicinal preparations as one has led to considerable confusion of thought which has warped its outlook. The Committee admits that to salvage the knowledge and experience of these systems, painstaking research is necessary. They, therefore, recommend that research should aim: (1) to clear Indian medicine of centuries of accretions of doubtful value and to make its science and art intelligible to the modern mind; and (2) to work out a synthesis of these two systems. These are contradictory not only in terms but also in effect. When the accretions of centuries have been cleared and these sciences and arts are made intelligible to the modern mind, it would be time enough to think of a synthesis of the two different systems (indigenous and allopathic.) But even then, they should stand the scientific test and must be self-contained. It is because these system cannot be made self-contained, the Committee itself felt that the indigenous systems of medicine have to take much of practical value from Western medicine, especially in the fields of Surgery, Obstetrics, Physiology, Pathology, Diagnostic methods and appliances. Here again there is another difficulty: the fundamental difference in the basic approaches of the two systems. While the practitioners of the indigenous systems of medicine think and talk in terms of *dosha*, *bal* and *pith*, the basic line of reasoning of modern science is entirely different. The protagonists of the indigenous systems of medicine would therefore have served their cause better and helped advance their systems if, instead of asking for an integration or synthesis, they had gone whole hog to carry on research into their systems and perfected them in a manner that could stand any scientific test in any part of the world. No Government worth the name, much less a National Government, can fail to recognise the value of the ancient systems and to do everything possible in their power to help advance them. Even in the pre-independence era, many Provincial Governments had given every encouragement to the indigenous systems by starting Schools and Colleges and in other ways. But the inherent defects in the system has led to the development of a hybrid system which is neither fish nor flesh nor red herring. This past experience should have convinced them of the futility of the course that had been pursued and made them turn in the right direction. But unfortunately owing to the inherent weaknesses of the systems in the face of the fast developed and developing modern science, they have clung to their old ways and done not only a distinct disservice to their own systems but also forced the responsible authorities, by exploiting national patriotism, to compromise decisions which would lead nowhere.

The resolution passed by the Health Ministers in the Conference recently held in New Delhi is an instance in point. While the Health Minister of India, in her address to the Conference, drew pointed attention to the unsatisfactory nature of the training that is now given in the Ayurvedic and Unani Colleges and expressed the view of the Government of India that all future medical practitioners should have a complete course of training in the basic modern sciences before they take up training in any other system of Medicine, the Ministers in their Conference have compromised the position by reviving the caste system in the profession, to bring about the abolition of which we had to struggle for long, in a much more objectionable manner than it had been previously, by introducing a number of castes in the profession *viz.*, (1) those trained in Allopathy only, and (2) those trained in Allopathy and the indigenous system concerned, dividing the latter further into two more castes, *viz.*, graduates in indigenous medicine and diploma holders in indigenous medicine. What the result of the combined teaching of two separate systems of medicine, basically different, to immature young men and women who have not got a thorough grounding in one system or the other would be, I dread to think of. If, instead of mixing the two and making confusion worse confounded, they had resolved that those who are anxious to practise the indigenous system of medicine should first graduate themselves from the College of Modern Medicine and then take to a full course in the Indian System of Medicine, they would have acquired and assimilated a sufficient knowledge of the modern system of medicine to be able to make a comparative study of the value and utility of the two different approaches and make use of the wide knowledge they have gained of both systems of medicine for the benefit of the community at large. While compromises are essential in this work-a-day world, compromise on principles will lead to disastrous consequences which no one would wish. I am sure the Conference will examine the resolution passed at the Health Ministers' Conference and express its considered views on the subject. What I have said above in regard to the indigenous systems of medicine will apply equally to the Homoeopathic system of medicine as well, which has been clubbed with the Indian systems in the Conference resolution. While thus these systems of medicine should be developed on their own lines and coalesce in the hands of those who have obtained a mastery of both the systems of medicine, I cannot at the same time shut my eyes to the fact that the immediate needs of the country are such that all the available material should be utilised to the fullest possible extent. There are scattered all over the Province, a good number of practitioners of the indigenous systems of medicine, some of them qualified, and many of them unqualified, who have imbibed a rudimentary knowledge of the system they are practising from their forefathers. But the conception of health has changed in the last few decades, and because the conception has changed and people have begun to look more upon public health than towards individual health there has been a tremendous improvement too not only in the public health but also in the health of the individuals who jointly make up the public. In so far as public health, sanitation and preventive side are concerned, though individual injunctions laid down by the sages of yore are quoted occasionally by people as constituting the public health, sanitation and preventive aspects of medicine, I feel—I speak subject to correction—that sufficient attention has not been paid and could not have been paid to these

aspects in the past in view of the conditions then obtaining in the country. In view, however, of the need for utilising all the manpower available to tackle the growing problem that faces the country, all the practising *vaid*s and Hakims, or at least such of those as are desirous of having it, are given training in preventive medicine. Their services can be utilised for the improvement of public health in the State. That will not only help them individually but also afford them the opportunity to make themselves much more useful to the community than it is now possible for them.

