

Education & Public Health

(194) Department.

Ms. SERIES.

G.O. No.

2007

E.H.

Education

Dated

19th Oct. 1946.

Education

[Despatch Abstract.]

Conference - Public Health Ministers' - New Delhi - Papers
relating to the first meeting - Recorded.

Back Papers.

G.O.	No.	Department.	Date.	G.O.	No.	Department.

Further Papers.

G.O.	No.	Department.	Date.	G.O.	No.	Department.	D

No.D.1125/46/P&R.
Government of India.
Department of Health.
New Delhi, the 2nd April, 1946.



From

Prem Krishen, Esquire, I.C.S.,
Deputy Secretary to the Government of India

To

The Secretary to the Government of Madras,
Education and Public Health Department,
Madras.

Sir,

I am directed to refer to the report of the Health Survey and Development Committee, copies of which have already been supplied to the Provincial Government. As the recommendations of the Committee, if they are accepted by Provincial Governments may necessitate some modification of central and provincial five year plans, it is desirable that the recommendations should be considered and decisions reached as soon as possible. I am to suggest that a conference of representatives of the Central and Provincial Governments should be held at New Delhi in the last week of April in order to consider and arrive at agreed conclusions on the more important recommendations of the Committee. I am to request that the Government of India may be informed by telegram not later than the 10th April whether the Provincial Government agree to the convening of the conference.

I have the honour to be,
Sir,
Your most obedient servant,

Prashin

Deputy Secretary.

MC.2-4-46.

Immediate

3

Govt. of India
G.I.

Memo 1875691/46-1 dated 6.4.46
Postwar Development Schemes - Medical and
Public Health - Conference at New Delhi

Spent

From the Govt of India, No D 1125/46-P & R. 22.4

Copy of the letter read above from the Govt
of India is communicated to the S.G. and
D.P.H. They are requested to state whether they will be able
to attend the conference.

2. It is considered that the conclusions
arrived at the Conference will not be binding on the
Govt, until the heads of depts have submitted
the reports called for in Govt. No 892 P.H. dated
20-3-46 and the Govt pass orders on those
reports. The Conference will, however, be
useful for crystallising the ideas which the
heads of depts have on the points on which
they have to submit their reports ^{referred to above}.

It is therefore proposed to inform the Govt
of India that this Govt agrees to their
representatives attending the Conference only for
discussions on questions of modifications of the
Provincial plan and not for arriving at
conclusions which would be binding on this
Govt.

3. The S.G. and the D.P.H. are
requested to send an immediate reply to
para 1 above

To The S.G.

Agd
11-5-46
6.4.46

with
D.P.H.
6/4/46

5/4/46
Sd/-
J. V. N.

[Faint, mostly illegible handwritten notes on lined paper, possibly bleed-through from the reverse side.]

OFFICE OF THE
Date Urgent 1948, Hours 5 Minutes 5
Very Urgent TELEPHONIC MESSAGE
From S. G.
19084
TO: ASST. SECRETARY TO GOVERNMENT
The Secretary,
8 - APR 1948 P. A. Dept.
EDUCATION AND PUBLIC HEALTH DEPT.
Sub: Post War Development
Scheme - Medical and Public
Health Conference.
Ref: Govt. Memo: No: 18756 G-1/48
1, dated 6-4-48.
Giving to important existing
engagements, together with
a likely change of Government
in the near future, it would
be difficult for me to
attend this Conference ^{on} any
date of this month, I therefore

[Handwritten note at bottom right:]
19084
S. G.
1948

Suggest that Govt. of India
be asked ~~the~~ to change the
date to one about the middle
of May when the D. P. H. and
I could conveniently attend.
I have discussed this matter
with the D. P. H. who agrees
with my suggestion.

MS
9/4/46

Sup, no
Also for
copy to S.G.
to D.P.H.

depos
MS
9/4.

p 2 27

Edn. & P.H. Dept.

TELEGRAM.

To Healthind, New Delhi

Your letter (No) D 1125(/46) (P & R) dated (the) 2nd
April (1946) Conference (on) Bhore Committee's report

This Govt agree to conference only for discussions on questions of
modifications of Provincial plan and not for arrival ^{at present} at con-
clusions binding on this Government (stop) ^{agree depute [H]} ~~shall depute~~ Surgeon
General and Director of Public Health on this footing (stop)
Please wire if acceptable. (stop) Prior engagements and probable
change in Government render (the) ~~Surgeon General's~~ presence
these officers presence difficult for conference in April (stop) Suggest postponement
till (the) middle (of) May.

HEALTH.

8/4/46. By
8.4.46.

MS
9/4/46.

C.F. 32.

Confidential
PUBLIC HEALTH

Department

From (Name) MAJOR J.H. GORMAN, I.M.S.

Designation DIRECTOR OF PUBLIC HEALTH

Station EGMORE, MADRAS.

Received

To

The Secretary to Government,
EDUCATION & PUBLIC HEALTH DEPARTMENT
F.S.G. Madras.

"SPECIAL"

Enclosures:

R No. 24334-1/PWR/46. dated 8th APRIL, 1946.

Sir,

Sub: POST-WAR DEVELOPMENT SCHEMES - MEDICAL AND
PUBLIC HEALTH - CONFERENCE AT NEW DELHI.

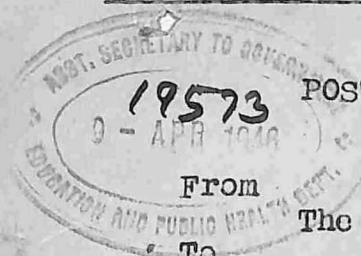
Ref: Govt. Memo No. 18756-C1-46-1 dated 6th April, 1946
-Education & Public Health Department.

I have discussed this with the Surgeon General with the Government of Madras and it is agreed that a conference in the middle of May would be more suitable and convenient particularly in view of the imminent change of Government and the arrival of His Excellency Sir Archibald Nye, early in May. If Government agree, the Government of India may be informed accordingly.

[Signature]
MAJOR, I.M.S.,
DIRECTOR OF PUBLIC HEALTH,
Madras.

NRR/8-4.

Post War Section.



POST COPY OF TELEPHONIC MESSAGE DATED 8-4-1946.

From

To

The Surgeon-General with the Government of Madras, Madras.

The Secretary to Government, Education & Public Health Deptt.,

Subject:- Post-war development schemes - Medical and Public Health Conference.

Reference:- Government memorandum No.18756.G1/46-1, dated 6-4-46.

Owing to important existing engagements, together with a likely change of Government in the near future, it would be difficult for me to attend this Conference on any date of this month. I therefore suggest that Government of India be asked to change the date to one about the middle of May when the Director of Public Health and I could conveniently attend. I have discussed this matter with the Director of Public Health who agrees with my suggestion.

For Surgeon-General with the Government of Madras.

PR 8-4

12

Class
Prefix

Code

INDIAN POSTS AND TELEGRAPHS DEPARTMENT.

0082

Recd. at

H.

M.

Sent at

H.

M.

From

To

By

By

Office of Origin

Date

Service Instructions

Words

20355

TO

X SE

NEW DELHI

13

STE

69

EDHEALTH MADRAS

F -2/12/46

PR

REFERENCE

THIS

DEPARTMENT LETTER NO D -/1125/46

PR

DATED SECOND APRIL CONFERENCE TO CONSIDER BHORE COMMITTEE REPORT STOP AS

MAJORITY OF PROVINCIAL GOVT HAVE ASKED FOR POSTPONEMENT IT IS NOW PROPOSED TO HOLD

CONFERENCE IN MAY STOP FURTHER COMMUNICATION WILL BE SENT SHORTLY == HEALTHIND

N. B - The name of the Sender, if telegraphed, should be written after, but separated from the text

Eden Press, Calcutta No. 55 (5164 B-225) - 2-3-45-40-000 Etc.

OFFICE OF THE

Date 13/5/1946, Hours..... Minutes.....

TELEPHONIC MESSAGE

From

P. A. to S. G.

To

Mr. Asst. Secy
E & P. H.

25838

Sub: Meeting of the
Secretaries of the Public
Health and Medical
Departments from all
Provincial Govts. at Delhi

It is understood
that a meeting of the
Secretaries of the Medical
and P. H. Departments of
all Provincial Govts. will
be convened by the Govt
of India during this month.
Please state whether
intimation has been sent
about the date of the meeting.

13/5

Express

To ⑪

Telegram

Sr P. H. Dept

Health Ind, New Delhi

29/1

Also for ✓
Copy to the Sg. ✓
(with ref. to the T.M.)
from P.A to Sg. (date)
13.5.46)

13/4

your telegram dated 13th April (1946)
Conference (on) Bhore Committee's
Report.

Copy to the D.P.H.

please wire when further communication may be
expected.

closed in the
OC. 13/5/46

S.
135-46

13/5/46

13.5.46
Ed health.

13/5/46



22

23

12

ELEVENTH JUNE STOP IT IS HOPED THAT HONBLE MINISTER WILL BE ABLE TO ATTEND
STOP AGENDA WILL BE SENT SHORTLY BUT MAIN ITEMS WILL BE (1) DISTRICT HEALTH
ORGANISATION PROPOSED BY COMMITTEE VIDE PAGES 11 TO 16 OF VOLUME 4 (2)
EXPANSION OF FACILITIES FOR MEDICAL EDUCATION AND ::150:: TRAINING OF
AUXILIARY STAFF AND (3) REVISION OF PROVINCIAL PLANS = HEALTHIND :
pencil, if harmless, are not prohibited.

24
El Section.



Office of the Surgeon-General
with the Govt. of Madras, Madras 6.
Dated 13th May, 1946.

Post copy of telephonic message.

The Assistant Secretary to Government,
Education and Public Health Department.

Sub:- Meeting of the Secretaries of the Public
Health and Medical Departments of all Provincial Govern-
ments at Delhi.

It is understood that a meeting of the Secre-
taries of the Medical and Public Health Departments of
all Provincial Governments will be convened by the Govern-
ment of India during this month. Please state whether
intimation has been received about the date of the ~~the~~
meeting.

26

-2-

meeting.

Matlam

Personal Assistant
to the Surgeon-General with the Govt. of
Madras. *Kan*

R.G.14-5.

Draft I.

Edn. & P.H. Department. 29

TELEGRAM.

(To)

HEALTHIND
NEW DELHI

*Pc and telegram
dd. 18/5/46*

(REF) YOUR TELEGRAM DATED (THE) 15TH INSTANT
REGARDING PROVINCIAL CONFERENCE ON
BHOORE COMMITTEE'S PROPOSALS.

THE HONOURABLE MINISTER FOR PUBLIC HEALTH AND MEDICAL
WILL ATTEND THE [PROPOSED] CONFERENCE.

P.C. also.

17-5-46 = EDHEALTH

P.T.O.

28
Memorandum No. 187564/46 dated the 18th May 1946.

Sub: Provincial Conference on Bhole Committee's proposals.

A copy of the Telegram from the Government of India, Department of Health on the above subject is communicated to the S.G. and the D.P.H. They are informed that ^{as} the Honourable Minister for Public Health and Medical will attend the Conference, ~~and~~ ^{will not be required to go for} they ~~need not go for~~ the Conference.

Draft II.

To the S.G. ✓ With copy
To the D.P.H. ✓ of Telegram
at pages
21-23 c.f.

Spencer

11-55-84
28445 (2 pgs) 29 ajs ed

INDIAN POSTS AND TELEGRAPHS DEPARTMENT

000 R

NOTICE

This form must accompany any inquiry made respecting this telegram

Charges to pay.		Office Stamp
Rs.	As.	

Handed in at (Office of Origin)	Date	How	By	Service instructions.	Words.
TO New Delhi V 28 17 =				Recd. here at H. M. 5	
Immdte				Edhealth 19 32	
				ms mt and	
42/12/46 for reference this department					
Telegram 42/12/46 for dated fifteenth					
may 11-23-46 aaaa health conference aaaa					
in view of possible changes in executive					
N.B.—The name of the Sender, if telegraphed is written after the text.					
Eden Press, Calcutta—No. 49 (5170/B-215)—10 2-45—1,00,000 Bk.					
council about date fixed it has been					

30

30/11/1919

30 31

INDIAN POSTS AND TELEGRAPHS DEPARTMENT

NOTICE

This form must accompany any inquiry made respecting this telegram.

Charges to pay.
Rs. As.Office Stamp
30/11/1919
TEL.

Handed in at (Office of Origin)

Date

Hour & etc.

Service instructions.

Words.

TO

Recd. here at

H.

M.

(2)

(bur) decided to postpone conference
to beginning of July - aaaa
provisional dates fourth and fifth
July
healthind

N.B.—The name of the Sender, if telegraphed is written after the text.
Eden Press, Calcutta—No. 49 (5170/B-215) —10-2-45—1,00,000 Bk

32
No. F.2/12/46-PR.
Government of India,
Department of Health.
New Delhi, the 18th May, 1946. (16)

From

Prem Krishen, Esquire, I.C.S.,
Deputy Secretary to the Government
of India,

To

The Secretary to the Government of
Madras, Education and Public
Health Department, Madras.



Conference to consider the
recommendations of the Report
of the Health Survey and
Development Committee.

Sir,

In continuation of this Department
telegram No. F.2/12/46-PR, dated the 15th May
1946 on the subject mentioned above, I am directed
to request that the Government of India may be
informed at an early date of the names of the
Provincial Government representatives who will
attend the Conference and whether arrangements for
residential accommodation are required to be
made for their stay in New Delhi. pp21-23 ante

I have the honour to be,
Sir,
Your most obedient servant,

P. S. Doraiswami
DEPUTY SECRETARY.

OPP.

Not a letter from
Government of India
Department of Health
New Delhi, the 18th May, 1946

From Attached, No. 1000
Deputy Secretary to the Government
of India

The Secretary to the Government of
India, New Delhi, India
Health Department, New Delhi

Reference to consider the
recommendations of the report
of the Health Survey and
Development Committee.



In continuation of this report
telegram No. 12/12/46, dated the 12th May
1946 on the subject mentioned above, I am directed
to request that the Government of India may be
informed at an early date of the names of the
provincial government representatives who will
attend the conference and whether arrangements for
residential accommodation are required to be
made for their stay in New Delhi.

I have the honour to be,
Sir,
Your most obedient servant,
D. S. Datta

D. S. Datta
DEPUTY SECRETARY

5
P. 2. 4 Sep
9. Section
(17)
Phase see the letter from the Govt. of India
on page 3. With reference to the telegram referred to
in the letter, the Govt. of India have already
filed. I am informed by wire that H. N. (P. H. N.) would
attend the conference to consider the Bhore Committee's
proposals. It was also suggested that the D. S. S. N.
should go for the conference along with the Hon. Minister,
and the file was sent to Public Finance
on 18.5.46. In that connection, the action of this file
may be avoided to date 18.5.46. These details may
be reminded for the return of the file before the
28/5/46. Public (S)
28/5/46. Finance
1-2021505
28/5/46

Ex. 11/11/46
11/7/46
17/7/46

Passed by the Govt.
28/5/46

Spl

P. H. N.
18/5/46



Please see the u.o note of the Ed.P. II Dept at
Page 5 ante.

The file has been passed on to Finance with this Dept. U.O. NO. 3171/46-1 D/ 23.5.46. This may be passed on to this Dept. in continuation.

Finance (b.s.R)

The file referred to on p. 5 above has been returned to C + P. H. with this Dept's ltr. No 30128-1 C.S. R. dated 28.5.46.

28-5-46 This may be passed on to that Dept. in continuation.

FW 6.0 30815CR-1 28
2915746

29/5746

ΣΡΗ.

27/8/6 Letter
Re: 18756 8/4/6 (18) Dates 37/1-but
To The ~~Sup~~ Secretary to the Govt of the
Department of Health.

Conference on Bhore Committee's
Report - Ref. your letter no.
F2/12/46. PR dated 18.5.46 and
telegram dated 28.5.46.

In reply to ^{Dr. P. S. Sengupta} your letter read above,
I am to inform you that the Honble M^rs.
~~At~~ Lakshminipathi, ^{Minister for P. H. and H. S.} and M^r. P. S. Viswanathan
As your J^rs Secretary to the Govt of Madras,
Edu & P. H. Dept will attend the
Conferences and that they will make
their own arrangements for their stay at ^{now} Bell

Ry
7.646
✓ 7.641

2
7.6.20

yes

38

Telegram &
O.C. dated
22/6.

Draft Telegram. (19)

39

Ed. & P. H. Sy
91.

(To) ✓ Healthind
New Delhi

(Ref) your telegram dated (The) 28th
May regarding Provincial Central-Provincial
Health Conference on Bhome
Committee's proposals.

Please wire [the] exact dates of [the]
Conference.

S. 19.6.19.64

Sh
S. B. M.

Edhealth.

Handwritten notes on a piece of paper, mostly illegible due to being upside down. Visible fragments include:
- Draft Telegram
- Health
- For (let) your telegram
- Man reporting
- Conference on
- 24/6

Healthind = New Deun.
②
41

IMPORTANT (.)
/ FOR *MADHAV MENON FROM
~~DULSNAM~~
* KAIWAR
VISWANATHA AYYAR (.) ~~WIRE~~
~~DATE~~ BHORE COMMITTEE
PROPOSALS (.) WIRE
DATE CENTRAL PROVINCE
CONFERENCE (.)
Edhealth

* let or bulletin
line only to
be ~~dispatched~~
adopted.

Flight
OC. Despa
24/6

REVENUE

42

Health Ministry New Delhi

FROM MADHAV M ENON
FOR DULSHAM

KAIWAR

VIEW ANATHA AYAR (.) HERE

DATE BHOSE COMMITTEE

PROPOSALS (.) WIRE

DATE CENTRAL PROVINCE

CONFERENCE (.)

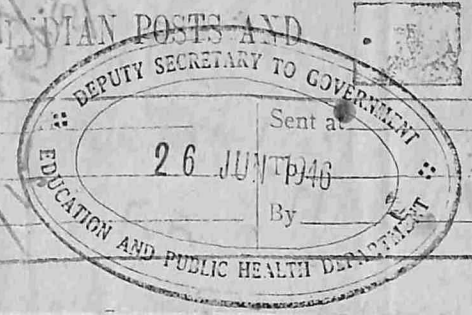
EdHealth

Handwritten notes in Hindi/English, including "let on..." and "the..."

Handwritten notes in Hindi/English, including "let on..." and "the..."

Handwritten notes in Hindi/English, including "let on..." and "the..."

B. T. R



551

43

TELEGRAPHS DEPARTMENT. No.

Sent at... H... M...
26 JUN 1946
By...



== X VC NEW DELHI 25 STE 55 EDHEALTH MADRAS

= NO F-2/12/46- PR REFERENCE THIS DEPARTMENT TELEGRAM

F-2/12/46- PR TWENTYEIGHTH MAY STOP IN VIEW OF UNCERTAINTY

REGARDING DATE WHEN NEW GOVERNMENT WILL BE FORMED HEALTH CONFERENCE

PROVISIONALLY FIXED FOR FOURTH TO FIFTH JULY HAS BEEN POSTPONED

LAST WEEK OF JULY STOP DATES WILL BE INTIMATED LATER STOP WISELY

ACKNOWLEDGE RECEIPT = HEALTHMIN =

Handwritten signature/initials.

44

Letter no. 18756 4/1/46.8 dated 26.6.46.
By The Secretary to the Govt of India
Dept of Health: *26/6*

Sub: Conference on Bhow Committee's
Report -

I am directed to
acknowledge receipt of your
telegram no. F.2/12/46 PR. dt 25-12 June 1946

and to say that the Govt. of India
Health
that the date of the conference
has been provisionally postponed
to last week of July.

Smt
26/6/46.

Will in address
to the
circulate
to the
this
sent
Smt
26.6.46
as?



34931

No. F.2/12/46-PR.
Government of India.
Department of Health.
New Delhi, the 25th June, 1946. *(22) 45*

EXPRESS TELEGRAM.

EDHEALTH
MADRAS

Reference this Department telegram F.2/12/46-PR
28th May stop In view of uncertainty regarding date
when new Government will be formed health conference
provisionally fixed for 4th - 5th July has been post-
poned to last week of July. stop Dates will be intimated
later stop Kindly acknowledge receipt.

Healthind.

Copy by post in confirmation.

By order,

Mr. V. S. S. S. S. S.

for *secretary* SECRETARY.

Replied
vide p. 44

46

Govt. of India
Department of Health
New Delhi, India, June 1946



RDHEALTH
MADRAS

34931

Reference this Department telegram F.2/12/46-pr
BEPH may stop in view of uncertainty regarding date
when new Government will be formed health conference
provisionally fixed for 25th July has been post-
poned to last week of July stop Dates will be intimated
later stop Kindly acknowledge receipt.

Respecting.

Copy by post in confirmation.

Order

W. B. ...
for ...

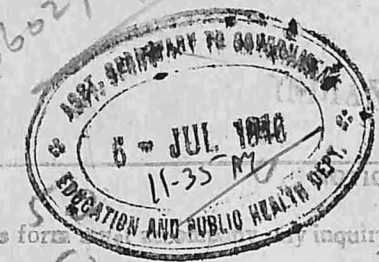
3602721

(3/p)

23

47

140



POSTS AND

TELEGRAPHS DEPARTMENT

This form is to be filled in by inquiry made respecting this telegram.

Charges to	Office Stamp.
Re.	

Handed in at (Office of Origin)

Date.

Hour.

Minute.

Service Instructions

Words.

New Delhi

5 17 55

ste immdte

Immdte

edhealth

ms 0

f-2/12/46-pr reference this department
telegram no f-2/12/46-pr dated twentyfifth
june stop central provincial health
conference stop conference now fixed

W.B. - The name of the Sender, if telegraphed is written after the word
Eden Point, Calcutta No. 49 (5170/R-215) 10-2-45-100000 Rk

for second and third august
stop in view of pressure on accomm-
=odation in maddhi meeting will

48

INDIAN POSTS AND TELEGRAPHS DEPARTMENT

(27) us

NOTICE				Charges to pay.		Office Stamp.
This form must accompany any inquiry made respecting this telegram.				Rs.	As.	
Handed in at (Office of Origin)	Date.	Hour.	Minute.	Service Instructions.		Words.
TO				Recd. here at		H. M.

(will) be held in simla stop as final stage of review of development plans has now (50) been reached it is most desirable that ~~the~~ conference should not be further postponed

N.B.—The name of the Sender, if telegraphed is written after the text.
Eden Press, Calcutta—No. 49 (5170(B-215))—10-2-45—1,00,000 Bks.

and it is hoped that honourable minister will be able to attend stop sir akbar ~~the~~ hydari will

50

INDIAN POSTS AND



TELEGRAPHS DEPARTMENT

C.

NOTICE

This form must accompany any inquiry made respecting this telegram.

Charges to pay.

Rs.

As.

Office Stamp.

Handed in at (Office of Origin)

Date.

Hour.

Minute.

Service Instructions.

Words.

TO

Read. bars at

H.

M.

(35)

(will) priside stop please wire
 acceptance =
 = Heal Thind =

N.B. — The name of the Sender, if telegraphed is written after the text.
 Eden P. Co., Calcutta—No. 49 (S170/B-215)—10-2-45—1,00,000 Bha.

CTH : : : : ERE SPR

B.T. 3

INDIAN POSTS AND

TELEGRAPHS DEPARTMENT. No.

Recd at

H.

Sent at

H.

M.

From

To

By

By



000 NL NEW DELHI 9 STE WHDTE 145 IMMEDIATE

EDHEALTH MADRAS ==

F -2/12/46- PR PROVINCIAL HEALTH CONFERENCE STOP WE WILL MAKE
RESERVATIONS IF DESIRED FOR HONOURABLE MINISTERS AND OTHER MEMBERS OF
PARTY TRAINS FROM DELHI TO KALKA AND BY RAIL OR ROAD MOTOR FROM KALKA TO
SIMLA AND ALSO FOR RETURN JOURNEY STOP ACCOMMODATION WILL ALSO BE
RESERVED IN SIMLA STOP PLEASE --- (500) --- WIRE AS SOON AS POSSIBLE

Eden Press Calcutta No. 18 (5167/B-57)-7-6-45-50,000. 122

ERE H 406 W 144 RT RPT W 144 RT ===

54

B. T. R.

INDIAN POSTS AND

TELEGRAPHS DEPARTMENT. No. 55

Read at _____ H. _____ Sent at _____ H. _____ M.
From _____ To _____
By _____ By _____



FIRSTLY PARTICULARS OF MEMBERS OF PARTY SECONDLY WHETHER
RESERVATION REQUIRED FOR JOURNEY FROM DELHI TO KALKA AND KALKA TO
SIMLA THIRDLY IF SO DATE OF ARRIVAL IN DELHI AND WHETHER BY TRAIN
OR AIR FOURTHLY DATE OF RESERVATION REQUIRED FOR SIMLA STOP TRAIN FOR
KALKA ---10/30--- LEAVES DELHI 10/30 AT NIGHT STOP ARRIVAL SIMLA
BETWEEN 11 AND 12 FOLLOWING MORNING SOMETIMES LATER STOP
CONFERENCE WILL COMMENCE 10/30 ON SECOND STOP RECOMMEND THEREFORE
THAT ARRANGEMENTS SHOULD BE MADE TO ARRIVE SIMLA ON PREVIOUS DAY
HEALTHIND ==

No.F.2/12/46-PR.
Government of India.
Department of Health.

New Delhi, the 9th July, 1946.

IMMEDIATE TELEGRAM

To
The Secretary to the Government of Madras,
Education and Public Health Department, Madras.

PROVINCIAL HEALTH CONFERENCE STOP WE WILL MAKE RESERVATIONS
IF DESIRED FOR HONOURABLE MINISTERS AND OTHER MEMBERS OF PARTY
ON TRAIN^s FROM DELHI TO KALKA AND BY RAIL OR ROAD MOTOR FROM
KALKA TO SIMLA AND ALSO FOR RETURN JOURNEY STOP ACCOMMODATION
WILL ALSO BE RESERVED IN SIMLA STOP PLEASE WIRE AS SOON AS
POSSIBLE FIRSTLY PARTICULARS OF MEMBERS OF PARTY SECONDLY
WHETHER RESERVATION REQUIRED FOR JOURNEY FROM DELHI TO KALKA
AND KALKA TO SIMLA THIRDLY IF SO DATE OF ARRIVAL IN DELHI AND
WHETHER BY TRAIN OR AIR FOURTHLY DATE OF RESERVATION REQUIRED
FOR SIMLA STOP TRAIN FOR KALKA LEAVES DELHI 10.30 AT NIGHT STOP
ARRIVAL SIMLA BETWEEN 11 AND 12 FOLLOWING MORNING SOMETIMES
LATER STOP CONFERENCE WILL COMMENCE 10.30 ON SECOND STOP
RECOMMEND THEREFORE THAT ARRANGEMENTS SHOULD BE MADE TO ARRIVE
SIMLA ON PREVIOUS DAY

HEALTHIND

Copy forwarded by post in confirmation.

