

MINISTRY OF HEALTH

Proceedings of the 3rd
Health Ministers Conference
held in New Delhi

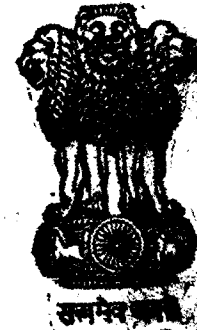
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GOVERNMENT OF INDIA
MINISTRY OF HEALTH



**PROCEEDINGS OF THE THIRD HEALTH
MINISTERS CONFERENCE HELD
IN NEW DELHI ON THE
31st AUGUST, 1st AND
2nd SEPTEMBER 1950**

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PRESENT.

THE HON'BLE PANDIT JAWAHAR LAL NEHRU opened the conference.

CENTRAL GOVERNMENT.

Delegates.

Advisers.

1. *Ministry of Health—*

The Hon'ble Rajkumari Amrit Kaur
(*Chairman*).

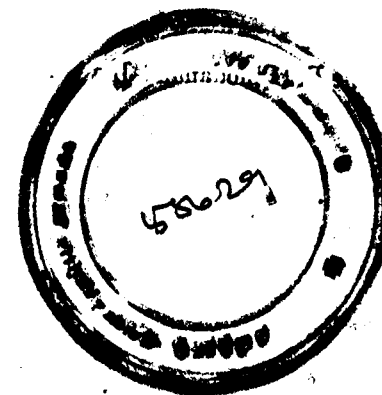
1. Shri P. M. Menon, I.C.S.
2. Dr. K. C. K. E. Raja.
3. Shri M. R. Kothandaraman.
4. Sardar Harbans Singh.
5. Lt.-Col. C. K. Lakshmanan.
6. Shri. P. M. Nabar.
7. Dr. R. Vishwanathan.

Planning Commission—

Shri Gulzari Lal Nanda.

3. *World Health Organisation (Regional Office)—*

Dr. R. L. Tuli (*Observer*).



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STATES.

<i>Delegates.</i>	<i>Advisers.</i>
<i>Madras—</i> The Hon'ble Dr. T. S. S. Rajan .	Shri T. M. S. Mani, I.C.S.
<i>Bombay—</i> The Hon'ble Dr. M. D. D. Gilder . The Hon'ble Dr. Jivraj N. Mehta .	1. Shri F. G. D'Souza. 2. Major E. Benjamin. 3. Shri S. T. More.
<i>West Bengal—</i> Dr. B. C. Das Gupta	
<i>Uttar Pradesh—</i> The Hon'ble Dr. C. B. Gupta .	1. Shri S. P. Pande. 2. Dr. A. P. Bajpayee.
<i>Madhya Pradesh—</i> The Hon'ble Dr. W. S. Barlingay .	1. Shri S. D. Sharma. 2. Dr. K. L. Daftri. 3. Shri Holkar Shastri. 4. Lt.-Col. A. S. Grewal.
<i>Punjab—</i> Lt.-Col. P. C. Dutta . . .	1. Shri I. N. Chib. 2. Dr. D. R. Mehta.
<i>Bihar—</i> The Hon'ble Pt. Binodanand Jha .	1. Shri Jadunandan Prashad 2. Lt.-Col. D. P. Nath. 3. Pt. Harnarain Chaturvedi
<i>Orissa—</i> The Hon'ble Pt. Lingaraj Misra .	Lt.-Col. B. N. Hajra,
<i>Assam—</i> Col. A. N. Chopra	
<i>Hyderabad—</i> Major General S. L. Bhatia.	
<i>Jammu & Kashmir—</i> The Hon'ble Shri Shyamlal Saraf .	Col. Ramnath Chopra
<i>Madhya Bharat—</i> The Hon'ble Dr. Prem Singh Rathore	Col. Shankarlal Gargya,

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STATES—contd.

<i>Delegates.</i>	<i>Advisers.</i>
<i>Mysore—</i> Shri T. Chandrasekhariah . .	1. Dr. Iyengar (Senior Surgeon) 2. Shri Dwarka Nath.
<i>Pepsu—</i> The Hon'ble Sardar G. S. Rarewala	1. Lt.-Col. R. S. Marya. 2. Rajya Vaid Ram Prashad
<i>Rajasthan—</i> The Hon'ble Brig. Rao Raja Hanut Singh,	1. Dr. R. M. Kasliwal. 2. Kaviraj Pratap Singh,
<i>Saurashtra—</i> The Hon'ble Shri D. T. Dave . .	1. Col. Kulwant Rai. 2. Dr. P. M. Mehta,
<i>Delhi—</i> Lt.-Col. Barkat Narain,	
<i>Ajmer—</i> Dr. Suraj Narain,	
<i>Himachal Pradesh—</i> Dr. Gwash Lal,	
<i>Kutch—</i> Dr. K. T. Tasker,	
<i>Bhopal—</i> Col. R. K. Misra,	

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THIRD HEALTH MINISTERS' CONFERENCE.

AUGUST—SEPTEMBER 1950.

AGENDA.

- (1) Report of the Indigenous Systems of Medicine Committee;
- (2) Report of the Homoeopathic Enquiry Committee;
- (3) Organisation of an All-India Health Service;
- (4) The question of establishing a Central Council of Health under Section 263 of the Constitution;
- (5) The role of Voluntary Organisations such as Missionary and philanthropic bodies, in the development of health services and training of health personnel;
- (6) Calcutta Training Centre for Maternal and Child Health Personnel to be established by the Government of India in association with the United Nations International Children's Emergency Fund (U.N.I.C.E.F.); and
- (7) The control of the purity and quality of Drugs and of black-marketing in Drugs.

THE CHAIRMAN OF THE CONFERENCE THE HON. RAJKUMARI AMRIT KAUR (MINISTER OF HEALTH) INVITED THE PRIME MINISTER TO OPEN THE CONFERENCE WITH THE FOLLOWING SPEECH.

COLLEAGUES,

I am sure you would like me, before I address this gathering myself, just to offer thanks to the Prime Minister on behalf of all of us for having spared the time to come here. Mr. Prime Minister, may I remind you that you were good enough to come here also on a previous occasion and give us encouragement.

2. It is only right that the Health Ministers from all over India should meet again to discuss health problems that affect the entire country. No State can to-day afford to live in splendid isolation and the more we are able to collaborate, the better will we be able to formulate uniform policies everywhere. On that depends the success of our health projects. No one knows better than I, how much interest you, Sir, have taken in the matter of health and no one else better than myself knows how sad you are that financial stringency holds up so much Valuable work that all of us would like to do both at the Centre and in the States.

3. We have got a programme before us, the agenda of which you have seen and which will tell you what subjects we are going to discuss at the conference. I will not stand any longer between my colleagues and you, Sir, and would ask you to address us and give us the encouragement that we need at a time when all of us are terribly frustrated, because of the lack of funds at our disposal.

Inaugural Address by The Hon'ble PANDIT JAWAHARLAL NEHRU (Prime Minister).

FRIENDS,

Two years ago, I am reminded, I came over to attend, inaugurate or open one such gathering. I have not the least recollection of what I said on that occasion. I have no doubt, that on that occasion we uttered several platitudes, as we always do on such occasions. I have no doubt also that we meant them, not that we did not mean them : and that most of us, if not all, tried our best to give effect to such policies and programmes as we decided on. But the fact remains that while we make progress in various directions, somehow the overall view is very far from satisfactory. I am not for the moment talking about the activities of Health Ministers but the general activities which go to promote the public good. Whether it has been our fault or the fault of the circumstances which were beyond our control, I do not know. Normally speaking, of course, it is not right or justifiable to blame the stars for our own failings.

2. We are judged by results. A commander in the field of battle is judged by his victory or defeat in the field and the longest and most eloquently written report of his failure is not enough. The battle has been lost : the war has been lost. Historians may consider later on, on whom the responsibility lay for success or failure but the fact is that the battle has been either won or lost. Therefore, the only real test of any report you may write or I may write is victory or what we have achieved. There is also another thing connected with it, namely, not only what we have achieved but it is almost as important what people think we have achieved. That is important not merely from the publicity or propaganda point of view but because when you have to undertake vast social schemes it is highly important what the people think of them. Because you cannot attain success without people's cooperation, you cannot attain success without raising the morale of the people in that direction. If the people think that you are going ahead or that the country is going ahead, their morale goes up and thereby their capacity to work goes up everywhere. If the people think that we are where we were or even worse, their morale goes down, their desire to help goes down, their capacity to work goes down and this affects you, me and everybody else and all our work suffers. Therefore, the only tests of anything, so far as I am concerned, are the facts showing what has been done, what progress has been made, and secondly, what the public appreciation of those facts is. Now, of course, there are many kinds of work, very important work, which do not show immediate results, many kinds of research work which the public cannot judge. In fact, the public may even be rather amused or critical about it, and yet they are highly important and any country must carry on those works of research so that they may yield results in future. That, of course, one has to take into account. Nevertheless, the important thing is the results achieved in the present, and the standing and appreciation of those results. That is to say the results must have a social bearing. It is not much good from the public point of view if some laboratory could do something which is odd and unique. Of course, it may have some bearing on future results, but generally speaking this question must be looked upon—whatever the aspect may be.

whether it is health or any other aspect—from the general point of view of the social well-being and advancement of the people as a whole. I should like to lay stress on that. As you know, more and more stress on this aspect is laid all over the world. In fact, the whole science of medicine which some hundreds of years ago or even less was largely concerned with what might be called individual treatment, has changed its outlook. Of course, there is still that aspect of individual treatment, but that is a very minor aspect of the problem, and certainly from the State's point of view it is infinitely less important than other aspects of importance *viz*, the general public health, sanitation, hygiene, etc. The whole conception of health and medical treatment has changed in the last few generations because people have looked more towards the public health and not towards the private health of individuals, there has been a tremendous improvement not only in the public health but also in the private health which follows. If you pursue private health you will have individual health here and there but generally speaking it does not make much good.

3. Now, public health is—I am repeating something which I said earlier—something that is obvious and trite, nevertheless ~~trite~~ things have to be repeated again and again. Public health depends far more on other factors than just drugs and medicines. It depends primarily, I should say, on enough food to eat. What is the good of your trying to treat a man who is starved or who is undernourished? He is weak, he cannot resist disease. If you treat him to-day, he goes back again because he has not got the wherewithal to live. Public health depends, I suppose, next on relatively decent living conditions, that is, housing. Housing seems to be more important than all the medicines in the world, from the public health point of view, next only to food partly because of this fundamental idea of changing the environment, of providing environmental hygiene. Not only are its effects physical but they affect the mind too tremendously. So, from the health point of view you branch off into subjects which are not directly concerned with you at all and yet which fundamentally affect, that is, the question of food and of housing. Of course, there are other things too—you might say education comes in—but leave them for the present. I would like to lay stress on food and housing. Well, we have been talking a great deal about food. In the last two months or so, to our great misfortune we have had to face great calamities. If we had met three months ago and if I had then referred to the food situation of the whole of India, I would have struck a hopeful note. I might have said that in spite of difficulties we have turned the corner, and so on and so forth, and I would have been right in saying it and it would not have been wishful thinking. And I think that the good that we have done in regard to grow-more-food and other schemes, in spite of a great deal of waste, is a basic and substantial good which will endure and which will pay us dividends in the years to come. So, if I had said three months ago that the food situation was satisfactory and we have turned the corner, I think I would have been more or less right.

4. And yet, to-day we have to face a difficult situation for a variety of reasons, chief of them being failure of rains in many parts and tremendous floods in other parts. Failure of rains in Madras and floods in Kathiawar, Orissa, Bihar and U.P. There is an amazing succession of these unfortunate calamities. On top of these comes the tremendous earthquake in Assam which, the more we learn of it the more we find, is of a colossal character, bigger

than even the earthquakes we have known. We don't yet know what exactly the damage is. The fact that area of upper Assam is relatively thinly populated, is not a so-called developed area, is the reason why the loss in human life and human property is not so great as it might have been in a more populated region, but still it is heavy. And apart from that actual damage, we have to face to day the problem of people marooned and rivers changing their courses. Hills have disappeared and the whole of upper Assam has changed. I hope to go there in the course of two or three days.

5. So, because of all these ravages, we have been put on our trial as a nation, such a trial which few occasions, even war, could put a country on. Therefore, we have to realise in all its fullness the gravity of this problem—not one problem but all these problems that face us—we have to realise the extreme gravity in every way and of the sense of urgency that we should have in dealing with it. I have, if I may say so, for the moment lost interest in long-distance schemes which you are going to do a few years later, as one has to when there is a grave sense of urgency.

6. Then take this housing problem which is not quite as important as the food problem but which is nevertheless of extreme importance. We were discussing this in our Planning Commission the other day and the result of that discussion was an immediate realisation of the overwhelming character of this problem. The problem, of course, was bad enough, say, ten years ago—very bad. Living conditions, workers' conditions, peasants' conditions, every condition was bad. It progressively worsened during wartime and all that has happened since then—the partition, then the refugees and displaced persons—has made it a stupendous and overwhelming problem.

7. And yet, what exactly are you going to do in your Education and Health Conferences if a person has to live in a gutter, if a child has to live in a gutter? What is the good of your talking of health and education without housing, which is the basic thing. A person should have fair, sanitary living conditions, if not luxuries. You go to cities like Bombay or Calcutta. It makes one despair to see the conditions in which people live there.

8. Now, I have laid stress on two matters: food and housing, which I consider basic to health. These are not normally within your purview and probably your Conference will not consider them. Whether it does or does not, I do not know.

9. Now, I just referred to the gradual change-over during the last few generations from the idea of individual treatment for disease to the idea of public health. From the Government point of view, this idea is very important. It is gradually being spread more and more and social systems of medicine and treatment are being adopted, something in the nature of what is being done in; say, England: the State coming in and taking charge practically of the whole population. In the ultimate analysis, this is not only good in itself but probably cheaper in the end: that is to say, cheaper not in the sense of the cost in terms of rupees, annas and pies, but in the sense that if you raise the general health of the nation, the whole productive capacity, the whole mental and physical well-being of the individual and the nation increase and the money you spend upon it is very well worth-while. We must progress in this direction. All these things cost money and money is just the thing that we lack, and yet, may I tell you that while we lack money and while

that is a great drawback, I do not think in the ultimate analysis it is money that comes in the way. It does come in the way and delays matters. But it is the human factor that counts more, in my opinion. Even if we had all the money in the world, we cannot obviously suddenly or in a short time raise our standard to the standard, say, of America. We just cannot do it. Whether it is worth-while or not is another matter. We just cannot do it all of a sudden. It takes time. And we have to take things as they are and taking things as they are, I should like money but for the moment there are things which are infinitely more important than money and I go back again to the human factor: the morale of the individual, his capacity to look at things; to have some objective in view and looking forward to it and working for it. If you have that in the people, progress will be far more rapid than if you do not have it and have all the money in the world. I want you to remember this. Money is important undoubtedly. In the modern world it is. But infinitely more important is the human factor. Money minus the human factor will not go very far, but human factor minus the money will take you some distance, though not very far. Therefore, we must think always of the human factor and of getting public cooperation and public understanding in the things that we do. It is not perhaps the expert's job. I realise that. I cannot expect each one of you to go into these things and approach the public and convert them or make them understand. It is difficult, but I am merely putting to you a certain governmental point of view, because I should like public service to approach this and other problems. But even experts as you are, if you keep that viewpoint before you, it will help you I think and it will help others too.

10. Now, I find from your agenda that you are going to consider reports of the Indigenous Systems of Medicine Committee, the Homœopathic Enquiry Committee, etc. There has been a considerable amount of argument and discussion on this. I understand that our Health Minister is going to address you on this subject. I have some inkling of her views, because she has expressed them to me on several occasions, and she feels fairly strong on this subject. First of all, we have to be clear in our minds about the public health aspect of this question which the Government has to consider as being more important than the aspect of individual treatment. In so far as public health, sanitation and preventive aspects are concerned—I speak subject to correction—I do not know that much attention has been paid by the older systems of medicine to them at all. So that, from that point of view, there is a vacuum or something near a vacuum. If you want to consider anything from the public health aspect, you have to adopt what are called modern methods. Now, what does this word 'modern' mean? A thing that is modern is not necessarily good because it is modern; and a thing that is old is not necessarily bad because it is old. Similarly, the converse is also to be considered. A thing that is old is not necessarily good because it is old; and a thing is not necessarily bad because it is modern. Now, if you look back to the development of science and the applications of science—and as a portion of that, the development of the science of medicine—it is a very interesting history. In early days there were various theories in the domain of Physics and Chemistry; in the domain of medicine, etc. in India, in Arabia, in Europe, in Greece, in Rome, etc. and gradually step by step old theories changed as more experience was gathered and new methods were adopted. There were also new methods of understanding of approach and ultimately of treatment too. In other words,

you are building; each successive step that you take is building on an old experience. If you adopt that method, that approach, then what has been achieved at one time becomes out of date. If you attain perfection, then of course there is no question of building over it. There you stop. I do not know if it is possible to say of any activity in human affairs that it is perfect. If a human being becomes perfect, that human being, if I may say so without disrespect, at once attains *nirvana* and is out of our sphere of action. It is only imperfect people who function in this world. Perfection means a complete solution, a complete balance of everything and going off into some other sphere.

11. So it is absurd for us to say that any system, any thought or any line of activity attains perfection. It would be equally wrong for us to say that any system of medicine, at any time of history—including the present time—has been anywhere near perfection. What Dr. Jivraj Mehta or any other eminent doctor would advise their patients to do to-day, he might not do so ten years later, on account of a new development. You may strongly recommend something to-day; something new happens and you revise your opinion. That is the way of advance—having an opinion, accepting all the experience that lies behind you, and adding fresh experience and knowledge to it.

12. I say that, because it is obvious that the old systems of medicine of India, the Ayurvedic and Unani systems, have been great systems. There is no doubt about the fact that they are famous systems. In their own day they had quite a large influence not only in our country, but in far-away countries. Harun Al Rashid sent for Indian physicians to cure him. Our systems went to Arabia and to Europe and influenced the systems of medicine there. So, there is no question about the fact that India has a very creditable record in the field of medicine in the past. It does not, however, follow from it that we must imagine that was the *Summum bonum* of the systems of medicine; nor does it follow either that you should ignore it and put it aside as worthless.

13. What then should our approach be? Obviously, in a sense our approach should be one of trying to profit by past experience and integrate it with the best in other systems. One approach, I would, for want of a better word, call the "scientific approach", the approach of a known mind, an experimental mind, which is prepared to accept anything which factually or theoretically justifies itself, and going ahead on the basis of it, so long as it justifies itself. When something else justifies itself, take that. That is the scientific approach. In theory at least what is called modern medicine, is based on that scientific approach. I am not prepared to admit that every practitioner of modern medicine practises the scientific approach. I think many of them are very far from scientific in their outlook, or in their work. But a scientific approach is essential in whatever domain of life you are functioning. If you do not have that approach, you lose yourself, or you will get stuck up. You won't make progress at all.

14. I dislike, I may tell you, calling this modern system of medicine as 'Western' medicine. I think it is a wrong thing to do, because it is as much Eastern as it is Western, because it has grown out of what we have done here and what the Arabs and the Greeks have done in their countries. So, to call it

'Western' is just giving credit for others and not giving yourself credit for something that we did. It is just as some people calling the modern system of numbers as 'Arabic'. As a matter of fact in Arabia they are called Indian figures. The invention of the zero and the decimal system two thousand years ago is one of the most amazing instances of Indian genius. It is one of the greatest discoveries of any time. And to call it a 'Western' or 'Arabic' system seems to be absurd and wrong. So also to call modern system of medicine as 'Western' is completely wrong. Certainly the West had a great share and a dominant share too during the recent past. But the whole thing is based on generations of experience of India, Arabia and other countries. It is this concentrated experience that is known as modern medicine.

15. Now, there is no doubt at all that Ayurvedic and Unani systems have excellent remedies. There can be no difficulty whatever in the integration of all the old and tried remedies of Ayurvedic and Unani systems with any other system. It is fairly easy and in fact, as you know, many of them have been integrated in that way. The difficulty arises not in integrating the various remedies, but it is a little more basic and fundamental. And that again takes me back to this scientific approach.

16. I believe that an Ayurvedic physician thinks and talks in terms—you will forgive me if I am wrong—of *vayu*, *kuff* and *pith*. I am no scientist and I do not wish to go into this matter; but undoubtedly that basic line of reasoning is opposed to what might be called the basic line of reasoning of modern science. Mind you the *vayu*, *kuff* and *pith* business is very similar to the ideas that prevailed in Europe. It is not a speciality of India. May be those ideas went from India. Everywhere they had that particular type of approach in the Middle Ages. Gradually by experience and experiments they evolved different approaches which seemed to them to fit in more with the realities of the case. So, we have to decide very clearly whether the approach is going to be *vayu*, *pith* and *kuff* business, or any other.

17. Then again there is this question that many people of India practise some kind of medicine, whatever they might like to call it, including homœopathy, electro-homœopathy and others. There may be nothing against them: they may be very good. But anybody can put up a board and practise without any knowledge of medicine, or even in that type of medicine. That is an extraordinary thing. It is a dangerous thing which we should forbid. There must be certain standards which people must reach before they can experiment with human life.

18. The conclusion I arrive at is this. First of all, modern system of medicine deals with many aspects of public and private health, surgery, etc. which are practised by other systems, and we have to keep them. Secondly, the approach to any system must be on scientific lines. Our approach must be as friendly as possible, as respectful as possible, but as critical as possible also. We should imbibe and accept all knowledge that we have got and profit by it in regard to medicines, etc. But so far as the basic approach is concerned I cannot see how we can combine the two approaches, the modern treatment of disease and the older one which prevailed in the middle ages, in Europe, in Asia, in India and which is to some extent represented by the background of Ayurveda and Unani, that is, the *vayu*, *pith* and *kuff* approach to this problem. I do not wish to come in their way. But I would insist that adequate

training in modern medicine should be given to every person. I do not mind after he has got that training what system he practises. Provided he has got that training I do not mind, so that I should like the Ayurveda practitioner, the Unani practitioner, both, to have this training. Let him practise the either thing. But if he has got that training and is prepared to abide by that training he will function more or less rightly. That would apply to homœopathy too. Indeed, where homœopaths and the like practitioners are concerned, in a large measure, the training is more or less the same. I believe so—I am not sure. So, that training should be a common background for all. For people to say that a certain system is cheaper than the other serves no purpose, for after all the cheapest thing is to give treatment to a patient at no cost at all.

19. Modern system of treatment, I believe, lays far more stress not only on preventive health measures but also on more natural treatment, though drugs do come in and have become popular no doubt. But the tendency is there. Well, gentlemen, I have taken up a lot of your time and I have spoken about subjects of which you know much more than I do. Fortunately or otherwise, although I have made good friends as doctors, they have not experimented on me too much in my life—either doctors of modern medicine or of Ayurveda or Unani *hakims* or homœopaths or anybody. Dr. Jivaraj Mehta has occasionally experimented, but not too much. And I believe that the less of medicine and drugs that one takes the better for any individual. Of course honestly I cannot rule it out. There must be an occasion when one has to do it. But there it is that we must pay greater stress on prevention of disease, on the general raising of public standards of health, etc. With regard to this business, probably this tendency would have gone very far indeed if this business of treatment had not been a private preserve of private doctors. Not that the private doctors are not honest and straight about it. Still the tendency is there and I do not blame them because our people like swallowing medicine in large quantities. Many a doctor has told me that his patient does not require any medicine but he has only to humour him and give him coloured water. That is our fault. Nevertheless, it is the system of private doctors practising private medicine, if I may say so, which prevents the full growth of this public idea of people thinking about it as affecting the lives of the people at large.

Thank you.

Address by Hon'ble Dr. M. D. D. GILDER (Bombay).

FRIENDS,

I am sure you will all agree with me that we are very much indebted to the Prime Minister for his having come here to address us on this occasion. Never has he missed to attend a Health Conference since he took up the Prime Ministership. That shows the interest he is taking in Health. His address has been very inspiring and he threw a lot of light on the subject though he said that we know more about it than he did. I am sure you will all agree with me that we are all very much indebted to him for the trouble he has taken.

Address by THE Hon'ble RAJKUMARI AMRIT
KAUR (Chairman).

Two years have elapsed since we last met and those two years have been eventful ones in the life of the country. We have attained the goal of a Republic to which we had looked forward for years and the new Constitution giving full autonomy to the States has also come into being. All this is to the good. Nevertheless the hand of financial stringency has laid heavily on us and we are not able to expand our health services or go ahead with health projects as we would like to be in a position to do. And this, in a country whose needs are so vital in the sphere of health, is indeed a sad state of affairs.

2. Nevertheless it is a great pleasure to have here again the Health Ministers from the States and their technical advisers for a discussion of health problems which require for their solution the utmost possible cooperation between the Central and State Governments and I welcome you all. Our agenda this time is short but it contains important subjects such as the question of a common policy in regard to the indigenous systems of medicine and homoeopathy, the establishment of a Central Health Council under the provisions of Article 263 of our new Constitution and the organisation of an All-India Health Service. I shall speak of them in greater detail later during this address, but let me say at the outset that in my opinion the acceptance of a common policy by the Centre and the States in respect of these matters is of fundamental importance in promoting a co-ordinated advance in the improvement of public health in India. The organisation of parallel health services based on the indigenous systems, homoeopathy and on modern medicine which has developed in recent years in different parts of the country is, I feel, a definitely retrograde step. These systems lack some of the essential elements of a complete service to meet the total health needs of the people; for instance, Ayurveda and Unani have no surgery, preventive medicine, obstetrics, radiology and all the more modern developments which are of great importance in the diagnosis, treatment and prevention of disease. In the circumstances it is unimaginable that India can deliberately accept the indigenous systems as the bases on which to build her national health services and ignore the claims of modern medicine. Unless the Central and State Governments can arrive at common decisions on this subject and pursue the execution of those decisions on agreed lines, in no foreseeable future can I see our country advancing on that path of progressive achievement in the conquest of disease, prolongation of life and improvement of the general health working capacity and sense of well-being of the people which the application of the resources of modern medical and other sciences has made possible in Western countries such as the United Kingdom where even the hardships and privations of the last world war failed to make an adverse impression on the public health.

3. Towards the realisation of increasing cooperation between the Central and State Governments the establishment of the Central Health Council and the creation of an All-India Service will, I have no doubt, be of definite value. I therefore feel that the present Conference is of great importance in regard to future health development in India and in our efforts to reach agreement on these matters I would particularly urge that we should be guided by considerations based on the best interests of the country.