Drug Control

The first World War opened the eyes of our country to the utter helpless condition in which it found itself so far as her requirements of drugs and medicines were concerned. When the sources dried up when the countries on which we were dependent most for our essential requirements were involved in war, we found ourselves in the most unenviable position, and serious and systematic attempts were made for the first time to produce in the country itself some of our essential requirements. Apart from the institutes that had been manufacturing some of the common drugs to cater to Government requirements, sporadic attempts were made by non-official agencies also to help advance the cause of production on the strength of the assurance given by the then Government that aid would be continued even after the war to the concerns that had been started to meet the crisis that had arisen. But these assurances were forgotten the moment the war ended, that many concerns that were started on the strength of these assurances had to go to rack and ruin, leaving a wide gap to be filled up. The opportunity thus afforded was availed of to flood the market with spurious drugs and medicines. It assumed such serious proportions that public attention and the attention of the Government had to be drawn to the seriousness of the situation by a member of the Legislative Assembly and by some members of the Council of State. As a result of their continued and persistent efforts, the Government of India appointed a Committee under the Chairmanship of Col. Ram Nath Chopra to go into the question of adulterated and substandard drugs, both of foreign and indigenous manufacture, and to recommend ways and means by which this great menace to the public health could be controlled. This Committee, after making a tour all over the country and carrying out a thorough examination of the problem in all its bearings, recommended that a comprehensive all India legislation should be enacted for Drugs and Pharmacy Control and that machinery should be set up for the inspection and testing of drugs to ensure conformity to proper standards of purity and strength. They further suggested, with regard to the machinery of Drug Standardisation and Pharmacy Control, that these should consist of a well-equipped Central Drugs Laboratory which competent staff and experts in various branches of drug standardisation work, Provincial Drug Control Laboratories working under the guidance of and in close liaison with the Central Drug Control Laboratory and a Central Pharmacy Council and Provincial Pharmacy Councils with Registration tribunals etc., for the training, registration etc., of the ancillary pharmaceutical personnel needed to give effect to the control work envisaged in the Drugs Act. For some years no action was

taken or the action contemplated was frustrated owing to the change in the political set-up as a result of the passage of the Government of India Act of 1935 by which the subject of food and drugs was made a provincial one. And the continued clamour for an all-India legislation on a comprehensive scale resulted in the introduction and passage of the Drugs Act in 1940. The implementation of this longdelayed legislation had to be further postponed as a result of World War II, and the Rules framed under the Act in 1942 were finally adopted only in 1945. Under this Act now in force, the Central Government is responsible for the regulation of imports of drugs into India and the control of their standards. And some time back the Drugs Consultation Committee, provided for in the Drugs Act for better inter-provincial co-ordination and licence of drug control work, has been constituted. It is a good sign that many Provincial Governments are alive to the urgent need of setting up Provincial organisations and are striving their utmost in setting up such machineries. Now that the Drugs Control Act is in force and the flooding of the Indian market with spurious drugs has become an impossibility, it is time the members of the profession consider seriously the question of interesting themselves in the manufacture of our essential requirements in the country. It is true that members individually cannot do much in this regard. But if the experts in the different branches of the science band themselves together into organisations either on a co-operative basis or on a limited company basis, in places where facilities for the manufacture of drugs exist, or can be made available, and start institutions for the manufacture of the country's essential requirements, they would be not only helping themselves but also help considerably the people of India by making available to them at a comparatively cheap cost their essential requirements. It is through such means or through the combination of capitalists and experts that the Drug Industry has made considerable progress in Western countries. Declaring open the Exhibition organised by the South Indian Provincial Medical Conference held at Madras in 1948, I ventured such a suggestion. And the National Government at the Centre is bound to give such concerns all the help they need not only financially but also, if necessary, by the imposition of protective duties. We have now functioning a Planning Commission under the distinguished Chairmanship of our energetic Prime Minister and I am sure if concrete proposals are evolved and placed before the Commission they would receive all the consideration they deserve and obtain all the support that they need.

The Pharmacy Act

Closely allied to Drugs Control is the Control of Pharmacy. The Control of the one leaving the other out of account would lead us nowhere. The Chopra Committee found a very sorry state of things prevailing in the country at the time they made the enquiry. They therefore made simultaneous recommendations for pharmacy legislation also to improve the standard of education of the pharmacists and to protect qualified workers from quacks and charlatans. And the Bhore committee also drew pointed attention to the urgent and immediate need for strengthening this group of health personnel in the interest of India's future development of national health and medical cadre. Realising the urgency and importance of the

matter, India's Health Minister, the Hon'ble RAJ KUMARI AMRIT KAUR, introduced in 1948 the Pharmacy Bill and piloted it through the legislature. It has been placed in the statute book. Under this Act a Central Pharmacy Council has been constituted for the uniform control and guidance of the pharmaceutical profession and practice. The Council has started functioning and it has formed under its auspices a Pharmacy Education Regulations Committee to draft a comprehensive all-India legislation for controlling the minimum standard of education considered suitable for registration as a practising pharmacist, and Provincial Pharmacy Councils and Registration Tribunals have already been established or are in the stage of being established in some Provinces. The strict enforcement of this legislation will greatly help in the gradual evolution of a set of Indian Pharmacists who would be able to discharge their responsibilities to the nation in as satisfactory a manner as it is being discharged in Western countries.

Research in Medical Science

It has been an outstanding complaint for some decades past that India has not made as much progress as it should have or has made no progress what ever in the field of medical research. The complaint has been based on fact to a very large extent. Not that India does not possess the brain or the personnel to keep pace with the advanced countries in the West in this most important field. But the opportunities afforded were limited, the facilities available were inadequate, that in spite of the best intentions the profession could not make as much contribution as, if not better contribution than, many countries in the West. Many of our present day hospitals and laboratories are not properly equipped even for the routine teaching of students; our teaching hospitals do not possess all the requirements for its every day use, i.e. the treatment of patients. In these respects I should say some privately run hospitals and nursing homes are much better equipped than Government owned hospitals. And above all, the teaching staff, or to be more accurate, a majority of them, have not been of the requisite standard, not to speak of efficiency, not only to undertake researches on their own but also to cultivate in the student's mind the desire to carry on research, either on a large scale or at least to a limited extent within the restricted facilities that are available. Only when all the professors-in-charge of medical institutions are possessed not only of the research mind themselves but also take special interest in the work done by the students under their care so as to be in a position to pick out those who have a natural bent of mind for research and commend them to the attention of the authorities for providing them with adequate facilities to carry on their investigations unhampered by other considerations, and only if the institutions are provided with the facilities to carry on research, can India hope to achieve as much distinction as, if not better distinction than, other countries in the West. As regards equipment, I have said enough and more. In regard to the teaching staff, the emoluments are such that it cannot attract the best talents in the country. Besides, considerations other than merit and efficiency have been allowed to play a very large part in the selection of the staff that it is no wonder that the country has not made as much progress as it should have, other