By order,

MR. Kothandaraman

for Secretary.

Q.H.



No. F.2/12/46 PR.
Government of India.
Department of Health.

New Delhi, the 29th July, 1946.

IMMEDIATE TELEGRAM

To The Secretary to the Government of Madras,
Education and Public Health Department, Madras.

PROVINCIAL HEALTH CONFERENCE STOP WE WILL MAKE RESERVATIONS
IF DESIRED FOR HONORABLE MEMBERS AND OTHER MEMBERS OF PARTY
ON TRAIN FROM DELHI TO KAIKA AND BY RAIL ON ROAD MOTOR FROM
KAIKA TO SIMLA AND ALSO FOR RETURN JOURNEY STOP ACCOMMODATION
WILL ALSO BE RESERVED IN SIMLA STOP PLEASE WIRE AS SOON AS
POSSIBLE FIRSTLY PARTICULARS OF MEMBERS OF PARTY SECONDLY
WHETHER RESERVATION REQUIRED FOR JOURNEY FROM DELHI TO KAIKA
AND KAIKA TO SIMLA THIRDELY IF DATE OF ARRIVAL IN DELHI AND
WHETHER BY TRAIN OR AIR FOURTHLY DATE OF RESERVATION REQUIRED
FOR SIMLA STOP TRAIN FOR KAIKA LEAVES DELHI 10.30 AT NIGHT STOP
ARRIVAL SIMLA BETWEEN 11 AND 12 FOLLOWING MORNING SOMETIMES
LATER STOP CONFERENCE WILL COMMENCE 10.30 ON SECOND STOP
RECOMMEND THEREFORE THAT ARRANGEMENTS SHOULD BE MADE TO ARRIVE
SIMLA ON PREVIOUS DAY

BR/TH/ND

Copy forwarded by post in confirmation.

By order,

W. S. R. N.

For Secretary.

38160

No. F.2/12/46 PR.
Government of India.
Department of Health.

New Delhi, the July, 1946.

EXPRESS LETTER



Prem Krishen, Esquire,
Deputy Secretary to the Government of India,

The Secretary to the Government of Madras,
Education and Public Health Department,
Madras.

Central/Provincial Health Conference

Attached note may kindly be substituted for
paragraph 2 of note on item 2 of agenda forwarded with this
Department letter No. F.2/12/46 PR, dated the 14th June
regarding Central- Provincial Health Conference.

[Signature]
Deputy Secretary.

'TA/Khan'.

38160
In the
main file
submitted
separately
B

Central/Provincial Health Conference.

Agenda item No. 2. District Health Organisation.

1. The cost of the organisation according to the Bhere Committee's calculations is as follows (vide Report Vol. III pages 267, 271, 276 253, 256).

Recurring expenditure in fifth year.

		Rs.
Primary Unit	Staff	48,800
	Drugs etc.	3,700
Total		52,500 a year

Secondary Unit	Supervisory staff	84,000
	200 bed hospital	326,000
Total		410,000

Non-recurring expenditure.

Primary Unit	Office	15,000
	Housing for staff	138,000
	Dispensary building and equipment	20,000
	Total	1,73,750

30-Bed hospital	Building and equipment ..	55,000
	Accommodation for staff ..	84,000
	Ambulances ..	26,000
	Total	1,65,000

Secondary Unit	Office	30,000
	Housing for staff ..	1,45,000
	200-bed hospital	
	Building and equipment	8,00,000
	Housing for staff	6,26,000
	Total	16,01,000

With one primary unit for each 40,000 population one 30 bed hospital for every five units and one secondary unit for every 400,000 population or ten primary units the recurring cost in the fifth year will be about Rs. 2/8/- per head per annum. This will be reduced to about Rs. 2/2/- when more primary centres are developed and the secondary centre covers a population of 600,000. The non-recurring expenditure will be Rs. 4 per head over the whole five years. It will be noted, however, that these estimates are based on the salary scales proposed by the Bhere Committee, for example Rs. 250 - 500 as a minimum scale for a medical officer without private practice. They also take no account of existing buildings such as dispensaries and hospitals which it may be possible to extend and adapt to serve the purpose of the new organisation. Also in some areas the cost of construction may be lower than that on which the Bhere Committee's estimates are based. A major item in the non-recurring cost is the provision of residential accommodation for the staff. This is likely to be essential in outlying primary units if a contented service is to be secured; in the larger towns where the headquarters of secondary units are established the provision of accommodation may not in every case be immediately necessary. The figures of per capita cost given

No. 2/12/46 R.
Government of India
Department of Health.

New Delhi, the

EXPRESS LETTER

From Krishna, Esq.
Deputy Secretary to the Government of India.

The Secretary to the Government of Madras,
Education and Public Health Department,
Madras.

Central/Provincial Health Conference

Attached note may kindly be submitted for
Paragraph 2 of note on item 2 of agenda forwarded with this
Department letter No. 2/12/46 R. dated the 14th June
regarding Central-Provincial Health Conference.

Deputy Secretary.

18 JUL 1946

above relate to the cost per head of the population benefited. The expenditure during the first five years of the population as a whole will be in the neighbourhood of 8 annas per head recurring expenditure.

'TA/Khan'.
60 copies 8.7.46 D.

Ev R H dep
91.

may be added to the main file relating to the
Central Provincial Health Conference to be held at
Simla early in August 1946.

Submitted
separately

Rs
15/46
J. 16.7.46

Encl. 32408 8/46 date 16.7.46

Communicated to the S.G. and the
S.P.H.

Deba ✓
To the S.G.
D.P.H.
16/7/46
(spec copy to
be kept)

R
(16.7.46)
8ms
16.7.46
\$ 26.7.46

at house of fine
16/7/46
C.M. 9/11/46
12/7/46



(31)



(2 pgs)

XX PH New Delhi 17 ste pty 141
Important edhealth ms

f-2/12/46 pr reference this department
Telegram no f-2/12/46-pr dated
fifth July 1946 stop health conference
stop a number of honourable ministers
are unable to attend on dates proposed
owing to sessions of provincial legislatures
and it is necessary to fix another
date for conference stop would
you please let us (50) know
whether first week of September
would be convenient for honours

Examination of any documents returned
the number of documents furnished
and the number of documents furnished
to be returned in the
a certain way
Kreiss destroyed
Book destroyed.

(Honourable) minister stop beginning of
September appears to be latest date
if there is to be opportunity for
~~the~~ discussion on Bhore committee
programme before development plans
are approved and programme for
1947-48 is sanctioned stop specific
proposals for partial implementation
(100) of Bhore committee scheme and
comments on provincial programmes
will be sent shortly in accordance
with time table approved by conference
of development ministers stop would be
grateful for very early reply
= Healthind =

The main file has been submitted to you
(144) - The telegram may be submitted

to Mr (P. 104),
18/7/43
I've collected them
SG is returning
from Madras tomorrow
specially to attend
this conference
Dr
18/7/43
S.

~~25/1~~ (100/100) a.c.
 Smr 18.7.46 18.7.46 R. 1
 18.7.46
 H.D. (P. H.H.) a.c.

20

14/5/46

17-21 11-51

OFFICE OF THE
Date 1946, Hours 11-51
TELEPHONIC MESSAGE
From The S. G. (39) To The Secy to S.M.
E. J. P. H. Dept.

ASSIST. SECRETARY TO GOVT. OF INDIA
2-48-11
90 JUL 1946
EDUCATION AND PUBLIC HEALTH DEPT.

Special

The Director-General, I.M. S. has reported that he intends to hold an administrative medical officers' Conference at the time of the forthcoming Health Ministers Conference on the 2nd or 3rd August 1946 at Simla and has enquired whether I would be accompanying the Hon'ble Minister for P. H. Kindly let me know if the Hon'ble Minister for Public Health would like me to accompany her when she proceeds to attend the above Conference.

20/7/46.

72 Rptg EP

To The S. R.
Ref. your telephonic
message dated 20.7.46 re.
Health Ministers Conference.

The Conference
has been postponed to
Sept 19th.
20/7/46.

Tele. to de. 20/7/46

Placed to
C. to S. R. 20/7/46
S. R. 20/7/46

de. 20/7/46

73

EP 20/7/46

Draft telegram

36

Health ind

New Delhi

Ref. your telegram of 2/12/46 dated [The]
Seventeenth July [regarding] [Central-Provincial]
Health Conference.

Ninth and tenth September suitable

for [The] Honorable Minister [P. H. and H.] to
attend [The] Conference. 20/7/46
Ed health



No.F.2/12/46-PR.
Government of India.
Department of Health.

New Delhi, the 17th July, 1946.

IMPORTANT TELEGRAM

The Secretary to the Government of Madras,
Education and Public Health Department, Madras.

39691
21/7/46

REFERENCE THIS DEPARTMENT TELEGRAM NO.F.2/12/46-PR
DATED FIFTH JULY 1946. HEALTH CONFERENCE. A NUMBER OF
HONOURABLE MINISTERS ARE UNABLE TO ATTEND ON DATES PROPOSED
OWING TO SESSIONS OF PROVINCIAL LEGISLATURES AND IT IS
NECESSARY TO FIX ANOTHER DATE FOR CONFERENCE. WOULD YOU
PLEASE LET US KNOW WHETHER FIRST WEEK OF SEPTEMBER WOULD BE
CONVENIENT FOR HONOURABLE MINISTERS? BEGINNING OF SEPTEMBER
APPEARS TO BE LATEST DATE IF THERE IS TO BE OPPORTUNITY FOR
DISCUSSION ON BHORE COMMITTEE'S PROGRAMME BEFORE DEVELOPMENT
PLANS ARE APPROVED AND PROGRAMME FOR 1947-48 IS SANCTIONED.
SPECIFIC PROPOSALS FOR PARTIAL IMPLEMENTATION OF BHORE
COMMITTEE'S SCHEME AND COMMENTS ON PROVINCIAL PROGRAMMES
WILL BE SENT SHORTLY IN ACCORDANCE WITH TIME-TABLE APPROVED
BY CONFERENCE OF DEVELOPMENT MINISTERS. WOULD BE GRATEFUL
FOR VERY EARLY REPLY.

HEALTHIND

Copy forwarded by post in confirmation.

By order,

M.R. Kothandaraman
(M.R. KOTHANDARAMAN)
for SECRETARY.

26-2

GOVERNMENT OF INDIA
DEPARTMENT OF HEALTH



21 JUL 1946
DEPARTMENT OF HEALTH

The Secretary to the Government of Madras,
Education and Public Health Department, Madras.

REFERENCE THIS DEPARTMENT TELEGRAM NO. F. 2/12/46-28
DATED 21 JUL 1946. HEALTH CONFERENCE. A NUMBER OF
HONOURABLE MEMBERS ARE ABLE TO ATTEND ON DATES PROPOSED
OWING TO SESSIONS OF PROVINCIAL LEGISLATURES AND IT IS
NECESSARY TO FIX ANOTHER DATE FOR CONFERENCE. WOULD YOU
PLEASE LET US KNOW WHETHER FIRST WEEK OF SEPTEMBER WOULD BE
CONVENIENT FOR HONOURABLE MEMBERS? BEGINNING OF SEPTEMBER
APPEARS TO BE LATEST DATE IF THERE IS TO BE OPPORTUNITY FOR
DISCUSSION ON BHOPE COMMITTEE'S PROGRAMME BEFORE DEVELOPMENT
PLANS ARE APPROVED AND PROGRAMME FOR 1947-48 IS SANCTIONED.
SPECIFIC PROPOSALS FOR FURTHER DEVELOPMENT OF BHOPE
COMMITTEE'S SCHEME AND COMMENTS ON PROVINCIAL PROGRAMME
WILL BE SENT SHORTLY IN ACCORDANCE WITH TIME-TABLE APPROVED
BY COMMISSIONER OF DEVELOPMENT MINISTERS. WOULD BE GRATEFUL
FOR VERY EARLY REPLY.

HEALTH

Copy forwarded by post in confirmation.

By order,

W. J. K. K. K.

(M. N. K. K. K.)

SPECIAL.

E.L. Section.

111
30

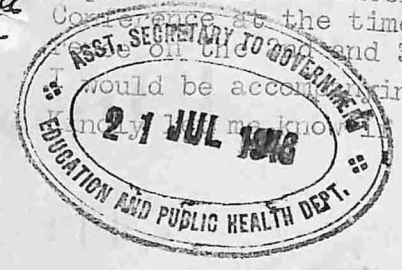
Office of the Surgeon-General with
the Govt. of Madras, Madras 6.
Dated, 20th July 1946.
Post copy of Telephonic Message.

From
To

The Surgeon-General with the Government of Madras, Madras.
The Secretary to Government,
Education and Public Health Department, Madras.

39626

27/7/46



The Director-General, Indian Medical Service, has
reported that he intends to hold an Administrative Medical Officers'
Conference at the time of the forthcoming Health Ministers' Confe-
rence on 2nd and 3rd August 1946 at Simla and has enquired whether
it would be acceptable to the Hon'ble Minister for Public Health.
Kindly inform the Hon'ble Minister for Public Health would
like

78

like me to accompany her when she proceeds to attend the above Conference.

Maiklam

for Surgeon-General with the Govt. of Madras.

MR. 20/7.

INDIAN POSTS AND TELEGRAPHS DEPARTMENT

B. Class
Prefix

X Code TK

(39)

No. 02163/27

Office Stamp.

Recd. at Calcutta M. Sent at 22 H. M.
From S. P. B. S. J. To
By S. P. B. S. J. By

28/7 362

Office of Origin Date Service Instructions Words

TO New Delhi

22



42067

Edheath. Madras

F 2/12/26 - PR Kindly confirm whether this
dupli telegram NO F 2/12/26 - PR dated 16/1/27
July regarding postponement of Health
Conference has been received.
= Healthind =

N.B. - The name of the Sender, if telegraphed, should be written after but separated from the text.

E. C. PRESS

80

Telegram.

To Healthind.
New Delhi.

Exp. 11 Sept
91.

Main file
circulate to
HM (PHM)
on 29.7.46.

Received your telegram no. 2/12/46 P.R. dated
Seventeenth July referred to in your telegram
dated ~~22~~ ^{second} twenty ~~eight~~ July regarding
postponement of Health Conference to
September. Please refer to this Govt-
reply telegram dated twentieth July and
say when your reply regarding the ^{exact} date,
place and agenda of the Conference may be
expected.

Reaholtyo
S. 31.7.46.

Exp. 11 Sept
91

Telegram.

To Healthind.
New Delhi

40

81

Pc also to go

~~Lab~~
~~1/8/46~~ plan

Main file
circulate
to HM (PHM)
on 29.7.46

Repace your telegram dated
[The] twenty second July regarding
postponement of ^{previous} Health Conference.
Received your telegram of [The]
Seventeenth July. In this Govt
telegram dated twentieth July,
reply was sent [that the] stating
ninth and tenth September
~~will~~ be suitable for [The Hon'ble]
Minister Public Health and Medical
to attend [The] Conference.
Please wire [The] exact date, ~~the~~

7782

send complete
and agenda of ~~the~~ Conference

Re

31.7.46

31/7/46

Edhealth

P. 31.7.46

JS / f
9.8.46
JS is on
leave today
1/8/46

11/8/46
BM
15:30

7983

INDIAN POSTS AND TELEGRAMS DEPARTMENT

41

OFFICE

This form must accompany any inquiry made regarding this telegram

Handed in at (Office of Origin) Date Hour Date Service instructions

TO

New Delhi 5.19.50

Edhealth ms. int. rd

45446

13/8/46

F2/12/46 Re reference your telegram
August first stop dates of health
conference will be intimated to
provincial govt as soon as
they are settled.

N.B. The name of the Sender, if telegraphed is written after the text.
Eden Press, Calcutta--No. 49 (5170/B-215)--10 2-45--1,00,000 Bks.

~~JS~~ 11 9. g. e ✓
JS is on
leave today
~~JS~~
11/9/21.

N.B.—The name of the Sender, if telegraphed is written after the box number.
Eden Press, Calcutta—No. 49 (5170/B-215)—10 2-45—1,00,000 Bks.



Education and Public Health Department.
No. 26073 D1/46-3 P.H.

From

P.S. Viswanatha Ayyar, Esq., I.C.S.,
Secretary to the Government of Madras.

To

The Secretary to the Government of India,
Department of Health, NEW DELHI.

Dated Fort St. George the 10th August 1946.

Sir,

Training of indigenous Dais.

I am directed to suggest that the question of training of Indigenous Dais in accordance with the recommendations of the Bhore Committee may be discussed at the ensuing Conference of the Public Health Ministers.

Your obedient servant,

P.S. Viswanatha Ayyar,

Secretary to Government.

Copy to the Surgeon-General.
Copy to G1, Section.

Forwarded/By order.

E.P.H.(8)

MT/10-8-46.
will be added to
stock file.

Added.
Add
16/8/46
16.8.46

5th meeting
file.

SUPERINTENDENT.

86

Immediate *B. S.*
IMPORTANT

87
Edn HPH

ms 187456/46

HEALTHIND
NEW DELHI.

FOR OULSNAM FROM VISWANATHA AYYAR
(.) HEALTH MINISTERS CONFERENCE
[Please] wire IF CONFERENCE

WILL BE HELD 9th + 10th
SEPTEMBER

Ed health

Telegram &
O.C. Deshp
[Signature]
28/8

For approval

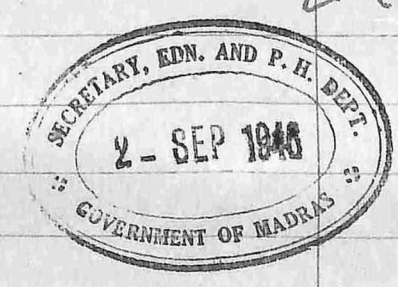
SRK
28.8.46
[Signature] *B. S.*

PC for

R.L.
29.8.46 H.O. (P. H.H.) a.i.

31/8/46
Pl. in address
issue
for 28/8

49/46



88

6/2/46

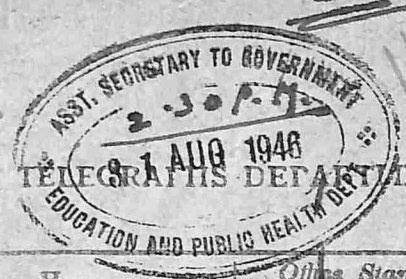
9

6/2/46

10/11/46

6/2/46

B.T.B. INDIAN POSTS AND



No.

Recd. at	H.	M.	Sent at	H.	M.
From			To		
By			By		

Office Stamp.

19/46 = X TB NEW DELHI 30 STE 41 EDEALTH MADRAS : *18/10/46*
: NO F -2-12-46- PR YOUR TELEGRAM TWENTYEIGHTH AUGUST (STOP) HEALTH MINISTERS
CONFERENCE NOT BEING HELD NINTH TENTH SEPTEMBER (STOP) ACTUAL DATE WILL BE
FIXED AFTER NEW GOVT TAKES OVER (STOP) FURTHER COMMUNICATION WILL FOLLOW =
HEALTHIND =

90

CNO 3785/46
2/9/46

25 812 91

CTM FOR 000 = ERE RNR =

B.T.B. INDIAN POSTS AND TELEGRAPHS DEPARTMENT.



Recd. at _____ H. _____ M. Sent at _____ H. _____ M.
From _____ To _____
By _____ By _____



000 P NEW DELHI 2 STE IMMEDIATE 34 IMMEDIATE EDHEALTH MADRAS =

4353- PR /46 IN CONNECTION WITH FIXATION OF DATE FOR HEALTH CONFERENCE

PLEASE WIRE IMMEDIATELY PROBABLE DATES OF MEETINGS OF PROVINCIAL

LEGISLATURES IF ANY DURING SEPTEMBER AND OCTOBER = HEALTHIND =

50486

E.P.H.

PH nom
1875641/46

Legislature may be requested to
specify 2/9/46 the dates referred to at A above
2/9/46

8/28/46 Sent Madras

92

38408

24 Sept 46

2993
46
R.P. 4 Sept
91.

Telegram.

(To)

Healthind,
New Delhi.

Also p.c.

185-9

fixed
after lunch

Immediate - Your [immediate] telegram
no 4353 - [PR/46] dated [the] second
September [1946] regarding [the] date [of] meetings
[of] Provincial Legislatures - no meetings of the
Provincial Legislative Assembly or Council
have yet been fixed either in
September, ~~or~~ ^{nor in} October: after lunch
September. Meetings [of] the Houses

Dates last week
September with Govt
Health Minister.

will depend upon [the] business Govt. have
may
Dates cannot be settled
Dates between 20th September and 23rd September after 20th with
Govt. Minister.

Sept 9.46

3/9/46.
J.3.9.46

2/9/46.

3.9.46

HD (P. 441) a.

94

A typed copy of the draft telegram is submitted.

By
3/9/46
J.3.9.46

3/9/46

S

14756.9/46

Immediate

2-9-46

Telegram
J.C. Dehd

original-
1874

1884

1823

Approved
Correctly Secy.
in fair copy.

75
Education and Public Health Deptt. (G1)

Telegram.

(47)

To

Healthind,
New Delhi. ✓

Immediate--Your(immediate)telegram No. 4353-(PR/46)
dated(the) second September(1946) regarding(the) date
(of) meetings (of) Provincial Legislatures--No Meetings
of the Provincial Legislative Assembly or Council fixed
after tenth September, nor in October. Meetings (of the
Houses) will depend upon(the)business Government may have.
Dates between twenty-sixth and First October
~~1st week~~ September will suit Health Minister.

P.S.V
3.9.46

Telegram issued on 4.9.46.

Edhealth.

R.L
6.9.46

H.N (P. Han) a.i.

96

Handwritten notes and stamps on the left page, including a date stamp "20-9-46" and a signature.

No. 4353/46.
Government of India.
Department of Health.

48

97 8P



Immediate TELEGRAM

New Delhi, the 2nd September, 1946.

The Secretary to the Government of Madras,
Education and Public Health Department.

Handwritten notes on the right side of the page, including a date "25-9-46" and a signature.

52156

IN CONNECTION WITH FIXATION OF DATE FOR HEALTH CONFERENCE PLEASE
WIRE IMMEDIATELY PROBABLE DATES OF MEETINGS OF PROVINCIAL LEGISLATURES IF
ANY DURING SEPTEMBER AND OCTOBER

Copy by post.

By order,

Handwritten signature of the Deputy Secretary.

for Deputy Secretary. 9.9.46

'TA/Khan'.

The Govt of India may be reminded for the date and the agenda of the Conference on 25-9-46. 11/4/46

CHAIRMANSHIP OF SIR SHAFAT AHMAD KHAN STOP IT IS HOPED THAT

25152

B^c

x Code



50

lah

INDIAN POSTS AND TELEGRAPHS DEPARTMENT

NO

Recd. at H. M.

Sent at H. M.

Office stamp

From

To

By

By

Office of Origin.

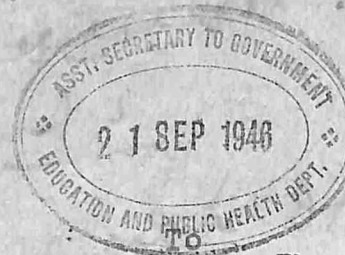
Date.

Service Instructions.

Words.

To HONOURABLE MINISTERS WILL BE ABLE --50-- TO ATTEND STOP
PLEASE COMMUNICATE NAMES OF PROVINCIAL GOVT REPRESENTATIVE
ATTENDING AND WHETHER RESIDENTIAL ACCOMMODATION REQUIRED
STOP EARLY REPLY REQUESTED = HEALTHIND

N.B.—The name of the Sender, if telegraphed, should be written after, but separated from the text.



No.F.2/12/46-PR. (51) 103 JP
Government of India.
Department of Health.
New Delhi, the 17th Sept., 1946.

EXPRESS TELEGRAM

5554
The Secretary to the Government of Madras,
Education and Public Health Department, Madras.

Reference this Department's telegram No.4353-PR/46
second September Health Conference. It has been decided
to convene Conference of Provincial Health Ministers in New
Delhi on tenth, eleventh and twelfth October under
chairmanship of Sir Shafaat Ahmad Khan. It is hoped that
Honourable Ministers will be able to attend. Please
communicate names of Provincial Government representatives
attending and whether residential accommodation required.
Early reply requested.

HEALTHIND.

.....

Copy by post in confirmation.

By order,

W.L. Kothandaraman

for Deputy Secretary.

96 105 104

NO. F. 2/2/46-PR.
Government of India
Department of Health
New Delhi, the 17th Sept., 1946.



EXPRESS TELEGRAM

The Secretary to the Government of Madras,
Education and Public Health Department, Madras.

Copy

Reference to this Department's telegram No. 4353-PR/46
second September Health Conference. It has been decided
to convene Conference of Provincial Health Ministers in New
Delhi on tenth, eleventh and twelfth October under
chairmanship of Sir Shafat Ahmad Khan. It is hoped that
Honourable Ministers will be able to attend. Please
communicate names of Provincial Government representatives
attending and whether residential accommodation required.
Early reply requested.

HEALTHING.

Copy by post in confirmation.

By order,

Mr. K. V. Sundaram

105
97
S. S.
52

2e S. p. and hi 8p. H
may be able to
come & meet to

H. n (P. H. n) at
be am in li sentait

ar 5.10.46 at 3. P. n

for a parking discor
pnr to P. H. n
at Delhi

P. S. C.

106
99

2. (N.P.H. Dept.)

91

A draft No. is submitted.

Rs
20/9/46

S. 20.9.46

20/9/46

DS/S

9. 1/1/46.

10/9/46

E & P.H. Dept. (G1).

D.O. No. 18756 9/46. dated 21 -9-1946.

(53)

Dear ~~Major~~-General,
Dear Rao Bahadur,

I am desired to say that it has at last been decided that the Provincial Health Ministers' Conference should be held at New Delhi on the 10th, 11th and 12th October 1946. The Hon'ble the Minister for Public Health & Medicine desires to convene a small Conference ^{here} to discuss the subjects specified in the enclosed list with a view to deciding the attitude that should be taken by this Government at the Central Health Conference. This preliminary Conference will be held at 3 P.M. on the 5th October 1946 in the Minister's room in the Secretariat. I am to say that the Minister would be glad if you could kindly attend.

Yours sincerely,

To
Major-General J.P. Huban,
C.S.I., O.B.E., K.H.S., I.M.S.,
Surgeon-General with the Govt. of Madras.

Rao Bahadur Dr. R.M. Mathew, M.R.C.P., D.T.M. & H.
D.P.H., Dr. of Public Health, Madras.