4. I shall now turn to a fuller consideration of the question of the indigenous systems. The Government of India, after considering carefully the Chopra Committee's Report recommended that a uniform policy should be followed throughout the country in regard to these systems. In laying down its own views regarding such a policy the Central Government was guided by the fundamental consideration that it was essential for India to keep in line with the tremendous progress that is being made in all the progressive countries of the world in the investigation of the causes of diseases, their treatment and prevention. There is no gainsaying the fact that while Ayurveda and Unani were at the height of their glory many centuries ago, they have been outmoded by modern medicine to such an extent that, in the opinion of the Central Government, it would be wrong to make these systems the bases on which to develop the remedial and preventive health services of the country. Take the case of an emergency like war. Modern medicine with its highly developed surgery and its wide application of preventive measures to control the spread of infectious diseases can alone deal with a situation such as this. During the last war, in many of the tropical areas of conflict, malaria, dysentery and other diseases were more active agents for the production of casualties among the troops than even deadly weapons, barring the atom bomb, which man's ingenuity has produced. Modern medicine is admittedly incomparably superior to Ayurveda or Unani in dealing with the prevention and control of such infectious diseases. Again the home front in many of the countries subject to war conditions was not without its serious problems resulting from the bombing of the civilian population as well as from the shortages in food, clothing and shelter which the war had produced. In the United Kingdom, which had to bear the brunt of German action over a period of years the application of modern methods of nutrition, the utilisation of sulpha drugs which had come into general use by that time and other appropriate measures helped to keep up such a high standard of health of the people that the general death rate in the civil population during 1941-43 was even less than that during the pre-war period. These examples are cited in order to show what modern medicine can achieve under the most trying conditions and it would therefore be foolish and even criminal for India to decide that her health services should be built on any other foundation than that of modern medicine. It should also be remembered that, during war, the expanding demands of the Defence Services for the best medical aid that can be made available will be met only by the practitioners of modern medicine and not by those who are either pure Ayurvedic or Unani doctors or by others who have had their training in the newer schools or colleges which teach these systems with an insufficient and unsatisfactory background of basic sciences such as Anatomy, Physiology and Pathology. The war period is only a state of extremely abnormal conditions and, if during war modern medicine can meet successfully the difficult situations that arise, it is obvious that this is the system which should be utilised for the more settled period of peaceful conditions during which constructive work on a sound basis becomes possible.

5. It is recognised at the same time that Ayurveda and Unani do contain certain valuable drugs and medical procedures and it is most desirable that such of these as can be tested by modern scientific methods and proved to be of value should be made available to all mankind. The Central Government is therefore anxious to support extended research into these systems and I am glad to learn informally that a Committee, which was appointed by us a short

time back have come to unanimous conclusions and is expected to report at an early date. They will doubtless indicate the lines on which such research should be organised. Apart from research, however, the main question before us is how to eliminate the existing quackery and give to every aspirant the basic scientific training which alone should be the criterion for registration for the practice of the art of healing. It is obvious that India cannot afford to produce doctors who do not fulfil the standards considered necessary by the advanced countries of the world. The Central Government is accused by some persons of a desire to kill the ancient systems of medicine which they claim have survived all these centuries in spite of no encouragement and patronage. I maintain that this criticism is ill-informed and misguided. On the contrary the Central Government is only anxious to ensure that all future medical practitioners shall have a complete course of training in the basic modern medical sciences before they take up training in any other system of medicine. In this way alone will Ayurveda, Unani and Homœopathy be able to make their contribution to the broad stream of medical science which like all other sciences belongs to the world and not to any particular country. I claim without hesitation that this is the best and only way to give practical encouragement to Vaidyas, Hakims and Homœopaths, to raise the standards of their sciences and to give them a chance of competing on equal terms with the practitioners of modern medicine.

6. I would plead that India's real interests should have precedence over all other considerations. The training that is now given in the newer Ayurvedic and Unani colleges is not satisfactory. We shall fail to satisfy the general urge in the public—an urge that should at all times be encouraged—to demand the best service. The training of medical personnel is therefore of paramount importance. And this training must not only be of a high standard but must also be uniform throughout India. I would therefore commend that the proposals put forward by the Government of India, which seek to secure a reasonable solution of the problem, deserve the fullest possible consideration. I propose to advise the Conference when the subject is taken up that a sub-committee should be appointed to discuss in detail the various aspects of the subject and to submit to the Conference specific proposals for consideration.

7. The establishment of a Central Health Council to provide a permanent forum for the discussion and formulation of health policy on matters of common interest to the Central and State Governments is another important subject before the Conference. As has been pointed out in the memorandum this Council will function as an integral part of the health organisation of the country and should tend to promote increasing cooperation between the Centre and the constituent units of the Indian Union in that wide field of collaboration which the Concurrent List of subjects provides. This list contains many matters of great importance such as the regulation of the medical profession, including medical education and medical ethics, welfare of labour, prevention of the inter-State spread of infectious diseases, control of the adulteration of food and drugs, vital statistics and social and economic planning, which also includes health planning. Apart from promoting cooperation over this extended sphere of common interest, I believe that the Central Health Council will tend to create that common bond of sympathy and understanding between the Centre and the States which will enable joint effort to enter even fields which may on the surface be of concern only to the Centre or to the States.

Thus while the prescription and enforcement of standards in respect of higher medical education is the responsibility of the Central Government, it is unimaginable that the fulfilment of his purpose can be achieved without active collaboration between the Centre and the States. Similarly, in many matters which are the primary concern of State Governments such as the organisation of measures against epidemic and endemic diseases, the Centre can and should assist State Governments, particularly the less developed ones. Research into the basic problem of elucidation of the causative factors and of the methods of effective control is of great importance and the Centre, with its Indian Council of Medical Research, should be in a position to assist State Governments materially in this direction, as has already been done in the past.

8. During the last two years the Central Government has, with assistance from W.H.O. and U.N.I.C.E.F., promoted various health schemes in the States and has contributed its share to the cost of these schemes. These include BCG vaccination, the establishment of Tuberculosis Training and Research Centres, anti-malaria programmes in four selected areas where control of malaria has already begun to help an extension of food production, the training of teams of workers from the States for organising a venereal diseases campaign and the creation of training facilities for workers in the field of maternal and child health. The expenditure borne by the Centre in connection with these activities during the last year was well over Rs. 16 lakhs. Side by side with these developments the Government of India, has in pursuance of the recommendations of an Upgrading Committee which it appointed, started a programme, in association with State Governments, 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. These schemes together cost about Rs. 24 lakhs of which the Centre bears one-half. A reference to such developments is made here only to show that the pursuit of active cooperation between the Centre and the States has been encouraged as far as circumstances permit and it is to be hoped that the Central Health Council will help to widen the field of such collaboration.

9. The establishment of an All-India Health Service on the lines of the Indian Administrative Service is another important subject for consideration by the Conference. Certain preliminary discussions that have taken place with a few State Health Ministers indicate that there exists the fear that the creation of the proposed All-India Service may deprive Health Ministers of adequate control over those members of this Service who are employed in the States and that the interests of officers of the State Medical Services may be jeopardised. Personally I think that these fears are unfounded. They apply equally to the Central Administrative Service but have, in practice, been of no significance. As regards disciplinary control the rules framed in respect of the Central Administrative Service provide that State Governments are able to inflict all punishments except dismissal or removal from service. Here too, if the views of the State Government and those of the Union Public Service 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 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 Services. It will thus be seen that adequate safeguards can be made available to ensure disciplinary control by State Governments and to provide for opportunities for State officers to enter the superior service.

10. I would, however, plead that the matter should not be viewed from these standpoints alone. There are many under-developed States which will, under normal circumstances, be unable to secure suitable persons to fill their more responsible posts. The purpose of an All-India Cadre is 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. In our proposals we have purposely confined ourselves to three main branches of health activity. They are public health, medical education and medical research. We have purposely left out medical relief, the organisation of which involves in a number of States the utilisation of the services of honorary medical men and of subsidised practitioners. I recognise that, in some States, the services of honorary doctors are also utilised for medical education, but they are for clinical subjects. Personally I would prefer to see the development of a system of at least a nucleus of well paid staff, who are prohibited private practice, in every department of a medical college because it is they that may be expected to contribute their full share to the establishment of teaching and research on sound lines. But there may be financial and other difficulties in the way of fulfilment of this purpose, at least in certain States, in so far as the clinical subjects are concerned. It is in recognition of such a diversity of conditions that it has been suggested that the number of posts from individual States to be included in the proposed All-India Service is a matter for negotiation between the State concerned and the Centre. But, broadly speaking, I hope it will be conceded that all non-clinical posts can come in and I feel that a number of States may desire to bring in a certain number of clinical posts also. The objections raised here will not, of course, apply to posts in the public health and research departments of Governments.

11. I have attempted to show that the proposals under consideration admit of sufficient elasticity to satisfy the varying conditions of different States. I would therefore plead that no State should have any serious objection to the acceptance of the scheme. In my opinion, if we take a long view of health development in the country and particularly of the need to satisfy the requirements of certain under-developed States, the creation of an Indian Health Service is as much a necessity as the continuance of the Indian Administrative Service which has been accepted under our Constitution. I feel that an Indian Health Service with the opportunities it offers for a free exchange of personnel between the Centre and the States will be a valuable instrument to assist the Central Health Council in promoting coordinated development throughout the country. In a country where every effort should be made in the early stages of our development to withstand all that tends to separatism, humanitarian endeavour can in my opinion make a more valuable contribution than anything else.

12. This is again another subject of such importance that, at the appropriate time, I shall request the Conference to appoint a Sub-Committee to discuss the matter in detail and submit proposals to the Conference.

13. Before I conclude I may also refer to another subject for consideration by the Conference. In no country in the world is the State able to meet all the medical needs of the people. Voluntary effort supplements largely the work of Governments. Further, activities of a pioneering nature are generally taken up to a large extent by voluntary bodies. Voluntary workers bring to their task an initiative and freedom from administrative controls of a cramping nature which enable them to shape their programmes with greater elasticity than is generally possible when these are undertaken by Governments. In the circumstances, voluntary effort has often led the way to explore new avenues of public health activity and when the value of such departures is demonstrated, the public health authority steps in and takes over the new forms of activity for incorporation in the State Health organisation. These facts are mentioned in order to show the important part that voluntary bodies can play in the improvement of the health of the people. In India, where State effort in the field of health lags far behind similar effort in many of the advanced countries, the need for encouraging voluntary organisations is all the greater. The memorandum on the subject, which has been submitted to the Conference, draws attention to the need for a closer association between State Governments and voluntary bodies engaged in health work within their territories. Such association is to the benefit of both. Governments with their limited resources, should be glad to widen the sphere of health activity in the States by securing the help of such organisations and by giving them grants to supplement their income. Voluntary bodies in their turn will, in addition to grants from Government, tap resources from the public which Governments may not be able to touch.

14. I would plead that every effort should be made to remove any misunderstanding that may exist between State Governments and Christian Missions in this country. The latter should make it clear that theirs is a mission of mercy and that it is untinted by any desire thereby to secure converts to Christianity. The relationship that often develops between the doctor or the nurse and the patient is one of deep gratitude and medical missionaries have told me themselves that in their opinion it would be wrong to exploit this situation to force religious views on a patient which, under normal conditions, he or she may not readily accept. State Governments should, in their turn, recognise the extremely useful work that Christian Missions have done and are continuing to do in the fields of medical relief and medical education. Foreign money and the services of distinguished workers from abroad have helped to establish and maintain a variety of institutions, which are often run more efficiently and with a truer spirit of service than institutions under Government. It would therefore be wrong not to acknowledge freely and thankfully the services they have rendered. In present-day India, with our innumerable problems, the closer we can cooperate with these organisations the more fruitful will the results be from the point of view of the country.

15. I have attempted to touch briefly on some of the more important subjects that the Conference will discuss. Let me conclude by expressing the hope that, in the interests of promoting future health development in India on proper lines, it may be possible for us to reach unanimous decisions on all vital matters and thus facilitate a common programme of action in such matters.

(After the conclusion of the Chairman's speech the different items on the agenda were taken up for discussion.)

AGENDA ITEM NOS. 1 AND 2.

Report of the Indigenous Systems of Medicine Committee and Report of the Homœopathic Enquiry Committee.

A NOTE ON CHOPRA COMMITTEE'S REPORT ON INDIGENOUS MEDICINES By

DR. K. C. K. E. RAJA, DIRECTOR GENERAL OF HEALTH SERVICES.

This note consists of two parts. Part I deals with some of the more important recommendations of the Chopra Committee while Part II attempts to define, after taking into consideration that Committee's opinions, my views regarding the principles that should guide the Government of India and Provincial Governments in the development of the country's health services and the training of health personnel. In Part I comments are offered on Chopra Committee's proposals in respect of the following :—

- (a) Integration of Western and Indigenous Systems of Medicine.
- (b) Development of Educational and Medical Institutions.
- (c) The Organisation of Rural Medical Relief.
- (d) State control of Medical Practice and Education.
- (e) Research.

2. The Chopra Committee has throughout used the term "Western Medicine". I think it is more appropriate to call this system "Modern Medicine" because, as has been pointed out by the Bhoré Committee, this system "must be regarded neither as Eastern nor Western but as a corpus of scientific knowledge and practice belonging to the whole world and to which every country has made its contribution". I therefore propose to adopt the term modern medicine throughout this note.

PART I.

(a) *Integration of modern and Indigenous systems of medicines.*

3. Three steps are proposed for effecting integration. To quote the Chopra Committee's words

(1) The first step to be taken in this regard will be the integration of courses of studies by arranging the curricula in such a way that whatever is weak in the one system is supplemented and strengthened by the strong points in the other system or systems. Towards this end there will be, in the curriculum of the medical student, all the subjects of the course of training for modern medicine and their counterparts in Ayurveda. The Committee suggests that "The teaching of Ayurvedic and Western subjects should preferably be by teachers holding both Allopathic degree as well as a diploma or degree in Indigenous Systems of Medicine." The Committee then anticipates that "the lecture notes in each subject could form the basis for the preparation of what may be called 'unified text-books' suitable for use by every student of Medicine in India, no matter what special branch—Allopathy, Ayurveda, Siddha or Unani—he may wish to pursue". The Committee points out that the present system is for each subject to be taught by two sets of teachers (for instance, one for modern Anatomy and another for Ayurvedic Anatomy) and for the examination to be conducted by two sets of examiners and hopes that, when unified text-books are made available, this system would not be necessary.

(2) The second step will be the teaching of each subject by the same teacher, instead of by separate teachers as now, giving the students a reconciliation of the views of the Indigenous and Western systems. In this way the students will gain a knowledge that is unified and integrated imbued with the spirit of the ancient Indigenous Systems of Medicine and well equipped with modern science.

(3) The final step will be in the Research Institute, where experts of Indigenous Systems of Medicine and Western Medicine will work side by side, checking and verifying the various hypotheses and theories, either rejecting or harmonising them. If the theories are such as could neither be rejected nor reconciled, they are to be used as parallel hypotheses.

4. One of the main objection to the proposed first step in the process of integration is that, unless students are given instructions with an adequate reconciliation of the view points of Indigenous Systems of Medicine and Modern Medicine the result would naturally be confusion in the minds of the young people. This is a real danger and the Committee dismisses the question with the remarks that, "if the teachers and the taught are of the right type this should not occur" and that the Committee's opinion "is backed by eminent authorities who have studied the question." I am not convinced that the matter is so simple as that and that it could be dismissed in this fashion. In this connection I may mention that, in December 1946, General Hay,

who was then the Director General of Indian Medical Service, and I visited the Poddar Medical College in Bombay (an Ayurvedic College on modern lines) and among other matters discussed with the Principal, who is a graduate in both systems of medicine, the curricula of studies. We asked him how the principles of physiology and pathology in the Ayurvedic system based on the *Pancha Bhoota* theory of matter could be reconciled with the conceptions embodied in modern physiology and pathology and his reply was that they could not be reconciled. He may or may not be right. I recognise that other people hold a different opinion. Dr. G. Srinivasamurthi, who is qualified in modern Medicine and was for many years the Principal of the Madras Ayurvedic College, has stated in his "Memorandum on the Synthesis of Indian and Western Systems of Medicine". (Vol. II, pages 264-268 of the Chopra Committee's Report) that, in his opinion, the theories of Ayurveda and of Modern Medicine, though different, need not be contradictory and may even be complementary to one another. It is not proposed to examine here the arguments set out by Dr. Srinivasamurthi but it is clear from the second and third steps towards integration recommended by the Chopra Committee that a considerable measure of reconciliation of the view-points in the two systems of medicine (Modern and Indigenous) would be necessary and that extensive research by experts of both systems would have to be conducted as part of the programme of such reconciliation. It does not, therefore seem incorrect to hold that, until such reconciliation is achieved and a body of medical knowledge accepted by all is built up, the adoption of the first step towards integration suggested by the Committee would result in presenting to the immature minds of young students separate systems of ideas without adequate reconciliation into a coherent whole. Such instructions must be held to be detrimental to the mental development of the student. One of the main purposes of the education, whether it be in the field of medicine or any other, is, apart from the imparting of knowledge in specific subjects, to draw out the faculties of the individual in such a manner as to enable him to think and form opinions for himself. A system of study, which places before the students parallel sets of ideas which are not integrated, must naturally help to produce confusion in their minds. It seems to me that the logical thing to do is to start with the final step suggested by the Chopra Committee, namely, to carry out intensive research so as to check, verify and reconcile all the more important ideas in the two systems and thus evolve a common body of knowledge acceptable to the exponents of both systems. If this be done the incorporation of such knowledge into the training programme of medical students becomes rational and there need then be no fear of causing confusion in their minds. The approach towards integration as set out by the Committee does not appear to me to be sound. It is not clear how the process envisaged in the first step which involves the assumption that "the lecture notes in each subject could form the basis for the preparation of what may be called 'unified text-books' suitable for use by every student of medicine in India, no matter what special branch—Allopathy, Ayurvedic, Siddha or Unani" the student may desire to pursue, can work itself out in actual practice. A pre-requisite to the creation of such 'unified text-books' should obviously be the development of an integrated body of ideas based on a reconciliation of such differing points of view as may exist in these separate systems and this reconciliation can only follow from the intensive programme of research under what the Committee has termed the 'final step'.

5. There can hardly be any difference of opinion regarding the need for integration if what is meant by that term is the pooling of the principles and practices of proved value from all the different systems of medicine in order to produce a harmonised body of knowledge in relation to health and disease. While agreeing to integration, if it means what I have suggested, I find myself unable to accept the arguments that the Committee has put forward to justify integration. For instance, the Committee has stated, "Western Medicine has chiefly considered the study of disease as the result of outside agencies like the microbes. Indian Medicine considers disease as a state of disharmony in the body as a whole and a result not only of the external factors, nor merely of the internal factors but of the interaction between the various internal and external causes". "This is surely an incorrect statement of the approach of Modern Medicine towards the interpretation of health and disease." While it is true that the development of bacteriology has been a marked advance in the demonstration of specific infective agents as the causative factors for the production of particular diseases, it is wrong to assume, as the Chopra Committee has done, that Modern Medicine has considered the problem of disease mainly from the standpoint of microbes. A hundred years ago the great physiologist, Claude Bernard, pointed out that all animals (including man) have two environments, internal and external. To quote his own words, "The living organism does not really exist in the milieu extérieur (the atmosphere it breathes, salt or fresh water if that is its element) but in the liquid milieu intérieur formed by the circulating organic liquid which surrounds and bathes all the tissue elements; this is the lymph or plasma, the liquid part of the blood which in the higher animals, is diffused through the tissues and forms the ensemble of the inter-cellular liquids and is the basis of all local nutrition and the common factor of all elementary exchanges". As Sir George Newman has pointed out "Claude Bernard claimed that, in order to conserve health and to cure disease" the fundamental synthesis which is necessary is a balance, a harmony, between the constant internal environment of man's body and the variable external environment which surrounds it. Any departure from such a balance is disharmony, the beginning of disease. Disease is the reaction of the body to irregularities in its internal or external environment".*

Clearly here is a definition of disease by Modern Medicine which goes far beyond microbial invasion of the human body. The fact is that Modern Medicine with its studies in bacteriology, endocrinology, immunology and the biochemistry of bodily processes is seeking to explore the domain of health and disease in a manner which has not been attempted before. The emergence of social medicine as a subject of serious study brings into prominence a further advance, because it emphasises that the external environment should include not only the physical background of man's existence but also the social environment with its continual repercussions on his body and mind.

6. The Chopra Committee says that Ayurveda laid great emphasis on the 'soil factor'. The science of immunology and the many forms of protective vaccination which modern preventive medicine employs are abundant evidence of the importance which Modern Medicine attaches to the 'soil factor' from the theoretical and practical points of view.

* "The Rise of Preventive Medicine" by Sir George Newman, Oxford University Press, 1922, Page 160.

7. It is surprising that the Chopra Committee, with some of its members as medical men fully conversant with Modern Medicine, should have been complacent enough to quote from Dolands Medical Dictionary the definition of Modern Medicine as the "Art of science of healing disease, especially the healing of disease by administration of internal remedies". Surely they could not have lost sight of the fact that Modern Medicine lays the greatest possible emphasis on preventive medicine and that some of its greatest triumphs have been in the preventive field through the effective control of infectious diseases.

8. Again the Committee discusses at length the roles of science and philosophy and points out that one of the defects of Modern Medicine is its lack of the philosophical outlook. It says, "Western Medicine is an experimental science and at present, is divorced from philosophy; this, though favourable to accumulation of facts, renders it devoid of speculation and has too little use of imagination". It is not fully understood what the Committee intended to convey by this remark. It may well be that the Committee consider that lack of contact between Modern Medicine and Philosophy helps to create a medical practitioner who, while he is conversant with a large range of scientific facts, tends to become narrow in his outlook and unable to interpret the specific illness he observes in relation to the patient's physical and mental condition as a whole. This charge may to some extent be true, although it is not the fault of Modern Medicine as a system. The many forms of diagnostic aid, which the advancement of the physical sciences has brought into being, help to lessen the incentive for that observational training and the use of the senses at the bedside of the patient, which used to receive great emphasis in the training of the medical student under the Western system some time back. It is also true that intensive specialisation under present day conditions perhaps tends to get the physician "side-tracked into a contemplation of isolated functions and 'parts' and a neglect of 'wholes'". "Experimental medicine with its rich promise of harvest in the field of practical achievement claims the services of the more gifted among modern medical scientists and thus specialisation in narrow spheres draws away many persons. As has already been pointed out the defect is not inherent in Modern Medicine. In fact thoughtful teachers of the system of medicine are asking for a careful consideration of existing methods of training. For instance, Professor John A. Ryle says "for myself I should like to appeal for better opportunities for observational training and the use of the senses in field natural history during the school period, and better opportunities for continuing the education of the senses by parallel clinical study of the healthy and the sick during the pre-clinical phases of medical education. Eyes, hands, ears, and nose and the technique of history-taking, require constant utilisation and free scope".*

9. It is pertinent to ask how far the practitioners of indigenous systems of medicine are endowed with a philosophical outlook and how far such an outlook influences their medical practice. Personally I am unable to provide an answer but, when it is remembered that the vast majority of them are persons who have had neither general education of a reasonable standard nor systematic training in any medical school or college imparting instruction in these indigenous systems, it is difficult, to imagine that the service they give to their patients is being improved by the philosophical outlook that these systems are said to possess.

*The Natural History of Diseases by John A. Ryle—Second Edition—Oxford University Press,

10. In claiming superiority for Indigenous systems of Medicine over Modern Medicine because of the philosophical outlook of the former, the Committee appears to have had in mind the achievements of Ayurveda through "the knowledge of truth gained by the use of supra-sensory perception" (para. 333 on page 188 of Vol. I of the Report). It may well be that such powers exist in man and that they can be developed by appropriate methods. While not disputing such a possibility it is difficult to believe that any appreciable proportion of practitioners of the indigenous systems possess such powers and are using them for diagnostic and treatment purposes. If such powers do exist, they must also be subject to scientific investigation and development and it can hardly be claimed that they could remain the sole property of any one system of medicine. If supra-sensory powers are to be accepted and used by Modern Medicine they will undoubtedly have to be demonstrated as reliable methods and as being capable of yielding reasonable constant results when applied for diagnostic, therapeutic and investigational purposes. The possibility of such developments is not disputed but it is doubtful whether, in the absence of more information, the use of the supra-sensory method in scientific studies will be accepted.

11. I do not think that these arguments are necessary to justify integration if what is meant by that term is, as has already been pointed out, a pooling of useful knowledge of proved value from all systems, Indigenous, modern and any other. Such knowledge should be considered the common property of mankind, whatever the source may be. In trying to bring about such a synthesis, however, a long period of investigation and careful study of our Indian systems should precede any attempt towards integration. There is no doubt that our ancestors were acute observers of nature and profound scholars. The ancient systems of medicine will therefore undoubtedly contain drugs, principles and practices of definite value which should not be permitted to die through neglect. But it is equally true that, for many centuries, these systems have suffered from stagnation and it seems almost certain that later advances in the domain of human knowledge must have rendered some of the theories and practices obsolete. Physicians like Charaka, if alive, would have been the first to accept this. It is therefore essential that these systems should undergo a thorough examination before synthesis is thought of. The tools of modern science will have to be utilised for such examination if the results are to be accepted by men of science in India and abroad.

(b) Development of Educational and Medical Institutions.

12. The Committee has put forward two courses of medical education, one for graduates extending to five years and the other a shorter course of three years for licentiates which should be developed as an interim measure until adequate medical personnel become available for work in the rural areas of the country. The curricula put forward by the Committee are based on the proposals regarding synthesis which were discussed in the previous section of this note and I have already shown how they are, in my opinion, quite unsatisfactory. The suggestion of the Committee to create two classes of medical practitioners, graduates and licentiates, has been considered wholly unsuitable in so far as Modern Medicine is concerned by practically every Government in India. Most of the medical schools in the provinces have

been raised to the standard of colleges and, in West Bengal which had the largest number of schools, the unconverted ones are being turned into training institutions for auxiliary personnel such as nurses and pharmacists. Moreover, all the institutions developed in the provinces and States during recent years are medical colleges and not schools. There is thus a general acceptance of the principle that the university standard of medical education should be adopted for the general practitioner throughout the country. The majority of the members of the Bhole Committee held the same view. The Chopra Committee's recommendations are, in my opinion, unacceptable both from the stand-point of the curricula that have been suggested and from that of the two classes of practitioners proposed to be created.

(c) Organisation of Rural Medical Relief.

13. The Committee says that, according to the estimates made available to it, there are more than two hundred thousand practitioners of the indigenous systems of medicine in the country. It also says that there are about 4,000 doctors who have received improved system of training available in the newer Ayurvedic and Unani Colleges. In order to organise rural medical relief on a large scale the Committee recommends the utilisation of the services of these 4,000 practitioners and of those of a selected group of 25,000 from among the main body of two hundred thousand practitioners. It is proposed that these 25,000 practitioners should undergo a course of training for six months, which would include "the elements of public health, minor surgery, obstetrics, etc." and should pass an examination at the end of the course. Those who have qualified from the Colleges of Indian Medicine are to be permitted to take the examination without undergoing the course. It is suggested that this training programme should be completed in a period of five years. A plan for organising a rural health service somewhat on the lines suggested by the Bhole Committee is put forward and it is proposed that those who are trained under this programme should be utilised for rural health work. A primary unit with a population of 3,000 to 3,500 is to be under the supervision of one doctor, while a secondary unit will include 10,000 and a panchayat unit 50,000 people. These larger units are to be provided with suitable staff and institutions. The headquarters of still higher units of health administration will be those of the taluk, district and province and the Committee recommends that the hospitals at these places should be staffed by practitioners of both the Indigenous and modern systems of medicine until such time as medical men under the synthesised system become available.