things being equal. Unless and until a thorough change is brought about in the method of selection and the institutions equipped on an adequate scale to facilitate research, it is mere moonshine to expect India to make any substantial advance in the field. At the same time, I cannot but refer to the remarkable achievements made by some individual workers in different branches of medicine with the very limited facilities that they can command and that are available to them. Such research that comes from the doctor in private practice, though not big in quantity, has much of quality in it. He sees the practical and effective approaches to the problems he has set for himself and he is able to offer valuable suggestions through his work, although he is considerably handicapped. Such work is all the more valuable, and if at least a small portion of the funds provided for research in the field of medical science is earmarked for distribution among the individual investigators throughout the country, it would be a decided help to these gallant private practitioners who contribute so much for such little gain, and encourage others also to be up and doing. I trust the Planning Commission will give due and weighty consideration to this important aspect of the problem also.

Post-Graduate Training

Another serious drawback in our country has all along been the lack of sufficient facilities for post-graduate training in special subjects. It is not all the students that come out of Medical Colleges that can take to post-graduate training, though many of them might have had the desire and ambition in their college days to specialise at least in one subject and secure the distinction of being a specialist, owing to the long and highly costly course which dries up the fountain source. But even those who had the ambition and the wherewithal had to run to foreign countries for such a training, cut off from the personal care and supervision of their parents or guardians in their youth, and at considerable cost. If the number of specialists in this country is not as large as it should be, it is due entirely to this cause. It is a good sign of the times that the Government of India realised the seriousness of this great drawback to the advancement of medical science in this country and appointed a Committee for the up-grading of training in Medical Colleges with a view to afford those who are anxious to have a post-graduate course in special subjects the opportunity to secure the facility in the country itself. In pursuance of the recommendations of this Up-grading Committee, the Government of India have started, in association with State Governments, a programme of improvement of certain departments in selected medical institutions in order to enable them to serve as centres of post graduate medical training not only for the States concerned but also for the rest of the country as well. These schemes together, we are told, would cost about 24 lakhs, which would be shared half and half by the Central and State Governments. While this important step is to be welcomed, it remains to be seen whether the allotment provides also for the full equipment of the selected institutions with all the necessary facilities for such a higher training. If they fall short of the requirements, it is the duty of the Governments both at the Centre and in the States, to find the required funds. Then and then only can the State claim to have discharged its responsibility to the fullest extent.

Refresher Courses

Graduates who are turned out of the Medical Colleges after a long course of training have either to seek service or set up private practice to make their living. Most of them have to settle down in mofussil places where they believe they have the prospect of making good. They thus get isolated, cut off from the main fountains of knowledge, with little or no facilities to keep themselves abreast of the latest developments in a fast growing and developing medical science, plodding their way through with the knowledge they had acquired during the course of study in the Medical Colleges. This not only impairs their efficiency but also minimises their usefulness to the community, to whose service they have dedicated themselves. It is therefore necessary and urgent that a system of Refresher Courses at periodical intervals in the various teaching institutions for short periods in the various branches of medicine and surgery, to brush up their knowledge and make them posted with the latest developments in the huge ocean of medical science should be introduced. The University of Madras had arranged for such refresher courses some years back, but I have not heard much about it of late. It is urgent and necessary that every University should arrange for such refresher courses in the interests of the medical practitioners.

Central Health Council

The decision of the Health Ministers' Conference held recently, to establish a Central Council of Health to strengthen the bond of unity between the Centre and the States through the development of joint action, is a step in the right direction which should be welcomed by all those interested in the improvement of public health in the country. In no other field are such co-ordination and co-operation more necessary than in the field of public health. It is only when all the component units of the country pursue a common and co-ordinated plan of action, can the general public health of the country as a whole be improved. The public health of India as a whole is one and indivisible. Any slackness on the part of one component unit to take effective measures will react unfavourably on other units, however much they might have advanced in the field of public health, especially in these days when facilities for quick transport have brought them closer. Suggesting the constitution of such a Council in the Conference, the Health Minister of India stated that the intention was to provide a permanent forum for the discussion and formulation of health policy on matters of common interest to the Central and State Governments. "This Council," she said, "will function as an integral part of the health organisation of the country and should tend to promote increasing co-operation between the Centre and the constituent units of the Indian Union in that wide field of collaboration which the concurrent list of subjects provides and which includes many matters of great importance such as the regulation of the medical profession, including medical education and medical ethics, welfare of labour, prevention of inter-State spread of infectious diseases, control of the adulteration of food and drugs, vital statistics and social and economic planning. I hope that the constitution of this Council will lead to the pursuit of a common plan of action all over the country.