SRK

21.9.46

3. District Health Organisation.

- (a) The provision of adequate preventive and curative Service.
 - (b) The combination of both preventive and curative and performance of both curative and preventive by the medical personnel.
 - (c) The organisation of a full time state Health personnel of the service.
 - (d) The prohibition of private practice by the Health personnel of the service.
 - (e) The provision of living accommodation for a
 - (f) The establishment of the District Health B
 - (g) The provincialisation of the District Health
 - (h) The creation of the District Health Council
3. The amalgamation of medical relief and public health departments.
 4. The provision of facilities for training. (54)
 5. The policy in regard to quinine and other anti-malaria drugs.
 6. Scale of nursing staff in Government Hospitals.
 7. Training of indigenous dhais.
 8. Housing and Town Planning.
 9. Medical inspection of Schools.
 10. Tuberculosis Research.
 11. All India Medical Register.

117

(55)

Government of Madras.
Education and P.H. Department.
No. 26472-A/45-13-DS.PH.,

From

P.S. Viswanatha Ayyar Esq., I.C.S.,
Secretary to the Government of Madras.

To

The Secretary to the Government of India,
Department of Health, New Delhi.

Dated Fort St. George, the 17th September 1946.

Sir,

Indian Medical Council Act, 1933 - Provision of an All
India Medical Register - Reference your letter No.
P.43-18/40-H., dated the 14th May 1946.

55312

46 With reference to Mr. Madhava Menon's letter cited above,
I am directed to state that this Government are in favour of
maintaining an All India Medical Register subject to the condition
that the register is maintained in alphabetical order in a single
group instead of in three groups as suggested by the Executive
Committee of the Medical Council of India. This Government also
agree to the proposed relationship between the Medical Council of
India and the Provincial Medical Councils embodied in column (3)
of the statement forwarded with your letter quoted above except in
the matter of fees and in regard to the question of voting in
elections held by the Medical Council of India.

2. Regarding the question of sharing of fees between the All
India and Provincial Medical Councils, I am to point out that so
far as this Province is concerned the Medical Council is working
under a deficit which is not by an annual grant from the Govern-
ment and unless fresh provision is made for increasing the rate
of fee to be levied from the medical practitioners it will not
share of the
contribution in the
7/- to Rs 20/-
considered only

112

final recommendations in due course.

5. Lastly I am to suggest that the question may also be discussed at the proposed conference of the Medical and Public Health Provincial heads which will be held at Delhi along with Public Health Minister's Conference.

Your obedient servant,

P.S. Viswanatha Ayyar,
Secretary to Government.

Copy to the Surgeon-General.
President, Madras Medical Council.
G-1-Section (Education and P.H. Department).

Forwarded/By Order.

[Signature]
Superintendent.

Ed P. H. Deptt.)
(41)

Attention been called to member

Thy...

113

Edn. & P.H. (Gl) Dept.

TELEGRAM DATED 24-9-46.

To

HEALTH
NEW DELHI.

YOUR LETTER [NO.] F.2/12/46-PR DATED 17TH
SEPTEMBER [1946] REGARDING PUBLIC HEALTH
MINISTERS' CONFERENCE (stop)

[THE] HON'BLE MINISTER FOR PUBLIC HEALTH AND MEDICAL
MR. P.S. VISWANATHA AYYAR, EDHEALTH, SERICARIAS AND
RENUTRIOX WILL ATTEND THE CONFERENCE (stop) [THE]
MINISTER DOES NOT REQUIRE ACCOMMODATION (stop) MR.
VISWANATHA AYYAR HAS WRITTEN TO MR. RANGANATHAN JES,
DEPT. OF C.B. R. FOR ACCOMMODATION (stop) IF HE
CANNOT PUT HIM UP
DOES NOT SUGGEST HE WILL REQUIRE HOSTEL ACCOMMODATION
(stop) THE OTHERS WILL WIRE THEIR REQUIREMENTS (stop)

[Signature]
23/9/46 = EDHEALTH.

P.T.O

P.C. to go.

Capt. Sg. ✓
✓
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12/11/46
OC.
12/11/46
2/11/46

Thy...
up
(11/11/46)

114
104

Memorandum No. 187569/46 dated the 24th Sept. 1946.

Subject: PUBLIC HEALTH MINISTERS' CONFERENCE AT NEW DELHI.

The Government have decided that the Surgeon-General and the Director of Public Health should attend the Conference of Public Health Ministers which will be held at New Delhi from the 10th to the 12th October 1946. They are requested to send telegraphic intimation to the Secretary to the Government of ~~Madras~~ ^{India Govt of Madras} if they require ^{residence} accommodation.

23/9/46

Sm
94946

To the S.G., ✓

To the D.P.H. ✓

4/10/46
24/9

C.F. 32.

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115
105

Department Received 27 SEP 1946 Registered

From (Name) Rao Bahadur Dr. R. M. Mathew, To
M.R.C.P., D.P.H., D.T.M. & H.
Designation Director of Public Health, The Secretary to Government,
Station Madras. Education and Public Health Department,
Fort St. George, Madras.

Enclosures:

R No. 1248-IT.A dated 26th Sept. 1946.

Sir,

Subject: Public Health Ministers Conference - New Delhi - October 1946.

Ref: Govt. Memo. No. 18756-G.1-46-E., dated 24-9-46. 104

I request that Government will be pleased to permit me to take a peon as usual when I proceed to New Delhi to attend the Public Health Ministers Conference from 10th to 12th October 1946 and to allow him travelling allowance from provincial funds as per Madras Travelling Allowance Rules.

Director of Public Health,
Madras.

P.S. 26-9-46.

116

Exp. no. 91

Memo 18758-9/46 Dated 30-9-46

Public Health Ministers' Conference at New Delhi

Ref. From the D.P.H. R. no. 1248-IT.A 226-9-46

The D.P.H. is permitted to take a peon along with him when proceeding to New Delhi for attending the Public Health Ministers' Conference which will be held at New Delhi from the 10th to the 12th October 1946. Sanction is accorded to the payment of travelling allowance to the peon from provincial funds at the rates admissible to him in the Madras Travelling Allowance Rules.

To the D.P.H.

A.G. This

Finance. 28-9-46

Rd 28/9/46

28/9/46

SYRK 30946

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G. 3.

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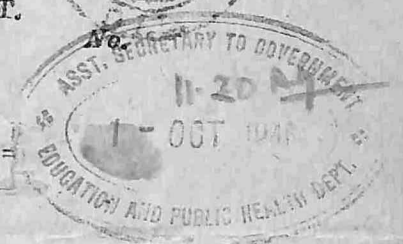
283



INDIAN POSTS AND TELEGRAPHS DEPARTMENT.

57529

Received here at _____ H. _____ M.



X QL NEW DELHI 30 STE 47 EDHEALTH MADRAS

NO F -27/12/46 - PR REFERENCE. CORRESPONDENCE HEALTH CONFERENCE (STOP)
RESIDENTIAL ADDRESSES IN DELHI OF MEMBERS WHO ARE MAKING THEIR OWN ARRANGEMENTS
FOR ACCOMMODATION MAY PLEASE BE COMMUNICATED TO THIS DEPARTMENT (STOP) PLEASE
WIRE DATE AND TIME OF ARRIVAL IN DELHI OF REPRESENTATIVES = HEALTHIND

The sequence of entries of the beginning of this telegram is -class of telegram, time handed in serial number (in the case of foreign telegrams only), office of origin, date, service instructions (if any), and number of words.

This form must accompany any inquiry respecting this telegram.

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8 + 17.24 (8)

~~Spind~~

From the Govt. of India, Dept. of Health - Telegram D/30.9.46

Encl. No 18756 - G1-46-PH D/1.10.46

Communicated to the S.G. & the D.P.H. Their attention is invited to Memo No. 18756 - G1-46 - D/24.9.46 and they are informed that requested to send a telegraphic reply to the Govt. of India's telegram cited above & report to the Govt. the fact of their having done so.

To the S.G. ✓ Direct
The D.P.H. (with a copy of telegram)
dispt. 1.10.46

1.10.46 11/10/46 1.10.46

No.F.2,12,46-PR.
Government of India.
Department of Health.

IMMEDIATE

New Delhi, the 26th September, 1946. (61)

From

P.Madhava Menon, Esquire, M.B.E., I.C.S.,
Deputy Secretary to the Government of India,

The Secretary to the Government of Madras,
Education and Public Health Department,
Madras.



Conference to consider the recommendations of
the Health Survey and Development Committee.

Sir,

In continuation of this Department Express Telegram
No.F.2,12,46-PR, dated the 16th September 1946, on the
subject noted above, I am directed to forward a copy of the
revised Agenda and notes on the five new items of the Agenda.
Spare copies of the notes will be sent shortly.

I have the honour to be,
Sir,
Your most obedient servant,

M. 26/9/46
Deputy Secretary.

Enclosure.
MC.26-9-46.

124



P1056

Department of Health.

125

62

A G E N D A

1. Grants to Provinces for development and the administrative procedure for dealing with the development plans.
2. Objectives.
3. The District Health Organisation proposed by the Health Survey and Development Committee.
4. District Health Organisations - District Health Boards and Councils and provincialisation of district health services.
5. The provision of facilities for the training of medical and other personnel.
6. Central and Provincial Boards of Health and Health Councils.
7. The amalgamation of the medical and public health departments.
8. Water supply and sanitation.
9. Establishment of anti-malaria organisations.
10. The policy in regard to quinine and other anti-malaria drugs.

'TA/Khan'.

Agenda item No. 4

District health organisations - District Health Boards and Councils and "provincialisation" of district health services.
.....

The Health Survey and Development Committee (Volume II page 308) suggest the establishment of district health boards which will be responsible for the administration of the health services throughout the district except in large municipal corporations and municipalities having a population of at least 200,000 which are considered to be in a position to maintain an efficient health service. The District Health Board will consist of directly elected members and members elected by the local bodies in the area. Its functions will include the discussion and formulation of health policy and the distribution of funds between the different branches of health administration. Each municipality will be required to contribute 30 per cent and each district board or panchayat 12½ of its income exclusive of Government grants to the District Health Board. It is also proposed that there should be a district health council consisting of representatives of the different professions from which the health services are recruited. The Council will advise the Health Board on technical questions.

2. The Committee has suggested that these bodies should be set up only in areas in which their proposals for district health organisation are implemented. In other areas local bodies should for the time being retain their health functions but action should be taken on the lines of the measures adopted in Madras described in Appendix 26 of Volume III. These include (1) provincialisation of health officers (2) legislation to enable the Government (a) to prescribe the qualifications of health staff employed by local bodies (b) to appoint Commissioners in municipalities; (3) legislation conferring powers of control of local bodies in health matters on the Government, and (4) grant of executive powers to health officers.

3. The points for discussion are :-

- (1) whether District Health Boards and Councils should be appointed in areas in which Committee's health organisation is introduced
- (2) whether in other areas action should be taken on the lines suggested by the Committee.

.....

Central/Provincial Health Conference.

A genda item No.6. Central and Provincial Boards
of Health and Health Councils.

....

The Health Survey and Development Committee recommends the establishment of a statutory Central Board of Health consisting of the Minister for Health at the Centre and the Ministers for Health in the Provinces. The Board is intended to provide a forum for the discussion of health policy and to facilitate cooperation between the Centre and the Provinces and between the Provinces themselves. The Committee also propose the constitution of a Standing Central Health Council of Experts, the functions of which would be to express the expert view on technical aspects of the organisation and functioning of the health services. (Vol. II pages 294, 296)

2. The Committee also recommends a Provincial Board of Health and Provincial Council of experts with similar functions. (Volume II page 298)

3. The Central Board proposed will take the place of the existing Central Advisory Board of Health which includes Provincial Ministers and elected members of the Legislature and representatives of certain States.

4. It is for consideration whether the recommendations of the Committee should be accepted.

Central / Provincial Health Conference.

Agenda item No.8. Water Supply and Sanitation.

The Committee emphasizes that the provision of a safe water supply and an improvement in general sanitation in urban and rural areas are matters of urgent importance from the point of view of controlling a large part of preventable ill-health.

2. Water Supply.

The recommendations of the Bhoré Committee regarding the provision of safe water supplies in rural and urban areas in the provinces are given on pages 250-256 of Volume II of the Report. These are:-

- (1) The Provincial Government should adopt a vigorous policy designed to provide the entire population under its charge with safe water for drinking and domestic purposes within a period of about 35 years, such provision covering at least 50 per cent of the people during the first 20 years of the programme.
- (2) A technical body known as the Provincial Water and Drainage Board should be set up in order to plan water and drainage schemes on a comprehensive scale and to assist in the solution of problems associated with them. The functions of the Board are given in appendix 25 (page 99 and 100) of Volume III of the Report and are referred to briefly in paragraph 14 of page 251 of Volume II. The Committee's recommendations regarding the composition of the Board will be found in paragraph 23 of page 254 of Volume II.

3. Sanitation, Conservancy and Drainage:

The recommendations of the Committee under this head will be found on pages 252-263 of Volume II. The suggestions put forward are:-

- (1) Introduction of the water carriage system of sewerage during the first ten years of the programme, in all towns with a population of 50,000 and over and in industrial colonies housing 1,000 people or more.
- (2) In unsewered areas the Committee recommends an active programme for extension of the use of septic tanks and the soil absorption systems.
- (3) In the areas in which the Committee's health plan is introduced a vigorous policy of latrine construction should be undertaken so as to provide each house in a primary unit with its own latrine.
- (4) In regard to conservancy the Committee suggests measures for the improvement of refuse collection and disposal in both urban and rural areas with special regard to the prevention of fly breeding and other hazards to health.
- (5) Open drains properly constructed and maintained should be provided in towns with population of less than 50,000. The Provincial Water and Drainage Board should be responsible for the planning of this type of drainage.

The points for discussion are:-

- (1) the adoption of the suggested objective of providing safe and abundant water supply for at least 50 percent of the population within 20 years and for the whole population within 35 years,
 - (2) the establishment of a provincial water and drainage board,
 - (3) the introduction of the water carriage system of sewerage,
 - (4) the programme for improvement of sanitation and drainage, in smaller urban and rural areas.
-

AGENDA ITEM NO. 9 THE ESTABLISHMENT OF ANTIMALARIA ORGANISATIONS

The Health Survey and Development Committee has drawn attention to the fact that from the point of view of sickness and mortality malaria is by far the most important disease in India and has recommended the establishment of anti-malaria organisations. The recommendations of the Committee for the establishment of such organisations are contained in paragraphs 19-22 on pages 149 and 150 of Volume II of the Report. It has been suggested that a special section for dealing with malaria should be provided in each province and that a number of malaria control units should be organised in order to operate in malarious areas in the districts. The probable number of such control units which will eventually have to be provided in individual provinces has been indicated. In the larger provinces the need for establishing regional organisations in order to ensure adequate supervision over the control units has also been stressed. The malaria schemes put forward by Provincial Governments in their five-year plans are not, in a number of cases, on the lines recommended by the Bhore Committee and it is for consideration whether these schemes should not be revised in the light of those recommendations.

2. A serious obstacle to a rapid expansion of health services is the inadequacy of trained workers, medical and other. Fortunately, in respect of malaria, the position is somewhat different. As a result of the developments arising out of the last war, a body of medical and auxiliary personnel with considerable experience of antimalaria operations under a wide variety of conditions has been built up and is now available for utilisation by Provincial Governments in their campaign against the disease. If the present opportunity is lost most of these highly trained doctors and non-medical personnel are likely to find other employment and the speedy and effective development of these organisations in the provinces will be prevented.

CPO 57319-

From the Govt. of India, Dept. of
Health - No. 72-12-46-P.R.D. 26

~~Specimen~~Memo No 57319-~~PH~~ (8pl) PH D 30-746

Conference to Consider
the recommendations of the Health
Survey & Development Committee
Agenda -

A Copy of the letter
cited above from the Govt.
of India is communicated to
the S.E.

1/30/7

D.P.H.

C.E. / d San. Hygiene

2. The S.E. & the D.P.H. are

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are requested to note that the
agenda now communicated is
in substitution of the list of
subjects for discussion already forwarded

30.9.46
30/9/46
30.9.46

To the P. &

D. P. &

P. &

Paul B. &
J. Deane

(Incl. to Sanitary
Engineer
Dept. on 1.10.46
H.S. by S. P. Henry
1.10.46)

Wing 7. 10.11.1

139

E. P. & (S. &)

D.O. No 57319-2 (Spt) P. & 80-9-46

Dear Mr McIntosh,

Conference to Consider
the Recommendations of
the Health Survey & Develop-
ment Committee

I am desired to
invite attention to Official Memo-
randum No. 57319-1 (Spt) P. &
30.9.46, enclosing the Agenda
for the Conference of P. &
Ministers to be held at New
Delhi on the 10th to 12th Oct

(Will be
forwarded
separately)

and

2
30/9/21

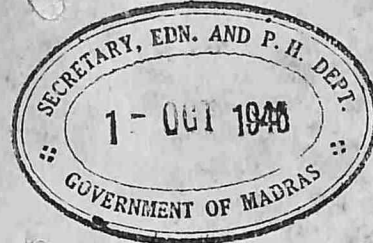
Yours Sincerely -

30/1/21

R. McIntosh

Eng MBH

C. E. M. B. S. D.



Secy. , F.H.

Please include the following subjects in the Agenda for the Health Ministers' Conference to be held in Delhi.-

- 1) Village sanitation.
- 2) Development of Indian Medicine and
- 3) Implementing the Bhore Committee's recommendations with reference to Physical education.

R. L
29.9.46

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INDIAN POSTS AND TELEGRAPHIS DEPARTMENT.

No.

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From To
By By

Office of Origin. Date. Service Instructions. Words.

RESPECTIVELY STOP ===50=== SERVANTS QUARTERS

AVAILABLE FOR INFERIOR STAFF IN PATAUDI HOUSE STOP MESSING

ARRANGEMENT EXIST IN WESTERN COURT AND PATAUDI HOUSE BUT

NOT IN ORTHODOX CHUMBERIES OR IN SERVANT QUARTERS STOP

PERSONAL ASSISTANTS AND SERVANTS MAY KINDLY BE INSTRUCTED

TO MAKE THEIR OWN ARRANGEMENT FOR FOOD STOP PLEASE

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(73)

INDIAN POSTS AND TELEGRAPHS DEPARTMENT.

No.

Recd. at _____ H. _____ M.

Sent at _____ H. _____ M.

From _____

To _____

By _____

By _____



Office of Origin.

Date.

Service Instructions.

Words.

To

ACKNOWLEDGE RECEIPT OF THIS TELEGRAM == HEALTHIND ==

N.B.—The name of the Sender, if telegraphed, should be written after, but separated from the text.

148

Ass. Sec. ^{by} ~~all~~ Telegram ¹⁴⁹ ~~2~~ ETP. 24 (41)

Patnae 2/10

Healthind New Delhi.

Your telegram [q] 2nd October regarding residential accommodation [pr] representation [attending] Health Conference - stop - contents noted -

Ed health -

~~2~~ 2/10/46

Copy to S. S. 2/10/46
" " D.P.H. 2/10/46

B. 2. 10. 46 / S. 10. 46

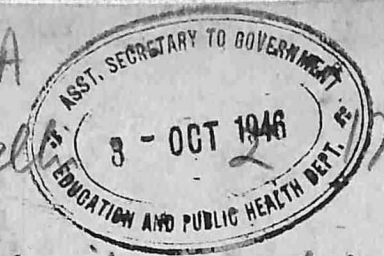
(with a copy of the telegram of 1.10.46) will be sent to D.P.H. & S.S. Note a copy of this telegram will be sent to D.P.H. & S.S. 2/10/46

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24/10

000 RA

new Delhi



151 9 TKS
15 KS
J-8 re Sumette



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Immediate ed. health. madras with
no F2/12/46. Pr Reference correspondence
health conference (stop) conference
will commence at 10/30 a m
on tenth October in Committee
Room no 50 Central Legislature
Legislative assembly Building
new Delhi
6/10/46 S/ H.C.P. (H.C.P.) : health ind :

Departing Officer.

Receiving Officer.

Date stamp
(Departing office).

Date stamp
(Receiving office).

Serial Numbers of Telegrams.

(Pencil copy to be signed and returned.)

No. _____ List of () messages sent by post from the
office to the _____ office
Why sent _____
Date _____ 19 _____ Hour _____

INDIAN POSTS AND TELEGRAPHS DEPARTMENT.

T. I. 86

153 H
76
Exp. & R.
SP.

Snob 18756 SP/46 dated 3/10/46.

Special

Public Health Ministers' Conference at
New Delhi

Ref. Telegram from the Govt of India, Dept. of
Health, no F 2/12/46 dated 2/10/46

Communicated to the Sg. and
D.P.H. for information and guidance.



I am enclosing No 28,
Tuplakat road, with Mr
S. Narayanaiah S. es

IS the Sg.

D.P.H. of a copy

1/3 the
telegram
enclosed

Re
3/10/46

3.10.46

Note: - May be circulated to H.R. (PH & M)
after issue. (The main file on the subject
is now with H.R. (PH & M).)

R-L
6.11.46

Re
3/10/46

3.10.46

3/10/46

3/10/46

3/10/46

3/10/46

154

155 20
Department of Health

A G E N D A. (77)

1. Grants to Provinces for development and the administrative procedure for dealing with the development plans.
2. Objectives.
3. The District Health Organisation proposed by the Health Survey and Development Committee.
4. District Health Organisations - District Health Boards and Councils and provincialisation of district Health services.
5. The provision of facilities for the training of medical and other personnel.
6. Central and Provincial Boards of Health and Health Councils.
7. The amalgamation of the medical and public health departments.
8. Water supply and sanitation.

P.T.O.

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9. Establishment of anti-malaria organisations.
10. The policy in regard to quinine and other anti-malaria drugs.

'TA/Khan'.

100 Copies 27-9-46 - D.

Central/Provincial Health Conference.

Agenda item No.1 Grants to Provinces for development and the administrative procedure for dealing with the plans.

The extent of central aid to Provincial Governments for development purposes has been indicated in the Government of India Planning and Development Department letters No.82/RC, dated the 9th January, 1945, No.305/RC, dated the 18th May, 1946, and No.82/RC, dated the 24th May, 1946.

2. Under the procedure approved at the recent conference of Provincial Development Ministers, the comments of the Government of India on provincial plans will be communicated to Provincial Government by the Planning and Development Department not later than the 15th July. The comments of Provincial Governments are to be received not later than the 15th August. The programme is to be approved not later than the 15th September. Proposals from Provincial Governments for 1947-48 are

P.T.O.

157

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:- 2 :-

to be received by the Government of India not later than the 10th October. Final approval will issue not later than the 15th December.

JNS
100 copies 26/9/1946 dt.

Central/ Provincial Health
Conference.

79

158

Agenda item No. 2 Objectives.

The Health Survey and Development Committee in para. 1 of Chapter III of their report (Volume II page 17) suggest eight objectives to be kept in view in formulating plans for a national health service. It is for consideration whether these objectives should be accepted.

TA/Khan'.
100 Copies 27-9-46 -- D.

Central/Provincial Health Conference.

Agenda item No. 2.3

District Health Organisation.

1. The Health Survey and Development Committee has recommended the gradual development over a period of years of a State health service with both preventive and curative functions. A note by the Secretary of the Committee on the Committee's scheme for district health organisation is attached. The essential features of the short term plan are -

- (1) a programme to provide for half the population in a period of ten years a reasonably adequate preventive and curative service with a health centre for every 40,000 population.
- (2) The combination of both preventive and curative services in one organisation and the performance of both curative and preventive functions by the medical personnel.
- (3) The organisation of a full time State health service and the prohibition of private practice by the medical personnel of the service.
- (4) The provision of living accommodation for all personnel.

2. The cost of the organisation according to the Bhore Committee's calculations is as follows (vide Report Vol. III pages 267, 271, 276 253, 256).

Recurring expenditure in fifth year.

Primary Unit	Staff	Rs.
	Drugs etc.	48,800
		<u>3,700</u>
	Total	<u>52,500 a year</u>
Secondary Unit	Supervisory staff	84,000
	200 bed hospital	<u>326,000</u>
	Total	410,000

Non-recurring expenditure.

Primary Unit	Office	15,000
	Housing for staff	138,000
	Dispensary building and equipment.	<u>20,000</u>
	Total	<u>1,73,750</u>
30-Bed hospital	Building and equipment	55,000
	Accommodation for staff	84,000
	Ambulances	<u>26,000</u>
	Total	<u>1,65,000</u>
Secondary Unit	Office	30,000
	Housing for staff ..	1,45,000
	200-bed hospital	
	Building and equipment	8,00,000
	Housing for staff ..	<u>6,26,000</u>
	Total	<u>16,01,000</u>

With one primary unit for each 40,000 population one 30 beds

100-26-9-46-D

164

hospital for every five units and one secondary unit for every 400,000 population or ten primary units the recurring cost in the fifth year will be about Rs.2/8/- per head per annum. This will be reduced to about Rs.2/2/- when more primary centres are developed and the secondary centre covers a population of 600,000. The non-recurring expenditure will be Rs. 4 per head over the whole five years. It will be noted, however, that these estimates are based on the salary scales proposed by the Bhore Committee, for example Rs. 250 - 500 as a minimum scale for a medical officer without private practice. They also take no account of existing buildings such as dispensaries and hospitals which it may be possible to extend and adopt to serve the purpose of the new organisation. Also in some areas the cost of construction may be lower than that on which the Bhore Committee's estimates are based. A major item in the non-recurring cost is the provision of residential accommodation for the staff. This is likely to be essential in outlying primary units if a contented service is to be secured; in the larger towns where the headquarters of secondary units are established the provision of accommodation may not in every case be immediately necessary. The figures of per capita cost given above relate to the cost per head of the population benefited. The expenditure during the first five years of the population as a whole will be in the neighbourhood of 8 annas per head recurring expenditure.

3. The Committee disclaimed the intention of drawing up any rigid or unalterable blue print for automatic adoption by Provincial Governments and recognised that local conditions, needs and circumstances might call for modifications - Vol. 2 page 5 para. 9.

4. The following issues arise -

- (1) Is the organisation proposed administratively sound and acceptable in principle?
- (2) Is the programme for the first five years within financial resources, taking into account the grants to be made by the Central Government to Provincial Governments?
- (3) If the programme is not within the financial resources of the Provinces, including the grants to be made by the Central Government, should the programme be adopted on a modified scale? For example, instead of 5 primary units and 1 secondary unit being established in every district in the first three years, should this programme be adopted for half or a smaller proportion of the total number of districts in a Province?

CENTRAL/PROVINCIAL HEALTH CONFERENCE

Agenda item No. ³/₂ - The district Health Organisation proposed by the Health Survey and Development Committee.