14. These recommendations are no doubt based on a recognition of the need for making available a large number of practitioners who, although of no high quality, would be able to assist in expanding quickly treatment facilities and preventive care among the rural population. While agreeing with the Chopra Committee on the need for such expansion I feel that the methods suggested by it are not the proper ones to be adopted to attain this objective. Considerable doubt has been expressed in responsible quarters regarding the quality of the training in basic subjects such as Anatomy, Physiology, Pathology, Bacteriology and Hygiene which even the 4,000 practitioners mentioned by the Committee have received. As regards the much larger number of 25,000 to be selected from the heterogeneous group of two

hundred thousand practitioners of indigenous medicine it is clearly difficult to imagine what their backgrounds of general education and of training in their own system of medicine would be. In so far as the natural sciences such as Physics and Chemistry are concerned, it seems quite unlikely that an appreciable proportion of them would have had any training at all. It is extremely doubtful whether such a collection of practitioners can be welded into a homogeneous group of health workers who are able to attain a desirable standard of performance, especially when it is remembered that the proposed course of training for six months should cover instruction in preventive health work including environmental hygiene, in minor surgery and in obstetrics. It should be remembered that the existing courses of training or auxiliary health personnel such as sanitary inspectors, midwives, health visitors and nurses extend from one to three years and that they have to enter on their professional studies with a certain prescribed standard of general education. And yet none of these separate types of workers is being called upon to deal with all the functions proposed to be entrusted to the practitioners under the Chopra Committee's scheme. For instance, a sanitary inspector is not required to do minor surgery or deal with confinements, normal or abnormal, nor are midwives, health visitors and nurses expected to handle such problems of environmental hygiene as sanitation, water supply, drainage and anti-malaria work. It is clearly no advantage to delude ourselves into the belief that the proposed training for six months, when imparted to persons with their widely differing backgrounds in respect of general education as well as of instruction in their specific systems of indigenous medicine, would produce health workers for rural areas with the minimum standard of efficiency that requires to be laid down. This standard should be higher for rural health workers than for those employed in urban centres, because the former will be required to show more initiative and resourcefulness in dealing with their day-to-day problems.

15. The main obstacle to a rapid expansion of rural health services is not the absence of the required number of medical practitioners. The Bhoré Committee estimated that the number of doctors trained under the modern system of medicine was, in 1942 or 1943, about 47,500 of whom only some 13,000 were employed in public services. Since that time, with an annual increase of about 1,800 to 2,000 doctors (if graduates and licentiates are taken together) India should possess, even after the partition of the country, at least 55,000 practitioners of modern medicine. The Bhoré Committee pointed out that 75 per cent. of such doctors were practising in urban centres as the result of various causes operating against their outward flow into the rural areas. A steady programme of rural development into which the health plan fits as an integral part, will be necessary to create the conditions which will facilitate the acceptance by doctors and other health workers of service in rural areas, because such a programme will help to remove the adverse factors which have so far prevented these workers from seeking employment in villages. These factors include unsatisfactory housing, inadequacy of educational facilities for their children and lack of amenities in the rural areas. Rural development on an adequate scale should also help to enable the people to contribute a reasonable share towards the cost of health and other social services. I shall return to this subject in greater detail in Part II of this note. In the meantime it is important to remember that the 29,000 practitioners

of indifferent quality which the Chopra Committee recommends should be created can be recruited from fully trained practitioners of modern medicine already existing in the country if only Governments are prepared to adopt and execute the measures that are necessary to achieve this end.

(d) State control of Medical Practice and Education.

16. The Committee has emphasised the need for recognition by the Government of all the prevailing systems of medicine in the country and for Central Legislation in order to provide for (a) adequate supervision of medical education under these different systems, (b) compulsory registration of all practitioners of each system, (c) disciplinary control over their practice and (d) the establishment of a consultative and advisory body, the National Medical Board consisting of two autonomous sections, the Indian Medical Council dealing with modern medicine and the Council of Indian Medicine for the supervision of the indigenous systems of medicine. The establishment of corresponding Provincial Councils, which will be affiliated to their respective Central bodies, is also recommended by the Committee. Compulsory registration is suggested in respect of each system, all practitioners, who have passed out from recognised schools or colleges of Indigenous systems of medicines as well as those who have been in practice for a period of ten years, even though they possess no qualification, being admitted on the preparation of the first register. The Committee's view is that, in the beginning, there should be separate registers for the different systems of medicine but that eventually it would be desirable to merge them into one register. The prohibition of medical practice by those who have not secured entry in any of these registers is recommended. It has been suggested that a special committee should be established to go into all these matters and to put forward suitable suggestions including those relating to comprehensive Central Legislation.

17. These are, indeed, important recommendations. The need for providing adequate machinery to regulate medical education and medical practice can hardly be disputed. In a country like India the Committee's suggestion that practice by unregistered persons should be prohibited is essential in order to ensure that the public are not exploited by quacks. While thus agreeing with the principles put forward by the Committee it is considered that the problem should, particularly in its long-term aspects, be viewed from the standpoint of what governmental policy should be in regard to utilisation of the different systems of medicine in the national health programme. It is proposed to postpone the consideration of this aspect of the question to Part II of the memorandum.

(e) Research.

18. The purpose of research into indigenous medicine is stated by the Committee to be the following:—

- (a) to clear these systems of accretions of centuries of doubtful value, and
- (b) to give scientific meaning and significance to the fundamentals of these systems so that they may be accepted by science.

19. In order to illustrate the type of research envisaged by the Committee under the second objective reference may be made to three among the six "Main categories of research" recommended by it. These three are the *Panchabhuta* theory of matter, the *Tridosha* theory of physiology and pathology and the "*Rasa, Guna, virya, Vipaka* and *Prabhava* principles of pharmacology and therapeutics". In my view no aspect of Indigenous systems of medicine, which is considered to be valuable, should be left out of the purview of scientific investigation. But it is important to remember that modern scientific methods should be employed in such investigation. In the section relating to 'Synthesis' in this memorandum (para. 10) mention was made that the Chopra Committee had referred to the achievements of Ayurveda through "the knowledge of truth gained by the use of supra-sensory perception". This method of investigation, which the Committee calls the "meditational or intuitional method" has been stressed by it in the chapter on research (pages 145 and 146 of Vol. I of the Report). Intuition may perhaps be defined as the power for certain minds to transcend numerous steps of consecutive reasoning based on observation or investigation and to arrive at a conclusion which is confirmed later by the more patient methods of research*, or the ability to invent a new method or formulate a new point of view, which "suddenly transforms the whole subject on to a higher level"†

The possession of such powers of intuition is by no means common and, even in the case of the rare individuals with these powers, it seems likely, as has been pointed out by A. N. Whitehead‡, that the striking advances that they initiated have had their background of carefully accumulated experience over a long period of time. Therefore intuition appears to require for its own achievements the fruits of patient research on normally accepted lines. Further unless it can be shown that intuitive power work with a reasonably uniform degree of accuracy and that people can be trained to develop and exercise this power, it is obvious that the 'intuitional method' can hardly be adopted by research workers in general. Therefore the purpose of mentioning this method in connection with the study of indigenous medicine is not understood.

20. The range to be covered by the Committee's proposals for research is extensive and it seems desirable that the programme put forward in para. 251 of Vol. I of the Report should be accepted. It is, however, for consideration whether the elaborate organisation which has been suggested by the Committee is the best one for dealing with the problem. The proposals include (1) the establishment of a Board of Research in Indigenous systems of medicine, (2) the creation of a Central Research Institute for Research in Indigenous Systems of Medicine (3) the stimulation of research in Indian Universities and other institutions, (4) the appointment of Advisory Committees for research in special subjects and (5) the provision of postgraduate courses with the grant of fellowships of Rs. 150 per month and of training facilities for research workers in Indian medicine. The Board of Research will consist solely of persons associated with Indian Medicine (para. 280 of Vol. I of the Report) and the whole organisation described above will work, until synthesis of modern and Indigenous systems of medicine is achieved independently of the organisation for medical research in modern medicine (para. 281), although it is recommended that closed liaison between the two should be maintained.

*Ramanujam, the great mathematician who died prematurely, is said to have been a genius of this type.

†Introduction to Mathematics, pages 217 and 218, Home University Library Series.

21. It is considered that, if research into Indigenous systems of medicine is to proceed on sound lines, the tools of modern scientific research will have to be fully employed. Therefore the association of modern medical and other scientific workers with those well-versed in indigenous medicine will, it is urged be essential. The programme as set out by the Committee appears also to be so large as to make doubtful the practicability of its development in the immediate future. For instance, will it be possible to secure, in adequate numbers, first-rate men well-versed in indigenous medicine and with a background of scientific training in research to staff the proposed Central Research Institute? Proposal for a less ambitious but what is believed to be an effective organisation for developing research in Indigenous systems of medicine will be put up in Part II of this memorandum.

PART II.

22. From the examination of the main proposals of the Chopra Committee carried out in Part I of this note it is clear that there are certain differences between the views of the Committee and those which I hold. The practical implications of these differences are that our approach towards the utilisation of Indigenous systems of Medicine for the benefit of India and of mankind generally tends naturally to differ. I realise that the recommendations of a Committee composed of distinguished men with Sir Ram Nath Chopra as their Chairman should not be lightly set aside. If I therefore make bold to put forward other and somewhat different proposals the only reason for doing so is a recognition of the supreme importance to the country of the decisions which Government will take on the future of Medicine in India in pursuance of the Committee's recommendations. I feel that the acceptance of its proposals in such vital matters as the synthesis of Modern and Indigenous systems of Medicine and the development of national health services would not serve the best interests of the country.

23. As regards synthesis all thoughtful people will agree, I am sure, that there can be only one system of medicine and that what is required is the pooling of knowledge and practice of proved value from every source. What I have objected to is the procedure proposed by the Committee and not the idea of synthesis. In order to facilitate such synthesis what is required is the development of intensive research into the indigenous systems of medicine and the gradual evolution of a body of knowledge regarding their theory and practice which will prove acceptable to medical scientists all over the world. The incorporation of such knowledge in Modern Medicine really constitutes synthesis. In the meantime I would emphasise what I have pointed out already, namely, that the existing courses of training in the more recent Ayurvedic and Unani schools and colleges cannot be accepted as a sound system of education if the true meaning of that term is to be applied. I have dealt with this matter in para. 4 of this note and need not therefore discuss it further here. I would urge that, until synthesis is achieved and only one system of medicine exists, Government should decide that training in the indigenous systems should be taken up only by those who have qualified themselves for the practice of Modern Medicine. This will ensure that those who practise Indigenous systems of Medicine will have acquired a scientific approach to the study and practice of medicine. What is more, certain deficiencies in the

indigenous systems such as surgery, public health, obstetrics and gynaecology will have been made up in their training. The suggestion that is being put forward is nothing new. In the United Kingdom and in the United States of America no one can take up the study of Homœopathy until he has qualified himself in Modern Medicine. It is therefore for serious consideration whether this proposal cannot be accepted by Governments throughout the country and whether the necessary legislative and administrative measures to enforce it cannot be undertaken without delay.

24. As regards the development of the national health services, I have already pointed out in paras. 13 to 15 that the Committee's proposals are unsatisfactory. I think it is essential for Governments to decide whether it would be wise, while attempting to secure all that is useful from the indigenous systems of medicine, to ignore the importance of having the national health services based on Modern Medicine in view of the large contributions that it can make towards the improvement of the health and welfare of the people. The case for Modern Medicine has been admirably stated by the present health Minister, the Hon'ble Rajkumari Amrit Kaur, in a speech she made in the Indian Parliament during the debate on the Health budget last year. Her words are quoted below:—

I do want members to realise that there can be no question of the indigenous systems supplanting the modern scientific system. Science as I have said once before, knows no barriers of race or clime. Knowledge gained through research and practical application may not be ignored. It would be folly for us to dwell on or rest content with our achievements in the past and shut the windows of our understanding, as it were to the light of modern scientific achievements in the vast field of medicine and surgery. I am sure it would be wrong on the part of any State not to try and afford the best and most scientific medical relief to the sick and suffering committed to its charge. It does not follow that the cheapest is the best. If we have not been able to afford adequate medical attention and relief so far, that is surely both our fault and our misfortune. It is not the fault of any system. Scientific knowledge of chemistry, of physics and biology, of the structure and functions of the various tissues and organs of the body, sufficient knowledge of surgery, of sepsis and asepsis, of bacteriology, X-Rays electrotherapy, dentistry and modern public health, these are the minimum essentials for anyone who can claim to attend to sick and suffering humanity. The important thing for us to consider is in what conditions the indigenous systems of medicine to-day are and what is necessary to make them a progressive scientific art. We may not, we dare not, be content with less. There is ample room for research. Whatever in either the Ayurvedic or Unani systems of medicine or in Homœopathy stands the test of scientific scrutiny must and will be translated and synthesized in modern scientific medicine and added to the fund of World knowledge, and I would beg of the House to agree with me that is in the spirit of the quest for truth—and what is science but a quest for truth—that we must go forward and see to what extent indigenous systems can be developed and regulated for medical relief in the country, and not in any spirit of rivalry with allopathy.

These remarks of the Health Minister appear to me to place the matter in its true perspective. Both from the point of view of fulfilling her international obligations and of developing her health services on sound lines India can hardly afford to ignore the claims of Modern Medicine. In making this statement there is not the slightest intention to belittle the achievements of Indigenous systems of Medicine. Our ancestors who developed Ayurveda were acute observers of nature and true scientists. It is stated that preventive medicine in ancient Indigenous systems of Medicine "included the knowledge of human inoculation against smallpox, the localisation of bubonic plague in rats, an elaborate system of infant welfare, the use of mosquito netting, mosquitoes as carriers of malaria, antidotes and inoculation against snake poison".* It will be remembered that the modes of transmission of bubonic plague and of malaria had to be rediscovered and clearly demonstrated by modern medical scientists early in the present century. There is therefore no intention to give inadequate recognition to the contributions that our ancestors made to the development of Medicine in the past. Nevertheless, it would be wrong to forget the centuries of stagnation that have intervened since then. It would also be wrong to forget that Modern Medicine as a dynamic and growing science has one feature which differentiates it from the others, namely, that it is based firmly on the biological and physical sciences. The result is twofold. Modern Medicine is helped to achieve increasingly a truer interpretation of health and disease, which is the basis of all progress in medical thought and practice, by the advances which the physical sciences are making from day to day. Further, the range and effectiveness of the measures which Modern Medicine can offer for the preservation of health and for the diagnosis, treatment and prevention of disease are continually growing. Another reason may also be mentioned. In the international sphere India has certain obligations which she has accepted as a member of the World Health Organisation. These include participation in measures designed to prevent the spread of infectious diseases between countries and cooperation in the promotion of activities intended to advance knowledge and to facilitate its application for the solution of health problems. Within the short period of existence of the W. H. O. India has been taking a prominent part in the activities of the Organisation and medical scientists from India are serving on a number of Expert Committees set up by the W. H. O., including those relating to Malaria, tuberculosis, cholera, plague, smallpox, trachoma, mental health, environmental hygiene and maternal and child health. Unless India's health services are based on modern scientific medicine it will clearly be impossible for her to discharge her international health functions satisfactorily. Therefore the need for continuing to develop the national health services on the basis of Modern Medicine appears to me to be beyond dispute. In the circumstances the suggestion that all aspirants for training in Indigenous Systems of Medicine should be required to qualify themselves first in Modern Medicine becomes all the more strengthened.

25. I have indicated in Paras. 13 to 15 of this note how unsatisfactory those proposals of the Chopra Committee's are which are intended to facilitate an immediate expansion of rural health work. On the other hand I have pointed out that the existing numbers of medical men and women who are qualified to practise Modern Medicine are sufficient to supply the target for five years put forward by the Chopra Committee and that what is required is a

*"The Rise of Preventive Medicine", page 37 by Sir George Newman, Oxford University Press.

planned programme of health development by Governments in order to absorb the services of those people. It may be argued that these practitioners of Modern Medicine have all along been unwilling to go into the rural areas for work. Special measures will have to be devised for facilitating a freer flow than in the past. Certain measures necessary to achieve this purpose have already been indicated in Para. 15 of this note. Others are the grant of better pay and conditions of leave for those who work in rural areas, provision of housing, special consideration for rural service in giving admission to post-graduate training as such facilities become increasingly developed and various other measures which tend to make work in the rural areas popular. It is also for consideration whether every medical student, after passing the qualifying examination, should not be required to work for a stated period in a rural health centre before he becomes eligible to practise his profession. In any case the correct approach to the solution of the problem is the promotion of measures designed to encourage the increasing flow of qualified people to the villages and not the dumping on the rural population of a large body of indifferently qualified persons solely on the ground of cheapness. The longer programmes of the Chopra Committee involves the utilisation of the services of persons trained for three and five years respectively under the scheme of medical education it has put forward. Leaving aside the question of the value of this system of training as compared with education in modern medicine, the products of the Committee's scheme will not in any way be cheaper than the medical Licentiates and graduates trained under the modern systems.

26. The Committee mentions that there exist some 4,000 doctors trained in modern Ayurvedic and Unani colleges. I understand that, in the United Provinces, such practitioners have been utilised after some special training in modern preventive medicine for rural health work and that they have been found fairly satisfactory. It may therefore be desirable to absorb these 4,000 practitioners into the national health programme in such capacities as may be found to be satisfactory. On the other hand, if my proposals are considered acceptable, the training given in these Ayurvedic and Unani colleges will have to be stopped. These institutions will have either to be abolished or turned into centres for giving post-graduate training in Indigenous Systems of Medicine to those who are already qualified in Modern Medicine. The number of such institutions to be maintained will naturally depend on the demand for such post-graduate training.

27. The present position is that a number of Ayurvedic and Unani colleges of this type exist in different parts of the country, they being maintained by Governments and other agencies. Side by side with these developments hospitals and dispensaries offering medical aid to the people on the basis of these systems have also been established by Governments and local bodies. The result has been the gradual evolution of a parallel series of medical institutions based on the modern and indigenous systems of medicine. The danger of such developments must be clearly understood. Health as one of the main functions of the State has so far received but meagre attention from Governments and the money spent on the training of health workers and on the provision of health services to the people has throughout been a relatively insignificant proportion of the total annual expenditure by these authorities. There

is as yet little indication of a bolder programme of health development by Governments and a diversion of a part of the small funds now available for promoting modern health services. The expansion of parallel systems of indigenous medicine would seem to be justified only if the latter are calculated to confer greater benefit on the people. There is no reason to hold that this is so because the Chopra Committee, after its exhaustive investigation of the subject, has expressed the view that it is essential "to clear these systems of accretions of centuries of doubtful value".

28. Reference may also be made to the fact that, in some provinces, legislation has been carried out in respect of Indigenous Systems of Medicine whereby compulsory registration of practitioners of these systems of medicine has been provided and such practitioners have been given the right of issuing certificates wherever certification by a legally qualified medical practitioner as defined by the Acts of the province or by Central legislation has been rendered permissible or necessary. The consequence of this must naturally be to make health administration on a reasonably uniform basis by no means easy. To-day health administration, particularly preventive health work, is based largely on legal provision requiring the medical practitioner to carry out certain duties such as notification of infectious diseases and certification of death. These functions can be discharged satisfactorily only if all the doctors in the country have a fairly uniform standard of medical education and use the same nomenclature. This obviously becomes impossible if the State recognises and maintains a variety of systems of medicine for the community.

29. The promotion of active research into the indigenous system of medicine on as broad a basis as possible is, I believe, the most important step required in respect of these systems. It is only as a result of such research that the principal recommendation of the Chopra Committee, namely, the synthesis of Indigenous and Modern Medicine can be effected. My main criticisms regarding the Committee's elaborate proposals are that they do not seem to make adequate provision for the scientific approach towards the development of such research and that the programme is likely to prove too costly and too ambitious for implementation in the near future. I would suggest that we should first start with the establishment of one centre for research into Indigenous Systems of Medicine. This centre should, I think, be located in a place with a good university and a well developed medical college teaching modern medicine. The purpose in view is to ensure that the services of the different departments of science attached to the university should be available as well as the facilities that exist in the medical college in respect of the different branches of medicine. It is of course essential to have exponents of Indigenous Systems of Medicine on the staff of the organisation, but they should have a sufficient background of scientific training and preferably some knowledge of modern medicine in order that they may participate effectively with the departments of science and with the Professors of Physiology, Pathology, Pharmacology, Medicine, etc., in the medical college. The facilities of the hospital associated with the college will also be available to the research centre. In the circumstances a scientific approach to the study of Indigenous Systems of Medicine will be secured. The experience gained in the establishment of one centre and in its functioning seems to me to be essential before the much wider programme envisaged by the Committee is carried into effect.

30. In the light of the discussions in the preceding paragraphs the following recommendations are put forward for consideration :—

- (a) Facilities for research, on scientific lines, into Indigenous Systems of Medicine should be promoted on as broad a basis as possible on the lines indicated in Para. 251, Page 147, of Volume I of Chopra Committee's Report. Such results as are of proved value should be incorporated in Modern Medicine so that eventually there emerges only one system of medicine. A start may be made by establishing at least one centre of research and, in order to work out the details of its development, the appointment of a committee is recommended. Its membership should include suitable persons to represent Indigenous Systems of Medicine, Modern Medicine and Natural and Biological Sciences ;
- (b) The question of the nature and content of the training that should be provided in the indigenous systems of medicine until a synthesis of Modern and Indigenous Systems of Medicine is brought about, requires serious consideration. In this connection it is essential to remember that from the standpoint of fulfilling her international obligations, of promoting the development of the national health services on sound lines and of keeping pace with medical progress in other parts of the world, India cannot afford to permit her medical practitioners, whatever system they may individually adopt, to receive training which will fall short of the standards of medical education considered necessary in all progressive countries. It is therefore logical to postulate that a full course of education in Modern Medicine should be the basis on which special training in Ayurveda, Unani and other systems should be engrafted. Even the new Ayurvedic and Unani schools and colleges do not fulfil this condition adequately and a re-orientation of the teaching in these institutions would therefore seem to be necessary. Special training in the indigenous systems can perhaps be incorporated, during the last year or so, in the undergraduate medical course in respect of those desiring to qualify themselves in these systems ; alternatively, any one of the various forms of Indigenous Systems of Medicine can form a subject for post-graduate study. It is deemed desirable that the question should be examined by a special committee so that its recommendations may become available to Governments for the formulation and execution of a uniform policy throughout the country ;
- (c) All those who have been practising Indigenous systems of Medicine for a period to be specified by law should be registered and the practice of these systems by unregistered persons should thereafter be prohibited. Even so there will remain, for 25 or 30 years a reasonably large number of practitioners of these systems to satisfy the needs of those who favour Indigenous Systems of Medicine.

- (d) The 4,000 practitioners of Indigenous Systems of Medicine who have had training, according to the Chopra Committee in recognised institutions, may be given such further training as may be necessary and their services may be utilised for the expansion of health services, particularly in the rural areas ;
- (e) Government should take a decision that Modern Medicine should form the basis for the development of the national health service. As a corollary to this, steps will have to be taken to increase considerably existing facilities for training in Modern Medicine ;
- (f) Comprehensive legislative and administrative measures on an all-India basis will be required in order to carry out the recommendations that have been put forward above. These measures should be undertaken without delay if Governments are prepared to accept the recommendations.

No. F. 28-1/49-MI, dated the 9th November, 1949, New Delhi.

FROM THE MINISTRY OF HEALTH, GOVERNMENT OF INDIA TO ALL PROVINCIAL AND STATE GOVERNMENTS (WITH COPIES TO CHIEF COMMISSIONERS).

With reference to *this Ministry's letter No. F. 3-4/49-PR, dated the 1st April, 1949† the States Ministry's letter No. D-2540-G/49, dated the 20th April, 1949, I am directed to say that the Report of the Chopra Committee on Indigenous Systems of Medicine has been before the country for some time and the Government of India have examined the report with great care. The purpose of establishing that Committee was to secure advice from an authoritative body of persons in respect of the Ayurvedic and Unani systems of medicine as a preliminary step towards the formulation of a uniform plan of action by Governments throughout the country. In the past two decades certain Provincial and State Governments have taken steps, unfortunately not altogether on a coordinated basis, to regulate the practice of Ayurvedic and Unani systems of medicine partly through legislation and partly through executive action. The establishment of Ayurvedic and Unani Medical colleges has taken place in different parts of India both under governmental and private auspices and, as was to be expected, a good deal of experimentation has been carried out for modernising the teaching of these two ancient systems of medicine through the provision of a certain amount of instruction in basic subjects, such as Anatomy and Physiology on the lines of modern medicine. Side by side with these developments, Provincial and State Governments as well as local bodies have spent public funds in establishing and maintaining hospitals and dispensaries providing Ayurvedic and Unani forms of treatment. In the opinion of the Government of India the present un-regulated growth of medical education and of medical services based on a variety of systems of medicine is far from satisfactory and the time has now come when it is essential, in the interests of the national health, to review the situation and to put forward, in the light of a critical examination of the recommendations of the Chopra Committee, definite lines of action to be commended for adoption by the Governments of the Provinces and States.

2. A copy of a note by the Director General of Health Services, which has examined in some detail the main recommendations of the Chopra Committee, is enclosed. The views expressed in the note have the general approval of the Government of India who have, after a consideration of the whole problem, decided to recommend to Provincial and State Governments that the question of the development and regulation of the Ayurvedic and Unani systems of medicine should be dealt with on the following lines :—

- (1) The Central and Provincial Governments should decide that modern scientific medicine should continue to be the basis of the development of the National Health Services in the country ;
- (2) Facilities for research on scientific lines into the Ayurvedic and Unani systems of medicine should be promoted on as broad a basis as possible on the lines recommended in Paragraph 251 of Vol. I of the Chopra Committee's report. The results of such research as are of proved value will not only enrich the Ayurvedic and Unani systems but will also be incorporated in modern medicine so that eventually there will emerge only one system of medicine. A start should be made by establishing at least one centre of research for this purpose. In order to work out the details of its development, a small committee consisting of suitable persons representing the Ayurvedic and Unani systems of medicine, modern medicine and the natural and biological sciences should be appointed ;
- (3) Pending the results of research and the ultimate evolution of a unified system of medicine as contemplated in the previous sub-paragraph, the question of the nature and content of the training that should be provided for those who wish to practise Ayurveda or Unani requires careful consideration. At present the Ayurvedic and Unani systems are taught in institutions of widely differing standards and even the best of them do not provide an adequate grounding in the basic sciences essential for the practice of any system of medicine. It is therefore proposed that a full course of education in modern scientific medicine should be the basis on which special training in Ayurvedic, Unani and other systems should be engrafted for those who want to specialise in those systems of medicine. Such special training in Ayurveda, Unani and other systems can perhaps be incorporated during the last year or so in the undergraduate medical courses in modern medical colleges for the benefit of those who desire to qualify themselves in those systems or, alternatively, Ayurvedic and Unani systems can form subjects of post-graduate study. This question of the curriculum of studies for those who wish to practise Ayurveda and Unani should also be examined by the Committee suggested under the previous sub-paragraph. On the basis of the recommendations of the Committee a uniform policy can be prescribed ;
- (4) All-India legislation should be enacted for the registration of people who have been practising Ayurveda, Unani and other systems of medicine for a specified number of years and the practice of medicine by unregistered persons should thereafter be prohibited;

- (5) Existing practitioners of Ayurveda, Unani and other systems who have had a basic training in the principles of modern scientific medicine may be given such further training in public health work as may be necessary and utilised by the Provincial Governments in the expansion of the health services to the extent necessary.