All India Health Service

Another reform of far-reaching importance decided upon in the Health Ministers' Conference is the constitution of an All-India Health Service, and the recruitment to the senior teaching posts, by advertisement on an all-India basis through the Union or State Public Services Commission, as the case may be. This is a matter on which differences of opinion had existed between the Union Government and the State Governments. Many of the latter feared that the creation of an All-India Service would deprive State Health Ministers of adequate control over those members of the Service who are employed in the State, and that the interests of the officers of the State Medical Service would be jeopardised. Their fears are unfounded. They apply equally to the Central Administrative Service but have, in practice, been of no significance. As the Health Minister pointed out in her Presidential Address in commending the proposal, so far as disciplinary control is concerned, "the Rules framed in respect of the Central Administrative Service enable State Governments to inflict all punishments except dismissal or removal from service. Here too, if the view of the States Government and those of the Union Public Services Commission are the same, the Central Government is bound to accept their common decision. It is only where the State Government and the Commission differ, that the Centre steps in to give a decision which will be final. As regards the interests of the State Medical Officers, a provision on the lines of the Indian Administrative Service can be made. An adequate percentage of the posts in each State may be reserved for being filled by promotion from the State Service." But it is not from these stand-points alone that the question has to be viewed. There are many undeveloped States which would, under normal circumstances, not be able to secure suitable persons to fill these more responsible posts. The purpose of an All India cadre is, therefore, to secure and retain, as far as possible, the best medical talent available in the country and to train the persons in that cadre to fulfil the various functions which are expected of that service. The inclusion of the States Services Commissions also among the Selection Tribunals appears to be a compromise with the State Governments whose fears, in spite of the assurances given by the Health Minister of India, were not allayed. But yet is a considerable advance on the present state of things and I trust that in course of time provincial and parochial interests will give place to the larger interests of the country as a whole.

World Health Organisation

India must feel grateful to the WHO for the great and valuable help it is giving us in fighting many of the diseases that are rampant in India, taking a heavy toll every year and denuding the country of its man-power. Teams of experts of the WHO are helping us fight malaria, maternity and child mortality, venereal diseases, plague, tuberculosis, etc. With regard to tuberculosis which deserves special mention because of the great havoc it is causing in our country, the WHO has helped and is helping us in preparing the B.C.G. vaccine and in training our doctors in the technique of its administration. It is really unfortunate that a serious controversy should have arisen in Madras over the suitability and efficacy of the B.C.G. vaccine in preventing the spread of tuberculosis. True it is that conditions in India

are not the same as those obtaining in the countries in the West where this kind of treatment has met with considerable success and has helped a great deal to arrest the spread of the disease. The standard of living of the people in our country is very low; the environmental conditions under which they live are, to say the least, wretched; and food and housing conditions are very unsatisfactory; and the power of resistance of the people has gone down considerably, that the germs of diseases find a congenial soil for their growth and development. I have referred to the food and housing conditions in the early part of the address. So far as the food position is concerned, unless Nature is kind to us, all that the Government can do cannot help solve the problem satisfactorily. As regards housing, the WHO expert has estimated that the clearance of slums in the cities alone, not to speak of the villages, would reach astronomical proportions that it would not be possible in the near or foreseeable future to find the funds for their clearance. To add to these, there are not at present a sufficient number of hospital and hospital beds for all the people suffering from tuberculosis. Even rich and advanced countries like the U.S.A. have not been able to make the required provision. In the circumstances any step, any measure that would mitigate the ravages of this disease and prevent its further spread on a large scale as before should be welcome. Many experts in our own country including Ministers who are leaders of the profession have sponsored the scheme as the best under the present circumstances. It is, therefore, the duty of the members of the profession to take to it kindly, do their very best to allay the fears of the public and to impress upon them the value of the measure for the arrest of tuberculosis. It is gratifying that the Tuberculosis Association of India has come forward to inaugurate this month, following the precedent set up by other countries, the Tuberculosis Seals Sale Campaign to augment its resources to fight this scourge. Let us one and all, and especially the members of the profession, give our wholehearted support to the noble cause on which it has set its heart upon and help to make it yield results.

At the same time I cannot refrain from referring to the view that is widely held all over the country that the contribution from the Children's Fund to India is not commensurate with the size and importance of our country and with the magnitude of the problem here. This is a matter of detail in which sustained efforts by our representatives in the organisation is bound to be productive of results in the near future. When the hugeness of the problem that is facing the country is laid bare, the urgency of a larger scale of contribution is insisted upon, the members of the organisation, I am sure, will realise the importance of the matter and provide more and more funds for the work.

Dentists' Act

While the Government of India are to be complimented for placing on the Statute Book the Dentists' Act for the better regulation of the profession, it is very much to be regretted that in the schedules of recognised qualifications the general practitioners who have specialised in dentistry should have been placed in Schedule B which is meant for registering unqualified and untrained quacks practising dentistry in the country. This is certainly an insult to the members of the profession who

have been practising this speciality for long and who, by virtue of their general qualification and the long practice they have had these long years, are entitled to recognition and respect. It is because the medical profession is not properly represented in the legislative bodies of the country that serious injustices of this kind have become possible. The Hon'ble Dr. Jivraj Mehta, speaking at Bombay some time back, complimented the work of the Indian Medical Association and appealed to the leaders of the Association to expand the sphere of their activities by entering legislative bodies and taking their due and rightful share in the administration of the country. The future of the country depends very largely on how the basic problems of public health and medical relief are tackled. And the Governments sooner or later, sooner than later, would have to bring in a series of legislative measures for successfully tackling these problems. The lack of finance cannot be pleaded for long to postpone reforms of an urgent nature. It is therefore of the utmost importance that able and experienced members of the profession should come forward to contest seats in legislative bodies not only in the interests of the profession itself but also in the larger interests of the country. It is not yet definitely known when the first elections under the new Constitution will take place. May be they are held early next year or in the latter half of the year. It is time that the Association interests itself in the matter and selects competent men to contest at least some of the seats. With the introduction of adult franchise, it should be possible for those of the practitioners who have endeared themselves to the people by their selfless and devoted service to secure their support.