Note by the Secretary of the Health Survey and Development Committee.

The district health organisation proposed by the Bhore Committee for the short-term programme has been described briefly on pages 11 to 14 of Volume IV of the Committee's report. In view of the disparity in population of individual districts in the provinces the Committee put forward a standard plan based on a population of three millions, which may for the sake of convenience be termed "a typical district". The rate of expansion of the health scheme suggested by the Committee for a typical district during the first and second five-year

163
terms is shown below. This rate of expansion will, as will be indicated presently, be subject to variation in the different provinces.

Expansion of the scheme in a typical district.

		First year.	Fifth year.	Tenth year.
Number of primary units	..	5	10	25
Number of 30-bed hospitals	..	1	2	13
Number of secondary units	..	1	1	2
Number of 200-bed hospitals	..	1	1	1
Number of 500-bed hospitals	..	-	-	1

In paras. 48 and 49 of the chapter dealing with the short-term programme (pages 50 and 51 of Volume II) the Committee has suggested the development of the scheme in the different provinces on the basis of providing, in each case, for at least half the population at the end of the first 10 years and, in Appendix 4 of Volume III, it had indicated how each province may adopt this suggestion in its own area. According to this scheme, the requirements in respect of health personnel and funds for a district health organisation will be the least in the North-West Frontier Province and the highest in Bengal. In order to give some idea of these requirements, figures are set out for a typical district in British India as well as for a district in the North-West Frontier Province and in Bengal.

Health Personnel.

Health personnel required for a single district under the Bhoze Committee's plan:

		First year			Fifth year			Tenth year		
		N.-W.F.P. district	Typical district	Bengal district	N.-W.F.P. district	Typical district	Bengal district	N.-W.F.P. district	Typical district	Bengal district
1. Doctors	...	33	33	33	33	44	44	39	106	118
2. Hospital nurses	...	65	65	65	65	78	78	83	310	331
3. Public health nurses	...	22	22	22	22	42	42	30	104	124
4. Midwives or trained dais	...	40	40	40	40	80	80	56	200	240
5. Public health inspectors	...	12	12	12	12	22	22	16	54	64
6. Health assistants	...	11	11	11	11	22	22	17	63	75
7. Pharmacists	...	13	13	13	13	19	19	17	62	69
8. Ward attendants	...	18	18	18	18	20	20	22	74	78
9. Laboratory attendants	...	3	3	3	3	3	3	3	6	6
10. Public health engineers	...	1	1	1	1	1	1	1	2	2
11. Statistical assistants	...	2	2	2	2	2	2	2	3	3
12. Others	...	149	149	149	149	242	242	191	625	721
TOTALS		369	369	369	369	575	575	477	1609	1831

In addition there will be, by the end of the second quinquennium, a dental organisation in each district, the personnel of which will consist of 3 dental surgeons, 7 dentists, 13 dental hygienists and 2 dental attendants.

In each case the requirements for the first year of the scheme are the same. The health organisation continues to be of the same strength in the N.-W.F.P. Province in the fifth year and its expansion by the tenth year is relatively low. On the other hand, the expansion of the health staff in a Bengal district is appreciable by the fifth year of the programme and becomes, by the tenth year, as high as almost five times its size in the first year. The figures for a typical district will provide some indication as to the range of variation that will exist in the staff to be employed, under the Bhore Committee's plan, in the district health organisations to be established in other provinces.

The Bhore Committee has recommended that this organisation should be started in every district of a province. In estimating the total strength of staff required in individual provinces the varying size of the organisation as well as the difference in the number of districts in these provinces should both be taken into consideration. The United Provinces have the largest number of districts, namely 48, the next highest the Punjab being far behind with only 30 districts. Bengal has 26 districts and the N.-W.F.P. Province, the smallest number of districts, namely, 6. The total strength of staff required for the United Provinces is greater than that of Bengal, even though individual districts in the latter will have a larger health organisation than in the former. Indeed, the requirements of the United Provinces in respect of staff will be the highest among all the provinces if the health plan is to be executed on the lines suggested by the Bhore Committee. In order to show the range of variation in the total health staff required in individual provinces the following table gives the relevant figures for N.-W.F.P. Province, Bengal, the United Provinces and for a typical province as defined below.

Total health staff required for each province under the Bhore Committee's plan.

	N.-W.F. Province.	A typical Province*	Bengal	The United Provinces
1st year ..	2,214	7,380	9,594	17,712
5th " ..	2,214	11,500	14,950	27,600
10th " ..	2,862	32,180	47,606	56,352

* For a typical province it is assumed that the number of districts is 20, approximately the average obtained by dividing the total number of districts in the eleven Governors' provinces (216) by eleven.

Cost of the Scheme.

The following figures show the cost of one district health organisation in respect of the N.-W.F. Province, the typical province, Bengal and the United Provinces respectively. It may be mentioned that the organisation in the typical province is that indicated earlier for a typical district.

Expenditure in respect of one district health organisation

(in lakhs of rupees)				
Non-recurring		Recurring		
1st five years.	2nd five years.	1st five years.	2nd five years.	
N.-W. F. Province ..	26.35	7.39	39.03	55.74

Typical Province ..	36.69	80.16	43.09	139.55
Bengal ..	36.69	92.15	43.09	145.01
United Provinces ..	36.69	54.52	43.09	86.19

The total cost which the provincial funds will have to bear in each case through the establishment of the scheme in all the districts is shown below:-

Total expenditure in respect of the health organisation in all the districts of each province.

(in lakhs of rupees)				
Non-recurring		Recurring		
1st five years.	2nd five years.	1st five years.	2nd five years.	
N.-W.F. Province ..	158.10 44.34	234.18	334.44	
Typical Province ..	733.80 1,603.20	861.80	2,791.00	
Bengal ..	953.94 2,395.90	1,120.34	3,770.26	
United Provinces ..	1,761.12 2,616.96	2,068.32	4,137.12	

Combining the recurring and non-recurring expenditure the figures are as follows :-

Combined recurring and non-recurring expenditures.

(in lakhs of rupees)		
First five years		Second five years.
N.-W.F. Province ..	392.28	378.78
Typical Province ..	1,595.60	4,394.20
Bengal ..	2,074.28	6,166.16
United Provinces ..	3,829.44	6,754.08

The brief discussion in the preceding paragraphs regarding the strength of personnel and the funds required for the establishment of district health organisations on the lines suggested by the Bhore Committee in the N.-W.F. Province, Bengal and the United Provinces is intended to convey some idea of the magnitude of the task involved. The figures for the typical province give the averages around which the requirements of the other provinces will range between the outer limits (maximum and minimum) which the United Provinces and the N.-W.F. Province provide.

The question of personnel is being further examined in another memorandum which deals with the provision of facilities for the training of the health staff and which forms the subject of discussion by the Conference.

Certain aspects of the problem of financing the programme will now be considered here, although some other aspects of the same subject will come up for discussion under other items of the agenda.

Against the background of anticipated expenditure for the district health organisation under the Bhore Committee's plan in respect of the three provinces considered above, it is desirable to examine the cost of the development proposals that each of the Provincial Governments concerned has put forward in the fields of medical and public health administration for the first five years of its programme.

Total expenditure for the first five-year period

(in crores of rupees)

	Bhore Committee's district health organisation.	Provincial Government's proposals for the improvement of medical and public health services
N.-W.F. Province	3.92	Not yet received
Bengal	20.74	13.91
The United Provinces	38.29	18.32

The proposed district health organisation forms only a part of the plan outlined by the Bhore Committee and yet its establishment on the lines suggested by it would cost 49 per cent more than the total expenditure contemplated by the Government of Bengal over all its health schemes during the first five year period and 109 per cent more in the case of the United Provinces. The implementation of all the proposals put forward by the Committee will therefore necessitate expenditure on a scale much higher than that which Provincial Governments have set before themselves in regard to the development of health measures in their areas. In the circumstances it seems necessary to examine, in some detail, the question as to whether the carrying out of the Committee's programme will be ruled out as impossible on financial grounds.

The per capita annual expenditure on the proposed district health organisation will be, during the first five-year period, As.39.2 in N.-W.F. Province, As.10.3 in Bengal and As. 20.9 in the United Provinces. These figures are based on estimated average populations of 3.2 millions, 64.2 millions and 58.6 millions respectively for each of these provinces during the quinquennium under consideration. The Bhore Committee has estimated that the average population of British India during the first five-year period would be 315 millions as against the 1941 census enumeration of 295.8 millions. The 1941 population of each of these provinces has been raised in the proportion of 295.8 : 315.

The Bhore Committee has recommended that its proposals should supplement and not supplant the existing health services in the areas in which the new health organisation will be introduced. The combined rate of expenditure, per head of the population, on the medical and public health departments in each of these provinces during 1944-45 were As.7.7 for the N.-W.F. Province As. 7.1 for Bengal and As. 3.9 for the United Provinces (page 514 of Volume II of the Committee's report). Therefore, the proposed five-year programme will necessitate the following rates

of per capita expenditure in the three provinces, taking the 1944-45 figures as the normal cost of the preventive and curative health services :-

Average annual expenditure during the first five-year period

	(In annas per head of the population)	Bhore Committee's district health scheme + existing provincial health expenditure	Provincial expenditure on medical and public health administration during 1944-45	1944-45 provincial expenditure on health in the previous column expressed as a ratio of total expenditure in the province.
N.-W.F. Province	46.9	7.7	5.0 per cent	
Bengal	17.4	7.1	5.7 "	
The United Provinces	24.8	3.9	4.9 "	

In view of the very low rates of expenditure on health which the figures of the last column indicate the Bhore Committee has recommended that it should be a statutory obligation on Governments to spend a minimum of 15 per cent of their revenues on health activities. It has pointed out that, under the Madras Public Health Act, the Provincial Legislature has imposed a statutory obligation on municipalities to earmark not less than 30 per cent of their income, from all sources other than Government grants, for expenditure on health measures in their local areas, including medical relief, and on district boards and panchayats to earmark similarly not less than 12½ per cent of their income from such sources. The Committee has also pointed out that certain Provincial Governments have shown, during recent years, how a marked increase in provincial revenues could be brought about. It has therefore strongly urged that new sources of income should be tapped and that Governments should devote a substantial part of their increased revenues "to the development of the health and other programmes, which are essential for the betterment of national life and the increase of the nation's wealth." The acceptance of these two recommendations of the Committee should help to solve the problem of finance to a very large extent. For instance, a raising of the existing ratio of health expenditure to total revenues up to the suggested level of 15 per cent will bring the amount of As. 3.9 spent by the United Provinces on health measures to nearly As. 12 and to As.18.5 in the case of Bengal. Thus, in respect of Bengal, the anticipated per capita expenditure of As.17.4 shown in column 1 of the above table will be fully met while, in the United Provinces, provision will have been made for nearly half the expected expenditure of As. 24.8.

It is difficult to define more clearly the financial implications of the proposals under consideration. Nevertheless, it seems quite probable that any possible expansion of expenditure on health measures in certain provinces in the near future may not suffice to provide for the establishment of the district health organisation on the province-wide scale recommended by the Committee, especially when it is considered that large scale expenditure would be equally necessary for the implementation of other proposals, e.g., those for the training of health personnel and for the improvement of environmental hygiene.

Both the expenditure and the strength of staff required are likely to be practical difficulties if the plan is to be

extended to every district. This recommendation was made by the Committee partly because of the view it held that a scheme, which fails to provide the new health services to at least half the population at the end of the short term programme, might fail to show a definite improvement in the public health and might be looked upon by the community as halting and ineffective, and partly because the Committee considered that Ministers of Health responsible to the people might find themselves open to attack if the scheme was not spread out sufficiently widely to avoid the criticism that only a few selected areas in the province have been given the benefit of the improved health services. But these considerations need not stand in the way of a Provincial Government deciding to accept and adopt the Bhore Committee's plan on a more modest scale than that recommended by the Committee. The rate of expansion possible in individual provinces will obviously depend on the resources in personnel and funds available to them.

It seems desirable, at this stage, to consider the important role that the proposed district health organisation can and will play in the development of organised community health services which fulfil modern requirements. These requirements are "that curative and preventive work should dovetail into each other and that, in the provision of such a combined service to the people, institutional and domiciliary treatment facilities (i.e., those which are provided in the homes of the people) should be so integrated as to provide the maximum benefit to the community. There should also be provision in the health organisation for such consultant and laboratory services as are necessary to facilitate correct diagnosis and treatment." The Bhore Committee's district health organisation is designed to fulfil these requirements. On the other hand the schemes, which have been put forward by Provincial Governments, while they provide for an extension of the existing activities of the medical and public health departments, will not produce an integrated health service on the lines indicated above. These proposals also leave the two departments to function separately as in the past. In the interests of future health development in India it is for consideration whether the establishment of the proposed district health organisation should not be preferred, even though it might not be possible, for financial or other reasons, to provide it in every district of a province.

Certain other matters also require consideration in connection with the proposed district health organisation. These include :-

- (1) the establishment of the District Health Board on the lines suggested by the Committee;
- (2) provincialisation of the district health services;
- (3) the creation of the District Health Council recommended in the report;
- (4) integration of curative and preventive health activities and
- (5) the prohibition of private practice by the full-time medical officers of the State health service.

Items (1) to (3) above have been discussed by the Committee in paras. 35 to 57 on pages 306 to 313 of Volume II of the report.

The importance of providing a combined curative and preventive health service has been stressed in a number of places in the report (e.g. para. 18 on page 24 and para. 17 on page 40 of Volume II). This acceptance of this recommendation raises the question of amalgamation of the existing medical and public health departments in the provinces into one organisation. This is a separate item on the agenda for discussion by the Conference.

The prohibition of private practice by whole-time medical officers employed by the State and the provision of adequate emoluments to them in order to maintain a contented and efficient service have also been recommended by the Committee. The question of prohibiting private practice has been discussed in the first three paragraphs on page 15 of Volume II of the report and the Committee comes to the conclusion that prohibition is essential in the interests of efficient service. Without such prohibition it will be difficult to ensure that the poorer sections of the community will receive equal attention with the more well-to-do and that medical officers will devote adequate time and attention to their preventive duties. The Committee points out, in support of its proposal, that the same view has been expressed "by a number of representatives of medical associations, by private individuals and by several responsible medical administrators" whom it interviewed. In the Committee's view the future doctor should be "a social physician protecting the people and guiding them to a healthier and happier life". It goes on to say, "as at present, he will continue to concern himself with remedial and preventive measures in respect of the sick and the convalescent. We anticipate, at the same time, that his range of duties will extend, to an increasing extent, over the healthy members of the community in order to promote their general sense of well being. Medical supervision of work and play, of the food that people eat, of public provision for rest and recuperation

121
37
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as well as periodical medical examination and the rectification of faulty modes of life will be some of the many new duties that the physician of the future will be called upon to undertake. Our view therefore is that the national health organisation will tend to become a whole-time salaried service devoting itself to the development of the health of the people. The medical men in such an organisation will be recompensed adequately by the state but the supplementing of such income by private practice will be prohibited." It is for consideration whether this recommendation of the Committee should not be accepted and acted upon in the areas in which the proposed health organisation will be introduced.

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38 172
Central/ Provincial Health Conference. (85)

Agenda item No. 4.

District health organisations - District Health Boards and Councils and "provincialisation" of district health services.

The Health Survey and Development Committee (Volume II page 308) suggest the establishment of district health boards which will be responsible for the administration of the health services throughout the district except in large municipal corporations and municipalities having a population of at least 200,000 which are considered to be in a position to maintain an efficient health service. The District Health Board will consist of directly elected members and members elected by the local bodies in the area. Its functions will include the discussion and formulation of health policy and the distribution of funds between the different branches of health administration. Each municipality will be required to contribute 30 per cent and each district board or panchayat $12\frac{1}{2}$ of its income (exclusive of Government grants) to the District Health Board. It is also proposed that there should be a district health council consisting of representatives of the different professions from which the health services are recruited. The Council will advise the Health Board on technical questions.

2. The Committee has suggested that these bodies should be set up only in areas in which their proposals for district health organisation are implemented. In other areas local bodies should for the time being retain their health functions but action should be

P.T.O.

173

28

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taken on the lines of the measures adopted in Madras described in Appendix 26 of Volume III. These include (1) provincialisation of health officers (2) legislation to enable the Government (a) to prescribe the qualifications of health staff employed by local bodies (b) to appoint Commissioners in municipalities; (3) legislation conferring powers of control of local bodies in health matters on the Government, and (4) grant of executive powers to health officers.

3. The points for discussion are -

- (1) whether District Health Boards and Councils should be appointed in areas in which Committee's health organisation is introduced
- (2) whether in other areas action should be taken on the lines suggested by the Committee.

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Agenda item No. 6. Central and Provincial Boards of Health and Health Councils.

The Health Survey and Development Committee recommends the establishment of a statutory Central Board of Health consisting of the Minister for Health at the Centre and the Ministers for Health in the Provinces. The Board is intended to provide a forum for the discussion of health policy and to facilitate cooperation between the Centre and the Provinces and between the Provinces themselves. The Committee also propose the constitution of a Standing Central Health Council of Experts, the functions of which would be to express the expert view on technical aspects of the organisation and functioning of the health services. (Volume II pages 294, 296.)

2. The Committee also recommends a Provincial Board of Health and Provincial Council of experts with similar functions. (Volume II page 298).

3. The Central Board proposed will take the place of the existing Central Advisory Board of Health which includes Provincial Ministers and elected members of the Legislature

P.T.O.

175

and representatives of certain States.

4. It is for consideration whether the recommendations of the Committee should be accepted.

'TA/Khan'.
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67 176

Central - Provincial Health Conference.

Agenda Item No. 3. 7.

The Amalgamation of the medical relief and public health departments.

The Bhole Committee has recommended that the medical relief and public health organisations should be amalgamated under a single head to be known as the Director of Health Services. They emphasize the importance of a community outlook in the Director of Health Services and consider that he should be a person with experience of the curative and preventive branches of medicine and that emphasis should be laid on experience in preventive medicine as an important qualification. They suggest, however, that a social outlook is not necessarily restricted to any particular branch of the profession as its development is influenced by general culture and a close association with social service activities.

2. Assuming that the principle of amalgamation under one head of the medical relief and public health services is accepted there are three courses open -

(a) to make the present administrative medical officer subordinate to the Director of Public Health.

(b) . . .

138

- (b) to make the present Director of Public Health subordinate to the administrative medical officer.
- (c) to wait until a vacancy occurs and a suitable person is available for the combined post.

(a) is impracticable as administrative medical officers are senior officers. (b) is also likely to create difficulties as many Directors of Public Health have been in independent charge of departments for many years.

3. At the centre, where the D.G.I.M.S. and Public Health Commissioner work in close co-operation and the Public Health Commissioner advises the Government direct on public health matters, it is not proposed to make any change at present.

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DEPARTMENT OF HEALTH.

Central / Provincial Health Conference.

Agenda item No.8. WATER SUPPLY AND SANITATION.

The Committee emphasizes that the provision of a safe water supply and an improvement in general sanitation in urban and rural areas are matters of urgent importance from the point of view of controlling a large part of preventable ill-health.

2. Water Supply.

The recommendations of the Bhoré Committee regarding the provision of safe water supplies in rural and urban areas in the provinces are given on pages 250-256 of Volume II of the Report. These are:-

- (1) The Provincial Government should adopt a vigorous policy designed to provide the entire population under its charge with safe water for drinking and domestic purposes within a period of about 35 years, such provision covering at least 50 per cent of the people during the first 20 years of the programme.
- (2) A technical body known as the Provincial Water and Drainage Board should be set up in order to plan water and drainage schemes on a comprehensive scale and to assist in the solution of problems associated with them. The functions of the Board are given in appendix 25 (page 99 and 100) of Volume III of the Report and are referred to briefly in para. 14 of page 251 of Volume II. The Committee's recommendations regarding the composition of the Board will be found in para. 23 of page 254 of Volume II.

3. Sanitation, Conservancy and Drainage:

The recommendations of the Committee under this head will be found on pages 258-263 of Volume II. The suggestions put forward are:-

- (1) Introduction of the water carriage system of sewerage during the first ten years of the programme, in all towns with a population of 50,000 and over and in industrial colonies housing 1,000 people or more.
- (2) In unsewered areas the Committee recommends an active programme for extension of the use of septic tanks and the soil absorption systems.
- (3) In the areas in which the Committee's health plan is introduced a vigorous policy of latrine construction should be undertaken so as to provide each house in a primary unit with its own latrine.
- (4) In regard to conservancy the Committee suggests measures for the improvement of refuse collection and disposal in both urban and rural areas with special regard to the prevention of fly breeding and other hazards to health.

P.T.O.

- 129
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- (5) Open drains properly constructed and maintained should be provided in towns with population of less than 50,000. The Provincial Water and Drainage Board should be responsible for the planning and this type of drainage.

The points for discussion are :-

- (1) the adoption of the suggested objective of providing safe and abundant water supply for at least 50 per cent of the population within 20 years and for the whole population within 35 years,
- (2) the establishment of a provincial water and drainage board,
- (3) the introduction of the water carriage system of sewerage,
- (4) the programme for improvement of sanitation and drainage, in smaller urban and rural areas.

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188
69
Central/ Provincial Health Conference.

Agenda item No. 9. THE ESTABLISHMENT OF ANTIMALARIA ORGANISATIONS

The Health Survey and Development Committee has drawn attention to the fact that from the point of view of sickness and mortality malaria is by far the most important disease in India and has recommended the establishment of anti-malaria organisations. The recommendations of the Committee for the establishment of such organisations are contained in paragraphs 19-22 on pages 149 and 150 of Volume II of the Report. It has been suggested that a special section for dealing with malaria should be provided in each province and that a number of malaria control units should be organised in order to operate in malarious areas in the districts. The probable number of such control units which will eventually have to be provided in individual provinces has been indicated. In the larger provinces the need for establishing regional organisations in order to ensure adequate supervision over the control units has also been stressed. The malaria schemes put forward by Provincial Governments in their five-year plans are not, in a number of cases, on the lines recommended by the Bhore Committee and it is for consideration whether these schemes should not be revised in the light of those recommendations.

2. A serious obstacle to a rapid expansion of health services is the inadequacy of trained workers, medical and other. Fortunately, in respect of malaria, the position is somewhat different. As a result of the developments arising out of the last war, a body of medical and auxiliary personnel with considerable experience of antimalaria operations under a wide variety of conditions has been built up and is now available for utilisation by Provincial Governments in their campaign against the disease. If the present opportunity is lost most

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Supplementary Agenda.

Item No. 1 Policy in regard to quinine and other anti-malaria drugs.

The Bhole Committee has suggested that indigenous production of quinine should be raised to 210,000 lbs. (as compared with the pre-war production of about 70,000 lbs.) but that the possibility of production of cheaper and equally effective synthetic drugs should be considered before embarking on a more ambitious programme. They also recommend the production in India of 450 million tablets of mepacrine (equivalent to about 320,000 lbs. quinine).

2. The pre-war consumption of quinine in India was about 210,000 lbs. a year of which 70,000 lbs. was manufactured in the country and the rest imported. The very high estimates of requirements of anti-malaria drugs frequently quoted, based on the amount of quantities required to treat the estimated total number of malaria cases, are of little practical value. Such figures cannot be approached until the organisation of medical relief has been greatly extended and until prices are far below present levels. Nevertheless there is good reason to believe that demands will be considerably higher in the future than in the pre-war years. The expansion of the medical relief and public health services, the greater attention being given in a number of Provinces to malaria control and the return of large numbers of demobilised soldiers who have been accustomed to taking anti-malaria drugs will all stimulate the demand and it would not be unreasonable to expect that annual consumption will not be less than 300,000 lbs. a year or the equivalent in substitutes.

3. Since the Bhole Committee reported, a new drug - paludrine - had come to notice. A copy of a note by the Director of the Malaria Institute of India on this drug is attached. Extensive trials of this new drug will be carried out in India during the next malaria season. If the Australian results are confirmed by trials in India this drug is likely to replace mepacrine. It is not proposed, therefore, to proceed with the suggestion of the Bhole Committee that the manufacture of mepacrine should be undertaken in India.

4. It appears possible that paludrine may have certain advantages over and may eventually compete with quinine. On the other hand the process of manufacture is not known and it may not be possible to produce it in India from raw materials available in India.

5. The Madras and Bengal Governments have plans for the expansion of quinine production which will raise the Indian production to about 200,000 lbs. a year. Bengal production is likely to be required to meet the requirements of the Province and those of Bihar and Orissa and Assam. Madras will be able to supply other Provinces. Both the Bengal and Madras Governments have asked for a guarantee of market and price. Seven to eight years are required for a cinchona plant to attain maturity and to cover risks involved in cinchona cultivation a guarantee must necessarily extend over a period of ten or more years.

6. The question of a guarantee arises from

(1) the possibility of a fall in the price of Java quinine in India below the Indian cost of production and

(2)

of these highly trained doctors and non-medical personnel are likely to find other employment and the speedy and effective development of these organisations in the provinces will be prevented.

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- (2) the possibility of the development of synthetic anti-malaria drugs more effective than quinine in the treatment or prevention of malaria and cheaper in price.

7. With the depleted world markets there is no likelihood of the world price for quinine falling during the next three or four years below the Indian cost of production, which is understood to be about Rs. 25 a pound. It is not possible to foresee what the world price, which is controlled by the Java authorities, will be when the present abnormal demand is satisfied. The policy of the Java authorities have hitherto been to maintain rather than to reduce the world price of quinine but the possibility of Java quinine selling at some future date below the Indian cost of production and not be ruled out.

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8. The development of the new drug, paludrine, has been mentioned. This may prove to have certain advantages over quinine and is not likely to be more expensive. Other more effective drugs may be developed and it is clear that any drug affords a means of controlling malaria more effectively than has been possible in the past will have to be utilised to the fullest possible extent. On the other hand until such drugs can be produced in India from indigenous raw materials security reasons alone will probably require the maintenance of quinine production in India.

9. It may be noted that under the new constitutional proposals the Government at the centre may not have the financial resources or the powers to implement a guarantee to the producing Provinces. It is, therefore, difficult for the Central Government alone to give a long term guarantee which would have any value. Schemes for the development of cinchona plantations, however, are eligible for Central Government assistance under the development plans.

10. The following points are for discussion:-

- (1) Should quinine production be continued?
- (2) Should schemes for development of production up to about 200,000 lbs. be proceeded with, subject to review at intervals of say two years?
- (3) Can any guarantee or assurance be given to the producing Provinces to secure them against loss in the event of (1) a reduction in the world price of quinine below the Indian cost of production (2) the development of synthetic anti-malaria drugs or (3) a change of policy in regard to the maintenance of quinine production in India?
- (4) In the event of any such guarantee or assurance being given will the producing Provinces be prepared to supply quinine to consuming Governments at a price not exceeding the cost of production?