3. The Government of India trust that the Government of Madras, etc., will agree that it is of vital importance to pursue a uniform policy throughout India in regard to the indigenous systems of medicine. The Committee that has been proposed to be established will be formed at an early date so that no time may be lost in giving effect, as far possible, to the recommendations regarding the organisation of research and teaching in Ayurveda and Unani.

4. The receipt of this letter may kindly be acknowledged and the views of the Government of Madras, etc. communicated to this Ministry at an early date.

A NOTE ON THE REPORT OF THE HOMŒOPATHIC ENQUIRY COMMITTEE

By

DR. K. C. K. E. RAJA, DIRECTOR-GENERAL OF HEALTH SERVICES,
GOVERNMENT OF INDIA.

The Committee consisted of the following gentlemen :—

- | | |
|---|------------|
| 1. Dr. J. N. Mukherjee, D.Sc., F.N.I., F.R.A.S.B.,
F.C.S. Director, Indian Agricultural Research
Institute, New Delhi | Chairman. |
| 2. Colonel Amir Chand, F.R.C.P.(Edin), I.M.S. (Retd.) | Members. |
| 3. Dr. P. N. Chopra | |
| 4. Dr. L. D. Dhawale, B.A., M.D. (Bombay) | |
| 5. Dr. J. N. Hazra | |
| 6. Dr. Diwan Jai Chand, D.P.H., D.T.M. | |
| 7. Dr. J. N. Majumdar, M.Sc., M.B., F.R.C.S. (Edin.) | |
| 8. Colonel K. V. Ramana Rao, M.R.C.S., L.R.C.P.,
I.M.S. (Retd.) | |
| 9. Dr. S. C. Sen, B.Sc., M.B., D.M.R.E. | Secretary. |
| 10. Dr. Diwan Chand Chopra, M.B.B.S. (Pb.) | |

Of these the Chairman, Dr. Mukherjee, is a scientist, Dr. S. C. Sen and Colonel Amir Chand are practitioners of Modern Medicine and the others are all practitioners of Homœopathy, irrespective of the consideration whether they hold qualifications in Modern Medicine or not. It is necessary to keep in mind this structure of the Committee because, as will be seen later in this note there is a definite cleavage of opinion, in respect of the recommendations

between the practitioners of Modern Medicine, to be called hereafter for convenience medical members of the Committee; and those who practise Homœopathy, to be designated as 'homœopathic members of the Committee'.

2. The recommendations of the Committee fall mainly under three heads—

- (a) regulation of training in Homœopathy;
- (b) research; and
- (c) regulation of the profession.

(a) *Training in Homœopathy.*

3. The Committee considered three types of institutions. These are described in the following extract from the report:—

- (1) institutions which will be devoted only to the teaching of homœopathic medicine along with the basic, pre-clinical and clinical sciences;
- (2) institutions where the basic, pre-clinical and clinical sciences will be common both to students of homœopathy and of the regular system of medicine, with the difference that students going in for homœopathy will not have to take up the course on materia medica and therapeutics. In the case of students going for homœopathy the courses in clinical sciences will have an orientation characteristic of homœopathy and the homœopathic philosophy, therapeutics, materia medica and repertory studies will be specially provided for; and
- (3) institutions which contemplate only training in homœopathy (this training has been described as post-graduate training in homœopathy in other parts of the report) for those who have obtained a basic qualification in the regular system of medicine.

4. The homœopathic members of the Committee expressed the view that "for the evolution of homœopathy in its proper perspective, there must be separate institutions, preferably for undergraduates and post-graduates, but that they would under no circumstances recommend association of these institutions with the regular system of medicine in the form of chairs of homœopathy or otherwise".

5. The views of the medical members of the Committee are given in their own words. They say, "If homœopathy is to be taught in India it should, in our opinion, be done as in other countries such as the U.K. and U.S.A., after the attainment of a basic qualification in scientific medical education recognised by the Medical Council of India or the Provincial Medical Councils, and arrangements should be made for it in the colleges of modern medical science and not in separate institutions and only those parts of homœopathy should be taught that have stood the test of science". The reason for this is obvious. Homœopathy is admitted not to be a medical science by itself but only a system of therapy. The basic, pre-clinical and clinical sciences are the same in homœopathy as in the modern medical science, only the approach to therapy is different.

6. For arriving at a decision on the question in the face of this conflict of opinion between the two sections of the Committee, it is desirable to remember that the Central Cabinet, while considering the Chopra Committee's Report on Indigenous Systems of Medicine, has decided that, in the interests of the health of the people, India cannot afford to accept a lower standard of medical education than that considered necessary by the progressive countries of the world and that therefore a sound training in Modern Medicine should form the foundation on which training in Ayurveda, Unani or other systems for those who desire to practise these systems of medicine should be built up. In regard to Homœopathy the application of this principle appears to be logical to an even greater extent than in the case of Ayurveda and Unani. In Chapter V of the report the Homœopathy Committee has discussed the place of this system in Medicine in all its aspects. The Committee says (page 20 of the report) that "the scientific basis of medicine and the scientific approach to the study of medicine in all its aspects are common to Homœopathy and the regular system of medicine". Again, in Chapter III (Page 16) after discussing the principles of Homœopathy and its distinctive approach towards the treatment of diseases the Committee says, "to sum up, Homœopathy has everything in common with the regular system of medicine, except the mode of its approach in therapeutics and in the methods of immunisation". In these circumstances there appears to be sufficient reason for holding that, in respect of Homœopathy, insistence on sound training in Modern Medicine prior to instruction being imparted in this special system is even more justified than in the case of Ayurveda and Unani.

7. It may not also be out of place to refer here to the question of mass immunisation of the people against epidemic diseases because it is considered that the views held by some members of the homœopathy profession, if they are upheld as the basis of instruction in homœopathic teaching institutions, run counter to the accepted principles of public health procedure and that, in consequence, such training would be against the public interest. It is pointed out in the report that the homœopathic members of the Committee are against vaccination by scarification. They are also against the use of vaccines and sera because these introduce foreign proteins into the human body while, in their view, administration of vaccines and sera by mouth is to be preferred as it permits of assimilation through the normal route. As regards smallpox vaccination the view is expressed that "oral vaccination by the administration of variolium in potentised form is equally effective, because it is held that such oral treatment of early cases at the beginning of an outbreak of smallpox would suffice to control it completely". There is not, however, complete unanimity of opinion on the effectiveness of such oral vaccination even among homœopathic practitioners. Large scale immunisation of healthy people likely to be exposed to infection is a procedure which no health authority can afford to give up. If the purpose of State control of homœopathic training is to ensure that, while the future practitioners of this system should be at liberty to practise this form of medicine, its adoption should be without prejudice to the public interest, then the need for the inclusion, in the training programme, of immunisation on modern lines against communicable diseases lends further support to the argument for making modern medicine the basis on which education in Homœopathy is to be engrafted.

8. This brief discussion is intended to show that, in spite of differences of opinion on certain matters between the supporters of Homœopathy and those of Modern Medicine, the field of training to be covered under the two systems is largely common.

9. Reference may also be made to the prevalent system of homœopathic training in other parts of the world. In the United States of America and in the United Kingdom training in Homœopathy is taken up by those who are qualified in modern medicine. Dr. S. C. Sen, one of the members of the Committee points out (Page 75) that the same is the case on the Continent of Europe. This practice appears therefore to be almost universal. To make the position clear, the arrangements for teaching Homœopathy in the U.S.A. are described in greater detail. The information given here is taken from pages 83 and 84 of the report in which the Committee has incorporated what it received through the U.S. Information Service of the American Embassy in India. There are two colleges in the United States teaching homœopathy, the Hahnemann Medical College and Hospital of Philadelphia and the New York Medical College. Both the colleges are recognised throughout the country and their graduates are qualified to practise medicine and to receive their licenses for practice after passing the State Board Examinations of all States. The curricula and standard of entrance examinations are the same for the above colleges as for all among the best of the regular medical colleges in the country. Students trained in the above colleges conform to standards that have been set up by the American Medical Association and the graduates receive the same instruction as that provided in medical colleges and universities throughout the country. It is pointed out that, because of the above requirements, the number of hours of homœopathic teaching has become reduced. In Hahnemann Medical College, homœopathy is now an elective course. It is also stated that the present trend in the U.S.A. is to make instruction in homœopathy a post-graduate course of training. In order to study homœopathy as a post-graduate subject the medical student is advised to choose a high class medical college. take its full course leading to the medical degree, that is four years of medical training, then take the license examination in the State in which he intends to practise and later go to the Foundation School for his intensive training in Homœopathy for which he receives a certificate but not a degree. He is then able to practise Homœopathy as a speciality.

10. Acceptance by India of the practice followed in the U.S.A. and the U.K. will be equivalent to the adoption of the third system of training considered by the Committee, to which attention is drawn in para 3 of this note. The homœopathic members of the Committee support the first (see Para. 3) while the second is a compromise between these opposing points of view. Certain representations which have been made to the Hon'ble Health Minister of the Government of India show that, as a result of the prevailing system of training in the U.K. and U.S.A., Homœopathy has lost ground considerably in these two countries. For instance, it was stated that, in the U.K., the total number of persons trained in this system during the past 100 years was only 150. Homœopaths in India fear that a similar fate might overtake their system if the subject is made one only for post-graduate medical education.

11. The State has, in my opinion, to take into account two important matters in arriving at a decision on this question. One is that it would be uneconomical and unsound in principle to provide separately for Homœopathy and for Modern Medicine for the training of students in subjects which are common to the two systems. The second is that it is not correct, at least in my view, for the State to uphold or condemn different systems of medical practice. Such condemnation or approval must rest primarily on the proved value of these systems to fulfil the fundamental functions that Medicine is intended to perform, namely, (a) an increasingly truer interpretation of the factors governing health and diseases by the utilisation of all the advances in knowledge that the physical and biological sciences provide from time to time and (b) the application of such knowledge for the diagnosis and treatment of disease and for its prevention. In the fulfilment of these tasks all the existing systems of medicine have, it is believed, a contribution to make, although the extent and quality of such contribution would undoubtedly vary. In the circumstances it seems to me that the attitude of the State towards the different systems will be correct only if it refrains from favouring the interests of any one of them on the ground that its prosperity should be ensured. On the other hand the decisions already taken by the Central Government in respect of the Chopra Committee's report appear to fulfil largely the attitude of impartiality to which I have drawn attention. These decisions involve a fundamental principle, namely, that there can be only one system of Medicine and that the rational approach towards the attainment of this system should be to incorporate in that dynamic and growing body of medical knowledge known as Modern Medicine all that can be tested and shown to be of value in other systems, which do not possess the same quality of continued growth. Until this stage is reached it will, of course, be necessary to steer a middle course both in respect of the training of practitioners and of State recognition of their practice. Thus, while details are to be worked out by a special Committee which has already been appointed for the purpose, the principle has been accepted that provision for training in Ayurveda or Unani should either be introduced at some stage of the curriculum in the medical colleges for Modern Medicine or that these systems should become subjects for post-graduate study after the students have qualified themselves in Modern Medicine. These decisions regarding the two systems in respect of provision for training as well as the proposal to provide facilities for research on the widest possible basis can, it is urged, be applied to Homœopathy also. If this suggestion is considered acceptable, the second type of training advocated by the Homœopathy Committee (see Para. 3 of this note) would seem to be one to be preferred. In the interests of economy and of efficiency it would be desirable to provide for training in all the subjects that are common to Modern Medicine and to those other systems, including Homœopathy, by expanding existing facilities in the medical colleges for Modern Medicine and by converting the present 'modernised' colleges for Ayurveda and Unani and the existing teaching institutions for Homœopathy into centres for imparting that part of the theoretical and practical training which is peculiar to each system. It is pointed out that these arrangements should be considered to be of a transitional nature and that the objective should be to evolve only one system of Medicine.

12. The decision that whatever is useful in other systems should be incorporated in Modern Medicine should not be interpreted as being indicative

of undue favour by Government to Modern Medicine. If a process of integration of all useful knowledge is to be sought it seems unavoidable that the larger and more dynamic body of organised medical experience should form the centre to which other streams of medical knowledge should flow.

(b) *Research in Homœopathy.*

13. The recommendations of the Committee for research into Homœopathy are summarised on Page 72 of the report. They are reproduced below :—

- (1) Co-operation of homœopathic system of therapeutics with the progress of science, thus providing for the training and research in all relevant subjects, as for example, biochemistry, Physiology immunology, surgery, etc.
- (2) The biochemical and clinical changes in the human organism, *e.g.*, changes in the blood picture, "provings" of homœopathic drugs.
- (3) Animal experimentation with slides for teaching homœopathy pathology and materia medica.
- (4) The research on the action of potentised dilutions of homœopathic medicines in the light of modern scientific developments.
- (5) "Provings" of new drugs and "reprovings" of older ones in the light of modern medical and scientific developments.
- (6) Statistical studies of different types of cases treated homœopathically.
- (7) Confirmatory animal experiments on new drugs.
- (8) Experiments from the homœopathic point of view on healthy human beings.
- (9) Study of the modifying effect of toxins and of substances in the body which modify the action of drugs.
- (10) To ascertain the rationale of homœopathic cure by drugs when the drug does not produce pathological changes.
- (11) Serological and other tests which should be evolved to find the indicated homœopathic remedy.
- (12) Further study from the statistical point of view of the law of similars and correlation with clinical findings under State control by laboratory studies and experiments on physiology, pathology and other relevant sciences.
- (13) More extensive study of drugs isolated from plants or parts of plants, animal tissues, diseased products and the provings of such things.

14. In regard to "provings" certain remarks of Dr. Sen are worthy of serious consideration (Page 76). The methods referred to by him, if they constitute the homœopathic approach to the study of disease and its symptoms and to the evaluation of the efficacy of drugs, will hardly be accepted as sufficient or satisfactory by Modern Medicine. The Committee has now put forward a programme of research which will attempt to utilise the tools of science to a much larger extent than Hahnemann and his followers did. But the whole idea appears to be that of attempting to establish, on firm

foundations, Homœopathy as a system of medicine rather than that of working towards the evolution of a single system in which may be incorporated whatever is of proved value in Homœopathy. The latter is the line of approach that the Government of India has already decided to adopt in respect of Ayurveda and Unani and the decision appears to be equally applicable to Homœopathy. Let there be as much research into Homœopathy as may be practicable with the funds that will become available and let such research be carried out on as broad a basis as possible. But there is no reason why this research should be promoted in separate and special institutions; and a procedure will naturally increase the cost. I have pointed out already that Homœopathy is closer to Modern Medicine than Ayurveda and Unani and the development of homœopathic research in close association with medical institutions devoted to Modern Medicine will help to reduce expenditure as well as to ensure the application, to the fullest possible extent, of the methods of investigation which the natural and biological sciences have made available.

(c) *Regulation of the Profession of Homœopathy.*

15. Here again there is a sharp difference of opinion between the homœopathic and medical members of the Committee. The former recommend the creation of a Central Council of Homœopathy Medicine as well as of Provincial Boards or Faculties of Homœopathy, these two types of organisations being of the same nature as the Medical Council of India and Provincial Medical Councils. Whole-time Secretaries and clerical establishments for these homœopathic institutions are also envisaged. The medical members of the Committee do not support these proposals. They point out that the functions of the proposed Central Council and Provincial Boards are "to prescribe and ensure a minimum standard of medical education and examination and secondly, to maintain a register of qualified practitioners and to control the conduct of medical practice by them". They go on to say that, "for regulation of training and to prescribe and ensure a minimum standard of homœopathic education and examination, all that is rational and necessary is to establish a Faculty of Homœopathy under the Medical Council of India and Provincial Medical Councils on the same lines as the various faculties under a University". "The membership of such faculties should be open to only those who possess a medical qualification recognised by the Medical Council of India or the Provincial Medical Councils and are registered with it and are practitioners in homœopathy of not less than five years' standing, preferably with teaching experience in recognised homœopathic teaching institutions". Such Faculties will not require secretariats on the same scale as large Councils or Boards of Homœopathy and the strength of membership of these Faculties can be made smaller than that of the Councils. Thus there will be a reduction in expenditure. Apart from this, another aspect of the question should also be considered. The decision of the Government of India is that registration should be provided for the practitioners of all systems of medicine and the question arises whether a multiplicity of full-strength Councils is to be established or not. There is some advantage in keeping such organisations small and, if the intention is that all these systems should eventually merge into one system of medicine, then some integration, even from the beginning, of the organisations responsible

for registration and for the regulation of professional conduct in respect of individual systems, seems to be justified. The recommendation of the medical members of the Homœopathy Committee should be viewed from this standpoint.

16. In the light of the discussions in the preceding paragraphs the following suggestions are put forward for consideration by Government. The figures shown in brackets relate to the paragraphs dealing with individual subjects in the present note :—

(a) *Training in Homœopathy*.—I suggest that provision for training in Homœopathy should be in accordance with the second recommendation of the Homœopathy Committee (see Para. 3 of this note). Thus training in the basic, pre-clinical and clinical sciences should be common to the students of Homœopathy and to those of Modern Medicine, with the difference that Homœopathy students will have different courses in *materia medica* and therapeutics. In the interests of economy and of efficiency provision for training in all common subjects should be made, as far as possible, in medical colleges giving training in Modern Medicine. Towards this end an expansion of teaching facilities for Modern Medicine will become necessary. From among the special institutions giving training in Homœopathy a certain number representing the best among them should be selected and they should be converted into teaching institutions dealing only with Homœopathy in its theoretical and practical aspects. As experiment on these lines may be started in one place, say, Calcutta and the system may later be extended to some more centres in India. The remaining homœopathic teaching institutions should gradually be abolished (3 to 12).

(b) *Research in Homœopathy*.—Research in Homœopathy should be developed in medical colleges which admit homœopathy students and the special homœopathic institutions which are in association with them should also take part in such research. Special research institutions for Homœopathy alone are not recommended (13 and 14).

(c) *Regulation of the Profession of Homœopathy*.—The recommendation of the medical members of the Committee that Homœopathic Faculties under the Central and Provincial Medical Councils should be set up may, it is suggested, be adopted. The wider question of integrating all the organisations to be established for the registration and regulation of different systems of medicine, e.g., Ayurveda, Unani and Homœopathy with the existing Medical Councils for Modern Medicine also deserves consideration (15 and 16).

No. F. 6-42/49-MI, dated the 28th October, 1949.

FROM THE GOVERNMENT OF INDIA, MINISTRY OF HEALTH TO ALL PROVINCIAL GOVERNMENTS AND ALL CHIEF COMMISSIONERS (WITH COPIES TO STATE GOVERNMENTS THROUGH MINISTRY OF STATES).

I am directed to refer to this Ministry's endorsement No. F.6-5/48-MI, dated the 31st August, 1948, and to say that 10 copies/5 copies of the Report of the Homœopathic Enquiry Committee have been sent to the Provincial Government/you under separate cover. I am to request that the views of the Provincial Government/your views on the recommendations made by the Committee may kindly be communicated to this Ministry not later than 23rd January, 1950. The Government of India will be glad to have the views of the Provincial Government/your views with particular reference to the following points :—

- (1) The constitution and functions of the Central Council of Homœopathic Medicine ;
 - (2) The constitutions and functions of the Provincial and State Boards or Faculties of Homœopathic Medicine ;
 - (3) The establishment of a Central Model Homœopathic teaching institution for the training of undergraduates and post-graduates;
 - (4) The arrangements regarding training and research in Homœopathy.
2. The receipt of this letter may kindly be acknowledged.

PROCEEDINGS OF THE CONFERENCE.

With the permission of the Chairman, Mr. Shiv Sharma, Vice-President, All-India Ayurvedic Congress, read out a memorandum expressing their views on the Indigenous Systems of Medicine. (Not printed.)

SPEECH BY THE CHAIRMAN (THE HON'BLE RAJKUMARI AMRIT KAUR).

On behalf of all of us, I would like to thank those who have presented this Memorandum. I only just want to say one or two things. I want to assure them that whatever they have said will naturally be considered, but I want to remove one or two misapprehensions under which they have suffered. Nowhere have we ever used "modern scientific medicine". The term used is "modern medicine". And as Panditji quite rightly said this morning, the word "modern" is a much better word than "Western" because modern medicine has grown out of all the experience and contribution that has been made to it from time immemorial. It is modern only in the sense that it exists to-day; fifty years hence it will be more modern than it is to-day. Nowhere has the Central Government tried to kill the ancient systems of Indian medicine. We have got the testimony of Col. Knowles that has been quoted so often. He has said that, "old Ayurveda, modernised and rejuvenated, will not only be the National Medicine of India.....". I would say that what the Centre suggests is that by giving the modern, basic, scientific training to future aspirants, we are really going to modernise and rejuvenate Indian medicine. I don't want to say any more except that no science will ever die if there is truth in it, and Ayurveda and Unani and all that they have stood for will now be given ample opportunity for contributing to humanity, but we must avoid quackery in this country whether it comes from practitioners of modern medicine or from others. I heard the other day of some people trying to pass off as practitioners of modern medicine. They should be prevented from doing so.

2. I think we may now go on to the business before us. We shall take up the first two items on the Agenda:—

- (1) Report of the Indigenous Systems of Medicine Committee.
- (2) Report of the Homœopathic Enquiry Committee.

After some discussion it was decided to appoint a sub-committee consisting of—

1. Dr. T. S. S. Rajan, Health Minister, Madras.
2. Dr. M. D. D. Gilder, Health Minister, Bombay.
3. Dr. C. B. Gupta, Health Minister, U. P.
4. Lt.-Col. A. N. Chopra, D. H. S., Assam.
5. Col. Ramnath Chopra, D. P. H., Kashmir.
6. Dr. W. S. Barlingay, Minister of Health, Madhya Pradesh.
7. Shri D. T. Dave, Health Minister, Saurashtra.
8. Dr. Gwash Lal, Director, Health Services, Himachal Pradesh.
9. Maj.-Gen. S. L. Bhatia, D. H. S., Hyderabad.
10. Dr. Jivraj N. Mehta.
11. Shri Binodanand Jha, Health Minister, Bihar.
12. Pt. Lingaraj Misra, Health Minister, Orissa.
13. Lt.-Colonel P. C. Dutta, D. H. S., Punjab.

to consider the questions and submit their report to the Conference for discussion. Dr. K. C. K. E. Raja (D. G. H. S.) was to assist the Committee.

Report of the Committee appointed by the Third Health Ministers' Conference to consider the reports of the Indigenous Systems of Medicine Committee and of the Homœopathic Enquiry Committee.

I.—INDIGENOUS SYSTEMS OF MEDICINE.

The Committee voted the Hon'ble Dr. T. S. S. Rajan to the Chair.

After a preliminary discussion the Committee accepted certain recommendations regarding indigenous systems of medicine, which had previously been adopted by the First Health Ministers' Conference in October 1946. The recommendations are quoted below from the Report of the Conference (page 41):—

"I. This Conference resolves that adequate provision should be made in the Centre and the Provinces:—

- (a) for research in and 'the application of the scientific method for the investigation of the indigenous systems like Ayurveda and Unani' with reference to '(1) maintenance of health and (2) prevention and cure of disease',
- (b) for starting schools and colleges for training for diploma and degree courses in Indigenous Systems of Medicine,
- (c) for post-graduate course in Indian Medicine for graduates in Western Medicine.,

"II. In accordance with Resolution No. 13 of the National Planning Committee this Conference resolves 'to absorb the practitioners of Ayurvedic and Unani Systems of Medicine into the State Health Organisation by giving them further scientific training wherever necessary' as health personnel like doctors, physical training experts (*ustads*), sanitary staff, masseurs, nurses, midwives, etc."

The recommendations under items I(a) & (c) above are in accord with the suggestions put forward by the Government of India for consideration by State Governments.

As regards item I (b) the Committee decided that there should be a degree course and a diploma course in indigenous systems of medicine. It considered at some length the main principles that should govern the training programmes to be recommended for adoption throughout the country in respect of the two types of courses. These principles are summarised later in these minutes.

Prohibition of practice by unregistered practitioners.

The question of prohibiting the practice of indigenous systems of medicine by unregistered persons was not, however, accepted unanimously. It was urged by some of the members that, in the interests of preventing quackery, it was essential to prohibit practice by unregistered persons. The others expressed the view that decision on this matter should be left to individual State Governments.

The Degree and Diploma Courses in Indigenous System.

A. Preliminary educational qualifications—

Degree course.

Diploma course.

(a) I. Sc. with Physics, Chemistry, and Biology.

(a) Matriculation. Provision should be made during the medical training to give the students an adequate knowledge of Physics, Chemistry, and Biology.

In a period of five years the standard of admission should be raised to I. Sc.

(b) In respect of both the degree and diploma courses, Ayurvedic students should have an adequate background of Sanskrit education and Unani students of Arabic and/or Persian.

B. Non-clinical subjects.—Both for the degree course and for the diploma course the teaching of the subjects of Anatomy, Physiology, Pathology, Hygiene, Radiology, Medical Jurisprudence, and Toxicology will be on the basis of modern medicine.

The standard in each subject for the degree course should conform to that prescribed by the Indian Medical Council and the standard for the diploma course should be that enforced for the medical licentiate course. Arrangements should also be made for instruction in the Physiology and Pathology of the indigenous systems.

C. Clinical subjects.—The teaching of Surgery, including Ophthalmology and Otorhynolaryngology, Obstetrics and Gynaecology should be, in respect of both the degree and the diploma courses, on the lines of modern medicine and the standard will be the University standard in respect of the degree course and the licentiate standard for the diploma course.

D. Pharmacology, Materia Medica, and Therapeutics and Clinical Medicine should be taught on the lines of both modern medicine and of the particular form of indigenous medicine (Ayurveda or Unani) which the student takes up. Here also the standard required will be, in each subject, those prescribed by the Indian Medical Council for the degree course and those for the training of medical licentiates for the diploma course.

E. Period of training—

(a) For the degree course . . . five years.

(b) For the diploma course . . . four years.

In a period of 10 years all institutions giving the diploma course should be raised to the degree standard.

(c) For the post-graduate course in Ayurveda or Unani for practitioners of modern medicine the period of training recommended is one year.

F. Arrangements for teaching.—In all the non-clinical subjects it is desirable that the students undergoing training in the indigenous systems should have common instruction, if possible, with the students who study modern medicine.

Separate teaching arrangements will be necessary in respect of clinical teaching for students of indigenous systems. Well-equipped hospitals with adequate bed accommodation shall be provided as well as properly equipped teaching departments for the instruction of students in these systems. The teaching staff of these institutions should be adequately paid.

G. Establishment of Institutions.—It is recommended that at least one college in each State offering instruction on the lines indicated in these minutes should be started under the auspices of Government or with subsidy from the State.

H. Research.—(a) Research should be developed on the widest possible basis and on the lines indicated in the Chopra Committee's Report. No aspect of the indigenous systems, including drugs, principles, and practices should fail to receive attention.

The Government of India should concentrate on promoting research as speedily and on as thorough lines as possible because it is on the fruits of such research that a solution of the many matters that form subjects of controversy today will be secured.

(b) The Director of the Ayurvedic Research Institute established by the Government of India should also be the Adviser to that Government on all matters relating to the development of Ayurveda in the country.

(c) Suitable steps should be taken for editing and publishing classical texts and for compiling text-books for instruction in the indigenous systems of medicine.