Role of the General Practitioners in Medical Practice

This is a problem to which serious attention has been paid of late. The Indian Medical Association has been, for some years past, urging upon the Government the need of putting a stop to the private practice of all Government Medical Officers, except those serving in rural areas. The suggestion has been put forward in the interests of the poor and lower middle classes, no less than in the interests of education and research. This is opposed by some people on the ground that it would deprive the upper middle classes of the benefit of expert advice of Government specialists. Such a line of reasoning presupposes the non-existence of a number of specialists outside Government service to cater to their needs, which is not true. There are, outside Government service, as many specialists in different branches of medicine as there are in Government service, if not more, and therefore the argument cannot hold good. Even assuming the specialist qualifications of the person in Government service are far superior to those outside it, it naturally follows that their activity should be restricted to purely consultation and that the general practitioners should be allowed the liberty to treat the patients on the lines suggested by the specialists. Speaking in the Health Ministers' Conference, India's Health Minister, referring to the constitution of an All-India cadre, said that she would prefer the development of a system of at least a nucleus of a well paid staff, who are prohibited private practice in every department of a Medical College because it is they that must be expected to contribute their full share to the establishment of teaching and research on sound lines." "Only when such an embargo is placed, can they have

the time and the inclination to devote themselves wholeheartedly to the great work that lies ahead of them. But, as the Health Minister herself has put it, they should be well paid as in other countries, if they are to be deprived of private practice. Whether the financial position of the Governments would permit of the grant of high emoluments immediately or in the near future, no one can foretell with any precision. But when once it is recognised that with a view to make them devote themselves wholeheartedly to teaching and research it is necessary to place a ban on their private practice, its introduction cannot long be delayed without seriously frustrating the achievement of the objects aimed at by the constitution of the All India cadre.

Service Grievances

I have taken a bird's eye view of the many problems facing the country at the present moment leaving aside anomalies, special grievances and injustices for the consideration of the Conference. Not that I am unaware of these anomalies, injustices and grievances. They are many and manifold. Even the other day our Health Minister pleaded lack of funds in regard to the grant of the legitimate rights of a section of the L.M.S. men. There are many such things about which real grievance exists. But that should not justify the holding or propagating of the view that the Governments are really unsympathetic to us. It is only some time since a change has come about; we have now in charge of the administration our own kith and kin, our own representatives who are bound to respect our views and to redress grievances or remove anomalies wherever they exist. It is our duty to din into their ears these grievances of ours so that they shall be compelled to redress them. I am sure a catalogue of these grievances and anomalies will be placed before this Conference for suitable resolutions being framed thereon and sent to the Hon'ble the Minister for his immediate and urgent consideration. If necessary, the Conference can constitute a Committee to wait in deputation on our Public Health Minister, the Hon'ble Dr. T. S. S. RAJAN, who is one of us and who is ever symphthetic to our cause, to press for the redress of these grievances at an early date.

Conclusion

Ladies and Gentlemen, I have done. It only remains for me now to impress upon you the need for unity and singlemindedness of purpose in the great and herculean task that lies ahead of us and of the country. The Indian Medical Association has, since its inception, done yeoman service to the cause of the profession; it has very largely consolidated its ranks; it has enhanced the reputation of the profession and the self respect of the members here in this country; it has secured for it the respect and recognition of similar organisations abroad; it has got admission as a member of the World Medical Association and of the British Commonwealth Medical Conference; it has obtained representation for us in the general assembly of these organisations. Yet it can be made to play a still greater part in the future than it had been possible for it in the past. This requires unity, this requires strength. The membership of the Association has considerably increased in recent years; and yet it has not attained the stage when it can claim to be the only true representative organisation

of the profession in India. I have referred at some length to the isolationist policy pursued by a certain section of the profession for no valid, just or legitimate cause. This isolation should be given up; their organisation should merge with the I.M.A. The members of the Specialists' Organisations, while they should be free to carry on their activities in the special fields to which they have dedicated themselves, should continue to be members of the parent organisation and help build it from strength to strength. Those members of the profession who have kept themselves aloof from the organisation so far should join it and increase its strength and enhance its power for good. In such a rapidly growing organisation it is but natural that differences on matters of detail should crop up every now and then. I am not disheartened at such happenings. They are but signs of growing strength and growing self-respect. But these should not be allowed to take such a shape as would weaken the Association. I am aware that there is a feeling among some branches that the Central organisation is taking away all that it can place its hand on, leaving very little to the branch organisations to develop and make them more serviceable to their members. The observations made by Dr. Chammanlal Mehta, President of the 26th All-India Conference, on C.F.C. might have stiffened the attitude of some branches and made them think of other measures to hasten their growth. But this is an All-India matter, that should be discussd at the All-India level. It should not be beyond human ingenuity to evolve a plan which, while not weakening the Central organisation, would, at the same time, afford sufficient scope for the branch organisations to grow and develop. The matter can well be raised at the next session of the I.M.A. and a suitable formula evolved. I therefore appeal to the members to stand united, shoulder to shoulder, for the great cause of humanity which beckons us to come to its aid. Let us go ahead with faith in ourselves and faith in the future of our Beloved Motherland.

JAI HIND.



[The Messenger]

INDIAN MEDICAL ASSOCIATION

SOUTH INDIAN PROVINCIAL BRANCH

ANNUAL REPORT FOR THE YEAR 1949-50

LADIES AND GENTLEMEN,

I have the honour to submit the following report for the year 1949-50.

Head Quarters—The Headquarters of the S. I. Provincial Branch of I. M. A. during the year was located at Madurai, the place of the Honorary Secretary.