Note on the new antimalaria drug - Paludrine

By
Major General G. Covell, CIE, IMS,
Director, Malaria Institute of India.

The results of a series of observations carried out during the past 9 months in the United Kingdom, Australia and India under the auspices of the Medical Research Council indicate that the drug recently synthesised by Imperial Chemical Industries Ltd. under the name of Paludrine (M.4888) will prove of immense value in the treatment and control of malaria.

Paludrine is of an entirely different chemical constitution from quinine or any of the synthetic anti-malarials now in use. It is more easily produced than mepacrine (stebrin) and is likely to prove at least as cheap, and probably cheaper than, the latter drug. It possesses all the anti-malarial properties of mepacrine and certain others in addition, whilst it is free from such disadvantages as yellow coloration of the skin and the production in certain individuals of disturbances of the nervous system.

The introduction of Paludrine opens up an entirely new field in the fight against malaria among both military and civil populations. I am confident that the use of this drug on a wide scale, in association with the spraykilling

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185
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of mosquitoes with D.D.T. or some other insecticide with similar properties (such as Gammexane, which is also a product of I.C.I.) will effect a radical alteration in the malaria situation in this country within the next few years. It is exceedingly fortunate that these two powerful weapons are coming into production at the moment when we are engaged in building up an effective organisation throughout India for putting them into practice.

It will necessarily be a considerable time (12 months or more) before Paludrine can come into production on a large scale, but it is hoped that sufficient supplies will be made available to enable a series of comprehensive field trials to be carried out in selected areas in India during the coming malaria season.

- - - - -

Malaria Institute of India,
Delhi, the 5th January 1946.

=S.M. dt. 20-9-46
Copies = D.

92 188
Central/Provincial Health Conference.

Item No. 5:- The provision of facilities for training.

It is evident that during the first five years of development special attention will be necessary to the provision of facilities for the training of medical and non-medical personnel. If there is to be any development of the health services a considerable expansion of training facilities is one of the most immediate needs. Apart from the requirements of the first five year programme, development in the second five years will be severely handicapped unless training facilities are expanded in the next few years. At the same time it is desirable that the programme for expansion of such facilities should as far as possible be related to an estimate of future requirements, since any considerable over production of any particular category is likely to have as undesirable results as under production. Admittedly there are difficulties in the way of framing any estimate of future requirements and certain assumptions particularly in regard to the pace of development in future years will have to be made but it appears preferable that development should be based on such estimate as it is possible to make, rather than on none at all.

2. The information given in most provincial plans is meagre and it is not possible to judge whether these considerations have been taken into account and to what extent the provision made for expansion of training facilities in the programme of the first five years is adequate. It is suggested that the matter should be made the subject of a special review. Certain considerations relevant to the matter are mentioned in the annexure to this note.

3. Another question which arises is whether any of the smaller Provinces desire to have facilities for training of staff in institutions of other Provinces and whether other Provinces will be prepared to provide such facilities.

APPENDIX.

Doctors. The outturn of existing colleges and schools is approximately 1,000 graduates and 800 licentiates. The Provincial programmes provide for the establishment of six new medical colleges, the conversion of nine medical schools into colleges and various improvements of existing colleges and schools. The Bhore Committee recommended for the first five years seven new colleges, the conversion of eight medical schools and improvement and extension of existing colleges to enable them to admit 100-120 students a year.

2. The chief factors influencing the demand for medical personnel are (1) normal wastage in the profession (2) the probability of an increased demand for the services of private practitioners in the towns with economic development and increase in prosperity (3) the requirements of the defence services which are likely to be higher than before the war and (4) the requirements of the health development programme. In the last item the chief factor will be the expansion of medical relief and preventive services in the small towns and rural areas. If the rural areas are to be left as hitherto in many Provinces without any adequate provision for medical relief and without any effective preventive health service or are to be provided only with the services of practitioners of the ancient systems of medicine then the demands under this item may not be substantial. If on the other hand it is contemplated that there shall be a progressive extension of state preventive and curative services in the rural areas it is necessary that adequate provision should be made to ensure that the personnel

will be available when it is required. These considerations apply generally to other categories of personnel referred to below.

Nurses. The total number of qualified nurses available in India today is estimated at about 7,000. Statement 1 sets out the proposals of Provincial Governments regarding the training of nurses. These proposals relate, in a number of cases, to the establishment of preliminary training schools and not to the expansion of facilities for regular training in nursing. In any case the total production of trained nurses from all these provincial proposals is not likely to exceed 400 per year from the fourth year of the programme onwards.

Public Health nurses. This type of worker does not exist in India today and, for some time to come, the services intended to be performed by her will have to be done by the less qualified health visitor. The total number of health visitors available in India is estimated at about 750. The proposals put forward by Provincial Governments (Statement 2) show that Madras will train about 100 health visitors each year while an unstated number will be trained in Orissa and in the United Provinces. The annual output of health visitors in India as a whole is at present about 60.

Midwives and dais. Such information as is available regarding the programme of training for midwives and dais is summarised in Statement 2. Here again, in most cases, the number to be trained each year has not been stated. The number of practising midwives in the country as a whole is estimated at 5,000. The expansion of facilities for their training indicated in Statement 2 is likely to produce annually only a few hundreds of midwives and trained dais.

Public Health Inspectors. The existing output of qualified public health inspectors is only about 200 per year in India. As will be seen from Statement 2 the majority of the provinces are making provision for the training of health inspectors, although the number to be trained each year has not been stated.

To sum up, the production of the required numbers of non-medical members of the health staff is a matter of great importance and urgency. They can carry out a wide variety of remedial and preventive duties and, as they come in contact with the people in their homes much more frequently than the doctor, the influence that they can exert for improving the health of the community is immense.

From such information as is available from provincial plans, it appears that while in most Provinces provision for the training of doctors is fairly adequate, the arrangements for training of non-medical personnel may not be sufficient for requirements.

3. It may be noted that, in the estimates of provincial expenditure prepared by the Bore Committee, the percentage of the total cost set apart for professional education is 17.3, while the corresponding figure in respect of the combined proposals put forward by the six major provinces of Madras, Bombay, Bengal, the United Provinces, the Punjab and Bihar is only 8.4 per cent. or less than half of that recommended by the Committee. The following figures show that the percentage in respect of individual provinces also varies considerably:-

Expenditure on professional education expressed as a percentage of total expenditure.

Bombay	15.7
Bihar	13.4
Madras	9.3
Bengal	7.1
United Provinces	6.9
Punjab	5.8

Statement 1

Proposed facilities for nursing education in the first five-year period.

Province.	No. of the scheme	Proposals	No. to be trained.	Remarks.
Bengal.	175	Building of three hostels each capable of accommodating 100 nurses. The course will be for three years. Also a shorter course for nurses in Famine Relief Emergency Hospitals.	40 admissions per year in each hostel during the first three years.	It is said that, after the 3rd year, the province will get 100 trained nurses per year.
Bombay	11	Establishment of a nursing college at Satara.	60 per annum (15 students for each course of 3 months)	Although the Provincial Govt. has called it a Nursing College, it is understood that it is only a preliminary training school from which the candidates will pass on to a hospital for training as nurses.
Madras.	101	One of the objects is said to be the provision of preliminary training for nurses.	The number to be trained not given.	
Orissa.	196	Improvement of nursing education at the Cuttack General Hospital. Length of course 3 years.	30 nurses (including male) per annum.	
Sind.	80	Establishment of a central preliminary school for nurses for elementary training in nursing & social service. 3 months' course.	60 (15 students for each course.)	
United Provinces.	96	Establishment of a central preliminary school for nurses to provide 3 months' elementary training in nursing & social service.	180 per annum (or 60 admissions per session).	
	104	Postgraduate training in foreign countries.	2 nurses every year.	

Province.	No. of the scheme.	Proposals.	No. to be trained.	Remarks.
Baluchistan.	47	The training of male nurses in the Sandeman Hospital, Quetta.	Not indicated.	
Coorg.	13	The training of nurses in some of the Madras headquarters hospitals.	1 sister and 4 nurses each year.	

191

STATEMENT 2.

Proposed facilities for the training of public health personnel in the first five-year period.

Province.	No. of the scheme.	Proposals.	No. to be trained.	Remarks.
Assam.	60	Establishment of training centres for midwives at all district hospitals.	Not indicated.	
Bihar.	104	Establishment of a Public Health Institute, including diploma in public health course.	Not indicated.	
Bombay.	9	Training of returned soldiers as sanitary inspectors and sub-inspectors.	Not indicated.	
Central Provinces and Berar.	46	To provide refresher courses for health officers, training facilities for sanitary inspectors, courses in anti-malaria work for subordinates of other departments, and refresher courses in hygiene for school teachers.	Not indicated.	
Madras.	37	Extension of existing facilities for the training of health visitors and midwives.	100 health visitors & 180 midwives per year.	
Orissa.	198	Establishment of a 2-year course for the training of midwives.	10 candidates each year.	
	199	Six months' training for indigenous dais at 36 centres.	Not indicated.	
	209	Establishment of a health school for the training of health visitors, midwives, nurses, health inspectors medical undergraduates and postgraduates in the preventive aspects of medical care.	Not indicated.	
Sind.	83	Extension of training centres at Hyderabad and Sukkur.	50 at each centre per year.	
	113	Establishment of a health unit to afford facilities for field training to the public health staff of Government, local bodies, and other organisations interested in public health work.	Not indicated.	

(46)

192

Province.	No. of the scheme.	Proposals.	Not to be trained.	Remarks.
United Provinces.	109	Provision of training facilities for dais at the headquarters of each tahsil.	Not indicated.	*One officer in social hygiene one in housing, town planning, disposal of town and industrial waste and control of river pollution; five in school hygiene; two in food chemistry; two in drug analysis; one in industrial hygiene; one in nutrition and one medical woman in maternity and child welfare. @four in India in malaria. % These subjects include industrial hygiene, nutrition epidemiology and statistics and maternity and child welfare.
	123	The postgraduate training of 14 officers* abroad in selected public health subjects and of four@ in India.	18	
	129	The training of assistant medical officer of health, school health officers, medical officers of health, laboratory assistants, health assistants, health visitors and midwives for postwar work.	not indicated.	
	130	Preparatory training of 4 officers abroad and 14 in India in certain public health subjects for starting some of the postwar schemes.%	18	
Baluchistan.	49	The training of anti-malaria personnel.	Not indicated.	
	52	The training of sanitary personnel.	-do-	

'Puri'
90-28-6-46. -D

193

194

Office of the Director of Public Health
Madras, Madras, Dated 6-10-46.

Post copy of the Express Telegram dated 6-10-46.

To
Healthind
New Delhi.

(95)

59235

7 - OCT 1946

Arriving New Delhi Ninth Instant by Grand Trunk
Express.

9/10/46

Renutrio.

Post copy forwarded in confirmation.

HTH (7/10)
7/10
12/10-46
14/10/46

Director of Public Health,
Madras.

Copy to the Secretary to Government Education and Public Health
Department, Fort St. George, Madras, with reference to
Government Endorsement No. 8756-G-1-46-P.H. dated 1-10-46.

TSM/6-106

So typed may be filed with the
Health Conference Agenda file

Has
11-10-46

195

No.G.A.Med1.1-1031.

Office of the Accountant General, Madras,
Fort St. George, dated the 31st October 1946

From

The Accountant General, Madras.

To

The Secretary to the Government of Madras,
Education and Public Health Department,
Madras.

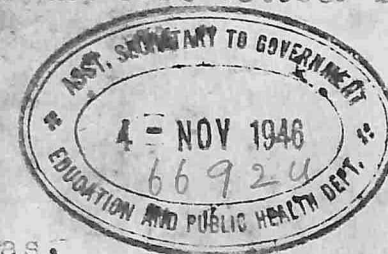
Subject:- Public Health Ministers' conference at Delhi.

Sir,

I have the honour to invite a reference to Government Memo No. 18756 G1/46 dated 24th September 1946 permitting the Surgeon General and Director of Public Health, Madras to attend the conference of Public Health Ministers at Delhi and to enquire whether they are entitled to any travelling allowance, and, if so, what rates of travelling allowance are to be allowed to them and whether it is debitable to Provincial Revenues.

I have the honour to be,
Sir,
Your obedient servant,

Shewaleman
Assistant Accountant General



197

HH
15/11

Memo 66924 Spl/46-2 ⁹⁷ D/14.11.46 Spl.
Public Health Ministers' Conference.

Read again Memo no. 18756 4/46. Dated 24.9.46.
From The A.G. no 9.A. Med-1-1031 Dated 31-10-46.

The A.G. is informed that for their
journeys to New Delhi and back for attending
The Public Health Ministers' Conference held at
New Delhi from the 10th to the 12th October
1946. The S.G. and The D.P.H. are entitled
to travelling and daily allowances as for
journeys on tour. The ~~allowance~~ expenditure
on the payment of the allowances should be
debited to Provincial funds.

To the A.G. with R.
S.G. 7.11.46
D.P.H. 8.11.46

Note: Comptroller has already accepted Memo
no. 18756 4/46. Dated 24.9.46 permitting

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p-26 n/4.2 (X)

199

the CG and the D.P.H. to attend the P.H. Minister Conference. They may however see this draft memo also.

By 7.11.46
8.11.46

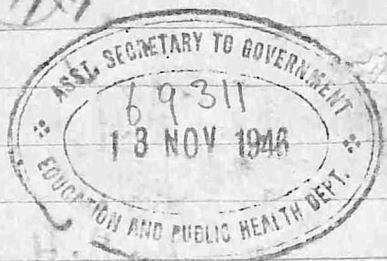
The draft memo may be accepted and the case returned to Govt P.H. P.H. G.O. 66924 Spl/46-1 11.11.46

12.11.46 C.D. 12.11.46 E. H. H. Spl Secy.

The draft memo on leaf may now issue. After issue the paper may be filed with Govt. 2007 P.H. dated 19.10.46

By 13.11.46
14.11.46

14.11.46



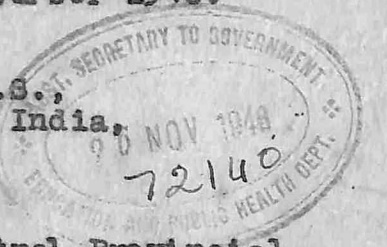
No.F.2/12/46-PR.
Government of India.
Department of Health.

98

260/26

New Delhi, the 18th November 1946.

From P. Madhava Menon, Esquire, M.B.E., I.C.S.,
Deputy Secretary to the Government of India.
To All Provincial Governments.
Summary of the proceedings of the Central Provincial Health Conference.



Sir, I am directed to forward for the information of the Government of Madras/etc. four copies of a summary of the proceedings of the Central Provincial Health Conference held on the 10th, 11th & 12th October 1946 at New Delhi.

Kindly acknowledge receipt.

acknowledging
the copies is forwarded
for issue

I have the honour to be,
Sir,
Your most obedient servant,
Deputy Secretary.



Enclosure.

I have
forwarded
with me
in
25/11/46
c-27/4/46

MC.16/11.

Advance copy may be
circulated for perusal.
Action will be taken in each
State separately
25/11/46
R.D.
27.11.46
Hd(P.H.O.)

(1)
HEALTH MINISTERS' CONFERENCE
10th, 11th & 12th Oct. '46.
.....

PRESENT

The Hon'ble Pandit Jawaharlal Nehru opened the Conference.

DELEGATES

ADVISERS

- Central Govt. 1) The Hon'ble Sir Shafaat Ahmad Khan (CHAIRMAN) (1) Mr. S.H.Oulsnam, CSI, CIE, MC, ICS.
(2) Maj-Gen. R. Hay, CIE, KHP, IMS.
(3) Col. E. Cotter, CIE, VHS, IMS.
(4) Dr. K.C.K.E. Raja, OBE.
(5) Mr. P.M. Menon, MBE, ICS.
(6) Mr. Prem Krishen, ICS.
- Madras.- 2) The Hon'ble Mrs. Rukmini Lakshmipathi (1) Mr. P.S. Viswanatha Iyer, ICS.
(2) Maj-Gen. J.P. Huban, CSI, OBE, KHS, IMS.
(3) Rao Bahadur Dr. R.M. Mathew
(4) Mr. C. Narayanaswamy Naidu
- Bombay.- 3) The Hon'ble Dr. M.D. Gilder (1) Lt-Col. M.G. Bhandari, CIE, IMS.
(2) Dr. K.A. Gandhi.
- Bengal.- 4) Major Jafar, OBE, IMS, (D.P.H.)
- The U.P.- 5) The Hon'ble Mrs. Vijaya-lakshmi Pandit (1) Mr. A.G. Kher
(2) Capt. Sen Roy
(3) Rao Bahadur Dr. A.C. Bannerjee
(4) Mr. H.G. Trivedi.
- The Punjab.- 6) The Hon'ble Mian Mohd. Ibrahim Barq (1) Mr. A. Williams I.C.S.
(2) Col. D. Clyde, CIE, VHS, IMS.
(3) Lt-Col. C.M. Nicol, CIE, IMS.
(4) Mr. D.A. Howell
(5) Rai Bahadur Dr. P.N. Dogra.
- Bihar.- 7) The Hon'ble Mr. Binodanand Jha (1) Mr. Sukhlal Singh
(2) Mr. Bhola Shastri
(3) Mr. E.T. Prideaux, OBE, ICS.
(4) Major A.N. Duggal, IMS.
- The C.P.- 8) The Hon'ble Dr. S.M. Hasan (1) Dr. K.C. Baghel
(2) Dr. R. Tuli.
(3) Mr. K.C. Wadia
(4) Dr. Siddiqui.
- Assam.- 9) The Hon'ble Mr. Ram Nath Das (1) Col. S.L. Bhatia, CIE, MC, IMS.
- Orissa.- 10) The Hon'ble Pandit Lingaraj Misra (1) Mr. Muhammad Azfar, ICS.
- Sind.- 11) Major A.K.M. Khan (1) Dr. O.M. Akbani
- N.W.F.P.- 12) Major H.D.R. Zscherpel, MBE, IMS.

Indian States

Hyderabad Dewan Bahadur S. Aravamuda Ayyanger
Kashmir Dr. G. Vaishnavi
Gwalior Sir S.P. Rajagopalachariar
Travancore. Dr. M.K. Gopala Pillai
Patiala Sir Teja Singh Malik
Cochin Rao Bahadur T.K. Nair - Rao Sahib
C.I. Mathew.

203
(ii)
DEPARTMENT OF HEALTH.

A G E N D A

1. Grants to Provinces for development and the administrative procedure for dealing with the development plans.
2. Objectives.
3. The District Health Organisation proposed by the Health Survey and Development Committee.
4. District Health Organisations - District Health Boards and Councils and provincialisation of district Health services.
5. The provision of facilities for the training of medical and other personnel.
6. Central and Provincial Boards of Health and Health Councils.
7. The amalgamation of the medical and public health departments.
8. Water supply and sanitation.
9. Establishment of anti-malaria organisations.
10. The policy in regard to quinine and other anti-malaria drugs.

204
(1)
Proceedings of the Conference of the Health Ministers held on 10th, 11th and 12th October, 1946.

The Conference was inaugurated by the Hon'ble Pandit Jawaharlal Nehru. Speaking in Urdu, Pandit Nehru welcomed the Ministers of the various Provinces and said that Health was the foundation of all things. All other mistakes could be remedied, but mistakes connected with health would be fatal. Although health and education were fundamental, it was deplorable that little attention had been paid to these subjects in the past. Whenever the subjects were remembered, good speeches were made, but this was not enough. There was no shortage of money to meet essential military requirements and there should be no question of money when dealing with the life and death questions covered by the title "Health". Money must be spent liberally for the promotion of the Nation's Health. Economy in the sphere of health might mean greater expense in the long run. Loss of life, along with which there was invariably loss of money, was false economy. When considering questions of expenditure the Conference should keep in mind the fact that they were dealing with the fundamental question of the well-being of those who earn and create wealth. The health of the villages required special attention. The country derived its vitality from the villages. Towns are essential, but if attention is paid to the villages and the status of the villages is raised, the towns would be able to raise themselves. It was not enough for large imposing hospitals and other buildings to be put up in the towns; the benefits of health must be extended to the whole country side.

There was no question of the Government of India putting any pressure on the Provinces. The Provincial Governments were primarily responsible for the big work that lay ahead. The Central Government and the Provinces must cooperate amongst themselves. Indeed, in the field of health there must be international cooperation. Without cooperation the spread of disease

255
from country to country and from province to province, could not be prevented. Diseased areas were a danger to neighbouring areas and it is essential for everyone to help each other.

The Chairman of the Conference the Hon'ble Sir Shafaat Ahmad Khan then opened discussion with the following speech:-

100
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Ladies and Gentlemen,

226
101
On behalf of the Interim Government I extend to all of you a cordial welcome.

2. When I assumed charge of the Health Department about a month ago, my first action was to make enquiries regarding the state of development planning. It was immediately clear that it was necessary to bring Provincial Ministers into consultation without avoidable delay on the measures to be taken to improve the health of the people. It was also evident that the field was so great that it could not be covered at a single conference and I have, therefore, selected for our present agenda some of the more important matters, with particular reference to the recommendations of the Bhore Committee, which will provide a useful starting point for our discussions.

3. Neither the Interim Government nor the Provincial Ministries had any part in the appointment of the Bhore Committee. Perhaps this is an advantage as we can bring impartial judgment to bear in our discussion of the Report. We can all agree, however, that a comprehensive survey of this kind was necessary and we are thankful to Sir Joseph Bhore and the members and secretary for the diligence and thoroughness with which they discharged their immense task. As far as I am aware in no country except South Africa has such a comprehensive review of the health services been undertaken and few committees have been faced with such an extensive field of enquiry. The survey of present conditions which has been given in the Report should be studied by all who are in any way connected with, or interested in, health administration and health conditions. No one can read it without being convinced of the most urgent need for an effective programme to improve the health of the people.

4. The facts of high mortality, sickness and disease and the inadequacy of our hospitals and health services have of course long been known to us in a general way. We read frequently enough of the progress of epidemics, which would be startling in their magnitude if we were not so accustomed to them. Wherever we go in town and village, the defects of our sanitary services come to our notice only too often. Our high death rate of 24 as compared with 11 in other countries and our appalling infantile mortality rate of 169 per thousand births have frequently been published. But I think we needed a review of this kind to bring home to us how serious the position is and how rudimentary and inadequate our services are, to compel us to cast off apathy and indifference and to stir us to activity.

5. There was a time when health was regarded as being largely the personal concern of the individual. That conception still lingers, but we have travelled far from the days of laissez faire. It was the ravages of epidemic disease which first compelled the State to intervene. In India the great plague epidemic of the nineties led to the setting up of the Plague Commission and the development of public health organisations in some of the larger towns. The latest example is the great cholera epidemic following on the famine in Bengal, which provided the incentive for a considerable improvement in the medical organisation, and to a lesser extent in the public health services, in that Province. Such stimuli, however, are to some extent fortuitous and are apt to be transient. In recent times a more permanent and a more effective incentive comes from the growth of

social consciousness, of democratic ideals and of a new conception of social welfare and of the rights and duties of the individual and the responsibilities of the State. It is now accepted that health is one of the goods of life to which man has a right. He has a right to those conditions of living in which health can be achieved and maintained, and, when he is ill, to the medical treatment necessary for his recovery. Health, like education, must therefore become a function of the State. The objective of the State must be to create the conditions for healthy living, to provide as complete a health service as possible and to include within its scope the largest possible proportion of the community. In India it will take a long time to realise these aims owing to the paucity of our financial resources and our large population but the Centre is prepared to take an active part in promoting them with the help and cooperation of the Provinces.

6. A large proportion of our people are living below the normal level of subsistence and the State must provide for them the medical benefits for which they themselves are unable to pay. As far as our resources permit we should avoid imposing a "means test" and should make our medical services accessible to all without distinction.

7. A spur to action should be the realisation that a disease ridden community cannot be a prosperous community. The President of that great and wealthy country, the United States, has said that the United States could afford many things, but ill-health was one thing they could not afford. The Bore Committee has put the matter in another way in saying that a nation's health is perhaps the most potent single factor in determining the character and extent of its development and progress. Certainly no development programme can be complete or effective without adequate provision for measures of improving the health of the people.

8. I will not attempt to cover the whole field of the Committee's report but I should like to refer to two or three matters on which the Committee has rightly laid emphasis and which, self-evident though they may be, are as yet imperfectly understood. The first is the influence of conditions of living and environment on the health of the individual and the community. It is idle to talk of health to a person whose cereal ration is far below the standard necessary to maintain normal health and vigour; or to persons living ten in a room in a slum tenement; or to those who through poverty are unable to obtain the essential necessities of life. Health is indeed affected by the whole of man's environment, by the conditions in his home, at school and at his place of work, by his economic condition and security of employment. It follows that the responsibilities of those of us, who are concerned to any degree with the health of the people, extend far beyond the hospitals and it is necessary that we should take an interest in all those Government or social activities which promote health or might be used to promote it. There are Government and municipal activities which have been, and are still being, carried on without relation to, or even to the detriment of, the needs of national health. I need only refer to road and railway construction which has often through faulty design led to an increase in malaria. Private enterprise also is frequently responsible for practices which are inconsistent with national health. If we are to improve our national health all our Governmental and social activities must be reviewed from the point of view of their effect on national health.