II.—HOMŒOPATHY.

I. Length of the courses—

Degree course five years.

Diploma course four years.

J. Standards of Training.—The recommendations made by the Committee in respect of indigenous systems should apply to Homœopathy in respect of the two types of courses.

K. Ayurvedic, Unani and Homœopathic qualifications should be distinctive and not colourable imitations of the qualifications in modern medicine or of each other.

L. Research.—The recommendations of the Homœopathy Enquiry Committee regarding research are supported.

III.—EMOLUMENTS AND QUALIFICATIONS.

When employed in State health services the emoluments should be the same to the doctors of modern medicine, and indigenous systems and of Homœopathy provided the training courses undergone in each case are of the same length and of the same standard.

IV.—REGISTRATION AND REGULATION OF THE PROFESSIONS OF AYURVEDA, UNANI AND HOMOEOPATHY.

The State Medical Boards appointed for the purpose of regulating registration and practice in these three systems should deal with standards of education with supervision over instruction, and with professional conduct in the respective systems. These boards should not deal with problems relating to the starting of institutions and their management as has been contemplated in certain Bills sponsored by some State Governments. Other organisations should be established for these purposes. Those who have qualified themselves after the five-year and four-year courses should be eligible for registration. Those who take a smaller course should not be eligible for registration. The membership of the respective Medical Boards should consist of registered practitioners of the systems concerned and of registered practitioners of modern medicine. They may also have a legal adviser on them.

V.—CONCLUSION.

The recommendations put forward in the preceding paragraphs were accepted unanimously by the Committee, excepting prohibition of practice by unregistered parsons. On this there was a difference of opinion.

PROCEEDINGS OF THE CONFERENCE.

The report of the Sub-committee on Ayurvedic and Unani systems of medicine at pages 43 to 46 was read out to the Conference by the Chair.

Chairman: I should thank the sub-committee for the extreme care with which they have drawn up this report and for the details into which they have gone. I should, however, like to ask one question. The Government have appointed what is called the Pandit Committee also to look into this matter. I do not know whether the members of the Sub-committee had the opportunity of hearing Dr. Pandit. I understand that they have come to unanimous conclusions and I would like to have an idea as to whether their recommendations also tallied with those of this Committee.

The Hon. Dr. T. S. S. Rajan (Madras): We had just time to get through our work and for that we had to sit as late as possible. The decisions we have arrived at practically covered the whole field. We would have been very glad if Dr. Pandit had been able to place his views before us for our enlightenment but I am afraid he was not there and therefore whatever we did was based on the material that was placed before us. We discussed them as thoroughly as we could.

Chairman: This Pandit Committee has been appointed and it is bound to report. If there are any differences between this Sub-committee's report and the report of the Pandit Committee are we to be guided by the former or the latter?

The Hon. Dr. Jivraj N. Mehta: This particular difficulty could be attended to by the Central Council which we have decided should be appointed. After its constitution the Central Council will meet in the course of the next six months and it will then be possible for the Council to scrutinise the Pandit Committee's report. So the Council will deal with this matter.

Chairman: The point has been raised as to whether in the curriculum that has been prescribed for the Vaidas too much is not expected from the students. When the matter comes up before the Central Council you can then take decisions. Probably by then the Pandit Committee would have also made their recommendations as to what subjects the students are to take up from the Vaidic point of view.

The Hon. Pandit Binodanand Jha (Bihar): The difficulty of the members of the Sub-committee was that they had to confine their deliberations within the scope of the agenda. The terms of reference of the Pandit Committee covered items 1 and 2 of the agenda. We had also the notes of the Government of India which were circulated along with the Chopra Committee report. We were to give our decisions on the agenda and at the same time we were not to exclude the possibility of further examination of the recommendations of the Pandit Committee. We came to certain decisions which are tentative and should not be treated as final. These decisions will go to the State Governments and they will also be further examined by the Central Government. Meantime we expect to receive the recommendations of the Pandit Committee and also

the reactions of the organised bodies relating to Indian systems of medicine as well as those of the Indian Medical Council. After that it would be possible for further exchange of views between the Centre and the States to take place and the scope for that will not be limited. All that we have attempted to do is to lay down certain broad ideas to which the systems of medicine may conform. We should also realise that much is being expected of students of Indian medicine by attempting to enforce a high standard. Our object is to have at least one college in each State for the present. We are not ourselves certain about the courses or about the way in which the whole thing will develop. Many of us have strong doubts about the possibility of integration or synthesis of the two systems. It will be conceded that the matter is not a very simple one at least in the practical field. What we have done in the Sub-committee is to go through such parts of the Chopra Committee Report which we could adopt, with our eyes open to any modifications after we receive the report of the Pandit Committee and the reactions of the various other medical bodies.

Chairman : I would only plead with the Ministers of Health that they should not delay too long in the matter. The matter should be dealt with quickly. Of course, research can go on. If the broad principles enunciated in the Sub-committee's report are accepted, then that with the Pandit Committee's report will go to the States Health Ministers and then come up as quickly as possible before the Central Council also.

The Hon. Pandit Binodanand Jha (Bihar) : The key to the expeditious handling of the whole matter lies with the Pandit Committee. And here let me make it quite clear that the Pandit Committee should not be guided by the Health Ministers' Conference. They are an expert Committee and they should give an independent view.

Chairman : Their report I believe is ready, so they have come to conclusions quite independently.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : I should like to make a few remarks on the report of the Sub-committee. In particular, I want to draw attention to D at page 44.

At the outset let me make it quite clear that I believe that the Chopra Committee report should be adopted. Of course, there are many things which we do by way of compromise and it is our duty, as far as possible, to have the greatest common measure of agreement. If yesterday we agreed to this resolution, that was really from this point of view. So far as I am concerned, I explained that we are one and all votaries of truth. Even if people think that I am a little partial towards Ayurveda, I should say that I am partial to it only so long as its practitioners follow the path of truth and sense. I don't want superstition to masquerade in the shape of science. Therefore, when I want to support Ayurveda or Homoeopathy or any other system, it is only on the basis of a science that I do so, and only for taking as much as there is truth in it. Let me at the same time make it clear that all the basic subjects like Physics, Chemistry, Botany, Biology, Anatomy, etc., should be taught to every person who wants to take a degree course, whether it be in Homoeopathy or in Ayurveda.

We have got to maintain a certain standard and we cannot ignore the fact that those people who take this course may like to go to foreign countries to learn whatever advance they have made in medical science there. So far as these matters are concerned, I am absolutely one with you but I want to give proper opportunities both to Homoeopathy and to Ayurveda to grow on right lines.

So far as paragraph D is concerned, I don't know what its effect will be. That is why I asked that before the Sub-committee approves the entire thing the draft should be handed over to us so that we would be in a position to make such changes or suggestions as may be necessary. I don't blame anybody for this—I know the difficulties—but the fact of the matter is that before this thing came up before us here the actual draft was not before us.

The Hon. Dr. Jivraj N. Mehta : But I read it out more than once.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : What I am pointing out is this. Surely it was not our intention to make the degree course in Ayurveda or Homoeopathy a purely post-graduate course. Our intention was this. There should be certain subjects which are common to all these three courses—Homoeopathy, Ayurveda, and Allopathy. Then there were certain subjects which were not common. Take for instance, Physics. Physics is common to Ayurveda, Homoeopathy, and Allopathy courses. Then there were certain subjects which are not common, e.g., Therapeutics or Materia Medica. I don't see why it is necessary to teach modern Therapeutics or Materia Medica to Ayurveda and Homoeopathy students. Is it really necessary? I should have thought no.

Chairman : They do that in the countries where Homoeopathy is practised. U. K. and U. S. A. are the only two countries where this system is widely practised and in both those countries and also in Germany wherefrom it originated they do that. Homoeopathy is a European system.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : I do not know the conditions in England. It may be so there. In fact, I am not opposed to persons taking up both the courses, but I want to see that no handicap is placed in the way of a person who wants to study Homoeopathy or Ayurveda only. We must be quite fair. Is it the object of this Resolution that in addition to what the ordinary Allopathic M.B.B.S. has to learn he should learn a Ayurved or Homoeopath or Unani? Surely, that is placing a handicap which was not contemplated by the Sub-committee. For the Ayurvedas you cannot compress a seven years course into five years. That would be putting too much strain.

Chairman : I think this question of courses will have to be gone into in detail. It has got to come up before the Central Medical Council. The Health Ministers of the States may study this recommendation and make their suggestions. I agree that there may be need and we may make changes in this. We do not adopt this as final but as provisional. Unless, of course, as a member of the Committee you object, we can adopt this subject to this proviso.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : I object. I want that the three courses should be exactly the same.

The Hon. Dr. Jivraj N. Mehta : In the first place, I want to make it clear that this point was raised more than once during the Committee meeting. I made it also clear that those who practise Ayurveda should have knowledge of modern science. That point was emphasised.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : Was it your intention that in addition to undergoing the full course of training which a modern M.B.B.S. does we ought to super-add both Homœopathy and Unani? If that was your intention, then I disagree.

The Hon. Dr. Jivraj N. Mehta : I was going to refer to that when Dr. Barlingay interrupted me. The paragraph as it reads is in consonance with the decision that was reached at the meeting. But I could see the force of the argument that it would be too much to expect Ayurvedists to show the same amount of knowledge of surgery, gynecology or modern medicine as other M.B.B.Ss. or licentiates of the modern systems. So far as this particular point is concerned, as the Madam Chairman said, it may be reconsidered in the light of further information that we may get from the Pandit Committee and also in the light of the further consideration that States Health Ministries would naturally give to this point. This draft represents on the whole the greatest common measure of agreement that we could arrive at. Still, I find there is difference of opinion. That difference of opinion could be rectified in course of time and the ultimate authority for laying down the courses of study would be neither the Central Government nor the State Governments. Only the Faculties and Boards that would be set up and on which would be representatives of practitioners of the particular type of medicine as well as of modern medicine—only they can decide. Perhaps, we may add a note to the effect that so far as Paragraphs C and D are concerned, they will be subject to a further revision but there could be no radical change of the arrangement we have agreed to.

Hon. Dr. W. S. Barlingay (Madhya Pradesh) : I have no objection to the adoption of this paragraph, provided there is no additional burden placed on students and provided you don't make it a post-graduate course.

The Hon. Dr. Jivraj N. Mehta : You can therefore put a proviso that so far as the courses are concerned, these will be taken into consideration by the Boards and Faculties in the light of the discussion today.

Shri Gulzari Lal Nanda : You have already judged the standard by saying that the standard will be of the University standard.

The Hon. Dr. Jivraj N. Mehta : But it is subjected to change.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : I suggest that you add a suitable amendment at the end in order to incorporate the suggestion made by me.

Shri Gulzari Lal Nanda : My suggestion is only this. It will not be fair to this Committee to say something which cannot be justified. Any decision taken by the Committee should be a decisive one. We should not leave it vague.

Chairman : We shall ask Dr. Jivraj Mehta to draft a note to clarify this point.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : I must make it clear that I am not trying to blame Dr. Jivraj Mehta. He was of the utmost help to the Committee. What I only suggest is that any clarification that is sought to be made should be placed before the Conference; otherwise, there will be further trouble.

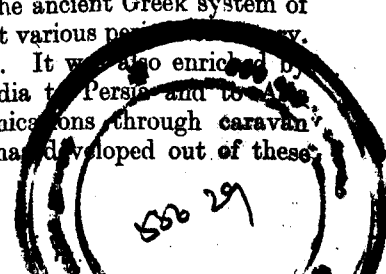
The Hon. Dr. Jivraj N. Mehta : Thank you very much.

The quickest way to get a point clarified is for Mr. Barlingay himself to draft an amendment and get it adopted by the Conference. The President himself has made a statement that up to the portion considered so far has been adopted, subject to further clarification or discussion by the Central Council of Health Ministers of Paragraphs C and D. I take it what I have mentioned has been taken down by the reporters and if the words do not tally, let us see later.

Lt.-Col. P. C. Dutta (Punjab) : In regard to D, I have one or two observations to make. At present you are licensing the Vaidas to use some of the Schedule H drugs like sulpha. It is, therefore, very essential that they must know something about these drugs and should have at least some knowledge of modern pharmacopœia. Otherwise, they should be prohibited from using these drugs.

Maj.-Gen. S. L. Bhatia (Hyderabad) : As a member of the Committee I subscribe to the views expressed in the proceedings. But there is one aspect of the question which I did not refer to in the meeting, because it did not come within the purview of the Committee. I wish to take this opportunity, if I may, to make a strong plea for the study of history of medicine. I feel that a good deal of the controversy that exists at the present day in regard to Ayurvedic and Unani systems of medicine and modern medicine would clear up if students were taught medicine with a historical background.

At present history of medicine is not taught anywhere in India. Teachers do, I know, refer to it now and then in the course of their lectures and give the students a background of the historical development of those particular subjects. But the history of medicine as such which has become quite an important subject in certain Universities is totally neglected in India. I know one of the visitors Prof. Sigerist, made a strong plea for the study of history of medicine and he actually advocated that we should have an institute for the study of history of medicine. Prof. Sigerist at that time was in charge of the Institute of History of Medicine in John Hopkins University at Baltimore. When I was there in 1945, I paid two or three visits to this Institute to get some idea about its functions and organisation. I do think that India is an ideal country for the study of history of medicine and that for this reason, I think it is only here that we have an ancient system of medicine, the Ayurveda, which is being taught and practised very much in the same way as it was say a thousand years ago. The same applies to the Unani system of medicine. It is hardly necessary for me to mention to this Conference that the Unani systems of medicine is the ancient Greek system of medicine which came to India through Asia Minor at various periods. It developed in Asia Minor and Arabia particularly. It was also enriched by the knowledge of Ayurveda which went from India to Persia and to Asia Minor. There was mutual exchange of communications through caravan routes. Now it is a fact that modern medicine has developed out of these



ancient systems. But the discussions here give an idea that the science that we practise today is something quite different and that it has developed in a sort of instantaneous manner and has no connection with the past science. I think that is quite a wrong way of looking at this problem. I for one have the highest respect for Ayurvedic and Unani systems of medicine. And now that we have achieved our freedom, it is natural that we should have the utmost respect for our ancient culture and our ancient science and the knowledge that was developed by the ancients. Ayurveda naturally comes within that category. I don't mean to suggest that we should encourage or revive our ancient systems of medicine at the expense of the modern system. The only logical way to bring them together is to study them in a historical way.

I do not wish to take much time of the House, but I would like to say that if this Conference expresses its view that the study of history of medicine is essential for all students of medicine, I feel that in the course of a few years the present controversy which we see will gradually disappear.

Chairman : Would you like this to go in our recommendation.

Maj-Gen. S. L. Bhatia (Hyderabad) : Yes.

Chairman : May I read this to you, and I hope this will satisfy those who are not content with the recommendations in paragraphs (c) and (d) :

"In view of the fact that it is not possible at this stage to define in detail the courses of study of clinical subjects, the contents of paragraphs (c) and (d) will be reconsidered by the Central Council of Health."

That gives you free liberty to decide the courses at that time. Does that satisfy you?

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : I suppose we will be members of that conference.

Chairman : Of course. The Central Council of Health consists of the Central Minister of Health and of the Health Ministers of States.

The Hon. Dr. Prem Singh Rathore (Madhya Bharat) : It is not the course that is in dispute but the standard of examination.

Chairman : "Courses" includes everything—length of study and standard; everything is there. So don't worry about that. You can look at it in detail.

There is one proposal from the Director, Health Services, Hyderabad, that we should make a recommendation that all medical students should be taught the history of medicine.

The Hon. Pt. Lingaraj Misra (Orissa) : That should come from an expert medical body. The Central Council will be the proper body to come forward with a recommendation of that nature.

Chairman : We may record in the Minutes that the suggestion was made that now that we are going to have a Central Council of Health we should ask the Central Council to consider this.

Maj-Gen. S. L. Bhatia (Hyderabad) : This may be included in the recommendations relating to Indigenous Systems of Medicine.

Chairman : But we should record it in the Minutes that the suggestion was made that it should be left for the consideration of the Central Council of Health.

Maj-Gen. S. L. Bhatia (Hyderabad) : All right. But it is logically connected with the question which we are discussing, if you take a long-term view.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : The amendment which has just been suggested seems to me all right. There is, however, only one suggestion which I should like to make. This Council—I do not know—is not likely to meet before long. And it is just possible that the suggested amendment might merely have the effect of postponing the matter without any limitation whatever. In all these things the time factor is extremely important and already, if I may say so without any disrespect to the Central Government, a lot of time has been wasted with regard to studying this Report and the replies formulated by the various State Governments. If we go on in this fashion then things may not materialise not only for a year or two but for several years to come. I, therefore, suggest, if possible, to have a speedier method of dealing with this matter.

Chairman : In regard to the delay in studying this Report may I say that the Centre has not delayed it at all but the delay has always occurred because the Centre did not receive replies from the State Governments. Months and months elapsed and reminders were sent. And today I am bringing up this question for consideration without having had full replies from many of the State Governments. So the Centre has not been taking time with regard to this.

In regard to speed as I have already mentioned, after all this recommendation which we are adopting here now goes to your State Ministries and you consider it quickly and send in your recommendations with those on the Pandit Committee's Report. I promise you that I will lose no time in having this Central Council formed. And there might even be a separate meeting at the proper time to look into these things. We might not have to wait for the whole Council to meet if important questions have to be considered urgently. For my part I assure you that there will be as much speed as possible provided I get the co-operation of State Governments.

So I shall say that this recommendation with the amendment is adopted.

The only question that I have not raised is the question of prohibition of practice by unregistered practitioners because I understand from the report that there was no agreement on it. Do you want to discuss it further? I do feel that in order to prevent quackery we should *ipso facto* follow it up with this. For I find that Homoeopaths take a course of six weeks and begin practising. That kind of thing must be prevented. The top ranking people are all right, but hundreds and hundreds have no training worth mentioning. It is a question of what you are going to do. I believe some of the States have rules and regulations by which those who have practised for so many years are allowed to continue to practise. I would like to hear the views of Bombay.

The Hon. Dr. M. D. D. Gilder (Bombay) : We are the first British Indian Province to stop practice by people who are not qualified to practise. But we were not the first in India because Baroda had preceded us in this matter. The reason why they introduced this measure was exactly what you said just now. We said that all those people who were practising on the day the Bill was published would not be deprived of their right to practise and that they would all be recognized in some form or the other. But afterwards, that is after the date on which the Bill was published, nobody should come on the register.

unless he held a qualification which was obtained in some institution after attending a course which might be decided by the Board which we then appointed. Those who were practising for ten or five years—I forget the exact period—were immediately put on the register on their giving proof that they had been in actual practice during that time.

Those who had put in practice for a shorter time were put on a separate place, which we call the 'list'. In other words, they had no authority to vote and they had no voice in the election of the Board but for all other purposes they could practise, so that we need not touch those people who are practising on the day that the Bill was published. Subsequently nobody could get on to the list after the date unless he has had some sort of training. Of course, at the present moment the situation is complicated by the influx of refugees who have come from other Provinces. We have amended our Act in that respect that those who have practised in that country for a certain length of time would be taken up, that those who have practised for two years or less would be provisionally recognized but would have to pass the subsequent examination. We found for instance that a place advertised from Delhi used to give diplomas which were absolutely L.C.P., L.M.P., M.B.B.S., M.D. I got a friend of mine to write to that place and I also asked for information about this from the Police. The Police said that this was only an accommodation address and the people were somewhere in one of the States and at that time the States had not merged. The prospectus came. It was put there "registered by the Government of India". It was registered as a company. It was stated in the prospectus that by paying a certain fee your name would be registered in the College. You would be recommended certain books to read. After you have read them for the examination you have got to write to the people and they would arrange for your examination for which certain other fee was charged but if it was not possible for you for any reason to appear at the examination by paying double or treble the fee, they would send you the diploma. Now that sort of thing, naturally has to be prevented and that was our object in putting this penal part. At that time when we put the penal clause in 1938 I went through what was being followed in all the places in the world. The General Medical Council at that time had published a book giving information about medical registers and medical practice in all parts of the world. I went through that book carefully. In Great Britain and in the Colonies they follow the example of Great Britain, the registration was there but there was no penal clause and that is why our officers who then belonged to the I. M. S. were opposed to the penal clause. There were two other things in Great Britain. If a death occurs a certificate must be signed by a registered practitioner to prove that a man was really seriously ill; otherwise there will have to be an inquest or *post mortem*. Where if a man dies and no certificate is forthcoming there is an inquest and the *post mortem* before the body can be disposed. In Great Britain there was a penalty which practically took away all the poorer people who would go to the Police. They were compulsorily insured and they had to go to the Registered practitioner. In fact they had to pay for that as an insurance measure and naturally there was free medical advice available. All over the continent of Europe and in South America and in many other places there was a prohibition of practice by people who were not qualified enough. It was really from France that I copied that legislation. Even today in France you have got the University

Examinations and they are not recognized for registration. There is the State examination and you have got to take the State examination and it may be that the State could recognize certain University Examinations but the examinations of a State must be taken if you have to get under a register. Then in France, in pre-war days you have to be registered with what they call the mayor of the place. He is not a civic officer but practically an officer under the Home Department corresponding more or less to the Commissioner of Police. So that every year you have got to be registered with him to tell him where you are practising and so on and also in many of these States, nationality was considered. For instance in France you have got the State diploma and unless you were a national or unless you had studied in France for a period of five years, you will not to be registered. But if you married a French woman that period was reduced to half. So there were varying things, like that. In Germany it was not the Home Department but I think it was the Education Department that registered but in all those places there was absolute prohibition of unqualified practice. In Austria, for instance, you could not be registered unless you were an Austrian national. We omitted all these things and we took up the prohibition clause but there was a great deal of opposition in the legislature but we were able to persuade the legislature to pass it. We were then practically under the 1935 Government of India Act and this Act limited our powers in that respect and we had to accept those limitations and we have now remedied those limitations by amendment to the Act. Personally I think that a certain amount of prohibition will have to be enforced with the help of the general public to prevent people who merely give a few rupees and get a diploma. The other day we went to see a Homœopathy Institution in Bombay City. They said they had a library. It was just an ordinary chemical branch that our students usually have but the tables there were covered with dust which must have taken years to settle their. They said that they had an out-patient department but we found that there were no students there. They said that they teach in the mornings before the peoples go to office and they have some classes in the evening after they return from offices. I think we should have to realize that was not the way to learn medicine where people's health and lives were to be entrusted and in spite of considerable political pressure which the Principal of that College brought to bear upon me, I refused to recognize this College and we will be on the right track when we prohibit the practice of medicine by subsidy.

Chairman : I am sure all of us realize how important this question is but in view of the fact that opinions do vary, let us keep this in the minutes. I think all the State Health Ministers might consider this question and this may come again as one of the important questions at the first meeting of the Central Council next but in the meantime I would recommend to the Health Ministers that if they have not got any act in their province to write to Bombay or Madras and ask them to send them copies of their acts and consider in what appropriate way they can ban or prohibit people who really have no right to practise the art of healing.

The Hon. Dr. M. D. D. Gilder (Bombay) : May I add one point? We have a proviso that in rural areas where no qualified medical man has settled we will not enforce this proviso. If a medical man has settled in a rural area then, no unqualified medical man would be allowed there.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : I want to make it clear at the outset that what I am now going to say has nothing to do with Bombay or my friends from Bombay. I also want to make it perfectly clear that I am second to none, so far at any rate, as this Assembly is concerned ; in the view that quackery should be stopped as soon as possible. There is no difference of opinion on that point. I also accept many of the things that my Hon. friend Dr. Gilder has been saying just now. What I would say is whether the penal clause that you have for dealing with these people who are unregistered, for these people who are quacks, the remedy that you are proposing, is not going to be worse than the disease. That is the question.

I am very sorry to say that this point has not been really considered in the light of cold reason and in a dispassionate manner. We here are really far too theoretical, far too academical so far as the bent of mind is concerned. It is most unfortunate ; I hope none of my friends will take it amiss because so far as I am concerned, I also have some academical qualifications and a certain academical bent of mind myself. What I would plead for is that we ought not to divorce all our consideration from the actual living conditions that obtain in our society today. What is meant by the elimination of quackery ? I am now talking from the point of view of a lawyer. How will you define a quack ? Let us understand it for the sake of argument and make the point clear. A quack today is one who does not agree with you. That is today the criterion of a quack. Take for instance Allopathy. Suppose some years ago there were only Allopaths who had the right of registration and suppose they had passed an Act prohibiting everybody else who was not an Allopath, who had not the requisite standard of medical education, from private practice, what would be the effect ? The effect would be there would be no Vaidas who would be qualified, who would have the right of practice ; there would be no Homœopath who would have the right of practice. Today, you have the Homœopathic Enquiry Committee and the Chopra Committee reports about these Vaidas. For instance, if you at this stage prohibit these people from private practice, you at once begin to exclude hydropaths and chromopaths and all the rest and actually what would happen is there would be more exceptions than the rule itself. What has happened in Bombay ?

Chairman : I quite agree that there is difference of opinion on this question. This question is going to be discussed later. I am only suggesting that where any sort of legislation exists, the other States may study it. I am going to write to Bombay to send me a copy of their legislation. You have got to discuss these things further. Let the minutes go as they are.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : I would not take much of your time. As certain observations have been made by my Hon. friend Dr. Gilder, I have stood up. Otherwise, I would not have stood up at all.

Chairman : I only asked Dr. Gilder to say what was obtaining in Bombay. I would ask you to be brief if possible and not have any more discussion on this subject.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : I won't take more than a few minutes. I want to place my point of view before this Assembly. I hope no friend will go away with the impression that I am saying this simply for the sake of saying, because I feel very intensely about it. I feel this proposition to prohibit unregistered practitioners from practice is fundamentally wrong.

My second argument is this. As soon as you begin to prohibit unregistered practitioners, what is the effect ? The State will have to undertake the responsibility of providing registered practitioners in even the remotest corner of the State. Are you really in a position to do it ?

Chairman : I think Bombay has given you the reply to that.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : If I may say so, with all respect to my friends from Bombay, there are more exceptions in Bombay than the rule. That is the whole point. Bombay can have their own way ; I have nothing to say. There should be no misunderstanding between me and Bombay. Dr. Gilder has been a very great friend of mine and I value his friendship like anything. That is not the point. I appeal to you only from the point of view of reason and nothing else. Is this or is this not correct, let us understand in the light of dispassionate reason : as soon as you begin to prohibit these people from practising—don't think that I want unregistered people to practise ; I dislike them—what would be the result ? The result would be that it would become at once the duty of the State to provide registered Doctors even in the remotest corners of the country. Otherwise, how are you going to satisfy the needs of the people ?

My third argument is—I am placing it for whatever it is worth—I am open to correction ; I am not dogmatic at all—if you are serious with the democratic concept, if you are serious that in this country there ought not to be dictatorship, and that we ought to evolve proper standards and proper traditions, then, it is quite clear to me that the principle of slow social legislation has to be recognised. As far as possible in a democracy the methods which ought to be adopted are methods of persuasion and education. In this connection, may I say that in England today where you find democracy developed in the best possible manner, there is no prohibition against unregistered practitioners.

The Hon. Dr. Jivraj N. Mehta : The only sane people in the world !