1949-50

The year began with 19 branches and a total membership of 1441.

The following are the 19 branches.

Bangalore	Chingleput	Coimbatore	Devangere
Erode	Madras	Mathuram	Malabar
Nagapatam	Nilgiris	North Arcot	Pudukottah
Ramnad	Salem	South Arcot	S. Kanara
Tanjore	Tinnevely	Trichinopoly	

The strength at the end of the official year is 1441.

The Devangere Branch is practically defunct. In spite of repeated letters, the C. F. C. has not been paid by the Branch and no reply has been received.

The total number of branches now is 18.

In the absence of any complaint from any branches the journals of the I. M. A. are being distributed properly and regularly.

There have been 177 new members during the year and 110 deletions.

The Provincial Branch held 2 council meetings, one at Coimbatore on 19-3-50 and the other at Trichy on 30-3-50. Including the present annual meeting at Mangalore, it is 3.

The council of the South Indian Provincial Branch has got a strength of 85 members.

Members of the Working Committee—Central. At the last Annual Provincial Council meeting held at Chidambaram the following were elected to be members of Working Committee Central.

Dr. P. A. S. Raghavan, Maj. N. Gangadharan, and Dr. D. V. Venkappa.

CENTRAL FUND CONTRIBUTION

1270 members have paid C. F. C. through their respective Branches up to 30-9-1950.

I request the Branch Secretaries to collect the arrears of C. F. C. as early as possible and send it on to the Provincial office at an early date.

The Strength at the end of Official year is 1441.

My thanks are due to the retiring President for all the guidance he gave me, the Joint Secretary and the Hony. Treasurer for all the co-operation they gave me in the discharge of my duties. I am also thankful to the Editor of the Messenger, the official organ of the South Indian Provincial Branch for giving due publicity to all the activities of the branches which helped in increasing the membership.

I am also thankful to the Secretaries of all the local branches for their kind help and support they extended to me. I would request them to be prompt in their replies and I can assure them that this office is always at their service in the best interest of the profession. Last but not least I must express my thanks to the office assistants Mr. Venkatarathnam and Mr. Lakshminarayanan for their good and hard

November, 1950]

ANNUAL REPORT

work. I have had most loyal and active support from them without which it would have been impossible for me to run the Provincial office.

* JAI HIND

A. K. RAJAGOPALAN,
Hon. Provincial Secretary,

BUDGET FOR 1950-51.

Membership of the S. I. Provincial Branch 1441.	...	4323
Provincial Quota at Rs. 3/- for the above 1441	...	...
Estimated increase of 100 members and their provincial quota at Rs. 3/-	...	300
	...	4623

Estimated Expenditure:

Postage and stationery	...	500
Pay of Treasurer's clerk at Rs. 30/- per month	...	360
Pay of Hony. Secy.'s full time clerk at 50/-	...	600
T. A. for the two clerks	...	100
Auditor's fees	...	50
Cycle allowance for the clerks	...	120
	...	1730

Budget Balance Rs. ... 2893

1. The Annual Meeting of the Council of the South Indian Branch of the Indian Medical Association held at 8 P.M. on Thursday, the 12th October 1950 at the A. S. R. P. Hall, Mangalore.

Dr. P. A. S. Raghavan the President presided.

The following members were present:

Dr. P. A. S. Raghavan	President	Trichinopoly.
" U. Krishna Rao		Madras.
" A. G. Leelakrishnan		Coimbatore.
" D. V. Venkappa		Madras.
" C. V. Narayana Iyer		Calicut.
" K. R. Kini		Mangalore (S. K.)
" O. P. Mallayya		Mangalore.
" O. Janakiram		Trichy.
" R. Ganesan		Trichy.
" C. Rama Rao		Madras.
" T. S. Balasubramanya Iyer		Trichy.

The President co-opted the following 2 members:

1. Dr. O. Janakiram of S. I. Ry. (Trichy)
2. Dr. C. P. Kamath of Mangalore.

The following condolence resolution touching the demise of the following doctors was moved from the chair and passed all standing.

Dr. A. G. Bhat	of Mangalore.
Dr. V. I. Raman	of Malabar.
Lt. Col. M. A. Parthasarathy	of Madurai.
M. J. P. V. Krishnan	of Coimbatore.

The Joint Secretary was authorised to communicate the same to the members of the bereaved families.

2. The minutes of the previous meeting held at Trichy was read by the Secretary and was unanimously passed.

Medical Colleges at Madura and Guntur at least from the next official year and that after these two colleges are opened, the next college must be in the West Coast.

VIII. This conference while reiterating the resolution passed at the last year's conference at Annamalai Nagar on the urgent necessity of starting mobile medical units in a number of Taluks suggests to the Government that if there is delay in implementing this scheme the Govt. should at least help organisations which are starting such mobile units.

This conference places on record its high appreciation of the excellent arrangements made by the Reception Committee for holding this conference in Mangalore and also thanks the authorities of the Canara High School for placing their extensive grounds and buildings at the disposal of the Reception Committee for this purpose.

This conference thanks the Volunteers and boys Scouts for their cheerful service throughout day and night.

This conference thanks the various exhibitors who participated in the medical exhibitions held along with the conference and the various film shows in the evenings.

This conference also thanks the various persons who entertained the members with music, dance and dramas.

This conference thanks the Chairman and Municipal Councillors of Mangalore for their Civic addresses presented to the President of S. I. Provl. Branch of the I. M. A.

A. K. RAJAGOPALAN,

Secretary,

INDIAN MEDICAL ASSOCIATION,
(South Indian Provincial Branch.)

U. KRISHNA RAO,

President,

INDIAN MEDICAL ASSOCIATION,
(South Indian Provincial Branch.)