9. Another matter which the Committee emphasizes is the

P.T.O.

need for an improvement in environmental hygiene, and preventive measures generally, if a substantial improvement in health is to be secured. They have pointed out that unless we can clear up our towns and villages and provide a safe and adequate water supply they will continue to be factories of ill-health which will fill all the hospitals we can provide. If we look to the West we find that the fall of 50 per cent in the death rate which occurred in the second half of the last century has been attributed largely to the improvement in sanitary conditions. A safe water supply, an efficient system of scavenging and refuse disposal, and in the towns adequate sewerage have long been recognised as the primary necessities of civilised life in any community. But they are necessities in which we in India are still deficient. Even in some of the largest towns, the sanitary organisation is notoriously inefficient, while in the rural areas there has been in most Provinces no systematic attempt to improve sanitary conditions. If there is a question of priorities - and planning means priorities - I think all will agree that an active programme for the improvement of water supply and sanitation in our towns and villages is one of the most urgent of our needs. This is one of the matters on the agenda for discussion. Another equally important item in the programme for the improvement of living conditions is that of housing and the planning of our towns. That is a subject of considerable complexity and difficulty and will I think have to be dealt with at a special conference. As a preliminary to an inter Government discussion I propose, if the Provincial Governments agree that it would be useful, to call a conference of Chairmen of Improvement Trusts and Development Boards. Then there is of course the whole field of preventive medicine. The development of modern science since 1880, the discoveries of Pasteur, Koch, Manson and Ross and countless other workers, by revealing the cause of disease and its process, has given us the knowledge without which all efforts at prevention or control are at best empirical. I will refer only to one disease - malaria. Here we have a disease which is not only the direct or indirect cause of tremendous mortality but is also responsible for an incalculable amount of disablement. No one can deny that if we could get rid of, or control, this disease we should substantially increase our national productivity and vitality. Science has revealed to us not only the cause and the method of transmission of the disease but has placed in our hands powerful larvicides, insecticides and drugs. It remains for us to find means for effective application of the knowledge made available to us. Control is expensive but it pays dividends, and I am confident that with enthusiasm and determination, by planned experiment and a resolute search for economical methods of control, a large measure of success can be achieved. Most Provinces have included anti-malaria schemes in their plans although some of them are on a very meagre scale. An exception is Bombay which plans to control malaria over two whole districts with a population of over one million. There is another particularly important aspect of malaria control. As you are aware the incidence of malaria has often been greatly increased through engineering works by faulty design of culverts, by inadequate provision for drainage and by excavation of borrow pits. It is imperative that the creation of this man-made malaria should be avoided in the big programme of railway and road construction which lies ahead. A Committee of experts has been set up to recommend what measures should be taken to avoid creating conditions favourable to the spread of malaria and I hope we shall have its report in the near future.

10. While speaking of prevention I should like to refer to the measures for dealing with epidemics. We are still

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visited by great epidemics of cholera, smallpox and plague. In the cholera season three to four thousand deaths a week is not unusual. While eventually, as our health programme develops, it should be possible to reduce these preventable diseases to small proportions, there is in the meantime a need for more vigorous measures to check epidemics in the early stages and to provide treatment for those who have the misfortune to be attacked. This is a matter in which the Government of India are particularly interested as they are concerned with the spread of disease from one province to another. Disease does not recognise provincial or any other boundaries and in this matter Provinces have a duty not only to their own people but to their neighbours.

11. I have suggested two priorities, - sanitation and malaria. As a third I suggest the provision of health services in the rural areas. As one who comes from rural stock I know well how neglected these areas have been in the past. We have here and there a few dispensaries, mostly inadequately staffed and equipped; there may be a sanitary inspector with an area in his charge so large that nothing substantial can be achieved; but as the Bhole Committee says "it is only the outermost fringe of such public services and amenities as the country enjoys that occasionally comes within the orbit of the cultivator's daily life". I do not suggest that we should neglect the towns where, indeed, mortality and sickness are often even higher than in the countryside. But after all over 80 per cent of our people live in the rural areas and the time has come for an effective programme to bring the benefits of modern medical science within the reach of the cultivator. The Bhole Committee has suggested for this purpose the development of a district health organisation with a primary health centre for every 40,000 people, a 30 bed hospital for every 200,000 and a secondary centre with a 200 bed hospital for each district. This is not I think an extravagant programme to be carried out over a period of ten to twenty years, and is, I understand, the minimum organisation which the Bhole Committee considered to be necessary to provide a reasonably effective, curative and preventive health service. The question of implementing this recommendation is one of the items on our agenda.

12. Whatever organisation may be adopted, I have no doubt that both in the rural areas and the towns it must be organically related to our local self government institutions. Our local bodies have their defects; they are known only too well to all of us. But they are our safeguard against bureaucracy; and bureaucracy means routine, centralisation, the loss of adaptability to changing conditions and leads eventually to authoritarianism. Moreover as the Bhole Committee has pointed out, a health organisation can attain its objective only with the cooperation of the people themselves. The people themselves must take an active part in the protection of their own health through self governing bodies in rural and urban areas, which reflect the needs of the individual citizen. Our problem is to secure a minimum standard of efficiency. The Bhole Committee's solution for coordination of the health administration with local self Government and for securing an efficient health administration is one of the matters we have to discuss.

13. The training of personnel is evidently a matter which must be given special attention in the early years of development. The building up of training institutions takes time, while the training of medical officers and some other categories of personnel takes some years. Unless adequate provision is made in the early years therefore, development in later years will inevitably be hampered. There are at present only about 47,000

qualified doctors in the country. The Bhole Committee has estimated that for the first five years of their scheme an additional 15,000 medical men will be required. The number of nurses requires to be doubled or trebled even to provide an adequate staff for existing institutions. The number of midwives is at present about 5,000 whereas it is estimated that for an adequate maternity service something like 100,000 would be required. These figures give some indication of the dimensions of our problems.

14. There are of course many other matters which require consideration. There is nutrition and the question of school feeding which has given such good results in other countries. There is the question of school health services. There are the maternity and child welfare services. These services hardly exist in India at present. When we recall that nearly 25 per cent of the deaths among the people of India take place among children in the first year of life and that the corresponding percentage in the United Kingdom is six, the need for maternity and child welfare services is clear. There is the question of industrial health services and health insurance. A report by a scientific worker under the Medical Research Council, which is being circulated to you, will give some indication of the urgent need in the field of industrial health. There are the important proposals of the Committee relating to medical education which have been referred to the Medical Council of India for their opinion. There are the problems of special diseases, such as tuberculosis, venereal disease and leprosy. These and other matters will I hope be subjects for discussion at a future conference.

15. Then there is the matter of finance. We must face inescapable realities and one of these is the limitation imposed by our resources. But I have no doubt that if we are serious in our desire to build up the people's health and do not pay mere lip service to an ideal, we must devote a larger part of our resources to health. The pre-war average of expenditure on medical relief and public health was about 5 per cent of the total expenditure or about 5 annas per head. In Ceylon the corresponding figures were 10 per cent of the total expenditure and Rs. 2 per head of population. The Bhole Committee has suggested that the amount of Government expenditure on health should be increased to at least 15 per cent of the total expenditure. Provincial Governments have already been informed of the assistance that is likely to be available to the Provincial Governments from the Centre in the form of general development grants, but this assistance will be of little avail unless there is a substantial increase in the provision for the health services from provincial resources.

16. Before I close I should like to say something of our own plans. Detailed plans for health development must of course be made and carried out by Provincial Governments. Our function here is largely to assist by coordination, provision of expert advice, and development of activities and institutions which are beyond the scope or capacity of individual Provinces. Within these limitations the Interim Government will do all in their power to assist sound health development in India. The most important recommendation of the Bhole Committee in relation to central activities is that concerning the establishment of an All India Institute with up to date facilities for training and research of the highest standard. I think the conception is a fine one and we propose to pursue the scheme actively and expeditiously. I propose to set up very shortly a

24

small committee to advise the Government on the scheme. We also intend to provide facilities at Calcutta for medical licentiates from all parts of India to enable them to take their M.B.B.S. degree and we have taken over surplus American buildings and hospital equipment for the purpose. While we must develop medical education in India as rapidly as possible, we must in the meantime send selected students abroad for higher training. There is no doubt that we have not at present in India the facilities for advanced post-graduate training which are to be found in other countries and I hope we shall be able to place abroad, under recognised leaders in the various branches of medical science, at least fifty of our most promising men in each year. There is also a good deal to be said for enabling some of our specialists to go abroad for short periods. Most of our scientific workers have been cut off from contact with workers abroad during the war and I feel that there will be a considerable advantage in enabling some of them to travel abroad, make contacts with scientific workers in other countries and study at first hand recent scientific development. We are expanding the staff and accommodation of the Malaria Institute of India to enable it to play its part in the drive against malaria which we hope will be set on foot in all Provinces. In the field of research I have no doubt that far greater assistance must be given than in the past and the proposals of the Bhoré Committee are being considered in consultation with the Indian Research Fund Association. In the field of nursing, in which India is so woefully backward, we are assisting in the higher training of future nursing administrators and specialists by the establishment of a nursing college which will provide a course for a University degree in nursing as well as shorter specialised courses. It is hoped to develop in this institution in due course facilities for training in public health nursing. The legislative proposals for the regulation of the pharmacy profession which are already before the Central Legislature will be pursued and I hope that we shall also be able to introduce similar legislation for the dental and nursing professions. The arrangements for the enforcement of drug standard control, which is of such importance to the country, are in hand and the control will be introduced from the 1st April next. We also intend to develop what I may call the advice and information services. For example a bureau is being set up with the function of collecting information and advising Provinces regarding the design and equipment of medical institutions. Another subject which is engaging our attention is that of the data relating to population and vital statistics. Vital statistics are the foundation for public health work and there is a great and urgent need for improvement in the quality and speed of collection of such statistics. The growth of population is of course one of our large problems. I will not enter this controversial field now but there is a clear need for the collection and coordination of data relating to population growth. This is important not only from the point of view of material for study of the so called population problem but also from that of long term planning generally. These are some of the more important activities which we have in view and I hope that we may be able to extend them in directions in which Provincial Governments and institutions need assistance.

17. With the establishment of our own national Interim Government at the Centre we have entered the "age of hope". Let us go forward in company to make it the "age of achievement". The building of a nation's health is no easy task. With our meagre resources we shall not be able to advance as rapidly as we should like; but

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it is a task worthy of all our energies and devotion. And no task is more important for the national welfare, for without health we cannot have happiness or contentment or prosperity. With cooperation, sustained effort and determination I am confident that we can succeed.

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

Item 1 : GRANTS TO PROVINCES FOR DEVELOPMENT AND ADMINISTRATIVE PROCEDURE FOR DEALING WITH DEVELOPMENT PLANS.

SUMMARY OF DISCUSSION

...

The Chairman explained that this item was included in the agenda mainly with the object of drawing attention to the procedure laid down for dealing with development plans.

The Hon'ble Mr. Binodanand Jha (Bihar) stated that the letter from the Government of India dated 23rd July, which contained the latest instructions regarding development grants tended to tie the hands of Provincial Governments. When the Bihar development plans were originally prepared by the previous Government, schemes connected with rural areas had not been included. Revised proposals including such schemes were being prepared and would be submitted to the Government of India shortly. He requested that the resources and the population of each province should be taken into account in making these

105

The Finance Secretary (Mr. V. Narahari Rao) pointed out that it was only with a view to combating slump tendencies which might result from the contraction of war time expenditure on the termination of the war that the Provincial Governments were requested to embark on selected post-war schemes which would create employment. If the new Provincial Governments felt that the schemes selected by their predecessors should be modified, it was open to them to submit revised proposals to the Government of India. approved by the Centre. Originally it was expected that the Province would have 142 crores of rupees for post-war development of which it was hoped to spend 135 crores of rupees on various schemes and to keep the balance in reserve. Subsequently, however, it was discovered that Prohibition would cause loss to provincial revenues and therefore it would be necessary for the

243

105

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The Hon'ble Mrs. Rukmini Lakshmipathy (Madras) stated that Madras had been fortunate in getting all their schemes approved by the Centre. Originally it was expected that the Province would have 142 crores of rupees for post-war development of which it was hoped to spend 135 crores of rupees on various schemes and to keep the balance in reserve. Subsequently, however, it was discovered that Prohibition would cause loss to provincial revenues and therefore it would be necessary for the

Madras Government to approach the Government of India for liberal grants for various development schemes. She was of opinion that the impression which prevailed in certain quarters that it was a waste to spend large sums of money on Health, Education and similar services, which did not bring in direct money return like engineering schemes, was wrong. Expenditure on such services was absolutely essential for human welfare and progress and the Centre should make liberal grants for such purposes.

The Hon'ble Dr. M. D. D. Gilday (Bombay) agreed with what the Hon'ble Minister from Madras stated.

/Pandit The Hon'ble Lingaraj Misra (Orissa) stated that the health conditions in Orissa were probably the worst in India and as the Province was in a vulnerable area during the war it was not in a position to save money for reconstruction purposes. Moreover, the Province included large tracts of partially excluded areas which were backward and which were a Central responsibility and all these factors should be considered in fixing allotments to Orissa. He observed that it was stated that the allotment of grants by the Centre to the Provinces will be made known only by the 15th December. This would be too late as the Provincial budget had to be prepared before the end of November and he therefore urged that the Provinces should be informed of the amounts allotted to them by the Centre at the latest by the 15th November. The future constitutional position of the Centre was uncertain, but as the Provincial Governments were launching on their schemes on the assumption that Central help would be forthcoming for at least the next five years, he urged that instead of making annual grants the Centre should make a lump sum grant at once for the next five years.

Sir S. P. Rajagopalachari (Gwalior) stated that the Indian States were also expected to give effect to the recommendations of the Bhore Committee but he was afraid that the resources of the States may not be quite equal to the task. In connection with Agricultural Research the Imperial Council of Agricultural Research makes grants to some Indian States and he suggested that the Central Government should evolve some such scheme to assist Indian

States at least partially in the development of important schemes of Health Research.

The Hon'ble Dr. S. M. Hasan (Central Provinces and Berar) pointed out that the Central Provinces was a poor province containing large backward tracts and he was of opinion that while the recommendations of the Bhore Committee were admirable they were much too expensive for the resources of a poor province like the Central Provinces and that it would not be possible for them to introduce the schemes even in a modified form unless they got substantial grants from the Central Government. He desired to know what grants the Provincial Government could expect.

The Hon'ble Mr. Ram Nath Das (Assam) pointed out that Assam was a poor and backward province which had suffered considerably during the war and that it would require substantial help from the Centre for development work. They had been asked to reduce the development budget from seven and half crores to six crores and this would prevent them from developing many of their important schemes.

Mr. A. G. Kher (Parliamentary Secretary, United Provinces) stated that the United Provinces did not ask for any special treatment in the matter of grants but they would like to know on what basis the grants would be made, whether for a period of five years or 10 years. He wanted to know how much their province would get from the Centre because without such information the completion of their programme would be uncertain. He supported the suggestion of the Hon'ble Minister from Orissa that if possible lump sum allotments for a period of five or 10 years should be made to the Provinces.

217

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At the request of the Chairman the Finance Secretary (Mr. V. Narahari Rao) elucidated some of the points raised.

He pointed out that the Government of India were not taking a narrow view of the part they should play if post-war development was to be a success. He emphasised however that large scale development on the scale now envisaged would require the joint effort of the Provinces and the Centre. It was incumbent on both the Centre and the Provinces to exploit their resources in the best manner possible and use them wisely in order to secure the maximum results. For their part the Government of India were prepared to make the maximum possible contribution, but their resources were not unlimited. The combined Central and Provincial resources were limited by the national income. The Central Government had already indicated the amounts of the contributions that were likely to be forthcoming for development in the Provincial field, on the basis of forecasts of the resources that would be available. Even though it now appeared highly improbable that the earlier forecasts would materialise, Mr. Narahari Rao suggested that Provinces must continue to plan on the assumptions which they had been asked to make. As to the sums required for public health or any other specific programmes, it was a matter for the Provincial Finance Departments to settle the distribution of the total available resources of each Province. The Government of India could not deal with the claims of individual Provincial Departments. In reply to demands for additional

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108

218

financial aid to Provinces for counter-acting the loss of revenue due to prohibition, Mr. Narahari Rao emphasised that the Government of India were ready to lay all their cards on the table and if necessary seek the advice of the Provincial Governments for making an equitable allocation of their surplus resources. Having unreservedly rendered the maximum possible help, there was little more they could do. It was no less important for the Provinces to bear in mind that their development programme would have to be greatly curtailed or slowed down if they diverted their resources to prohibition before alternative and expanding sources had been exploited.

As regards Indian States, Mr. Narahari Rao explained the constitutional position and the difficulty of justifying central grants to States except under some form of federal constitution.

As to the suggestion that lump-sum grants covering 5 or 10 years may be given, Mr. Narahari Rao stated that he did not see how this could be arranged unless a device could be found for collecting in one year taxes for five or ten years.

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110 copies

SUMMARY OF DISCUSSION

The Chairman pointed out that it would be useful to have some landmark or objectives even though it may take years to attain them. He invited the views of the Health Ministers on the eight objectives suggested by the Bhoré Committee.

The Hon'ble Mrs. Rukmini Lakshmi pathi (Madras) agreed with the objectives mentioned on p. 17 of Volume II of the Bhoré Committee's Report. She suggested that Objective 4 should be amended to include physical culturists as well as the profession of Indian medicine.

The Hon'ble Dr. M. D. D. Gilder (Bombay) observed that nobody could take exception to the objectives formulated by the Bhoré Committee. As regards the inclusion of physical culturists in Objective 4 proposed by the Hon'ble Minister from Madras, it was clear from the wording of the Objective that the professions mentioned in it were only examples and many more could be included in it. As regards Indian medicine, Bombay had already recognised the profession by law and he would state his views when the question came up for discussion later as a separate item on the agenda.

Mr. A. G. Kher (Parliamentary Secretary, United Provinces) agreed with the objectives and mentioned that after Bombay the United Provinces was the next province to enact a law for the regulation of Indian medicine.

The Hon'ble Mian Mohd. Ibrahim Bagra (Punjab) stated that the Punjab Government accepted the objectives set out by the Bhoré Committee. He desired to know what contribution the Centre would make for development plans.

The Hon'ble Mr. Binodanand Jha (Bihar) agreed with the objectives and supported the views of the Hon'ble Minister from Madras.

The Hon'ble Dr. S. M. Hasan (Central Provinces) while agreeing that in principle the objectives were unobjectionable was of opinion that the scheme was impracticable owing to the

enormous expenditure involved and the impossibility of obtaining the services of the trained personnel required.

The Hon'ble Mr. Ram Nath Das (Assam) agreed with the objectives subject to the limitations of the province.

The Hon'ble Pandit Lingaraj Misra (Orissa) agreed with the objectives but pointed out that owing to financial and other limitations it would remain to be seen how far they would be able to implement the schemes set out by the Bhore Committee. He suggested that the indigenous systems of medicine, which were less costly, should be dovetailed into the schemes to reduce the prohibitive cost.

Major Zscherpel (Inspector General of Civil Hospitals, N.W.F.P.) stated that his Government agreed with the objectives mentioned in the Bhore Report.

Major A.K.M. Khan (Inspector General of Civil Hospitals, Sind) stated that the Sind Government accepted the objectives mentioned.

Major M. Jaffar (Director of Public Health, Bengal) stated that the Bengal Government were in general agreement with the objectives.

Diwan Bahadur S. Aravamuda Iyengar (Hyderabad) stated that the Hyderabad Government had accepted the objectives and were already working out their plans to achieve the objectives. Both the Unani and Ayurvedic systems were recognised and encouraged in the State.

Dr. Vaishnavi (Kashmir) mentioned that the Kashmir Government also accepted the objectives and were trying to achieve them.

Sir S.P. Rajagopalachari (Gwalior) agreed with the objectives, which were comprehensive, but suggested that in stating the objectives special emphasis should be laid on the provision of adequate drinking water in villages by the construction of draw wells.

Dr. M.K. Gopala Pillay (Director of Public Health, Travancore) stated that the Travancore Government accepted all the objectives mentioned.

Sir Teja Singh Malik (Patiala State) while fully accepting the objectives and stating that the Patiala Government would do what they could to achieve those objectives, pointed out that the resources of the State were limited and progress may therefore be slow.

Dr. Siddiqui (Central Provinces) urged that financial considerations should not be allowed to stand in the way of implementing these recommendations and that money must be found for health schemes just as it was found for fighting the war.

Rao Bahadur T.K. Nair, Minister for Public Health (Cochin) stated that the objectives were acceptable but he feared that for lack of finance it would be difficult to implement the recommendations of the Bhore Committee. The indigenous systems were cheaper and an endeavour should be made to adopt a scheme combining the various systems which would be cheaper and which would be suitable for local conditions.

P.T.O.

223

-: 17 :-

RESOLUTION.

On the motion of the Chairman the Conference adopted the following resolution:-

"The Conference endorses the objectives proposed by the Bhore Committee as objectives to be kept in view in formulating plans for national health services".

-: 18 :-

224

(111)

ITEM 3 - DISTRICT HEALTH ORGANISATION PROPOSED BY THE HEALTH SURVEY AND DEVELOPMENT COMMITTEE.

SUMMARY OF DISCUSSION

The Chairman opening the discussion stated that this was one of the most important items on the agenda because it went to the very root of the proposals of the Bhore Committee. Briefly, the organisation proposed consisted of a health centre for every 40,000 population, a 30 bed hospital for every 5 health centres and a secondary centre with a 200 bed hospital in each district. The recurring cost was estimated to be about Rs. 2/8/- per annum per head of the population benefitted. The Bhore Committee suggested a programme of 10 health centres in each district in the first five years. This programme may not be within the country's present financial resources but it should be possible to adopt a more modest programme. The Chairman then invited discussion on the three issues raised in the memorandum.

Col. Cotter, Public Health Commissioner with the Govt. of India pointed out that the Bhore Committee was a very representative committee consisting of experts and public health workers drawn from all parts of India. The Committee had toured the country before making their recommendations and their carefully considered recommendations on the district health organisation were put forward as the best system for the country.

The Hon'ble Dr. Gilder (Bombay) observed that nobody could object to the plan in principle. The question was how far it was practicable to implement the plan with existing resources. He thought that most provinces would find themselves unable to finance the scheme. He suggested that the Finance Member should call together a conference of Provincial Finance Ministers to consider how health and other development schemes could be financed. The Provincial Finance Departments were now proceeding on conservative lines in these matters. The Hon'ble Minister briefly described the schemes the Bombay Government had in view.

Regarding the issues raised he was of opinion that (1) the organisation proposed was sound and should be accepted in principle and (2) the programme suggested for the first five years was not within the financial resources of the province. As regards the third issue, the Bombay Government preferred extensive development over the whole Province rather than intensive development in part of the Province.

The Hon'ble Mian Mohd. Ibrahim Barq (Punjab) agreed that financial difficulties would stand in the way of a complete implementation of the scheme.

The Hon'ble Mrs. Rukmini Lakshmipathy (Madras) pointed out that the Bhore Committee had themselves stated that their Report was not intended to be a rigid or unalterable blue print for automatic adoption by Provincial Governments and they had recognised that in the light of local conditions modification of the scheme would be necessary. Accordingly, the Madras Government had drafted certain modified schemes which were described by the Hon'ble Minister.

The Hon'ble Mrs. V.L. Pandit (United Provinces) said that the big schemes of reconstruction envisaged today would fail unless they were built on the foundation of national health. The U.P. Government had accepted the Bhore Report whole heartedly and were determined to implement it to the fullest degree. The only difficulty was about the period of time within which it could be implemented. A committee had been set up to consider how rapidly the scheme could be implemented. The U.P. Government intended to utilise every available weapon to fight disease and in this connection it was their plan to utilise indigenous systems of medicine, which were popular in the rural areas to supplement the modern medical services wherever necessary. Finance was a difficulty but not such a difficulty as was often imagined. Just as money was found to meet any national emergency so also money should be found to fight disease. The U.P. already had a constructive proposal for raising funds. They were promoting the Gram Panchayat Bill under which the panchayat income would be about 6 as. 6 p. per head. Of this one quarter or roughly 7 pies

per head would be used for health purposes.

The Hon'ble Mr. B.Jha (Bihar) said that he appreciated the work of the Bhore Committee and if for any reason they could not adopt their recommendations in their entirety today he had no doubt that the material they had placed before the country would be of immense help to the nation tomorrow. The Report had given scant consideration to the indigenous systems of medicine which had a tradition of service behind them and which should be developed and utilised. He thought that district health organisation was too rigid and that a different type of organisation would be required in the urban areas. The Bihar Government had appointed a committee to consider the proposals in the light of local problems. Apart from finance, the training of personnel, the lack of ^{public} fuller appreciation and sympathy and the possibility of conflict with the local bodies were other problems. The best course was to prepare the Govt. by ^{ground} subsidising rural practitioners, creating emergency beds in dispensaries and training health inspectors and health officers. Their scheme aimed at furnishing primary units with the needed personnel, infusing enthusiasm in the local people and preparing the way for implementing the Committee's recommendations at a later stage. They would implement some portions of the Committee's recommendations and the rest in a very diluted form for the present.

The Hon'ble Dr. S.M.Hasan (Central Provinces) considered that the recommendations of the Bhore Committee were admirable but he thought that the financial difficulties would be insuperable. He suggested that along with the western system of medicine, which alone was considered by the Bhore Committee, the indigenous systems of medicine should also be developed. He suggested that another committee like the Health Survey and Development Committee should be set up to consider how the indigenous systems could be utilised. He also supported the idea that a conference of Finance Ministers should be called to consider how money could be found to finance the health development schemes. The Province would ^{lose} 2½ crores or 25 per cent of their total revenue owing to the introduction of prohibition and new taxation and other sources of revenue would

not make up the loss. In his opinion it would be impossible for the provinces to implement the scheme in its entirety and modifications would be necessary.

The Hon'ble Mr. Ram Nath Das (Assam) agreed that the organisation proposed was administratively sound but that it would be impossible to implement the programme within the first five years with the finances available. It would therefore be necessary to modify the scheme. He also suggested that indigenous systems should be encouraged because they were more economical and said that some trained practitioners of indigenous systems could be utilised for the public health services. They proposed to place an area of 225 sq. miles under one primary unit and to have Vaid stations at a distance of five miles round the unit.

The Hon'ble Pt. Lingaraj Misra (Orissa) was also of the opinion that while the scheme was acceptable in principle it would be difficult to give effect to the scheme as proposed for lack of finance and therefore it would be essential to have a modified scheme. The inclusion of indigenous systems in the health schemes should be considered as they were cheaper.

Maj. Zscherpel, Inspector General of Civil Hospitals, N.W.F.P. stated that while the N.W.F.P. Government agreed with the recommendations of the Bhore Committee they were unable to implement the full scheme owing to financial limitations.

Major Khan, Inspector General of Civil Hospitals, Sind, also agreed that while the scheme was a good one the Sind Government would not be in a position to implement it fully for lack of funds and personnel but they would try to model their post-war schemes to the extent possible on the recommendations of the Bhore Committee.

Major Jaffar, Director of Public Health, Bengal, said that the whole scheme was under the consideration of the Bengal Government but their decision was likely to be in favour of dilution rather than of concentrated development.

Diwan Bahadur S.A. Iyengar (Hyderabad) described the scheme proposed in Hyderabad. The scheme, which was a modified scheme, was within the financial resources of the State and the

proposal was to apply the scheme to the entire State and not to resort to partial treatment of any district. The Hyderabad Govt. proposed to have hospitals both for the allopathic and for the indigenous systems of medicine.

Dr. Vaishnavi (Kashmir) stated that the Kashmir Government agreed that the scheme proposed was acceptable in principle. Their programme was to implement the scheme in ten years with necessary modifications to suit local conditions which were described. He stated that the State provided dispensaries both for the western as well as for the indigenous systems of medicine.