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : Yes if I may say so Dr. Mehta. It is possible that only one man is sane and all the rest are insane. Reason can dawn upon one person while unreason may dawn upon crores of people. That is what is happening today in this country.

Now in a democratic State the traditions that should be developed are persuasion and education and not compulsion. The proper method would be to put all these unregistered doctors under as many handicaps as you like but do not for God's sake prohibit them. We ought to follow the elementary principles of social legislation which proceeds not by making people compulsorily do certain things in a positive manner but rather by eliminating things.

President : I would request you to stop further discussion. No decisions are being taken here. It has been clearly stated that opinions vary and therefore, you may take it up for discussion later and you can put forth your views then. I think there is a great deal to be said on all sides. We are all anxious to find the ways and means for which there must be a common agreement.

I take it that the report of the Sub-committee relating to Ayurvedic and Unani, with the amendment, is accepted and I go on to Homœopathy.

Homoeopathy :

President : The amendment we have put in regard to the courses for Ayurvedic and Unani will apply to Homoeopathy also.

The Hon. Dr. Jivraj N. Mehta : Not to the same extent.

President : That will be considered.

I would also like to draw attention to the heading of item "L". It should read "Qualifications" only and not 'Homoeopath qualifications'.

A representative drew attention to the anomalous position of item "G. Emoluments".

The Hon. Dr. Jivraj N. Mehta : The reference to emoluments in item G will be placed correctly later on and they will apply to all.

President : Is that agreeable ?
(Agreed.)

President : We now proceed to "Item N. Research."
(Reads the para.)

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : I would suggest the addition of the words—'as far as possible' after 'practitioners of modern medicine'.

The Hon. Dr. Jivraj N. Mehta : We have decided that subject to the change in standards as to the subjects which are to be taken up by the students of Ayurvedic, Unani or Homoeopathy they have to study subjects which they do not at present do. For having a proper course in those subjects, it is essential to have practitioners of modern medicine. The words "as far as possible" leave a big loop-hole. They may mean also that you may have none at all, which would not be in accordance with the discussions we have had for the last two days. After all, we were told that on account of a large number of displaced persons, the Bombay Government amended its Medical Practitioners' Act. If such things do exist in other States, they would not take it amiss to have the same amended in the light of the discussions that we have been having.

Maj.-Gen. S. L. Bhatia (Hyderabad) : We should add the word "registered" as follows : "The membership of the respective Medical Boards should consist of registered practitioners of the systems concerned....."

The Hon. Dr. Jivraj N. Mehta : Yes, I agree.

President : That is necessary.

Would Madhya Pradesh still like to put his views to the vote. His proposal leaves it open to a State not to have any one. I myself would oppose the inclusion of those words. We have to co-operate and do what is practical.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : I am in entire agreement with what Dr. Mehta said but I submit that the States also should be believed to some extent and certain matters should be left to the States also. As far as possible the States are bound to fall into line.

Chairman : I would suggest that he should not press for the inclusion of these words. Otherwise I shall put the matter to the vote of the conference.

(The Chair put the matter to the vote of the conference and the majority were of the view that the draft should be left as it was.)

The Hon. Pt. Binodanand Jha (Bihar) : I would like to make a suggestion. Will the Indian Medical Council consider the desirability of including some of the indigenous medicine and Homoeopathic practitioners in the Board as the purpose is to integrate and synthesise both the systems ?

Chairman : That is a matter which would have to be left to the Indian Medical Council.

The Hon. Pt. Lingraj Misra (Orissa) : The suggestion might emanate from this body.

The Hon. Dr. Jivraj N. Mehta : So far as Homoeopathy, Ayurved and Unani systems are concerned, under the decisions we have arrived at the students have to learn modern medicine. They have not yet passed any resolution to that effect. I agree that the Medical Council may consider the desirability of introducing in its recommendations the study of subjects which would apply not only to the students of modern medicine but also of Ayurveda, Unani or Homoeopathy. At the present moment the question does not arise.

The Hon. Pt. Binodanand Jha (Bihar) : The decision was that we are not having any central association for indigenous medicines now. The central organisation is the Indian Medical Association. During the interim period these systems of medicines are neither centrally organised nor integrated. Will not the Indian Medical Council have a token representation ?

The Hon. Dr. Jivraj N. Mehta : This question was discussed at the committee meeting. After a great deal of discussion we came to the conclusion that it would not be proper at the present moment to have a Central Council for Ayurveda, Unani or Homoeopathy. As these systems develop then we might consider the question. So far as the Medical Council is concerned it is a statutory body and it is for the study of modern medicine. That being the position we would not be justified in considering this question. After a few years experience when we find that these systems have developed and local councils have been formed then we might think of having a Central Council for these systems or of having legislation, if possible, to establish a common council. That would be when we know the progress made in the country in course of time.

Chairman : I should thank again Dr. Rajan and the Committee for the very good report they have brought out.

Resolutions on Items Nos. 1 and 2.—Reports of the Indigenous Systems of Medicine Committee and the Homoeopathy Enquiry Committee.

The reports as regards Indigenous Systems of Medicine and Homoeopathy is approved. In view however, of the fact that it is not possible at this stage to define in detail the course of study of clinical subjects the contents of Paras. C and D will be reconsidered by the Central Council of Health Ministers.

AGENDA ITEM NO. 3.

Organisation of an All-India Health Service.

Letter No. F. 1-1/50-MI, dated the 19th July, 1950.

FROM THE GOVERNMENT OF INDIA, MINISTRY OF HEALTH, ALL GOVERNMENTS OF PART A STATES (WITH COPIES TO PART B STATES THROUGH MINISTRY OF STATES AND PART C STATES).

I am directed to address the Government of Madras, etc. on the subject of the formation of an All-India Health Service to be called the Indian Health Service.

2. Although under the new Constitution certain branches of administration which have a bearing on the health of the people have been transferred from the State List to the Concurrent and Union Lists, e.g., Vital Statistics, Food Adulteration and Control of Drugs have been placed on the Concurrent List and coordination and determination of Standards for institutions for Higher Education or Research including Medical Education, on the Union List, the subject 'Health' will continue to remain in the main to be a State subject. While State Governments will continue to be largely responsible for the implementation of the national health programme, it is desirable that, in a country like India, there should be close and active collaboration between the Centre and the States in the development of a coordinated plan of action in the field of health. The need for Central guidance and coordination has been recognised in countries which have a federal form of Government and Central Health Services exist in countries like the U.S.A., Australia and Canada. It is through such a Service that the Centre discharges its duties in the field of international health and other spheres of health activity for which it is directly responsible as well as provides for the guidance and coordination of health administration in the constituent units of the federation. India will also have to follow similar lines of development if one of the conditions essential for an ordered advance over the country as a whole is to be promoted. In the past, some measures of coordination between the Provinces and the Centre was maintained through the Civil branch of the late Indian Medical Service. That Service was, however, essentially a military organisation from which a certain number of officers were transferred to the civil administration at the Centre and in the Provinces, with insufficient provision for Provincial Governments to exercise control over the officers of this Service working under them. The Provincial Governments were, therefore, opposed to the continuance of the Civil Branch of the I.M.S. In drawing up a scheme for a Central Health Service, the defects which the I.M.S. had have to be avoided.

3. The types of medical service to be rendered by Governments to the people fall broadly under the following categories :--

- (a) medical relief ;
- (b) preventive health work (or public health work as it is commonly called) ;
- (c) medical education ; and
- (d) medical research.

4. Medical relief has a number of aspects. The bulk of it relates to the provision of the facilities afforded by general hospitals and dispensaries to the public. This should continue to be looked after by the health services of States. This is necessitated by the fact that in many States it is largely through the utilisation of the services of Honorary Surgeons and Physicians that a number of medical institutions are maintained. This system of honorary workers precludes the possibility of medical relief in the sense already defined being included as part of the functions in which the Centre can participate.

5. The proposed All-India Health Service should, therefore, be concerned with public health work, medical education and medical research. Prevention of the inter-State spread of disease, control of the purity and quality of food and drugs which enter into inter-State Commerce, the collection and tabulation of essential vital statistics on a uniform basis throughout the country—these are some of the many subjects in the public health field in which close co-operation between the Centre and the States is essential. In the educational sphere the establishment and maintenance of uniform standards of training throughout the country is necessary. As regards medical research, it is obvious that the limitations imposed by administrative boundaries should not be permitted to interfere with the programme of study that may be undertaken. For instance, a study of the epidemiology of cholera will require to be broad-based enough to cover endemic and epidemic conditions and the programme of research that is organised will therefore have to be undertaken on an inter-State basis, as the disease is endemic in certain parts of the States of West Bengal and Madras while in many other parts of India this disease appears periodically in epidemic form. In regard to the preventive health work, medical education and medical research, a free exchange of personnel between the Centre and the States would be of distinct advantage to both the Centre and the constituent units. It is in the States that the major opportunities lie for acquiring experience in all the spheres of health activity. At the same time the Centre provides certain special facilities to officers from the States. International health work and the opportunities it offers for contacts with the outer world and its health problems will undoubtedly help to widen the range of experience of such officers. The existing Central institutions such as the Malaria Institute of India and the All-India Institute of Hygiene and Public Health, Calcutta, the proposed All-India Medical Institute and the Central Leprosy Institute, will all provide facilities for a free flow of workers between the Central and State institutions to the advantage of all concerned.

6. For certain health services, e.g., those relating to maternity and child welfare, the school-going population, tuberculosis, venereal diseases, leprosy and the common infectious diseases, a combination of curative, and preventive work is essential for securing adequate results. Such services came into being in all progressive countries as an essential function of local health authorities as distinct from general medical relief, which continued to be a task shared by voluntary bodies in charge of hospitals with the independent medical profession. It is, therefore, necessary that the proposed All-India Health Service should cover the field of public health (only senior posts, e.g., District Health Officers and above), medical education, medical research and the superior posts in the specialised services mentioned above. If this is done

the staff recruited will be of a high standard and the facilities that will become available for exchange between the Centre and the States will help to promote efficiency.

7. The Government of India will be glad to know at an early date whether the Government of Madras, etc. agree in principle to the formation of an All-India Health Service and if so, whether they have any suggestions to make in regard to (a) its scope and functions and (b) the types of the posts which the Government of Madras, etc. would like to be included in the cadre of the proposed All-India Health Service. Questions relating to the pay scales, discipline, method of recruitment to the Service, etc. will be decided later in consultation with the State Governments.

PROCEEDINGS OF THE CONFERENCE.

The Chairman (The Honourable Rajkumari Amrit Kaur) then proposed the formation of a Sub-committee to consider the Agenda Item No. 3, *viz.*, the Organisation of an All-India Health Service consisting of the following members, which was accepted by the Conference :—

1. Dr. T. S. S. Rajan, Health Minister, Madras.
2. Dr. M. D. D. Gilder, Health Minister, Bombay.
3. Dr. C. B. Gupta, Health Minister, U.P.
4. Major-General S. L. Bhatia, D.H.S., Hyderabad.
5. Sardar G. S. Rarewala, Health Minister, P.E.P.S.U.
6. Pt. Binodanand Jha, Health Minister, Bihar.
7. Lt.-Col. P. C. Dutta, D.H.S., Punjab.
8. Col. R. K. Misra, D.H.S., Bhopal.
9. Dr. Jivraj N. Mehta.

Dr. K.C.K.E. Raja (Director-General, Health Services) will assist the Committee.

Report of the Committee appointed by the Health Ministers Conference to consider the question of establishment of an Indian Health Service.

1. The Committee recommends that active co-operation should be developed between the Centre and States and between individual States over the whole field of health.
2. The Committee also recommends that recruitment to the senior administrative posts, the higher research posts and full-time senior teaching posts should be made by advertisement on an all-India basis through the Union or State Public Service Commissions as the case may be.

Organisation of an All-India Health Service.

Chairman: The Committee was not agreeable to the formation of any kind of health service, because they recognised the principle that there should be more co-operation between the Centre and the States and they also recognised that the best men and women should be recruited for all the posts the incumbents of which will be responsible for maintaining standards of administration, research and teaching. The Committee felt that this would be a better

way of achieving that object than having a service with all the fears and difficulties that have obtained in the past, which the States Ministers feel they could not face up to now.

From the point of view of the Centre I would like to ask informally the Chairman of the Committee and other members here whether it would not be a good thing for the State Governments to let the Central Government have the names of all outstanding men and women in the field, so that if any State wants from the Centrally administered area anyone good in administration of any subject, the Centre might be able to recommend that person to the State concerned. Certain States like Madras, Bombay, Bengal, etc., may be better off in this matter. But not all States are so fortunate. There may be new States who may not have men of experience and high calibre. Yet, there is the feeling that we won't have outside men, we will have only men of our State. It is that which I was anxious to get over when I suggested some proposals in the past.

The Hon. Dr. Jivraj N. Mehta: That is provided for by this resolution which lays down that all States undertake that they will advertise for all the vacancies in the States through the Service Commissions. So, it does not automatically mean that there will be preference to officers of the same State—officers of other States also will have a chance of competition on an equal footing.

Chairman: This will have to go to the States and there the Ministers will have to consider it.

Lt.-Col. P. C. Dutta (Punjab): I agree to your suggestion that a Central pool must be maintained of outstanding officers in the Centre.

Chairman: But not a statutory pool. I did not mean a statutory pool.

Lt.-Col. P. C. Dutta (Punjab): There should be some list in the Centre of outstanding people who can be lent to other States.

The Hon. Dr. M. D. D. Gilder (Bombay): I don't think we shall have any objection to doing that, *viz.*, intimating the Centre about good men and women in our service. We are always ready to co-operate.

Chairman: Has anybody to say anything on this report?

Then I would like to thank Dr. Gilder, Chairman of this Committee appointed to consider the question of establishment of a Health Service, for having had a thorough discussion and for putting up a unanimous decision.

Resolution on Item No. 3.—Organisation of an All-India Health Service.

The report of the Committee appointed to consider the question is approved.

AGENDA ITEM NO. 4.

The question of establishing a Central Council of Health under Section 263 of the Constitution.

A NOTE ON THE QUESTION OF ESTABLISHING A CENTRAL COUNCIL OF HEALTH UNDER SECTION 263 OF THE CONSTITUTION.

Under a federal constitution such as that of India the need for establishing machinery designed to promote coordination of effort between the Centre and the different units forming the federation can hardly be disputed. As has been the experience in other countries with a federal structure the Centre has to play an important part if a progressive improvement of the health and welfare of the country as a whole is to be achieved.

In India, under the present constitution, the main functions in regard to the promotion of the health of the people such as the provision of remedial and preventive care, environmental hygiene and health education are all the responsibility of States. In addition there is a wide field of concurrent activity in which Central legislation can lay down the pattern of development for the country as a whole, while each State will be responsible for the implementation of the provisions of such all-India legislation.

In the promotion of Central legislation in the concurrent field as well as in the solution of the day-to-day problems that arise in the execution of the provisions of such legislation there is need for continuous consultation and mutual understanding between the Centre and the States. The nature and variety of the subjects which fall within the concurrent sphere and have a bearing, directly or indirectly, on health may be seen from the list shown below :—

Item No.

Subject.

16. Lunacy and mental deficiency, including places for the reception or treatment of lunatics and mental deficients.
18. Adulteration of foodstuffs and other goods.
19. Drugs and poisons, subject to the provisions of entry 59 of List I (Union List) with respect of opium.
20. Economic and social planning.
23. Social security and social insurance; employment and unemployment.
24. Welfare of labour including conditions of work, provident funds, employers' liability, workmen's compensation, invalidity and old age pensions and maternity benefit.
26. Legal, medical and other professions.
29. Prevention of the extension from one State to another of infectious or contagious diseases or pests affecting men, animals or plants.
30. Vital statistics including registration of births and deaths.
31. Ports other than those declared by or under law made by Parliament or existing law to be major ports.

From a perusal of these subjects it will be seen that inter-State co-ordination is essential if satisfactory results are to be obtained in each sphere. For instance, in controlling the adulteration of foods and drugs the acceptance and enforcement of common standards throughout the country is necessary. For economic and social planning investigations of various types carried out often on a country-wide basis are required. Population studies are also equally necessary. Fortunately, the fact that the Census is a subject in the Union List and that vital statistics, including registration of births and deaths, and social and economic planning are subjects in the Concurrent List makes possible the desired coordination of effort. Prevention of the spread of infectious diseases from one State to another is another subject which has so far received only limited attention; considerable extension of activity in this field is desirable and here again the utmost possible co-operation between the Centre and the States will be required.

Article 263 of the Constitution of India provides for the establishment of an inter-State Council by the President to perform functions such as those indicated in this note. This Article is quoted below :—

263. If at any time it appears to the President that the public interests would be served by the establishment of a Council charged with the duty of :—

- (a) inquiring into and advising upon disputes which may have arisen between States ;
- (b) investigating and discussing subjects in which some or all of the States, or the Union and one or more of the States, have a common interest ; or
- (c) making recommendations upon any such subject and in particular, recommendations for the better co-ordination of policy and action with respect to that subject,

it shall be lawful for the President by order to establish such a Council, and to define the nature of the duties to be performed by it and its organisation and procedure.

It is suggested that, under the provisions of this Article, the Conference recommend to the President the establishment of a Central Health Council consisting of the Central Health Minister as Chairman and the State Health Ministers as members. In the absence of a Minister a person nominated by the Government concerned will take his place. Such a Council is the same in its structure as the Conference of Health Ministers. The present proposal is intended to replace periodical conferences of Health Ministers by a permanent statutory body under the aegis of which it is anticipated that, in due course, a broad programme of co-ordinated action in the field of health will gradually be built up. In accordance with the needs of individual aspects of health administration it may be desirable and even necessary for the Council to establish organisation invested with appropriate functions for promoting and maintaining co-operation between the Central and State Health Administrations. There already exist certain bodies of such a nature, for instance, the Indian Medical Council and the Council of Post-graduate Medical Education to regulate the training of medical men and, the Drugs Technical Advisory Board and the Drugs Consultative Committee in relation to the administration of the Drugs Act and the Drugs Rules. As regards the control of food

supplies the Central Advisory Board of Health recommended the creation of a Food Standards Committee in order to assist in the formulation of common standards in respect of articles of food which enter inter-State commerce. Control of inter-State spread of infectious diseases is another sphere of health administration requiring the mobilisation of co-operative effort between the Central and State health authorities. The enforcement of the measures necessary to control such spread of diseases is included under the term "Internal Quarantine" and it seems appropriate to quote the relevant remarks of the Bhore Committee on the subject :—

In the sphere of internal quarantine we would recommend that the Board* should draw up, in consultation with the health advisers at the Centre and in the Provinces, a memorandum of instructions to be followed by the Central and Provincial Health Departments in order to promote the effective control of the spread of infectious diseases. Occasions requiring co-operative action by the Central and Provincial Health Departments will include, among others (a) large festivals in individual provinces, which attract pilgrims from other provinces, (b) outbreaks of epidemic disease in a province in an extensive form or, even if it be on a smaller scale, in an area close to the borders of a neighbouring province, so as to constitute a threat to the latter and (c) serious calamities such as floods, earthquakes and famines whereby conditions may be created, which are favourable to the rise and spread of epidemics. Some degree of co-operation among the provinces themselves and with the Centre already exists in respect of exchange of epidemiological information and in respect of measures in connection with large festivals. But we desire to see the whole field of possible co-operation examined on a wide basis and a common programme of action drawn up under the auspices of the Central Board of Health. Into such a programme can be fitted the measures which are to be taken by the Centre, including the assistance to be given by it to the Provinces, for the discharge of its own inter-provincial quarantine functions.

The desirability of creating an inter-provincial fund for carrying out the measures outlined above should be considered. To this fund Provincial Governments can contribute their share on some agreed basis. The Central Government should also make a suitable contribution, which would cover its responsibilities for the Centrally Administered Areas as well as for financial assistance towards furthering inter-provincial control of the spread of infectious diseases. Such a fund will also constitute an insurance for all Governments against possible disasters such as famines, floods and earthquakes.

The comment is not unlikely that, under the present state of financial stringency, the possibility of grants from the Centre to the States and of the creation of a joint fund to meet the demands referred to by the Bhore Committee may be ruled out at least for some years. But the proposed Central Health Council is not intended to function only in the immediate future. Its purpose is that, as an integral part of the national health organisation, it should help

to strengthen the bond of unity between the Centre and the States and to promote co-operation through the machinery of mutual consultation and through the development of joint action wherever such common effort is of benefit to the people. It should also be remembered that there are many forms of co-operative effort in which the provision of funds does not play the most important part.

PROCEEDINGS OF THE CONFERENCE ON ITEM NO. 4— ESTABLISHMENT OF A CENTRAL COUNCIL OF HEALTH.

After some discussion the Chairman proposed to take up Item No. 4 on the Agenda namely, the Question of establishing a Central Council of Health under Section 263 of the Constitution. The entire Conference was in favour of the establishment of the Council and the following resolution was carried unanimously :—

Item No. 4.—Resolution on the establishment of a Central Council of Health.

Whereas in the opinion of this Conference it is necessary and vital for the health of the nation to strengthen the bond of unity between the Centre and the States through the development of joint action it is resolved that a Central Council of Health be established with the Central Health Minister as Chairman and State Health Ministers as members under the provisions of Article 263 of the Constitution of India.

* The Bhore Committee recommended the establishment of a Central Health Board on the lines of the Central Health Council under Art. 263 of the Constitution.

AGENDA ITEM NO. 5.

The role of Voluntary Organisations such as Missionary and philanthropic bodies, in the development of health services and training of health personnel.

A NOTE ON THE ROLE OF VOLUNTARY ORGANISATIONS SUCH AS MISSIONARY AND PHILANTHROPIC BODIES, IN THE DEVELOPMENT OF HEALTH SERVICES AND TRAINING OF HEALTH PERSONNEL.

1. The motive force behind all forms of voluntary effort, whether it be in the field of health or in other spheres of social endeavour, springs mainly from the charitable urge which impels men and women to make a constructive effort to relieve suffering and distress among their fellow beings. The religious instinct as a potent force in the life of the community and as a rallying point around which gather all the nobler impulses which seek to emphasise man's social responsibilities has played in the past and still continue to play an important part in promoting organised community effort to combat the evils resulting from inequalities of income, of education and of opportunities for betterment that exist everywhere. Religious orders have throughout the centuries devoted themselves in all countries to works of mercy and this tendency is a noticeable feature of all forms of religion. In our own country many Christian Missions and the Ramakrishna Mission have in particular led the way for the promotion of measures designed to advance the cause of health and education among the people. Side by side with such developments there has been a noticeable growth of voluntary effort on a secular basis. The Indian Red Cross Society, the Tuberculosis Association of India, the Indian Leprosy Association, organisations in different parts of the country for dealing with blindness and the numerous voluntary agencies engaged in promoting health measures for mothers and children are some of the examples of such secular organisations. The purpose of this note is not to review the work of these various agencies, whether they be of a religious or a secular character, but to draw attention to the need for a coordination of governmental effort with the activities of these bodies with the dual purpose of avoiding duplication of work and of utilising public funds and the money derived from voluntary sources to the best advantage of the country.

2. It may not be out of place to enquire what the relative functions of the public authority and of voluntary agencies should be in the field of health. While discussing briefly the demarcation of functions between Governments and voluntary bodies, the Bhoré Committee expressed the opinion that the primary responsibility for the training of an adequate number of health personnel and for the establishment and maintenance of the necessary health services for the people rested on Government. On the other hand, voluntary agencies could and should assist the State in the organisation of a wide variety of welfare services which are an essential adjunct to the regular health services maintained from public funds as well as in educating the people in the hygienic mode of life. While this division of functions may well prove to be the

and to be achieved ultimately, the present position, owing to financial stringency, is that Governments in this country are not in a position to undertake fully their responsibility either for the training of personnel or for the provision of adequate health services. In the circumstances voluntary bodies, particularly missionary institutions, are contributing an appreciable share towards the provision of training facilities and of medical relief to the people. In the case of the Christian Missions and in that of the Ramakrishna Mission the spirit of service is a dominating factor which naturally tends to influence beneficially the working of the institutions concerned and to raise the standard of their performance. They are run at a lower cost than public institutions and the care and attention bestowed on the beneficiaries, whether they be students or patients, also tend to be greater. These are facts which have to be recognised. A member of the Ramakrishna Mission has so detached himself from the many responsibilities of the common citizen that he probably finds that whole-hearted devotion to the task he undertakes presents no difficulty. The Christian Missionary too has divested himself of many of the ambitions and aspirations that people generally possess and he is thus in a position to devote himself to the service of the public unhampered by considerations of personal gain. A Missionary doctor, for instance, is not permitted to do private practice and earn money for himself.

3. Voluntary agencies with a secular character are also doing a certain amount of work in the field of health. There is indeed room for a considerable expansion of such activity. These bodies draw to themselves contributions from the public and their continued financial strength is therefore dependent on their being able to satisfy the people in regard to the nature, volume and quality of the work they do. Moreover, those responsible for the control of these bodies are generally persons of standing in the community and often possess specialised experience in particular fields of administration. In the circumstances these agencies, if properly supported, can play a significant role in the organisation of community effort for improving the health and welfare of our people.

4. It is urged that State Governments should give serious thought to the problem of utilising to full advantage voluntary agencies within their territories for the expansion of health activity in all its aspects. The need for such utilisation is emphasised by two considerations. The first is that the resources of Governments are quite inadequate to meet the pressing health needs of the people. The second is that these voluntary agencies are in a position to make valuable contributions to supplement governmental effort. Attention has already been drawn to the high standard of performance by missionary organisations. In addition, Christian Missions draw largely on foreign countries for funds and for expert health personnel and the advantage to be derived from both is obvious. When the resources of State Governments are deplorably short in relation to the needs of their people is it not wise to encourage such voluntary effort with grants from public funds and thus bring into being institutions of health services which may, otherwise, have to wait a long time before they can be established? In this connection it may be mentioned that the Missionary authorities of a medical teaching institution undertook recently to raise it to the status of a college and to find one half of the total cost from abroad. The Central Government also undertook to make a contribution of Rs. 12½ lakhs and the financial help required

from the State Government was thus reduced considerably. Is it not wrong to throw away such a chance? Apart from money highly trained doctors will, as already stated, become available from abroad and the utilisation of their services is also of great benefit for the country.

5. There seems to be an undercurrent of mistrust of Christian Missionary effort through the fear of proselytisation as one of the primary motives behind the work of all the Missions in India. It is time that the Missions took special pains to dispel such fears wherever they exist. If the matter be viewed from the proper angle, the purpose to be achieved by Christian Missions in any part of the world is to let the light of true Christianity shine undimmed by any baser motive of conversion of the people professing other religions to the acceptance of the Christian ritual. What is required is the adoption of the spirit of service and of the mode of life embodied in the Christian ideal. If efforts in this direction be done conscientiously and with single-minded devotion, the influence of the fundamental principles of Christianity on the minds and life of the people will tend to grow with the lapse of years, such growth being hastened by the absence of an attitude of hostility which proselytisation tends to promote. There is no doubt that the Missionaries themselves have begun to accept this point of view in an increasing measure and, if the proper approach is made, there is no reason at all why mistrust and fear, wherever they exist, should not be dispelled. If in the past such sources of misunderstanding have hampered active collaboration between Governments and missionary organisations the need is all the greater for concerted effort on the part of all concerned to remove these difficulties. In any event medical missionary institutions have not in fact contributed towards proselytisation. This activity is always in the hands of the evangelical workers.