A.P.W. VITAMIN B COMPLEX

ORAL

(A palatable and efficient Vitamin Tonic.)

Each Fluid ounce contains:

Vitamin B1.	... 10 mgms.
Vitamin B2	... 3 mgms.
Vitamin B4.	... 2 mgms.
Nictonic Acid.	... 30 mgms.
Calcium Panthothenate.	... 3 mgms.
Calcium Glycerphos.	... 1 gr.
Sodium.	... 2 gr.
Potassium.	... 4 gr.
Iron.	... 2 gr.
Proteolysed Liver Extract.	... 2 drs.
Alcohol.	12½ v/v.

PARENTERAL

(For Intramuscular use only.)

Each C.C. contains:

Vitamin B1.	12.5
Vitamin B2.	0.5
Nictonic acidamide.	5.0
Calcium Panthothenate.	2.5
Active principles of Fresh Liver (for natural folic acid).	15

Please ask for detailed literature:

THE ANDHRA PHARMACEUTICAL WORKS LIMITED

BEZWADA (S.I.)

November, 1950]

Indian Medical Association—South Indian Provincial Branch

PROVINCIAL COUNCIL MEETING, 1950—51

KANARA HIGH SCHOOL BUILDINGS MANGALORE, 13—10—50, 6 P.M.

The first meeting of the Council of the South Indian Provl. Branch of the Indian Medical Association was held at A. R. S. P. Hall, Mangalore, on Friday the 13th October 1950.

Dr. U. Krishna Rao, the new President presided.

Members Present:

- | | |
|--------------------------|--------------------------|
| 1. Dr. U. Krishna Rao | 2. Dr. P. A. S. Raghavan |
| 3. " C. V. Narayana Iyer | 4. " C. Rama Rao |
| 5. " A. B. Dass | 6. " M. R. Shetty |
| 7. " A. G. Leelakrishnan | 8. " D. V. Venkappa |
| 9. " R. Ganesan | 10. " T. S. Shetty |
| 11. " Rangappa Kamath | 12. " K. R. Kini |
| 13. " S. R. Rajaram | 14. " A. K. Rajagopalan |
| | 15. Dr. A. M. Sivaraman. |

As per rule No. 7 (b) the President co-opted the following 2 members: (1) Dr. N. Achuthan, Malabar and (2) Dr. O. Janakiram of S. I. Ry.

1. The minutes of the last Annual Meeting was read by the Secretary and it was confirmed unanimously.

2. The following budget for 1950—51 was presented by the Secretary:

The membership of S. I. Provl. Br. 1441.

Provl. Quota at Rs. 3/- for the 1441 ...

Estimated increase of 100 members and their Provl. quota.

Rs. 4323 0 0

Rs. 300 0 0

TOTAL Rs. 4623 0 0

Estimated Expenditure:

Postage & Stationery	Rs. 500/-
Pay to Treasurer's clerk at Rs. 30/-	Rs. 360/-
Pay to Secretary's full time clerk at Rs. 50 - per month	Rs. 600/-
T. A. for the Office—bearers, while going on Association work	Rs. 300/-
T. A. for clerks	Rs. 100/-
Auditor's fee	Rs. 50/-
Cycle allowance for the 2 clerks	Rs. 120/-

Rs. 2030 0 0

BUDGET BALANCE

Rs. 2593 0 0

Resolved: (a) that the office-bearers are entitled to T. A. (II Class), if they on Association work.

(b) that the office-bearers entitled to this T. A. are:

- | | |
|-----------------------|--------------------|
| 1. The President | 2. Vice-Presidents |
| 3. Secretary | 4. Joint Secretary |
| and 5. The Treasurer. | |

(c) that II class and actual expenses be paid.

(d) that the President will decide who will do the travelling Association work.

The budget as clarified by the above resolutions was passed.

3. Andhra Provl. Branch resolutions :—(Refresher Course)

(i) The Provl. Govt. are requested to consider the desirability of urgent insisting on all practitioners to undergo a Refresher Course compulsorily once every seven years.

(ii) To effectively operate the above, the Provl. Medical Council be authorised to call for and obtain all necessary information and not to renew registration every seven years without a certificate of attendance at a Refresher Course.

(iii) The Course shall be free and subsidised with facilities with Boarding and Lodging at all College Hospitals and other suitable Hospitals and be conducted throughout the year to serve the large number of practitioners.

(iv) A committee be formed with representatives of the Government and Provincial Medical Council and the Andhra and South Indian Provl. Councils of Indian Medical Association to draft necessary rules and work out the details of the Course.

Referred to Standing Committee with the following opinion:

"While agreeing that Refresher Course are necessary for the general practitioners the Council of the South Indian Provincial Branch is not in favour of insisting on certificate for renewing registration. This Council, however, refers the subject to the Joint Standing Committee of the S. I. Provl. Branch and Andhra Provl. Branch for submitting a scheme for placing it before their respective Provl. Councils for their approval.

4. I. M. A. Circulars.

(a) Circular No. 102. Railway concession certificate to attend the 27th All India Medical Conference at Sholapur.

The Hony. Provl. Secretary is directed to apply for 50 more forms (total 100) and to circularise this to all the branches.

All the Delegates intending to go are to get in touch with the Branch Secretary for obtaining these certificates who will communicate to the Provl. Secretary. The informations will be published in the 'Miscellany.'

The Hony. Secretary will find if this concession is given to the members attending the I. M. A. Conferences not as delegates, but as visitors.

(b) Circular No. 103. Holding of A. I. M. C. either before or after December.