Sir S.P. Rajagopalachariar (Gwalior) mentioned that the Gwalior Government had started to take action on the two comprehensive development reports published by the Government of India, namely, the Sargent Report on Education and the Bhore Report on Health. Committees have been appointed to examine these schemes and to suggest how the schemes could be implemented in the State taking into consideration local conditions and resources. He agreed with the general principles of the Bhore Committee recommendations.

Dr. Gopala Pillay (Travancore) considered that the proposed scheme was a very sound one. He described the steps that were being taken in Travancore to implement the scheme with local modifications. He did not consider that the indigenous systems of medicine would be useful in public health work.

Sir Teja Singh Malik (Patiala) agreed that the scheme was sound and that money must be found for the promotion of public health as it was found for war work. The Patiala State would do whatever they could towards implementing the scheme.

R.B. T.K. Nair (Cochin) stated that the Cochin Government was trying to implement the proposals contained in the report but progress was necessarily slow as the financial position was not encouraging.

Summing up the discussion the Chairman pointed out that the Bhore Committee's Report was not intended to be a blue print to be applied automatically all over the country. As the Report itself pointed out, modifications will have to be introduced to

suit local conditions and provincial needs. As regards the question of finance he knew that the provincial resources were limited and he fully agreed that assistance from the Centre was necessary. He gave an assurance that the Central Government would give the maximum possible financial assistance to the Provinces.

RESOLUTION

On a motion from the Chair the following resolution representing the greatest common measure of agreement was passed:-

"The Conference considers that the district health organisation proposed is administratively sound and acceptable in principle. The programme for the first five years is not within present financial resources but it is agreed:-

firstly that the scheme would be implemented on as wide a scale as possible consistent with financial limitations, taking full advantage of existing institutions and staff;

secondly that modifications in the scheme may be made where necessary to adapt it to local conditions;

thirdly that in areas where the full organisation cannot be set up immediately schemes for development should be framed with due regard to the objective of building up a curative and preventive health service on the general lines recommended by the Bhore Committee;

fourthly that each province should review its plans with these considerations in view."

Item 4 on the agenda was left over for consideration at the next session of the Conference.

Item 5 - PROVISION OF FACILITIES FOR THE TRAINING OF MEDICAL AND OTHER PERSONNEL

SUMMARY OF DISCUSSION

The Chairman opening the discussion pointed out that if there was to be any development of the health services a considerable expansion of the training facilities was one of the most immediate needs.

Maj. Gen. R. Hay, Director-General, Indian Medical Service, stated that Dr. Raja had made a study of the various provincial reconstruction plans. It was observed that many Provincial training schemes were not well balanced, inasmuch as provision was not made for the training of all types of personnel required for health work. The Bhore Committee's plans envisaged an expenditure of 17.6 per cent of the expenditure on public health, on professional education and in this respect the provincial schemes varied from about 15 to 5 per cent. He considered that the revision of provincial training schemes was necessary to ensure that the schemes provided for increase of personnel of all types required, namely, sanitary inspectors, health visitors and other ancillary personnel and not merely doctors and hospital nurses. Larger provinces may be in a position to help the smaller provinces in the matter of training and this should also be considered.

The Hon'ble Mrs. R. Lakshmipathi (Madras) agreed that there should be a system integrating the preventive and curative services and that provision should be made for training personnel for all branches of health services. The Hon'ble Minister described the plans of the Madras Government for starting new medical colleges and expanding provision for the training of health visitors, nurses and other ancillary health personnel. In view of the paramount importance of water works and sanitation provision would be made in the engineering colleges for sanitary engineering

courses. Provision was also being made for the large scale production and distribution of squatting slabs for village latrines. The Madras Government proposes to abolish the Sub-Assistant Surgeon's cadre and to have one common cadre of medical officers for the whole province. The Hon'ble Minister was of the view that practitioners of Indian medicine could be effectively used in many of the health services.

The Hon'ble Dr. Gilder (Bombay) stated that the Bombay Government had appointed a committee to consider the question of professional education. The steps being taken by the Bombay Government to expand facilities for the training of doctors, nurses, sanitary inspectors and other ancillary personnel were described by the Hon'ble Minister. In the case of the teaching staff for medical colleges one great difficulty experienced was in getting suitable professors for pre-clinical subjects like physiology, anatomy and pharmacology. This was probably due to the fact that these were blind-alley posts. To meet the difficulty the Provincial Government proposed to select men and send them abroad for suitable training in Europe or America. In the case of nursing education though there was provision in the province for training about 550 nurses every year they were able to get only about 340 trainees every year. One difficulty in the matter of getting sufficient number of recruits was probably the fact that the Nursing Council required a certain standard of English education before candidates joined the nursing course. To overcome this difficulty a proposal was being considered to dispense with this requirement and to teach the candidates English to the extent necessary during the course of training. As regards public health engineering it was proposed to make the course compulsory in the engineering colleges though it was realised that this by itself would not be adequate to promote sufficient specialization.

Mrs. The Hon'ble V.L. Pandit (United Provinces) stated that the U.P. Government had sanctioned Rs. 52 lakhs in the current year to train personnel required under the Bhore Committee's Report. The Hon'ble Minister described the various schemes of the U.P. Government for the expansion of facilities for the training of doctors, nurses, compounders and other public health staff. As regards nurses,

being a conservative province, the U.P. had considerable difficulty in getting an adequate number of girls of the right type for training. Though they had provision for training about 500 nurses every year, at present they were able to get only 235. It was particularly important to get the right type of trainees for nurses as inadequate or unsympathetic nursing service in hospitals was apt to make the hospitals and the modern system of medicine unpopular. Personnel required for the health services in the villages was being trained. It was the policy of the U.P. Government to make the villagers realise that in this matter they must to a large extent help themselves, since any system, however good, superimposed from above, was apt to fail. Schemes were being considered under which the villagers would raise funds for promoting sanitation and would provide the necessary personnel who would be sent for training to the health department, and who after training would go back to the villages and work in their own locality under the guidance of the experts of the health department. Practitioners of Indian medicine who had been given training in public health work had done very satisfactory work and it was the policy of the U.P. Government to train such personnel to supplement the general health services as this would help to provide a large number of trained people in a shorter time.

The Hon'ble Hian Mohd. ^{Shah} Barg (Punjab) stated that the Punjab Government realised the importance of training an adequate number of personnel and described the proposals of the Punjab Government for the expansion of training facilities. Among other things there was a proposal to start a new medical school for women which would be raised to the status of a college later.

The Hon'ble Mr. B.Jha (Bihar) stated that 16% of the estimated expenditure for public health was earmarked for training schemes in Bihar. Bihar had the same difficulty as the U.P. in getting women trainees of the right type to take up nursing. The Hon'ble Minister stressed the importance of coordinating the activities of the Development Departments, such as the Education, Agriculture, Cottage Industry and Public Health Departments. In the villages the activities of departments like Health, Education, Agriculture, Cottage Industries, etc. should be integrated to prevent wastage and

and duplication of staff. The villager was bewildered by numerous officials visiting their villages for different purposes. He suggested that the heads of the Departments should sit together and produce a synthesis of all their schemes and a common plan. They would like to have a lead from the Centre in this matter.

The Hon'ble Dr. Hasan (Central Provinces) stated that the Central Provinces were very deficient in the matter of facilities for training personnel. As they had no medical college it was necessary to send students from the province to places outside for training. It was proposed to start a medical college in Nagpur in 1947 to make provision for the training of health visitors and other auxiliary personnel. At present there was considerable difficulty in securing trained personnel, especially lady doctors, district health officers and public health engineers.

The Hon'ble Mr. Ram Nath Das (Assam) stated that like the Central Provinces, Assam was also dependent on other provinces for the training of doctors. They had also the same difficulty in getting an adequate number of girls of the right type to take up nursing. A committee has been set up to draw up plans for the starting of a medical college. Assam required the help of the Central Government and other provincial governments in the matter of getting doctors and other personnel trained and hoped that the Central Government would assist them in the matter.

The Hon'ble Pandit Lingaraj Misra (Orissa) mentioned that the medical school in the province had been converted into a college and described the provincial schemes for training personnel in various branches. Facilities for training specialists like radiologists, public health engineers, malariologists and other personnel did not exist in the province, and Orissa was dependent on the Centre and other provinces for training such specialists.

Maj. Zscherpel, Inspector General of Civil Hospitals, N.W.F.P., stated that the N.W.F.P. Government proposed to open a medical college in the province next year. At present they are dependent on the Punjab Government for the training of doctors. Provision for the training of nurses, male and female, existed in Peshawar.

Maj. Khan, Inspector General of Civil Hospitals, Sind, described the provision existing in the province for the training of health personnel and said that a medical college was started in the province in 1945. Regarding nurses Sind had the same difficulty as other provinces in getting an adequate number of candidates of the right type to come for training. There was a proposal to start a provincial nursing service. He stressed the importance of training an adequate number of male nurses as experience showed that they had done good work and their services were required in certain areas.

Major Jaffar, Director of Public Health, Bengal, described the provision for training health personnel which existed in Bengal. In Bengal the problem in the training of personnel was not one of number but of quality. In the case of nurses a large number who had been recruited for work in the famine hospitals in 1943 had been registered as nurses and they were a very useful supplement to the nursing service. A course was being started for the training of malaria field workers.

Diwan Bahadur S.A. Iyengar (Hyderabad) described the plans of the Hyderabad State for training the required health personnel of various types. He suggested that the question of training a type of personnel called health assistants for medical work who would not be required to go through a university course should be considered to solve the problem of acute shortage of personnel.

Dr. Vaishnavi (Kashmir) stated that Kashmir had facilities for the training of midwives, vaccinators, dispensary dressers and other types of personnel but for the training of doctors the State was dependent on other provinces.

Sir S.P. Rajagopalachariar (Gwalior) mentioned that a medical college had been started in the State in July, 1946. He described certain practical difficulties caused by the rigidity in the regulations prescribing the qualifications of the teaching staff of recognised Medical Colleges and pleaded for a certain amount of flexibility in these matters. The difficulty caused by widely varying scales of pay for the teaching staff in

different parts of the country was also pointed out and it was suggested that the Centre should attempt some coordination in the matter. He supported the suggestion that to overcome the acute shortage of personnel within a reasonable time, a shorter course of training than the university course should be considered for doctors.

Dr. Gopala Pillay (Travancore) stated that as regards personnel Travancore was a surplus province and they had no difficulty as regards various types of workers. As there was no medical college in Travancore, the State was dependent on other provinces for the training of doctors but there was a proposal to start a medical college in Travancore.

Sir Teja Singh Malik (Patiala) stated that in the matter of personnel and facilities for training, Patiala was dependent on other provinces and wanted help both from the Centre and other provinces. He suggested that the Central Government should consider the setting up of an organisation on the lines of the Central Waterways and Irrigation Board to help in providing the staff requirements of smaller States.

R E S O L U T I O N

On a motion from the Chair the following resolution embodying the conclusions of the discussion was passed :-

"The Conference agrees that a review of the training facilities in the light of probable future requirements should be undertaken and that particular emphasis should be laid on the training of personnel. It also agrees that as far as possible, the larger provinces should assist those provinces, which have not yet been able to provide their own training facilities, by admitting students to their training institutions."

Item 6- CENTRAL AND PROVINCIAL BOARDS OF HEALTH AND HEALTH COUNCILS

Summary of Discussion.

Opening the discussion the Chairman explained that the first question was whether there should be at the Centre a Board of Health consisting of Health Ministers of Provinces and the Central Member for Health, and a Central Council of Experts, and whether these bodies should be set up by legislation. It did not appear necessary that they should be statutory bodies unless it was intended to confer executive functions upon them. Another point for consideration was whether the Central Board of Health should include representatives of the Central Legislature and the Indian States as in the case of the existing Central Advisory Board of Health and also whether similar bodies should be set up in the provinces.

Major General Hay, D.G.I.M.S., briefly described the recommendations of the Bhore Committee on the set up and functions of the Central and Provincial Boards of Health and Health Councils and recommended their adoption in principle by the Conference.

The Honourable Mrs. R. Lakshmi pathi (Madras) agreed in principle to the proposal to set up a Central Board and Council and Provincial Boards and Councils. It was pointed out that in Madras there was already a provincial board of health consisting of the Minister in charge of Public Health, the Minister for Local Administration, the Surgeon General, the Director of Public Health, the Sanitary Engineer and non-official members elected from the Legislature, and as this board already included experts it was not necessary to set up another council of experts. It was necessary that the functions of the Boards should be purely advisory.

The Honourable Dr. Gilder (Bombay) was of the opinion that frequent meetings of Provincial Health Ministers was of great value and that a Central Board should be set up. It

It was suggested that in the Health Council at the Centre the experts of the Provincial Governments should also be included. As regards the Bombay Province, there was at present a Provincial Board of Public Health works and its functions could be extended to cover the whole field of Public Health.

The Honourable Mrs. V.L. Pandit (United Provinces) agreed in principle with the proposal to set up a Central Board but pointed out that the autonomy of the provinces should be left untouched. The Honourable Minister suggested that members of the Legislatures should be included on the Boards.

The Honourable Mian Mohd. Ibrahim Bārq (Punjab) agreed to the creation of the Board and Councils as suggested.

The Honourable Mr. B. Jha (Bihar) suggested that the Provincial Boards should contain representatives of the legislatures as well as of local bodies and that details of the constitution of those boards and Councils should be left to Provincial Governments. It was suggested that representatives of the Finance Departments should also be included on these boards.

The Honourable Minister welcomed the idea of holding conferences of Health Ministers periodically and suggested the inclusion in such meetings of Ministers holding local self government portfolios.

The Honourable Dr. Hasan (Central Provinces) agreed with the proposals in principle and suggested that provincial experts should be allowed to attend the Central Board of Health along with their Ministers.

The Honourable Mr. Ram Nath Das (Assam) also agreed with the proposal and suggested that the matter of provincial organisations should be left to the Provincial Governments.

The Honourable Minister from Orissa and the representatives from Sind and the North West Frontier Province also expressed general agreement with the proposals and so did the representatives from the Indian States present.

R E S O L U T I O N .

On a motion from the Chair the following resolution was passed by the Conference:-

"The Conference agrees that Boards of Health and Councils of Experts should be constituted at the Centre and in the Provinces. It considers that representatives of the Central Legislature should be included in the Central Board of Health, that the constitution of the Provincial Boards should be left to the discretion of the Provincial Governments and that the health experts of the Central and Provincial Governments should attend the Central Board of Health. The Conference also considers that the functions of the Central Board and Council should be purely advisory".

Item 7 - AMALGAMATION OF THE
MEDICAL AND PUBLIC
HEALTH DEPARTMENTS

Summary of discussion

The Chairman opening the discussion pointed out that the Bhore Committee had strongly recommended the amalgamation of the medical and public health departments. Probably there would be general agreement with this proposal in principle. There were some obvious difficulties in the way of immediate amalgamation not the least of it being that existing officers have for the most part spent their services either on the curative or on the public health side.

The Honourable Mrs. R. Lakshmi pathi (Madras) stated that the Madras Government was of the opinion that the two departments should be kept separate. At present in Madras the Surgeon General, the Director of Public Health and the Sanitary Engineer each controlled his own department but whenever necessary they met for joint consultation to decide questions of policy. As the present system was working satisfactorily and as there was perfect coordination, and as very little economy was to be achieved by amalgamation Madras preferred to retain the existing system.

The Honourable Dr. Gilder (Bombay) stated that the question of amalgamation of the two branches had been discussed several times previously. It was extremely difficult to get persons trained in both branches, the curative and the preventive. Hospitals placed in charge of persons with a predominantly public health training were apt to be inefficiently run, and persons whose work had largely been on the curative side were not likely to be efficient in the public health field. Bombay was therefore not in favour of amalgamation.

Mr. A. G. Kher, Parliamentary Secretary, United Provinces, stated that the United Provinces Government generally agreed with the proposals of the Bhore Committee. They would place greater emphasis on public health matters hereafter and desired to have an amalgamated department controlled by a Director of Public Health Services. This principle had been

246
119

239

241

-: 34 :-

adopted in the district health organisation already approved by the Conference. As regards the question whether the Director of Public Health or the Inspector General of Civil Hospitals should be the head of the department, the question would solve itself when reservation of posts and the consequent problem of relative seniority of officers disappeared.

^{Mian}
The Honourable Mohd. Ibrahim Barq (Punjab) stated that the Punjab Government agreed in principle with the proposal to amalgamate the two branches. As there were certain administrative difficulties at present in the way such as the reservation of posts under the I.M.S. rules and the relative seniority of the incumbents of the posts of Inspector General of Civil Hospitals and the Director of Public Health, it was suggested that the provinces should be left free to implement the proposal at their convenience. The Public Health Engineer of the province ^{was opposed} ~~has approved~~ to the amalgamation of his Department with the Health Department.

The Honourable Mr. B. Jha (Bihar) stated that the Bihar Government agreed with the recommendation of the Bhore Committee for the amalgamation of two departments. He was of the opinion that the reform should not be delayed as the amalgamation was necessary in the interests of efficiency and economy. As the efforts of Government will be concentrated on the public health side it was necessary that the Director of Public Health should be in charge of the Departments. A suitable post could be found for the Inspector General of Civil Hospitals which would not be under the Director of Public Health.

The Honourable Dr. S. M. Hasan (Central Provinces) stated that for the time being the two departments will have to remain separate.

^{Mr}
The Honourable Ram Nath Das (Assam) pointed out that until 1944 both the departments were under one head in Assam and that after separation the public health department had developed considerably. He suggested that the amalgamation

-: 35 :-

(120)

242

should be attempted in the district organisation first.

The Honourable Pandit Lingaraj Misra (Orissa) stated that in Orissa there was already one Director of Health Services who controlled both the preventive and the curative sides and that experience showed that this system was most economical and satisfactory.

Major Zscherpel, Inspector General of Civil Hospitals, North West Frontier Province, observed that in his province both the departments were combined and the Inspector General of Civil Hospitals was assisted by an Assistant Director of Public Health who advised on public health matters. The system was working satisfactorily.

Major Khan, Inspector General of Civil Hospitals, Sind, saw no objection to the proposal of amalgamation in principle and suggested that the head of the services should be from the curative side.

Major Jaffar, Director of Public Health, Bengal, stated that the Bengal Government had not yet come to any decision on this question.

Diwan Bahadur S. A. Iyengar (Hyderabad) stated that in Hyderabad there was already a unified service and the question of amalgamation did not arise there.

Dr. Vaishnavi (Kashmir) was of opinion that the amalgamation should be attempted and said that it was difficult to draw a line of distinction between prevention and treatment, especially in the smaller village units.

Dr. Gopala Pillay (Travancore) also was of opinion that the amalgamation of the two departments should be attempted as early as possible.

Sir Teja Singh Malik (Patiala) pointed out that in Patiala the Director of Public Health was under the Director of medical services and the system was working well and it was proposed to continue it. He was, however, of opinion that sanitary engineering should be kept separate from the medical and public health departments.

R.B.T.K. Nair (Cochin) stated that there were two separate departments in the State and it had not yet been decided whether the principle of amalgamation should be accepted or not.

Mr.D.A. Howell, Chief Engineer, Public Health, Punjab, pointed out that there was a separate public health engineering branch in the Punjab which was responsible for Government sanitary engineering works and which also executed works for local bodies who desired to utilise its services. He considered that the Bhole Committee's recommendations on public health engineering were rather nebulous. Public Health engineering, which required an extensive knowledge of different branches of engineering, was a highly specialised science and the public health engineers should be made responsible for both designing and executing public health engineering works. In the schemes recommended by the Bhole Committee public health engineers were placed under medical men throughout. This was not justifiable in any way and would not lead to satisfactory results. The engineering branch should be kept separate.

R E S O L U T I O N

The Chairman summed up the discussion and on a motion from the Chair the following resolution was adopted:-

"The Conference accepts the principle of amalgamation of medical and public health departments and considers that the amalgamation should take place when a suitable opportunity occurs. The Honourable Ministers from Madras and Bombay dissented from this view. The Honourable Minister from Madras considered that coordination between the two departments was preferable to amalgamation".

Summary of discussion

Opening the discussion, the Chairman mentioned that the memorandum circulated stated the points for discussion.

The Honourable Mrs. R.Lakshmipathi (Madras) stressed the importance of providing adequate drinking water supply to rural areas, which was a subject to which previous administrations had devoted insufficient attention. The Honourable Minister described the schemes the Madras Government had in view. The Madras Government did not agree with the Bhole Committee's view that executive responsibility in the matter of water supply and sanitation should not be left to local bodies. The Madras Government left the execution of schemes to local bodies, financing of schemes being done on a half-grant loan-half/basis and they proposed to continue the system. Any provincial water and drainage boards set up should be purely advisory and the question of allocation of expenditure should be left entirely to Provincial Governments. It was also necessary to see that water supply schemes were developed side by side with drainage schemes.

The Honourable Dr.Gilder (Bombay) described the schemes which the Bombay Government had in view for water supply and sanitation. The Bombay Government proposed to give percentage grants to municipalities for water works and would also permit municipalities to raise loans for the purpose. District Health Officers would be appointed with cleaning squads under them to attend to village sanitation and there was already a public health board to scrutinize schemes. The Bombay Government had not yet decided whether it was necessary to set up water and drainage boards.

Mr.A.G.Kher, Parliamentary Secretary, United Province, stated that the United Province Government was in entire agreement with the objective regarding the water supply and drainage schemes formulated by the Bhole Committee. He was of the view that the drainage and water boards proposed should be advisory bodies. As regards sanitation for the larger

towns it was proposed to introduce sewerage schemes but this may not be practicable for smaller units. It was proposed to have statutory village panchayats for the control of village water supply and sanitation. The powers of taxation of local bodies will have to be revised to enable them to finance schemes adequately.

The Honourable Mian Mohd. Ibrahim Barq (Punjab) stated that the Punjab Government had always realised the importance of adequate water supply and drainage and described the schemes contemplated by the Punjab Government.

The Honourable Mr. B. Jha (Bihar) stressed the necessity of providing suitable types of wells for the villages. For certain areas deep tube wells were most suitable but as there was difficulty in getting pumps and spare parts for maintenance it would be necessary to start factories to manufacture these things to ensure adequate maintenance. Concrete wells were also suitable for certain areas and steps should be taken to make concrete rings for these wells on a large scale for distribution. In these matters planning must be done by Government for local bodies. It was not desirable to encroach too much on the executive authority of local bodies and they should be made responsible for the repair and maintenance of wells. It was not desirable to displace the authority of local bodies from this field. The sewerage system in Patna had not proved to be very satisfactory and this fact had caused a set back to sewerage schemes in other parts of the Province.

The Honourable Dr. Hasan (Central Province) stated that the Central Province Government was aware of the importance of the question. The large towns in the Central Province had at present no adequate water supply or drainage schemes and villages were poorly served in this respect. Schemes were under consideration of the Central Province Government to improve matters.

The Honourable Mr. Ram Nath Das (Assam) described the schemes under contemplation by the Government of Assam. They were trying to provide at least one drinking water well for each village. The question of appointing a public health engineer was also under consideration.

The Honourable Pandit Lingaraj Misra (Orissa) stated that the Orissa Government agreed generally with the recommendation of the Bhore Committee on water supply and sanitation. The Orissa Government had a scheme for sinking 5000 wells for the villages. As regards tube wells there was the difficulty of getting an adequate supply of pumps and tubes and there ^{were} also geographical difficulties caused by the nature of the country. The idea of setting up water and drainage boards was generally acceptable but their function should be purely advisory.

Major Zscherpel, Inspector General of Civil Hospitals, North West Frontier Province, mentioned that the towns in the Frontier Province had adequate water supply systems and provision has been made for sinking wells in the villages.

Dr. O. M. Akbani, Director of Public Health, Sind, described the schemes contemplated by the Sind Government. It was proposed to sink wells and to take over control of wells from certain local bodies for maintenance. It was proposed to have a separate public health engineering section under the Public Works Department.

Major Jaffar (Bengal) stated that the Bengal Government was in general agreement with the suggestion of the Bhore Committee and had given high priority to these proposals.

Diwan Bahadur S. A. Iyengar (Hyderabad) ^{said.} ~~said~~ that there was a separate water and drainage board and also a well-sinking department in the State. The authorities were contemplating the provision of sanitary wells in villages and the provision of water supply in the towns, and it was proposed to enhance expenditure on these items.

Sir S. P. Rajagopalachariar (Gwalior) agreed that it was necessary to give the highest priority to water supply schemes and was of opinion that it should be possible to have a programme to be completed in 10 years.

Dr. Gopala Pillay (Travancore) agreed with the representative from Gwalior.

Sir Teja Singh Malik (Patiala) agreed that adequate drinking water supply should be provided within 10 years for half of the population and for the whole population within 20 years. He

agreed that it was desirable to set up provincial water and drainage boards as they would be effective in carrying out schemes properly. Water borne sanitation would be suitable in urban areas but could not be considered at present for rural areas.

R.B. T.K. Nair (Cochin) stated that some of the towns in Cochin had a protected water supply and the question of extending water works was being considered. An expert committee was considering the question of water supply in the State.

Mr. K.C. Wadia, Public Health Engineer, Central Province pointed out that there would be considerable difficulty in getting material for water works and drainage schemes and unless there was Central coordination, interprovincial competition for machinery and materials would send up costs considerably. He suggested that a conference of provincial Public Health Engineers should be convened under the Chairmanship of the Public Health Engineer, Punjab, to consider proposals and advise Governments to effect the necessary coordination. He considered that the Bhore Committee's recommendation to make the public health engineer a member of the medical department was not suitable. The coordinating authority envisaged in the Bhore Committee's Report for public health engineering should be set up at the Centre without delay.

The Chairman stated that the suggestions made by Mr. Wadia would be considered.

R E S O L U T I O N

On a motion from the Chair the following resolution was passed by the Conference:-

"The Conference agrees

- (1) that an active programme for the improvement of water supply and sanitation in both urban and rural areas should be undertaken;
- (2) that in respect of water supply, the objective should be to provide at least 50% of the population with a safe and abundant water supply within a period of not more than 20 years and the entire population within a period of not more than 35 years;

- (3) that in urban areas the objective should be to instal adequate sewerage in all towns with a population of 50,000 or over during the first 10 years.

The Conference considers that the constitution and functions of provincial water and drainage boards should be left to the discretion of the provincial Governments".

249

-- 42 --

124

250

Item 9 - ESTABLISHMENT OF
ANTIMALARIA ORGANISATIONS, and

Item 10 - POLICY IN REGARD TO QUININE
AND OTHER ANTI-MALARIA DRUGS.

(These items were discussed together)

Summary of discussion

The Chairman opening the discussion stated that the Malaria Institute of India had done an enormous amount of pioneer work both on research and on control in the field of malaria and that the work of the Malaria Institute and its Director were known throughout the world wherever malaria control is a problem. At the request of the Chairman the Director of the Malaria Institute of India addressed the conference.