6. Another source of friction between Christian Missionary Organisations and State Health Authorities appears to be the desire of the former to reserve most of the admissions in their medical schools and colleges to Christian students. An important reason for such reservation is that the Christian Medical institutions in the country are largely manned by Christian doctors and nurses. The salary scales that are offered and other conditions of service are not generally so attractive as those available in Government Service and the need for the recruitment of suitable persons who will contribute, through their devotion to professional duties and through the upholding of the Christian spirit of service, to the maintenance of a high standard of performance is the reason advanced for this preferential selection of Christians to the posts. A continuous supply of such recruits necessitates, it is pointed out, the reservation of a large proportion of admissions to Christian students. There is undoubtedly force in these arguments. But there is equally the need for dispelling the clouds of suspicion and for promoting understanding and active co-operation between Governments and Christian Missionary Organisations. It should not be difficult for Governments, in consultation with such organisations in their territories, to reach a decision regarding the percentage of admissions to be thrown open to non-Christians. In the interests of promoting the spread of the true spirit of Christianity it seems reasonable to hold that the admission of non-Christians as teachers and students in medical schools and colleges and as members of the staff of other medical institutions is eminently desirable. The selection can be rigorous so as to take in only those who can be expected to fit into the structure of the institutions and to work in

harmony with the other members of the staff. If the approach is made in the proper manner there is every reason to believe that the true spirit of Christianity will be found to pervade a wider circle of people than those who profess that religion.

7. Another matter of importance is the question of registration of foreign doctors from countries which do not have reciprocity with India in regard to medical qualifications. Without such registration these doctors cannot form members of the staff of medical schools or colleges or of associated hospitals. Registration is equally necessary for joining the establishment of other medical institutions receiving grants-in-aid from Government. Further under the Drugs Act, certain important drugs can be prescribed only by registered medical practitioners. In the circumstances registration is of vital importance if the proper type of foreign doctor or nurse is to be brought into the country. The question may naturally be asked as to why India should go out of her way to accord the privilege of registration to the nationals of countries which refuse to give the same privilege to Indians. The answer to this is that our decision on the question should be governed mainly by our own interests. The withholding of registration is usually the result of the country concerned being unwilling to permit foreign doctors to compete with its own nationals for a share of medical practice. In the negotiations which the Indian Medical Council conducted with number of other countries for the reciprocal recognition of medical qualifications, it was made clear by more than one country that recognition would be accorded for Indian qualifications in respect of such purposes as Post-graduate studies and that the bar was being placed only in regard to medical practice without naturalisation being done. We have no desire to seek reciprocity with foreign countries in order to promote a flow of Indian doctors into those countries. We can ill-afford to spare those whom we have. At the same time, if we are to make a reasonably rapid progress in the fields of medical and nursing education and particularly in the sphere of Post-graduate studies, and expansion of existing facilities on an adequate scale will demand that we should not shut our doors to the inflow of suitable medical and nursing experts from other countries, even though the condition of reciprocity is not fulfilled. The fact that the services of such experts are now available without payment of salary through W. H. O. UNICEF and possibly in the near future through President Truman's Point-4 Programme and that there is every likelihood of the continuance of such help should make us all the more willing and anxious to accept their services and to place no obstacles in the way of such acceptance by a refusal to grant registration of their qualifications. It was in pursuance of these views that the Indian Medical Council at its meeting in February this year passed a resolution recommending to State Medical Councils the desirability of granting registration to foreign doctors holding qualifications from countries without reciprocity with India, on the distinct understanding that such doctors would not practise medicine in this country for personal gain. Thus the interests of the Indian practitioner were fully safeguarded and the way was thrown open to State Medical Councils to accord registration to those who serve in missionary institutions or others who come to this country under the auspices of international organisations or of the Government of U. S. A. as mentioned earlier. It is a matter for regret that one or two State Medical Councils have refused to accept the recommendation of the Indian Medical Council and have turned down the requests for registration in certain highly deserving cases. This unfortunate

interference with a policy enunciated by the Indian Medical Council with the full concurrence of the Central Government will not, of course, be permitted to continue indefinitely. When the proposed amendment of the Indian Medical Council Act is undertaken, necessary provision will be made to ensure that this principle is duly given legal sanction. In the meantime it is urged that State Governments should use their powers of regulating the functions of State Medical Councils in order to prevent such undesirable refusals of registration from taking place. The needs of the people committed to their charge and their proper fulfilment must be the ruling factor in all decisions taken by the Central and State Governments.

PROCEEDINGS OF THE CONFERENCE.

The role of Voluntary Organisations such as Missionary and philanthropic bodies, in the development of health services and training of health personnel.

Chairman : A Note has been circulated on this item and I do not think I need say very much. I do feel that wherever we can get help from voluntary agencies we should welcome it. For instance in Delhi I am thankful to have the aid of the Ramakrishna Mission which they have been able to give me. I have tried to help them with such money as I can afford and they have taken up work which I have not been able to. In Simla the other day I opened a little Radiological Centre and a V. D. centre established by the Seventh Day Adventist Mission. I could not have done it and this help in the formation of the centre is welcome. Where they are actually running teaching institutions in Meerut and in other places I think we should be thankful to them particularly at the present time when we are bad off to fulfil our needs purely through governmental effort.

The real basis of this Resolution is that recently the Indian Medical Council passed a resolution whereby they granted recognition without the condition of reciprocity to Americans who were working here. We deny recognition, or even registration, to foreigners, with whom we have not got reciprocity, to come here and practise and make a living out of their practice. But where people come only to work in charitable institutions and the earnings go to the institutions themselves and not to them, the Medical Council quite rightly felt that it would be wrong to deny them recognition simply on the ground of want of reciprocity because they would be rendering such useful service and help.

Therefore, we thought that we might pass a resolution asking the State Councils to accept the resolution which the Indian Medical Council have passed. I do not know if anybody would like to speak on this resolution.

The Hon. Pt. Binodanand Jha (Bihar) : Madam, President, I support the resolution which has been sponsored by no less a person than yourself. This resolution follows more or less the general principles which the State Govern-

ments have been urging so long. At the same time I would like to add only one sentence to the first paragraph of the Resolution, namely on such conditions as may be consistent with the policy of the State. I would like to add this sentence just after the word "aspects" at the end of Paragraph 1. This is necessary because first of all our State is a secular State and we cannot consciously contribute anything towards any institution whose objective is proselytisation. Secondly, I do not want to express the condition in so many words, but I want to leave it to the State Government with the general proviso, that the grants must be consistent with the policy of the State ; the State Government should have the power to regulate the location of these institutions ; they must locate their medical centres according to the policy of the State. Often you find that some of these associations are more concerned in concentrating their activities in particular areas. It will be awkward for us to subsidize those institutions which do not accept our advice to locate the centres in the rural areas or particular areas where we think medical aid is most needed. The third condition that is essential is that all such bodies must be subjected to the inspection of the local officers as regards their activities. These are the 3 conditions which occur to me and I consider that the amendment which I propose to the first part of the resolution should make it comprehensive and also make it expressive of our policy.

Chairman : When you say that about the location, I take it that the location would not apply to the existing ones.

The Hon. Pt. Binodanand Jha (Bihar) : No.

Chairman : Naturally if they want to open anywhere else, they will have to apply and it will be up to the State to say yes or no.

The Hon. Pt. Binodanand Jha (Bihar) : I do not know if we should put all that in black and white. The existing ones will continue to receive the grants which we have been giving. We have got a sad experience in one or two occasions. The Roman Catholic Hospital in the District of Ranchi applied for a grant and we agreed to the sanction of the grant on three conditions that they will follow the advice of our Government in respect of application of the medical policy of the State, namely they will accept the Bhore Committee's report, that they will help us by functioning either as a preliminary committee or a secondary committee, if need be, that they should administer medical relief without any consideration of caste, religion and creed and then allow our officers to inspect the hospitals. The Incharge of the Hospital accepted all those conditions ; he wrote back a letter accepting those conditions. After he had done that and the grant was spent on a very laudable object he left for Belgium on leave and his successor who was a lady said she was unwilling to accept the conditions and she even went to the extent of refunding the whole money if need be and she charged the State Government with inexperience in the matter of running hospitals. I accommodated her simply by insisting that my officer will go on inspection only. But occasions may arise when you might insist on the acceptance of the conditions which are inherent in the nature of the functioning of the State secular in character as embodied on the Constitution Act. I have no doubt they have done it and will continue it.

Lt.-Col. P. C. Dutta (Punjab) : I second this proposal.

The Hon. Dr. M. D. D. Gilder (Bombay) : This question arose as soon as we came into power because our predecessors had given certain grants for the Salvation Army for the building of a Nurses Home on certain conditions.

One condition was that there should be no proselytisation. Another condition was that these nurses should have the liberty of religious worship in their own way. Then we said that the nurses should not all be foreigners, that the top-most jobs should be open to our own countrywomen, whatever their religion may be, provided they are found fit and of course, naturally when we give a grant, the condition of inspection follows. Of course, there are some small difficulties but we have now entered into an agreement with these people that they should manage the institutions for a number of years and we have found so far that they have been doing very well for some months now.

The Hon. Dr. C. B. Gupta (Uttar Pradesh) : My difficulty is about the registration of individuals. The State Councils do not want to take anybody unless our qualifications are of the same standard as those of foreign countries. I personally feel that we should consider this matter over once again and find a way out by having an extra schedule and including such foreign qualifications as are necessary for our purpose in the country. Thus it may be possible for us to get out of this difficulty. My personal feeling is that there should be a register. Such registers in the provincial Councils should have to be accepted through the Council committees. What I have observed is that there is a strong opinion against any registration of individuals because once you register their qualifications, anybody from that country with that qualification would be entitled to registration in your country. We, therefore, insist on reciprocity and the only way would be for the Indian Medical Council to reconsider this matter and to see whether a separate schedule cannot be put for such doctors as we consider are necessary to be included.

Chairman : I do not think it would be possible to accept this kind of recognition in the State Medical Council.

The Hon. Dr. Jivraj N. Mehta : The facilities that are proposed to be given are in the interest of our own institutions and the point of view expressed by Dr. Das Gupta is certainly important and I would like the addition of the following words at the end of Paragraph 2. "That reciprocity with India should be given effect to by State Medical Councils during the period they are attached to such voluntary organizations and so long as they do not practise medicine for personal gain."

Then the question still remains that when we recognize a particular degree, whether it would mean the employment of any person holding that degree. A suitable provision may be made in the Act; the Act is being amended and it would cover these points. Our legal Adviser would advise us and these provisions would be incorporated in the amended Act. One condition of the Medical Council is that those in Government service must be registered medical practitioners and when the Act is amended these will be the underlying principles, namely that they do not practise for gain and that they belong to voluntary missions.

Dr. B. C. Das Gupta (W. Bengal) : The registration Act does not provide for temporary legislation and this will require the amending of the Act.

Chairman : We will recommend necessary amendment to the Act.

The Hon. Dr. Jivraj N. Mehta : The Medical Council has made the recommendation and the amended Act is under consideration of the Government.

The Hon. Dr. T. S. S. Rajan (Madras) : What is the position of the State Councils with regard to this? Every State has got institutions and I suppose the State has got to co-ordinate its activities with the Centre. When any variation is made, I think the State Councils must have an opportunity to alter or suggest variations as might be necessary, which they think would be consistent with the statutory provisions of the All-India Medical Council. That amount of privilege they should have so that in a federation in which we are all parties we shall have full cooperation. Each State Council should have an opportunity to say, I agree to go so far. After that agreement is obtained, then, we can bring the matter here in a resolution. What I am saying is this. This resolution has not had the full discussion before it was put before the House. As far as I know, it has just now come to me. I would not like to commit myself to it unless and until I know that my State is safe in accepting this position and that it is consistent with the provisions of the statute that covers all of us together. Unless that point is settled, there is no use of rushing to a decision. I simply wanted to point out that there should not be any unnecessary haste in this matter and any such provision as is contemplated will have to be put in after consideration. As far as the State Councils are concerned, I would always claim the privilege of having an opportunity to say what they have got to say, and to see that it is fully incorporated in the resolution.

The Hon. Dr. Jivraj N. Mehta : I might say that this resolution of the Medical Council has already been communicated to the State Councils and the State Administrations and the amendment of the Indian Medical Council Act will be in accordance with the views that would be received from the State Governments and the State Medical Councils.

Chairman : I think that satisfies you.

The Hon. Dr. T. S. S. Rajan (Madras) : All right.

Chairman : This resolution only refers to the general principle. It would be actually for the Indian Medical Council to say how the Act is to be amended. This is only for the purpose of enabling us if we want to employ those persons pending amendment of the Act.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : It seems to me that the resolution as placed before the House is too formal. What I have been feeling is that we should have had some guidance from the Centre with regard to the method of creating voluntary organisations. There is no difference at all, I do not suppose anybody would ever dispute the proposition that voluntary organisations must play a very important role so far as welfare of the country is concerned. In fact, every Government has felt that the financial resources at the disposal of Government so far as welfare work is concerned are so meagre that they have got to be supplemented at every step by voluntary effort of some sort or other. There is no question whatever with regard to this proposition.

My difficulty with regard to this resolution is this. I do not suggest that I am opposed to this resolution. My difficulty is that it is merely an empty platitudinous sort of proposition that has been placed before the House. It is just like saying, 'Please do good'. Of course, everybody has to do good. Nobody is going to oppose this proposition. In the same way, if we are merely satisfied with the proposition that we should have the cooperation of

voluntary agencies in welfare work, I do not suppose there will be anybody here who would shake his head and say, 'No, No'. We all know that the money at the disposal of the State Governments is very little and if we follow, as we do to-day, the policy of so to say purchasing welfare with the money that we have at our disposal, the amount of welfare that we are likely to create in the country is going to be very small. I personally thought that we could have some light on this point from the Centre. The question is how to create, what are the methods that we have to adopt to encourage voluntary effort in this country. I had in mind some such method as Mr. Gulzarilal Nanda had suggested in one of his notes which he had circulated to the Ministries of the various States. There, he had suggested that we should have, on such terms as might be acceptable, an army of social workers, and that we must lay down the conditions on which they would be able to do welfare work for the country. If the resolution had some such positive substance, it would have been far more useful. I hope my criticism will be taken in the spirit in which it is made. It is not opposition for the sake of opposition; in fact, it is not opposition at all. What I am suggesting is that we should put more substance into this resolution so that it could be acted upon with a great deal of good to the various States.

Chairman : Personally, I appreciate what Dr. Barlingay has said. But, the two things are really different. This resolution is intended to meet a situation that has arisen now. There are a number of Doctors who have come from abroad and are practising here and because of our regulations regarding reciprocity and registration, they may not be able to continue to practise. The Medical Council also has considered this problem and they have passed a resolution and an amendment of the Act is under consideration for that purpose. This is really a narrow thing as compared to the other question. I am in entire agreement with Mr. Gulzarilal Nanda in regard to the necessity of creating a spirit of missionary zeal amongst our own people. We can have another resolution to that effect and appeal to our own people, if you like.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : I was talking about the first part of the resolution, not the second. I have nothing to say with regard to the second part.

Chairman : Have you any concrete suggestion to make? Would you suggest the words to be added to this resolution? This merely refers to Missions which may have people working, who have not got the Indian qualifications. It comes to that.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : Suppose, for instance, if I may suggest that, we would omit the entire first para. How would it affect the resolution? Let us think about it. I am not opposing it. The first part is merely platitudinous. It does not matter if it is or is not there. It is after all a superfluous thing.

Chairman : I would like Mr. Gulzarilal Nanda to say something as reference has been made to some suggestions of his.

Shri Gulzarilal Nanda : I had no idea of speaking here to-day, had it not been for the mention made of some suggestions that I had thrown which were embodied in a note circulated to the various States and also the Ministries here.

That arose out of a very keen realisation of the fact which has been pointed out in this note and in this draft resolution that the resources of the State for undertaking and carrying out the numerous functions which devolve on any civilised Government, are very meagre and extremely limited even for the discharge of its minimum obligations. Looking ahead over a period of years, it appears that if the main and vital needs of the country are to be satisfied, the maximum resources with the State and with the augmentations that could be expected in the next few years, will not place us in a position to meet those vital needs. Therefore, a suggestion was considered by the Planning Commission that efforts should be made to mobilise the energies, enthusiasm, time and money that people would voluntarily spare for the various national tasks. It was assumed that there were large numbers of people in the country who would offer their talent, their experience, their resources and contribute towards the service of the country provided we could enthuse the people. In the note to which reference has been made, a very bare outline of the scheme was given. On the one side there are numerous things to be done, which as far as we can see ahead, the State will not be able to undertake. On the other side, it was understood that there were many people who did not know how best to utilise whatever they could offer in the service of the country. Could we not work out a scheme whereby we could tap those resources? In that connection, a suggestion was put forward that an appeal may be made drawing attention to the emergency that had arisen and we were facing in this country and volunteers recruited. The necessary training may be given. It should be at least for one year. There may be whole-time workers; there may be part-time workers. People may offer money; chiefly, it is time. We may provide for a minimum training for three months in various parts of the country in the different things, social education, health, propaganda in order to combat black-marketing, and various anti-social things, manning cooperative societies in the rural areas, etc. Wherever these people can work, opportunities should be created for them after a minimum period of training so that they may be able to serve the country.

The idea was that most people would come without payment and some may not be able to do so: so some small honorarium, just sufficient for the maintenance of the individual may be also provided in certain cases. There the idea was that we would ask the various Ministries also in the sphere of their work what were the various things that could be attempted and for which voluntary effort could be organised and put to use.

So this is a matter which possibly is wider than the scope of this resolution and which requires a little forethought and a little consideration before we can attempt to introduce it here for adoption. The circular was sent at the initial stage just to secure the reactions of the various States. Those reactions have been in most cases very favourable, and therefore the next stage which the Planning Commission now has before it in this connection is to draw up a constitution for All-India. A likely name is Bharat Seva Sangh. I believe further steps will be taken in this connection and then the idea which has been placed before us will be worked out in fuller detail. And now I might request my friends here to give thought to this matter, viz., how precisely we could advance in this connection: what are the various things that we could include in the list of activities which might pertain to the advance-

ment of their cause for health. All those ideas will be incorporated in a scheme which the Planning Commission will draw up. Of course, the Planning Commission is not to work it out. It will give the ideas. But this will be a private scheme in the sphere of social effort.

In this connection, there is another thought. Could we not make use of the medical students before they qualified: before they are given their diplomas and degrees: before they are entitled to practise or are recruited into service. They might be urged to give a year or so, preferably in rural areas. This will bring them into touch with the life in the rural areas. They can render service there and they also can benefit by contact with life in the country, which will possibly break new ground in respect of extension of the medical services.

Chairman: We are very grateful to Mr. Nanda for telling us what the genesis of his idea was when he circulated that note. It seems to me, and I would like to repeat, that it is a much wider thing than that envisaged in this resolution. I would appeal to all of you to permit Mr. Nanda and myself to draw up such a scheme, whereby everything and everyone could give that social service in the sphere of health and then we could circulate it to the Ministers.

There has been a proposition by the Minister of Bihar to add a sentence to the first paragraph. There is another proposition by the Minister of Madhya Pradesh. I agree with him that the second paragraph is the operative paragraph and a point has been made by the representative from West Bengal that that should be considered and put right.

If we leave out the first paragraph, then the difficulties that have been pointed out by the Minister from Bihar may not be met. The other idea of having another concrete scheme—that we could circulate later on to Ministers and they could consider in what way they could cooperate.

I am quite agreeable to accept the sentence that has been added by the Ministers from Bihar and seconded.

The Hon. Dr. Prem Singh Rathore (Madhya Bharat): In the second paragraph I want to add the words "State institutions".

Lt.-Col. Barkat Narain (Delhi): The second resolution as it is worded is slightly vague. We should say ".....granting registration to foreign doctors holding registered qualifications....."

Chairman: I submit that what Delhi means is that foreign doctors must hold proper qualifications from their own country, so that we may not have quacks.

Lt.-Col. Barkat Narain (Delhi): Quite so.

Chairman: I think that is quite all right then.

(The resolution as amended was adopted.)

Item No. 5.—Resolution on the rôle of Voluntary Organisations such as Missionary and philanthropic bodies in the development of health services and training of personnel.

Whereas in all countries voluntary agencies have played a significant rôle in promoting the health and welfare of the people; the motive force behind their activities being the charitable urge which impels men and women to

make a constructive effort to relieve suffering and distress among their fellow beings and whereas the resources of Governments are quite inadequate to meet the pressing needs of the people and voluntary bodies are in a position to make valuable contributions to supplement Governmental effort, this conference urges that Governments should utilise to full advantage and encourage with grants from public funds on such conditions as may be consistent with the policy of the State, voluntary agencies within their territories for the expansion of health activity in all its aspects.

This Conference is further of opinion that the resolution of the Indian Medical Council recommending to State Medical Councils the desirability of granting registration to foreign doctors holding registrable qualifications in their own countries which have no reciprocity with India should be given effect to by State Medical Councils during the period such personnel are attached to voluntary organisations and so long as they do not practise medicine for personal gain.

AGENDA ITEM NO. 6.

Calcutta Training Centre for Maternal and Child Health Personnel to be established by the Government of India in association with the United Nations International Children's Emergency Fund (U.N.I.C.E.F.).

A NOTE ON CALCUTTA TRAINING CENTRE FOR MATERNAL AND CHILD HEALTH PERSONNEL TO BE ESTABLISHED BY THE GOVERNMENT OF INDIA IN ASSOCIATION WITH THE UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND (U.N.I.C.E.F.).

1. The United Nations International Children's Emergency Fund, which was established in December 1946 by the United Nations General Assembly, concentrated its efforts first on the provision of large scale assistance to prevent starvation and malnutrition and to ward off the outbreak of infectious diseases particularly in countries affected by the second World War. The funds of the organisation are devoted to schemes designed to improve the health and welfare of children and, as an essential adjunct to it, the needs of mothers also receive attention. With an increasing fulfilment of the immediate needs of war-devastated areas UNICEF has turned its attention to the promotion of measures of a long-term nature in the field of maternal and child health. Among the activities considered desirable in such a programme the provision of facilities for training personnel of different categories has been given the highest priority. In pursuance of this UNICEF has already established a Maternal and Child Health Training Centre at Paris which is intended to serve the needs of Europe. Similarly that organisation desired to create a training centre for Asia and asked whether the Government of India would participate in the proposed scheme and permit of the All-India Institute of Hygiene and Public Health at Calcutta being made the nucleus round which the training programme could be built up. After prolonged negotiations an agreement has been reached whereby the total cost of the scheme, which will be developed in a period of five years, is to be met equally by UNICEF and by the Government of India. The share of each is approximately Rs. 45 lakhs.

2. The aim of the proposal is to develop the existing Maternity and Child Welfare Section of the Institute into an organisation which will fulfil the needs of a modern training centre in this special fields of health activity. A provision of major importance in this connection will be the establishment of an urban health organisation with adequately developed services in order to serve partly as a training centre for the students in practical health administration and partly as a field laboratory for the study of community health problems. It is proposed, in co-operation with the State Government of West Bengal and the Calcutta Corporation, to take over a ward of that Corporation with a population of approximately two hundred thousand. Similarly, a rural health centre is also necessary. There exists already such a centre at Singur about 20 miles from Calcutta, which the Central Government's Hygiene Institute had developed during the past six or seven years in association with the Government of Bengal. It is proposed to expand this centre, which has now a population of about sixty thousand, into one with approximately one hundred thousand people.

3. In addition to the complete reorganisation of the Maternity and Child Welfare Section of the Institute, other allied sections will be developed to the extent considered necessary to contribute their share to the training programme under the scheme. Existing facilities will be utilised and additional provision will be made for the development of teaching in Social Medicine and in Social Paediatrics. Emphasis will be laid on linking hospital work with the activities of the urban and rural organisations and for this purpose the hospital staff will organise Consultation Clinics at the maternal and child health centres. The allied sections to be strengthened under the scheme are Nutrition, Sanitary Engineering (for environmental hygiene), Public Health Administration, Epidemiology, Statistics and Microbiology. The Paediatrics Department of the Calcutta Medical College, the Sir John Anderson School of Nursing and the Dufferin Hospital will also be improved by providing such supplies and equipment as are necessary.

4. When these developments take place the All-India Institute of Hygiene and Public Health will, through its Department of Maternal and Child Health, provide for the following :—

- (a) A post-graduate course for doctors in Maternal and Child Health.
- (b) A course in Public Health Nursing for certificated Nurses.
- (c) Participation, through the improved facilities at the Institute, in the teaching of Clinical and Social Paediatrics and Obstetrics as part of the following training courses which are now given or will be developed by various institutions in Calcutta :—
 - (i) Diploma in Child Health (D.C.H.) ;
 - (ii) Diploma in Gynaecology and Obstetrics (D.G.O.) ;
 - (iii) Refresher courses for general practitioners and medical officers ;
 - (iv) Training programmes for Paediatric Nurses, Public Health Nurses and Midwives ;
 - (v) Diploma in Public Health and other existing training programmes in the Hygiene Institute ; and
 - (vi) Undergraduate medical course in the Medical colleges of Calcutta.
- (d) Facilities for the holding of seminars, demonstrations and discussions on maternal and child health problems for the benefit of the staff of medical colleges and other teaching institutions for health personnel as well as of the associated hospitals, members of the general medical profession and social workers.

5. Provision will be available for the annual admission of sixty students, each completing an academic year of approximately nine to ten months ; but, as several of these courses will be of shorter duration, the actual number of candidates that can be handled annually by the proposed Training Centre will be many more. In view of the financial contribution that UNICEF makes to the scheme a total number of admissions amounting to 250 student-years (a year means an academic year) are to be guaranteed to trainees from other Asian countries. Even from the beginning of the scheme 50 per cent.

of the admissions each year will become available to students from India. When the proposed provision of 250 student-years for those from abroad is exhausted, the question of the number of seats to be made available to foreign students can be reviewed.

6. The proposed Maternal and Child Health Training Centre offers unique opportunities to State Governments in India to train the necessary personnel and to provide mothers and children with adequate health services. When it is remembered that about one-half of the deaths that take place in the country are among children under 10 years and that, of the total deaths among such children, nearly a half occurs among those under one year, the need for concentrating effort on the health needs of children becomes emphasised. The mortality among women as the result of causes associated with child-bearing is estimated at about 20 per thousand births in India, a rate which is at least eight times higher than that of England. It should also be remembered that for every death, there must be many more sufferers with varying degrees of sickness and disability. Taking into consideration the fact that the human resources of a nation are even more important than its economic resources and that the children of to-day are the adults of to-morrow, whose health and working capacity will determine to a large extent the welfare of the country, it is obvious that no effort should be spared to promote measures for improving the health of mothers and children. It is recognised that health administrators are aware of these facts but they are emphasised here because of their supreme importance from the point of view of national well-being and because it is considered essential that the opportunity for constructive work in the field of maternal and child health which, the proposed Calcutta Centre will offer, should be availed of by Governments to the greatest extent possible. For lack of trained personnel and of funds individual States can hardly hope to create for themselves the well-developed training facilities that the new Centre at Calcutta will provide and it is therefore in their interests to make full use of these facilities. A programme of producing trained workers is only the first step towards the organisation of adequate health services based on the utilisation of such workers and it cannot be too strongly emphasised that the provision of health services for mothers and children on an expanding basis should receive simultaneous attention from State Governments. Whenever an adequate appreciation of the urgency and importance of proper care of children exists, economic, social or other disabilities should not be permitted to stand in the way of suitable measures being taken to protect their interests. In attempting to build her national health on sound foundations India cannot do better than to accept the principle of adequate provision for safe motherhood and for the upbringing of children under optimum conditions of health. Towards the planning and execution of such a programme the proposed Calcutta Training Centre can make a contribution of the utmost value. It is hoped that the State Governments will make the fullest possible use of the training facilities that will be made available at the Child Health Training Centre for getting their health personnel trained in this important field of Public Health activity.