The council of the S. I. Provl. Branch is in favour of holding the conferences of the I. M. A. in December, as usual. But if this is not convenient for the inviting Branch, this council of S. I. Provl. Branch suggests holding the conference sometime during March.

(c) Circular No. 105: Re. Village Vaidya Scheme.

This council is of opinion that it is inadvisable to permit Vaidyans to be trained to give injections to the public.

(d) Circular No. 110: Re. Mutual Medical Benefit Scheme.
Recorded.

(e) Circular No. 100: Re. Availability of Medical Text books for presentation.

The Secretary is authorised to circulate to all branches for their benefit.

(f) Circular No. Re.

Recorded. This Council feels that this matter is entirely within the jurisdiction of the Government.

(g) Circular No. 60: Re. Facilities and charges etc. for editing and printing Journals in various Centres.

Resolved to form a sub-committee consisting of Dr. U. Krishna Rao, Dr. Raghavan, Dr. Leelakrishnan, Dr. Venkappa and Dr. Kini, to look into this and report to the Council.

(h) Circular No. 54: Re. The Working Committee of I. M. A. to be held at Coimbatore on 28th and 29th Oct. 50.

Recorded.

With a vote of thanks the meeting terminated.

A. K. RAJAGOPALAN,

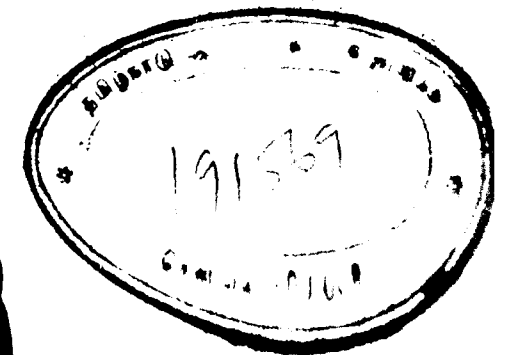
Hony. Secretary.

INDIAN MEDICAL ASSOCIATION,
(South Indian Provincial Branch).

U. KRISHNA RAO,

President.

INDIAN MEDICAL ASSOCIATION,
(South Indian Provincial Branch).





*Most reliable
standard prepara-
tion for use in all
vitamin B deficiency
diseases.*

PARENTERAL

COMPOSITION

EACH C.C. CONTAINS

Thiamine
Hydrochloride . . . 20 mg.
Riboflavin . . . 3 mg.
Nicotinamide . . . 75 mg.
Calcium
Pantothenate . . . 2.5 mg.
Pyridoxin
Hydrochloride . . . 3 mg.
Phenol (as Preservative) 0.5%

ORAL

COMPOSITION

EACH FLUID OUNCE CONTAINS

Thiamine
Hydrochloride . . . 12 mg.
Riboflavin . . . 8 mg.
Pyridoxin
Hydrochloride . . . 2 mg.
Calcium
Pantothenate . . . 8 mg.
Nicotinamide . . . 50 mg.
Sodium
Glycerophosphate . . . 300 mg.
Syrup and
Flavouring agents . . . q.s.

TOTALIN-B

VITAMIN B COMPLEX

Parenteral & Oral

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BOMBAY, S.

LITERATURE SENT ON REQUEST.

CIPLA SALES DEPOT, 1,186, Mount Road, MADRAS

We beg to announce the sad demise of the following doctors:

Dr. G. R. Narayanaswamy	...	Madras
Dr. M. A. Parthasarathy	...	Madura
Dr. V. I. Raman	...	Malabar
Dr. A. G. Bhat	...	South Kanara

THE OBSTETRIC AND GYNAECOLOGICAL SOCIETY OF SOUTHERN INDIA

President:
DR. MRS. MATHURAM DEVADASAN,
FRCS., MRCOG.

Secretary:
DR. M. S. SESHADRI, MBBS., DGO.

Government Hospital for
Women & Children
Egmore, 11—11—1950

Dear Doctor,

The All India journal of Obstetrics and Gynaecology has been published. May I request you to become a member of the above society on payment of Rs. 12/- per annum. (Three Rupees of membership and nine rupees for the journal, which is being published quarterly). The journal is available only to the members of the above society. The money may be remitted either by cheque or cash to the Hony. Treasurer of the above society at Govt. Hospital for Women and Children, Egmore, Madras.

Thanking you,

Yours faithfully,

M. S. Seshadri,

Hony. Secretary.

ODDS & ENDS

Sedulon is cough sedative useful in all cases in which coughing is harmful to the patient.

∴ ∴ ∴

Bunderbuss prescriptions are often a cloak for therapeutic ignorance.

∴ ∴ ∴

Italy offers a prize of 1,000,000 lire for an original unpublished article on rheumatic diseases.

∴ ∴ ∴

A certain lady who had given a dinner party, met her doctor in the street on the following day and stopped to speak to him.

"I am so sorry, doctor," she said, "that you were unable to come to my dinner party last night. I feel sure you would have enjoyed yourself, and it would have done you good, too."

"My dear madam, it has already done me good, as you put it," replied the doctor tersely. "I have just prescribed for three of your guests."

∴ ∴ ∴

"I think you ought to stop taking sleeping pill every night," the doctor told a patient. "They're habit forming."

"Habit forming" retorted the man. "Nonsense. I've been taking them for twenty years."

∴ ∴ ∴

A man told a friend that he was running for an undertaker as his wife was seriously ill.

"But" remonstrated the friend, "it's not an undertaker you want, it is a doctor."

"No, no," was the reply, "I cannot afford to deal with middle man."

∴ ∴ ∴

What is the difference between a Legal Practitioner and a Medical Practitioner?

To the lawyer, the client brings his worry and money, leaves the money and takes the worry back.

To the doctor, he brings his worry and money, leaves the worry and takes the money back.