PROCEEDINGS OF THE CONFERENCE.

Calcutta Training Centre for Maternal and Child Health Personnel to be established by the Government of India in association with the U.N.I.C.E.F.

Chairman : I suggest that we may now take up Item 6 on which I expect there will be little difference of opinion. The Director-General of Health Services will give some explanation about it.

Dr. K. C. K. E. Raja (D.G. of H.S.) : Mr President and other delegates of the Conference, the memorandum circulated to you clearly sets out the proposal of the Government of India to establish a training centre for maternal and child health personnel in Calcutta in association with the All-India Institute of Hygiene and Public Health. The UNICEF started its activities, mainly for emergency relief in countries which suffered during the last war, but it has now turned its attention to the utilisation of its funds in an increasing measure to the promotion of permanent measures for the improvement of the health and welfare of people, and one of the lines which they thought would be most suitable from the point of view of such expenditure was to assist Governments in the training of health personnel, and as this organisation is concerned with the health of mothers and children the proposed Centre will devote itself to the training of workers broadly speaking from the Asian area in this particular field of activity. The details are set out in the memorandum. Our main purpose in bringing this item before the Conference is that in working a programme like this it is essential that we should have the full co-operation of State Governments in order to secure students for the various courses of study that we have set out and also for ensuring that when trained personnel become available their services are utilised in extending the health services for mothers and children. It is our earnest hope and desire that the proposal would be welcomed and that every opportunity would be taken by State Governments to have adequate personnel trained at this Centre for extending their health services for mothers and children.

Chairman : The memorandum already circulated gives all the details. I only want to say a few words. This is an extremely good scheme and the fact that we are going to get help from the UNICEF should not be lightly turned down in view of the high percentage of maternal and child mortality in India. By having this scheme, we shall not merely be helping ourselves but helping all the countries in the South East Asia Region which are to-day working in association with us. It will also give the Calcutta Institute of Hygiene and Public Health an international standard and will give to India the opportunity of serving students from foreign countries also. I may mention that it was not easy for us to put this agreement through with UNICEF. It was only at my instance that India could possibly contribute a million dollars spread over a period of five years. After a good deal of discussion only, they agreed. I would like the backing of this Conference to this scheme and also the assurance that State Governments will take advantage of the training facilities and send their people for training. The emphasis is to be laid in this connection on training of rural workers and it is only for that purpose that we have established this centre in Bengal and this Institute has already got a rural centre in Singur about 20 miles from Calcutta. If you

accept this proposal and pass the resolution which I have drafted, it will help me to get the finance necessary from our Government.

Maj.-Gen. S. L. Bhatia (Hyderabad): The Health Ministry deserves to be congratulated for bringing about this scheme. I feel sure that all the States will take full advantage of the Centre at Calcutta. I see that 50 per cent. of the candidates to be trained there are to come from India. Out of this 50 per cent. I suggest that priority should be given for training personnel required in those States where medical relief is at present rather backward. There are provinces like Madras and Bombay where training facilities already exist, but there are others where such facilities are not available and I think some priority should be given to the latter.

Chairman: There is no doubt that the Centre would give priority to those parts of India where help is most needed and I am quite sure that the more advanced States like Bombay and Madras will make way for the under-developed States.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh): The scheme as presented to us is a good one. I would merely like to ask a question or two. Throughout the length and breadth of the country there have been different schemes in different States for the training of nurses and midwives. It seems to me that just as in other matters we should have uniformity in regard to child health and maternity welfare. I was, therefore, wondering whether before framing the courses of study at the proposed Centre, the Centre will consult the States also. There are organisations like the Kasturba Trust, the Red Cross and several other private institutions which are doing something in this line. There is at present hardly any uniformity, so that this proposed Centre will have to evolve a uniform scheme of child welfare and maternity, and in this connection I was wondering whether it would be possible for you, Madam, to consult the States before framing the courses of training.

Chairman: I will ask Col. Lakshmanan, the present Director of the All-India Institute, to tell us about the courses of studies.

Col. C. K. Lakshmanan: Madam President, there have been two questions raised. The first one was made by Col. Bhatia about giving weightage to candidates from certain provinces. In this connection I would just like to explain how we select candidates for the other courses in the Institute. So far we have had no difficulty in accommodating the applicants for the various courses at the Institute, except in regard to the diploma in Public Health courses. There from some provinces we have had requests to accommodate as many as fifteen candidates per year and we have been able to take them. In the cases of the smaller provinces and States, I can assure you that every applicant has been given a seat, so long as he fulfils the conditions for admission.

The second point was raised by the Hon. Minister of Madhya Pradesh about planning of the courses. This scheme provides for a Conference of the representatives of health services from the various countries in the Region as well as from India. We will be very glad to have representatives of the States also to attend the Conference when the various courses will be planned. In this memorandum which has been put out we have specifically given one or two courses, but the intention is not to give only these two, but give other

courses which will be planned in consultation with the representatives of the countries in the Region as well as the representatives of India. We will be glad to include representatives of the States as well as of important institutions.

Representative, Mysore: There is only one institution for the whole sub-continent of India. We would like to have more such institutions as early as possible. It is difficult to get people go all the way to Calcutta.

The Hon. Dr. Jivraj N. Mehta: I think we shall have to prevail upon the World Health Organisation to give us more grants later on.

Item No. 6—Resolution on the establishment of Calcutta Training Centre for Maternal and Child Health Personnel.

The Health Ministers' Conference recommends strongly the acceptance by the Central Government of the proposal to establish at Calcutta in association with the All-India Institute of Hygiene and Public Health, a Centre for the training of maternal and child health workers with assistance from the United Nations International Children's Emergency Fund. The Conference also recommends that all State Governments should endeavour to make full use of the increased facilities made available at the Centre for training their health personnel. This Centre will, when properly developed, provide ample opportunities to State Governments to train the necessary personnel and to provide mothers and children with adequate health services, so vital to the national well-being.

PROCEEDINGS OF THE CONFERENCE.

Chairman: There are one or two points, outside the agenda, which I want to refer to. One is the question of bringing in all-India legislation in the matter of advertisements. It is a question on which the State Governments have been addressed before. I think it is a thing that should be done at once. At present we have advertisements that don't do any good to the medical or public health profession in general, and some legislation on these lines should be sponsored by the Centre. As a matter of fact, the Government of Bombay had already drafted a Bill to be introduced in the next Session or so and at my request they have stopped bringing it in, because the Centre wants to bring it in. We have been waiting for replies from the State Governments for a long time and our Legal Department have advised us that we can go ahead whether we get replies or not. But I would like the consent of all State Governments and would inform the State Health Ministers and their representatives who are present here that this legislation should be proceeded with as quickly as possible at the Centre and I hope there will be no objection to that. Of course, we shall send you the draft Bill for your consideration as soon as it is ready.

AGENDA ITEM NO. 7.

The Control of the purity and quality of Drugs and of black-marketing in Drugs.**A NOTE ON CONTROL OF BLACK-MARKETING IN DRUGS.**

The following steps have been taken to prevent black-marketing :—

- (a) An Ordinance called the "Drug Control Ordinance, 1949" was introduced to control the prices of imported essential drugs at rates which are fixed from time to time on the basis of information obtained from the more important importing firms. This Ordinance has now been replaced by the Drugs Control Act of 1950. The Act applies to the centrally administered areas (Part C States).

The provisions of the Drugs Control Ordinance, 1949 and of the Drugs Control Act, 1950, which has replaced it, are the same. Each State under the categories A & B has passed Acts which are identical in their provisions to those of the Act passed by Parliament.

The Act controls the sale and distribution of drugs so far as prices are concerned. It must be clearly understood that the Drugs Control Act, 1950, is quite distinct from the Drugs Act, 1940; the latter Act controls the standards of quality and purity of drugs.

The execution of the Drugs Control Act, 1950, is vested in the Directors or Controllers of Civil Supplies of each State and the control is to be exercised by them in exactly the same manner as in the case of other commodities for which the necessary machinery exists in the States.

The Act makes it incumbent on the persons stocking drugs for sale and distribution to :

- (1) sell drugs at controlled prices ;
- (2) declare stocks of drugs if required to do so by the State Authority concerned ;
- (3) take steps so as not to over-stock ;
- (4) not to refuse to sell a drug to a customer ;
- (5) give a cash memo. for each sale ; and
- (6) exhibit the controlled prices in the premises.

The penalties for contravening the provisions of the Act are imprisonment for three years or fine or both.

State Governments have powers under the Act to search the premises with the help of the Police and to seize stocks in the case of stockists if there is reason to suspect that an offence under the Act has been committed. State Governments also are empowered to make rules to give effect to the provisions of the Act.

For the present the prices of only 10* essential drugs are controlled but the number of items for control based on the number of products manufactured by various manufacturers of the same medicine, e.g., Penicillin is as high as nearly two thousand. In order that the control of prices should be uniform, the Industry and Supply Ministry, Government of India, informs State Governments from time to time of any changes in price that occur. It will thus be seen that adequate powers exist to enable State Governments to give effect to the provisions of the Drugs Control Act, 1950, as well as the necessary machinery for giving effect to the provisions of the Act.

Under present day conditions a rigorous enforcement of the Drugs Act so as to control adequately the standards of quality and purity of drugs is equally necessary. In a certain State vigorous action taken by the Drugs Controller and the State Government has unearthed an organisation for the deliberate manufacture of spurious drugs and their sale to the public. An elaborate organisation had been set up to provide containers and labels which simulate closely the containers and labels of the original makers. False marking of the contents of particular medicines, e.g., a 100,000 international units of Penicillin being passed on to the public as equivalent to 500,000 units, has also been in extensive practice. A vigilant administration of the Drugs Act so as to bring such fraudulent and harmful practices under control is essential. Such offences are at present non-cognisable. The question of making the cognisable is under the active consideration of the Government of India.

- (b) Arrangements for the distribution of Chloromycetin have been made with the manufacturers, Messrs. Parké Dav's & Co., according to which this drug is made available for bonafide consumption on production of a medical prescription. It is reported that the scheme has worked so far satisfactorily.
- (c) In order to secure information, from time to time, regarding retail prices and the availability of these essential drugs, the Director General addressed confidentially all Administrative Medical Officers under the State Governments suggesting that reliable persons should be deputed to collect information regarding retail chemists and to make actual purchases of such drugs.
- (d) Steps have also been taken to collect data regarding the actual amounts of the more important drugs that enter the country through the ports of Bombay, Madras and Calcutta. The Assistant Drugs Controllers at these ports are responsible for the collection and transmission of this information.

Ensuring of adequate supplies of certain imported drugs such as Anti-biotics, anti-malarial drugs, Insulin, anti-leprosy drugs, etc.

During the past two years the foreign exchange position was difficult and it was found necessary to limit the imports of drugs to certain essential items

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|-------------------|------------------------|----------------|------------------|----------------|
| * 1. Aureomycin, | 2. Chloromycetin, | 3. Insulin, | 4. Sulpha drugs, | 5. Arsenicals, |
| 6. Liver Extract, | 7. Glandular products, | 8. Penicillin, | 9. Streptomycin, | |
| 10. Vitamins. | | | | |

such restriction being applied with particular reference to the U.S.A. and hard currency areas. So far as the soft currency areas were concerned, a comprehensive list of essential drugs was drawn and imports of those drugs are allowed. Steps were taken to ensure that adequate amounts of money were allocated for the import of Penicillin, Streptomycin, Vitamins, Arsenical preparations, Insulin, etc. In order to control black-marketing, the principle adopted by the Chief Controller of Imports has been to limit the issue of licences in respect of certain important drugs to foreign manufacturers or their accredited agents who had been importing the drugs concerned in the past. The purpose is two-fold, namely (a) to enable such firms to bring in substantial supplies and (b) to prevent their import by a number of persons, in which case the organisation of control becomes difficult. Such essential drugs were, therefore, removed from the general quota and the grant of licences for them was done on an *ad hoc* basis.

In order to overcome the shortage of Penicillin, the Government of India liberalised its policy regarding the import of this drug both from soft and hard currency areas in May 1950. Import of the following drugs was also liberalised from the soft currency countries at the same time :—

- (i) Para-amino Salicylic Acid and its salts.
- (ii) Anti-leprosy drugs.
- (iii) Sulpha drugs.
- (iv) Insulin.
- (v) Arsenical preparations for the treatment of venereal disease.

Government have recently taken steps to liberalise still further the import of essential drugs and medical and surgical appliances and have issued a notification placing Penicillin, Insulin, Chloromycetin and medicinal glucose on the Open General Licence from all countries. Similarly, milk foods for infants, medical appliances and scientific and surgical appliances, except those made of rubber, have been placed on the Open General Licence from all areas. Streptomycin has been placed on the Open General Licence from soft currency areas.

PROCEEDINGS OF THE CONFERENCE.

The Control of the purity and quality of Drugs and of black-marketing in Drugs.

Chairman : The second matter I wish to place before you is this. A note has already been circulated to you in the matter of control of black-marketing in drugs. I am sure that just as we in the Centre are extremely worried about it so the State Health Ministers are also extremely worried about it. Indiscriminate uses of many drugs are being resorted to. I would like the States representatives to give us some enlightenment as to how we can co-operate to stop this black-marketing, and not only black-marketing but this adulteration of drugs. Several medical practitioners have approached me that indigenous drugs which are being supplied to them are of poor quality and are very much

adulterated. They actually want that there should be Government Depots wherefrom they can get their drugs. It is a very legitimate demand on their part because after all they manufacture their own drugs and they should have the best quality available. The note on this subject was circulated yesterday. A Resolution also has been framed which I shall read : (Reads Resolution, of which a copy was circulated to every member of the Conference in the meeting.)

(A note containing a list of spurious drugs was also circulated.)

Chairman : I myself want to make one amendment, namely, that in the last sentence of the last but one para. on page 1, for the words " Governments and industrialists " the words " Governments " be substituted. What I mean is that Governments should prepare plans for this purpose : whether they do it through private enterprise or themselves is a matter which I would leave to them.

Maj.-Gen. S. L. Bhatia (Hyderabad) : May I enquire whether it is proposed to standardise the manufacture of drugs used in Homœopathy and Unani ? It cannot be done until proper research is done and investigation is made.

Chairman : We have recommended that there should be a separate Department which will carry out research and only after the research has taken place will standardisation take place. What we envisage by saying this here is that the quality and purity of the drugs in Ayurved and Unani should be attended to by Government who should do something about it. The Ayurved and Unani practitioners complain bitterly that they do not get good quality drugs. After all they manufacture their own drugs and we should see that they get good quality of the various drugs that they prepare. They are at present getting poor quality and also buying in the black-market at exorbitant rates.

Shri Gulzarilal Nanda : It is not a question, in the case of these practitioners, of combinations. It is the herbs which enter into the prescriptions that matter, and there they do not get pure quality. It is really that that is more important and this is not a matter for great research. It is not a question of the value of the thing but rather whether what they get is the thing which they ask for.

Maj.-Gen. S. L. Bhatia (Hyderabad) : In that case the word 'standardisation' is not the correct word. I agree that they should get pure constituents and the actual purity should be controlled. But standardisation of drugs and medicines in these systems can only take place after further investigation and research.

Chairman : I think we can alter that word. So, the last paragraph will read like this :

" The Conference also recommends that steps should be taken to ensure purity and proper quality of the basic drugs used by the indigenous systems of medicine and/or Homœopathy."

The Hon. Pt. Binodanand Jha (Bihar) : So far as the general purpose of this resolution is concerned, the two Acts, namely, the Drug Act and the Drug Control Act, are administered by two different departments. The Drug Act

is administered by the Medical Department; the latter Act is administered by the Industry and Supply Department.

What I mean to say is that you cannot produce results simply by issuing notifications controlling the price of the drugs, or going on searching the shops of the druggists. We have been trying to do that with the more conspicuous results of drugs going underground. At times some of our inspectors are belaboured by some of the adventurous druggists. What I therefore, suggest is that we must have some stocks in charge of the Inspector-General of Civil Hospitals which we can distribute at controlled prices, if need be, through local chemists. These stores need not be issued when the market is normal. They should be drawn upon only when the black-market is rampant. For this purpose I would suggest that the first essential is to reorganise the Central Medical Stores in Calcutta. It has been our experience, I am of course speaking subject to correction, that the working and management of this Store is not very satisfactory. If we cannot manage one store properly, we cannot expect the shop-keepers to behave properly.

Chairman : Am I to understand you to say that when you apply to Calcutta you get unsatisfactory response.....that you do not get the drugs you want, or you get them of a poor quality.

The Hon. Pt. Binodanand Jha (Bihar) : First of all we do not get the full quantity of our indent; then we do not get them in time. The stuff we get is not always of a useful character. For instance, in the case of Plaster of Paris we get them of such a quality that it is not adhesive.

The real remedy would, therefore, lie in we ourselves storing some of the essential drugs and distributing them through the agency of the Indian Medical Association or through our hospitals.

Chairman : That is a suggestion for future action. I shall certainly look into the question of the Medical Stores in Calcutta.

Dr. K. C. K. E. Raja (D.G. of H.S.) : May I explain the matter for the benefit of the Conference? I fully realize that we have not been able to meet the requirements of the States. The position is that we were meeting the demands from the existing stocks and it has not been possible for various reasons to get an adequate inflow of the stuff from the United Kingdom which has been our main source of supply of stores. Recently when I was in England I had discussions with the Director-General of Supply in the Office of the High Commissioner for India and he has definitely set in motion the machinery necessary for the purpose which will speed up the supply of drugs. We have had complaints and there are also certain changes necessary in the machinery dealing with the supply of these drugs—in the machinery here particularly because we have to deal with them through the Industry and Supply Ministry, instead of directly dealing with the High Commissioner's office. All this makes for delay. We have been pressing for a change and when this comes about it is bound to result in an improvement of the situation.

Lt.-Col. B. N. Hajra (Orissa) : I would suggest for your consideration that in regard to the distribution of certain important drugs like streptomycin, quotas might be allotted to different Provinces and States.

Chairman : In regard to drugs like streptomycin I think it is a matter which might be considered at the Centre. Perhaps you may send this suggestion to us in writing.

Col. Ramnath Chopra (Jammu & Kashmir) : We also feel the difficulty.

Chairman : You may write to us.

In regard to the Government Stores the Director-General has explained the position and we shall look into it and see how we can remedy these things.

I take it that the resolution with the amendments that have been accepted is passed.

(The Conference agreed.)

Item No. 7.—Resolution on the control of the purity and quality of Drugs and of black-marketing in Drugs.

The Conference views with grave concern the growing menace to public health resulting from the deliberate manufacture and sale to the public, by unscrupulous persons, of spurious and substandard drugs and by the extensive practice of black-marketing in certain essential imported medicines such as antibiotics and sulpha drugs. The Conference urges that the Central and State Governments should utilise to the full their existing powers under the Drugs Act of 1940 and the Drugs Control Act of 1950 as well as acquire new powers, if necessary, to establish an effective control over such malpractices.

The Conference recognises that the enforcement of law will not alone secure the desired end. A raising of the standard of personal responsibility for the eradication of such evils is essential for success and the Conference calls upon the leaders of the nation to give an impetus to an intensive campaign designed to achieve this purpose.

If an expansion of adequate medical relief and preventive care on a scale necessary to meet the requirements of the country is to be achieved within a measurable period of time, India should strive to attain self-sufficiency, as far as may be practicable, in the indigenous manufacture of all essential medicines, particularly of antibiotics, insecticides, sulpha drugs and anti-malarials, as well as of the necessary medical equipment to meet the total health needs of the people. The Conference therefore strongly recommends that Governments should prepare comprehensive plans for this purpose and carry out a progressive programme of achievement in this field.

The Conference also recommends that steps should be taken to ensure purity and proper quality of the basic drugs used by the practitioners of the indigenous systems of medicine and of Homoeopathy.

Chairman : Before you disperse I want specially to thank Shri Gulzarilal Nanda for having been here and I would like him to say a few words and give us some idea as to what in the Planning Commission he would like us to do as far as health programmes, etc., are concerned.

Shri Gulzarilal Nanda : I am very grateful for this opportunity of saying a few words though at the fag end of the session. I am quite alive to the fact that I should be very very brief.

When I was sitting here and the Prime Minister came and made a remark 'Is the Planning Commission here too?', I said 'Health does form part of Planning'. He said 'Very much so'. Later on the Chairman in the course of her introductory speech also mentioned the fact that Health had to play a vital role in Planning.

Now, planning on Health is certainly a subject over which the Planning Commission is concerned and it is certainly a matter of very great practical importance. I must admit that while we have in the Planning Commission deputed officers for the consideration of all subjects—economic subjects, education, etc.; the set-up there is that in each subject there is an Investigator, a Research Officer and then a head comprising several subjects—unfortunately, although I tried my hardest, we have not been able to secure any suitable officer who could help us in the Planning Commission in the work which is necessarily entailed by any effective planning of Health. All the same the deficiency has to be made up very soon. My object in rising and speaking to you on this question is this. We are all aware of the fact that the health level of the population of the country is very low. We are behind and backward in many other things—in education, in our economic life, etc. But with regard to health it is even more than in regard to other things, and health is the very basis of our national growth. Today the position is that our health facilities are very inadequate and they are very uneven. If you take the picture as a whole you will find the distribution of the medical man and the medical facilities concentrated in a few places and it will give an idea of the average. The average itself is very low, but when you consider the distribution of the facilities you will find that large areas are absolutely untouched and unprovided for altogether. It is in regard to these large areas that the Planning Commission will have to apply its mind. People living at distant places get no kind of relief or help. We have, therefore, to consider with the limited resources at our disposal what kind of plan of health we are going to evolve. There the assistance of the machinery of the States and the Centre is very much needed.

Since no progress has been made in this connection so far, I think I might bring to your notice what we propose to do now. One thing was evident from the opening remarks of the Prime Minister, namely, the existence of a rankling feeling that we have not succeeded very much. We have not succeeded in many other things. No economic progress worth the name has been made during the last few years; possibly we have gone back. In regard to Education also not much progress has been made. In regard to Health I do not know perhaps not very much progress has been made at all. During the past few years various diseases have been ravaging on an increasing scale. In Ahmedabad for example, doctor friends tell me that every other person is affected with disease and they can do nothing about it. There are no sanatoria or facilities. In many other things also this is our condition. But the health level is reflected in our economic development. We have to do something to improve it. As the Prime Minister was saying there is a sense of frustration spread throughout the country. People have been fed on big plans and ambitious programmes in regard to health, education and various other things requiring crores of rupees, which we have not got. Then people are fed on promises for a while but they come on to a condition when they do not believe in

any promises and they do not make any effort to help you. And there it is that our effort suffers at all points.

The point is whether we cannot do something substantial even with our limitations. That requires a very proper assessment of our resources. Since the need is very great and of a diverse kind, the States and the Centre should not dissipate some of the very essential resources on things which may be less essential than some other things. Looking over a period of five years we have to make a plan for five years we have received various schemes from the States. The total value of these schemes, after making the most liberal allowance for all the resources that we can command including their resources, is possibly more than three times that which means that we have to reduce things in certain directions. Then what are we to do? This requires very close examination namely as to which is more important and which is less important. That requires very competent scrutiny. And this process has to start somewhere.

My own idea was to have a Panel for Health attached to the Planning Commission. We have Panels for other subjects. I have had suggestions from the Ministry here and we are thinking of making a fairly representative selection for the purpose. So at that expert level the things may be considered immediately. But later on it is the representatives of the States who have ultimately to implement those schemes. My suggestion was and this was the purpose of my getting up that as soon as this Central Council is set up it might take up this question, review the entire situation in the country in the light of the resources which the Planning Commission have made available, and all the information, study the position and see what is the best way of tackling the problem of health with the available resources in the country.

I may just also mention that we have to chalk out a moderate programme for the next few months of things which could be done and which could be started and on which results can be shown to the people. If we can do one thing successfully during the next few months, we would earn the gratitude of the people. For example, we have not got enough food in the country. In the present conditions can we have a programme of health education. This is an occasion when we should get to have education about nutrition; there are deficiencies because of non-availability and people are accustomed to certain kinds of foodgrains. These will have to be examined with the available resources. There is a deficiency of certain foodgrains or certain minerals. There should be country-wide propaganda and health information so that in the present conditions of severe handicaps people should be able to adjust themselves and make better use of whatever things are available. I am just thinking of one or two things but there are other things. Very few could be taken and the whole country's attention and energy could be concentrated. Then people will say this is one thing that has been taken up and they have done it and thus their hopes will be revived. Plans will have to be realistic and therefore our ideas will have to be elastic. I say in all humility that in every field we find very high standards. We started housing in terms of 2 rooms and a kitchen, a verandah and W. C. and a bath as a minimum for a small family and now we have come down to one small room and a small kitchen and therefore while people have to aim at perfection and high standards, we will have to consider the needs and conditions of the country. We shall have to

find out ways of giving cheap medical relief to the people and these things will have to be considered by joint action and whatever material we are able to collect will go to assist the Planning Commission in making a plan realistic and suited to the conditions of the country. It is no good giving out promises or big schemes. So many people will have to have access to medical relief at a cheap price and this will have to be done at the end of the year and then people will say "This is done and next year some thing more will be done" and in this way plans will have to be evolved.

Chairman : I thank Mr. Nanda very much for what he said and I am in entire agreement with all that he has said and I think cheap medicine will have to come in and I am not thinking in lakhs and crores but of what little we have and one rupee must be made to go as far as it can and I would think that social service can be harnessed to many things. I believe that this adulteration of food and adulteration of drugs should be stopped if we had an army of social workers and when that is planned we will be in a better position. I have a feeling that there has been very little publicity of what the Centre has achieved in the matter of health. Of course, we have not been able to do what we should have been able to do but we have to cut our coat according to our cloth and as far as I am concerned we shall give him the best co-operation. I am sorry that he has not had somebody to help him in these matters. The Ministers of Health of States I believe are no less anxious to get on with things and I think we should keep the machinery in close touch with what we are doing and I do think that their reports as well as ours could come to the Planning Commission and this would help all of us greatly. Thank you very much.

The Hon. Dr. W. S. Barlingay (Madhya Pradesh) : You know the part Raj Kumari Amrit Kaur has played in all our discussions for the last 3 days and we all know with what ability and tact she has conducted all our proceedings. There was some misunderstanding I apprehend in certain quarters with regard to the Indian systems of medicine. If there were any apprehensions those were absolutely ill-founded. Rajkumari Amrit Kaur has helped the cause of Ayurveda and Homœopathy and as a matter of fact with regard to the several items that were on the agenda all that she did was in the best interests of the country. We thank her sincerely.

(The Conference then came to a close)