Major General G. Covell, Director, Malaria Institute of India, traced the history of anti-malaria work in India which began in 1909. The Bore Committee's recommendations on anti-malaria work were based on the recommendations of the Malaria Institute of India. The expansion of the Malaria Institute of India as recommended by the Bore Committee had already been undertaken. As regards the provinces it was desirable that they should set up headquarters institutions and malaria units on the lines recommended by the Bore Committee. It was necessary to concentrate on specific areas and to have demonstration projects to test whether particular schemes were practicable and could produce successful results. Preliminary investigation was necessary before tackling larger areas. This was what was being done in Bombay. General Covell described the striking results of anti-malaria work in the Army during the last war. If permanent and well trained malaria organisations were set up and stability and continuity of work were established it should be possible to control the disease in the country in about 10 years' time. The antimalaria personnel now coming back from the Army who had acquired considerable experience in the Army should be invaluable for service in the civil antimalaria schemes. In the case of such personnel field experience of control work was far more valuable than academic qualifications and mere academic

qualifications like Diplomas should not be insisted on.

The Honourable Mrs. R. Lakshminipathi (Madras) stated that the Madras Province had been following the Bhole Committee's recommendations as regards antimalaria organisations. The Honourable Minister described the organisation in the province. As regards quinine the Madras Government feared that if imports of Java quinine and other antimalaria drugs were allowed unimpeded the local industry may be undercut and would suffer. Madras had plans for the expansion of the cinchona industry and the Madras Government which was prepared to supply other Provinces, wanted a guarantee of protection for the industry with a small margin of profit to meet emergencies.

The Honourable Dr. Gilder (Bombay) agreed with General Covell that a preliminary survey was essential before starting large antimalaria schemes. The Bombay Government had already started antimalaria work in certain districts and proposed to extend the survey to the whole of the province. As regards quinine he was of opinion that India should attempt to be self sufficient and should also consider the question of manufacture of mepacrine in the country. The Bombay Government had sanctioned a special control scheme for testing the new antimalaria drug 'paludrine'.

Mr. A. G. Kher, Parliamentary Secretary, United Province, described the antimalaria organisation in the province and stated that it was proposed to increase the staff on the lines recommended by the Bhole Committee. As regards quinine the province would require about 90,000 lbs. of quinine every year as against the 18,000 lbs. they were getting now. The United Province Government was of opinion that the production of quinine should be increased at the producing centres and they were prepared to give a guarantee regarding price for a period of five years during which period the price was not likely to go down.

The Honourable Mr. B. Jha (Bihar) agreed that the antimalaria organisation recommended by the Bhole Committee was suitable and that as regards quinine a guarantee regarding price should be given to producing provinces.

Col. Clyde, Inspector General of Civil Hospitals, Punjab, stated that the Punjab Government agreed to the antimalaria organisation recommended by the Bhole Committee. As regards quinine the Punjab Government would agree to take 12,000 lbs. of quinine per year for ten years at the present price of Rs. 25 per lb. If the price were to rise they would have to revise their guarantee.

The Honourable Dr. Hasan (Central Province), stated that the province was taking up anti malaria measures in earnest and had as a beginning started two malaria units and appointed an Assistant Director of Public Health of Malaria. As soon as trained personnel was available they would increase the number of units. He stated that 6,000 lbs. of quinine was required by the province every year. He agreed that quinine production in India should be increased and suggested that the new anti-malaria drug should also be manufactured in India.

The Honourable Mr. Ram Nath Das (Assam) described the antimalaria scheme in the province and mentioned that about 200 acres were being cultivated with cinchona in the province and a yield of about 2000 lbs. of quinine was expected. They hoped to increase production and would like to have a lead from the Government of India in the matter. They would not like to incur any financial loss.

The Honourable Pandit Lingaraj Misra (Orissa) described the antimalaria organisation of the province and desired that the supply of pyrethrum and other antimalaria drugs should be made by the Centre. If the producing provinces could supply quinine at cost price Orissa was prepared to give a guarantee regarding price.

Major Zscherpel, Inspector General of Civil Hospitals, North West Frontier Province, described the antimalaria work being done in the province.

Dr. Akbani, Director of Public Health, Sind, described the antimalaria organisation in Sind drawn up on the advice of the Director of the Malaria Institute of India. As regards quinine he agreed that production should be continued and that a guarantee should be given to producing provinces but no profit

253
should be allowed.

-: 45 :-

Major Jaffar, Director of Public Health, Bengal, stated that the Bengal Government were setting up antimalaria organisations as suggested by the Bhore Committee and proposed to increase the production of quinine.

Diwan Bahadur S.A. Iyengar (Hyderabad) described the anti-malaria organisation in the State. Proposals for the creation of anti-malaria units in the interior of the State and the creation of a Central organisation were under consideration.

Dr. Vaishnavi (Kashmir) stated that malaria was not a big problem in Kashmir except in places bordering on the Punjab and for such areas a malaria survey had already been started. Kashmir was producing pyrethrum for antimalaria work.

Sir S.P. Rajagopalachariar (Gwalior) agreed that quinine production should be continued and the guarantee should be given to producing provinces if they required it. He suggested that there should be central coordination of supply of quinine and other antimalaria drugs.

Dr. Gopala Pillay (Travancore) stated that as regards the malaria organisation they were proceeding on the recommendation of the Bhore Committee. Travancore was dependent on Madras for quinine and he agreed that the quinine production should be continued and the necessary guarantee should be given.

Sir Teja Singh Malik (Patiala) stated that the great work done by the Malaria Institute of India under General Covell was responsible for the eradication of malaria from Delhi and methods based on their advice had helped to control malaria during the last year's floods in Patiala. He agreed that quinine production should be continued.

Rao Bahadur T.K. Nair (Cochin) stated that Cochin was in a helpless position as regards quinine. Cochin was prepared to consider the production of quinine if help was forthcoming from the Centre.

R E S O L U T I O N

At the conclusion of the discussion, on a motion from the Chair, the two following resolutions were passed by the Conference:-

-: 46 :-

Item No.9

126

254

"This Conference agrees

- (1) that a vigorous drive against malaria should receive priority in development programmes;
- (2) that, subject to adaptation to suit local conditions antimalaria organisations should follow the general framework of the organisation proposed by the Bhore Committee;
- (3) that antimalaria personnel trained in the Defence services should be utilised to the fullest possible extent".

Item No.10.

"This Conference agrees that quinine production should be continued and developed up to about 200,000 lbs. a year subject to review from time to time. It was also agreed that the views expressed by the Provincial Ministers on the subject of a guarantee to the producing provinces should be further considered by the Government of India in consultation with Provincial Governments".

(This item was included as a supplementary item in the agenda at the request of the Honourable Minister for Health from Madras)

The Honourable Mrs. R. Lakshmiipathi (Madras) moved the following resolution:-

- I. In accordance with the recommendations of the National Planning Committee, 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 "(i) 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 courses in Indian Medicine for graduates in Western Medicine.
- II. In accordance with Resolution No.13 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.
- III. This Conference resolves that, in the Central Council and Provincial Health Boards and Councils the departments and practitioners of Indian Medicine should be given due representation.
- IV. This Conference resolves that for appointments in the Medical and Public Health Departments preference should be given as far as possible to medical men who are trained in both Indian and the Western Systems of Medicine.

In moving the resolution the Honourable Minister said that the time had come to decide whether indigenous systems of medicine should be encouraged or not. 80 to 90 per cent of the population of the country were dependent on the Indian systems of medicine

and therefore those systems deserved support. From the economic point of view also it was necessary to exploit the herbal drugs produced in the country instead of importing manufactured drugs from abroad. Both the Indian National Congress and the National Planning Committee in their resolutions in earlier years had supported the case of Indian medicine and a minority section of the Bhoire Committee itself had recommended support to the indigenous systems. It was not the policy to supplant the scientific system of medicine but to supplement it and eventually to bring about an integrated system.

The Honourable Dr. Gilder (Bombay) stated that the Bombay province was the first to introduce legislation for the control and regulation of the indigenous systems of medicine. If there was a public demand for any system of medicine it was the duty of the Government to ensure that persons practising that system are properly trained in that system. They should also have sufficient knowledge to be able to diagnose the disease. If he could diagnose the disease he could then use whatever system of medicine he chose. That was a matter between him and his patient. He accepted the second part of the resolution but suggested the removal of the inverted commas.

The Honourable Dr. Hasan (Central Province) generally supported the resolution and stated that the Central Provinces Government intended to promote a bill for the regulation of Ayurvedic and Unani systems of medicine.

Mr. A. Williams, Secretary to Government, Punjab, stated that owing to the short notice given it was not possible for the Punjab representative to take part in the discussion or participate in the voting.

Mr. A. G. Kher, Parliamentary Secretary, United Province, stated that he supported parts I and II of the resolution. It was the policy of the United Province Government to support the indigenous systems of medicine and to train the necessary personnel. They wanted to develop a mixed system combining the the best elements of both the western and the indigenous systems.

As regards part IV of the resolution owing to lack of trained personnel it might not be practicable to adopt it and as regards part III also it may not be practicable to adopt it as there were no vaid and hakims of the required type to participate in such committees and there should be different boards for different systems.

The Honourable Mr. B. Jha (Bihar) stated that he was not in a position to give a definite opinion on the resolution because of short notice. He agreed that the indigenous systems were in great popular demand and so should be supported and that they should be properly controlled and regulated. As regards the resolution he agreed with the representative from the United Provinces that parts III and IV would not be very practicable.

The Honourable Mr. Ram Nath Das (Assam) generally agreed with what was stated by the Minister from Bihar.

The Honourable Pandit Lingaraj Misra (Orissa) stated that provision was made in the province for the ayurvedic system and he supported the resolution.

Major Khan, Inspector General of Civil Hospitals, Sind, mentioned that there was an Act in Sind to regulate the practice of indigenous systems of medicine and that it was the policy of the Sind Government to give help to indigenous systems. He disagreed with parts III and IV of the resolution and also with sub-para (c) of part I.

Major Jaffar (Bengal), said that he had no instructions from his Government on the subject.

Diwan Bahadur S. A. Iyengar (Hyderabad) agreed to sub-paras (a) & (c) of part I and part II of the resolution and as regards sub-para (b) of part I and part IV he thought that the position would depend upon the standard of education that would be given to graduates adopting the Indian systems. He dissented from part III and was of opinion that it would not be practicable to have a unified board consisting of both Indian and allopathic doctors and that there should be different boards.

Sir S. P. Rajagopalachariar (Gwalior) agreed to part I of the resolution. As regards parts II and III he considered that only duly qualified and recognised practitioners of indigenous

systems of medicine could^{be}/considered.

Dr. Gopala Pillay (Travancore) supported part I of the resolution.

Sir Teja Singh Malik (Patiala) agreed with part I of the resolution but did not agree to part IV. As regards parts II and III he was of opinion that the principle could be adopted if there were properly qualified men in the indigenous systems of medicine.

R.B. T.K. Nair (Cochin) stated that though there was an ayurvedic department in the State there was not much progress in the matter. The expenditure per head of the patients treated in the ayurvedic hospital was however much less than on patients treated in^{the}/allopathic dispensaries.

The Chairman summed up the discussion and as there was division of opinion on certain clauses of the resolution, he took the votes of the representatives on the different clauses of the resolution with the following results which were recorded:-

- "(1) The Conference is in agreement with parts I and II of the resolution.
- (2) The Conference is in agreement with part III of the resolution with the addition of the words "wherever possible" at the end of this part.
- (3) The Conference does not accept the proposal in part IV of the resolution."

Item 12 - ABOLITION OF THE CIVIL
BRANCH OF THE I.M.S.

(This item was included as a supplementary item in the agenda at the request of the Honourable Minister from Madras.)

The Honourable Mrs. Lakshmiipathi (Madras) moved the following resolution:-

"This Conference of Health Ministers is of opinion that there should be no civil branch of the Indian Medical Service and requests that the Central Government may arrange to take back immediately the Indian Medical Service personnel in Civil Employ in the provinces, and post them on the military side to which they rightly belong".

The Honourable Minister traced the history of the question and stated that the reservation of posts for the I.M.S. officers should go as it conflicted with provincial autonomy. The reasons for reserving posts for the I.M.S. in provincial cadres, namely, the necessity for having a war reserve and the necessity to provide European medical attendance for European Government officers were reasons which were no longer tenable now. So it was necessary to ask the Secretary of State to agree to the proposal.

The Honourable Ministers from Bombay, Bihar, Central Provinces, Assam and Orissa and the Parliamentary Secretary from the United Provinces supported the resolution. The resolution was passed by the Conference.

CONCLUSION

At the conclusion of the discussions the Chairman observed that the discussions at the Conference were most instructive and interesting and that he was glad to find that there was general agreement on the basic principles of the Bore report. For progress in the field of health and education active and positive cooperation between the Centre and the Provinces was essential and he felt sure that such cooperation would be maintained throughout. The Centre was prepared to help the provinces not only with expert advice and with institutions

261

-: 52 :-

organised by the Centre but also with substantial financial help to the extent possible. The whole conception of Government had changed and it was no longer possible for the State to remain as a police State maintaining law and order and collecting revenues. It was the function of the State to promote social welfare in every way and the new conception of social medicine visualized not merely an effective curative organisation but the organisation of every aspect of life which would go to make the people physically and mentally strong. It was clear that in the promotion of social welfare the indigenous systems of medicine if properly developed would be a very useful supplement to the modern system of medicine. It was the intention of the Central Government to convene such conferences at least ~~about~~ twice a year and he hoped that it would be possible for the Conference to meet again in ^{March} 1947. The Honourable Dr. Hasan, Minister from Central Provinces, proposed a vote of thanks to the Chair and Diwan Bahadur S.A. Iyengar (Hyderabad) on behalf of the Indian States seconded the vote of thanks.

20
26/11

27/11

27/11

130 262 Encl. P.H. Dep
SPL.
Letter 72 140 SPL/46-1 dated 25.11.46
To the Deputy Secretary to the Govt
of India,
Department of Health,
New Delhi.

Sir,

Summary of the proceedings of the
Central Provincial Health Conference -
Ref. your letter no. F2/12/46-PH
dated 18.11.46.

I am directed to acknowledge
the receipt of four copies of the Summary
of the proceedings of the Central Provincial
Health Conference.

I have etc.

Ry
25/11/46
25.11.46-

5

11/24

~~102~~

no. note: 72140 ⁽¹³¹⁾ ²⁶⁴ 5/14/6 19 Oct Edwards sep
2/12/6 spl.

Summary of the proceedings of the
Central Provincial Health Conference.

pp 15-19 y

1. A copy of the Summary of the discussions on item I of the agenda of The Central Provincial Health Conference relating to grants to Provinces for development and administrative procedure for dealing with development plans may be ^{forwarded} ~~communicated~~ to The Finance and Public (Planning and Development) Departments. No.

451-509

To the Finance Dept. ^{Person only} with Public (Planning and Ser.) 1/10/1940
cf.

2. A copy of the Summary of the discussion on item 10 of the agenda of the Central Provincial Health Conference relating to the policy in regard to quinine and other anti malaria drugs may be ^{forwarded} ~~communicated~~ to The Development Department as

Ser. Sept (Para 2 only)
 512 564 2

8/11/46 ^{ms} 22.11.46. $\frac{1}{22.11.46}$ 22.11.46. 2.12.46

[illegible]

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by Section
 H2. Section
 E1. Section

Copies given
 to D, H2 & E1
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~~1/16~~
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Post War Development Schemes - Medical and Public Health - Conference
at New Delhi.

① 10-29

Instructions have been issued to the Heads of Departments concerned for scrutinising the Post War plans of this Government with reference to the Bhore's Committee's report. The proposal of the Government of India to hold a conference of the representatives of the Central and Provincial Governments at New Delhi in the last week of April in order to consider and arrive at an agreed conclusion on the more important recommendations of the Committee ^{may be accepted.} ~~be quite welcomed.~~ The Bhore Committee's report cover numerous aspects of medical and public health administration. With a view to follow some form of uniform policy throughout India, a joint conference is essential.

2. The S.G. and the D.P.H., who are primarily concerned, may be permitted to attend the Conference at the cost of this Government. It does not seem necessary to consult the Board.

3. The other heads of Departments concerned namely, the Director of Public Instruction in respect of medical inspection of Schools, the Director of Town Planning in regard to Town Planning and the Chief Engineer, P.W.D. in regard to Water-Supply and Drainage need not attend the Conference. The case may be sent to Finance for remarks before circulation.

of the D.S., Mr. H. [unclear]
attends the conference,
I think the sending of
others may be dispensed
with. A preliminary
conference can be held
at Madras with all the
officers, at which the
S. [unclear] (adviser) as H. N.
may provide.
2
5.4.48.

who were taking of our Plans are necessary
 in the light of the above Committee's
 recommendations can be decided only after the
 report referred to is at once received &
 considered by the
 Venues - & even after the State is made
 no representation of his part can be a party
 to Government at after functioning on the

5/14/18 Submitted. 5/14/18
 5/14/18. A) May also be excused for the same reason as the other 1.000

Re
Impul
J. S. 4-46

The Govt of India
may be requested ^{by wire} to postpone
the conference till the middle of
May when the S. S. and D. L. H.

may attend at the cost of the
 Draft submitted.
 8/4/46
 DS/S
 18756 9/4/46
 The draft telegram may be accepted.
 8/4/46
 DS/S
 18756 9/4/46
 Draft telegram may be circulated
 for approval
 9/4/46
 DS/S
 18756 9/4/46
 Approved.
 9/4/46
 19318 9.4.46

ASST. SECRETARY TO GOVERNMENT
 EDUCATION AND PUBLIC HEALTH DEPT.
 9/4/46

135
 Issued as Telegram to Govt of India dated 9.4.46
 From the D.P.H. No 24339-1 Persh. 46. dated 8.4.46
 Submitted for perusal of the D.P.H's reply
 on page 9 of.
 Govt of India's reply to the telegram on
 page 7 of may be awaited.
 10/4/46
 From the Govt of India, Telegram, dated 14.4.46.
 The further Communication promised by
 the Govt of India in the telegram on page 13 of may be
 awaited. In the meantime a copy of the telegram
 may be Communicated to the S.G. and the D.P.H.
 A draft ends is submitted.
 17.4.46
 DS/S
 18756 9/4/46
 Issued as Persh no 18756 9/4/46-3 dated 22.4.46.
 From the P.A to the S.G. T.M. dated 13.5.46.
 Submitted that intimation about the meeting
 referred to on page 17 of has not been received from the
 Govt of India. In their telegram on page 13 of the
 Govt of India promised to send further
 Communication that have not yet done so. They in
 the meantime a draft telegram is submitted.
 13/5/46
 DS/S
 18756 9/4/46

22 APR 1946
 GOVERNMENT OF INDIA

29/5/46

It has been informally ascertained from Public (Genl) that formal orders permitting ^{him} to go for the Conference ^{has to} be issued by them in due course at the time of his departure from Madras.

any mail that he would be attending the Conference
3/5/46

Intimation from the Govt of India regarding the exact date or dates of the Conference may be awaited till 15.6.46.

Provisional
date 15.6.46
Jy. 1. 46
p31 of

3/5/46

SRK

3.6.46

3.6.46

from the Govt of India, 12/12/46. PR 9185.46

Please see the Govt of India's letter on page 33 of.

On receipt of intimation regarding the exact date or dates of the Conference Govt of India may be addressed for making necessary arrangements for residential accommodation required for the stay of Hon. Ministers (P.H.M.) and the Secy.

3.6.46
3.6.46

6/6/46

Yes. Unless Secy & H.M. make their own arrangements and stay with friends it is better to warn the Govt. of India so that they will secure accommodation in a hotel or hostel run by Govt. Unless previous arrangements are made there is likely to be considerable difficulties.

SRK

5.6.46

Secy.

H.A.P.H. may be. I intend staying with Mr T.N.S. Nani S. es, and do not therefore want any accommodation arranged.



H.M. (P.H.M.)

I am making my own arrangements for my stay at Delhi

R.L.
6.6.46

9

A draft letter is submitted.

137

7.6.46

7.6.46

Issued as letter no. 18756 9/46. 9.6.46.

The Govt. of India may now be addressed for giving the exact date or dates of the Conference. A draft telegram is submitted.

19.6.46.

19.6.46

I believe a letter with agenda has been received in which 1/6 and I have sent it back with a query.

3.6.46

The Secretary is presumably referring to the Govt. of India's letter in the ^{the letter file} of which there is no reference in that letter regarding the date or dates of the Conference. It is therefore proposed to obtain this information from the Govt. of India.

21/6/46

21/6/46

3.6.46

10
The draft tele
[Issued as telegram to Health Ind. New Delhi dated 22.6.46.] p 394
I am the fresh telegram as placed
below.

SRK

24.6.46

[Issued as telegram to Health Ind. New Delhi dated 24.6.46.] p 4114

Telegram from Health Ind. no. F2/12/46. PR dated 25.6.46. p 434
Issued as letter no. 18756-S/46. dated 26.6.46. p 444

Submitted to Secy and H.M. (P.H.M.) for

perusal of the telegram from the Govt of India and the
reply letter to the Govt of India on pages 43-44 of the

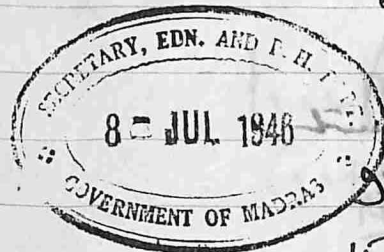
the conference has been postponed to the 1st week of
5/7/46 p 5.7.46

From the Govt of India telegram dated 25.7.46. p 474
It is now reported by the Govt. of India
that the Health Conference has been
H.D. (P.H.M.) p 474

fixed for 2nd and 3rd August 1946 at Simla and
that Sir Akbar Hydari will preside over the
Conference. The date and place of the Conference
may be accepted. But as it is not (138)
A draft reply telegram is submitted.

Rd
6.7.46

6/7/46



I will be unable to attend
the Conference on the 2nd & 3rd
of August as it coincides
with the Budget session when
my presence may be necessary
unless the dates are changed
to the 9th & 10th of August. If
I do not go the Secy may be
deputed to represent the
Minister along with R.L.
The D.P.H. - A telegram 7.7.46
may be sent asking for a change in
the dates.

12/1
The H₂ (P. H₂) has subsequently decided
to attend to Caprice on the 2nd & 3rd.
There is no need therefore to issue any
telegram to him. I have added the corrected
papers to his file.

8-7-66.

She has now suggested postponement
of confer to Sat 10th August.
Secy. informed

SRK

9/7/66

Asi

13/10
139
Health had
New Delhi

Important (?) From Viswanath
Ayyar to Oulsnam (?)

low the real

To ~~John~~ ~~2nd~~ ~~10~~ ~~5-7 PM~~ Healthind, New Delhi.

8/7/1946

18
8/7/50

H. A. (P. 1700) a. i.

7/7/66

From the Govt. of India telegram (Post copy) of 9.7.46.

Please see the telegram and post copy received from the Govt. of India on pp 53-57 CF. The reply to this Govt's telegram of 9.7.46 has not been received. Presumably the Provincial Health Conference will meet at Simla on 2nd and 3rd August 46. The Govt. of India desire to have the following particulars:-

1. Members of the party -
P. S. Kivana, Secy. to Govt., E.P.H.
2. Date of departure from Madras - 29.7.46 (8.30 A.M.)
3. Date of arrival at Delhi - 30.7.46 (12 noon)
4. Whether reservation required for journey from Delhi to Kalka and Kalka to Simla. *yes.*
5. Date of departure from Delhi to Simla - 31.7.46 (10.30 P.M.)
[Journey to break at Kalka and to proceed to Simla by car.]
6. Date of arrival at Simla - 1.8.46 (11 AM)
7. Commencement of Conference is at 10.30 AM on 2-8.46.
8. Whether accommodation required at Simla and for how many days. *From 1.8.46 to 4.8.46*
9. Whether reservation required for return journey. *yes. on 4.8.46*

S.R.K.
15.7.46

It is extremely doubtful whether H.D. (P.H.M.) will be able to go. *Yes.*

H.D. (P.H.M.)

[The main file has been submitted to Hon'ble Minister (P.H. & M).] The telegram may be submitted to H.M. (P.H. & M).

T.G.M.
18-7-1946
S.R.K.
18-7-46.
P.S.V.
18-7-46.
R(ukmani) L(akshmi)pathi
18-7-1946.

Issued as T.M. to the S.G. and D.P.H. dated 18.7.46
The Govt. of India have enquired whether the first week of September 1946 would be convenient for H.M. (P.H.M.) to attend the Conference. *order may be taken.* ~~Whether a reply may be sent to the Govt. of India in the affirmative.~~
The Legislative Assembly till 9-9-46, at which time it will be decided whether to go or not. *yes.*

Sulun *yes*
19.7.46
S. 9.10.11 Sept H.D. (P.H.M.)
suit my convenience

A draft telegram is submitted

20 JUL 1946

S. 20.7.46

20/7/46

S (a.v.)

Issued as telegram to the Govt. of India dated 20.7.46

From the Sg. T.M. dated 20.7.46

In connection with a proposal to hold an Administrative Medical Officers' Conference at the time of the Central Provincial Health Conference which was proposed to be held at Simla on 2nd and 3rd August 1946, the Director General, I.M.S. has ~~asked~~ the Sg. whether he would be accompanying the Hon'ble Minister for the Health Conference. With reference to this enquiry, the Sg. wants to know whether H.M. (P.H.M.) would like to take him to the Conference. Originally the proposal was to depute the Sg. and the D.P.H. to the Health Conference. Subsequently H.M. decided ~~not~~ to attend the conference along with Sg. (present Secretary). Later on in view of the inability to attend the conference on 2nd and 3rd August 1946 during the Budget Session H.M. wanted the Secretary to represent ^{H.M.} ~~the committee~~ at the conference along with D.P.H. The conference has now been postponed to September 1946 and the Govt. of India have been informed that 9th and 10th September would be suitable for H.M. to attend the conference. The Sg. has also been informed ^{about} of the postponement of the Health Conference to September 1946. It is not known whether the Administrative medical Officers' Conference has also been postponed by the Director General, I.M.S. to September 1946 or whether it would be held in advance of the Health Conference. For orders whether this point should be verified.

Orders may also be taken whether H.M. has any objection to the Sg. accompanying him. wishes to take the Sg. and the D.P.H. for the conference

Ms 2677/46
3/7/46

p67 of

p67 of

p67 of

p67 of

p2 and

p7 and

p11 and

p59-614

p69 of

p68 of

apparently decided to have both together
7.7.46

to be held early in Sept 46

21/7/46

21/7/46

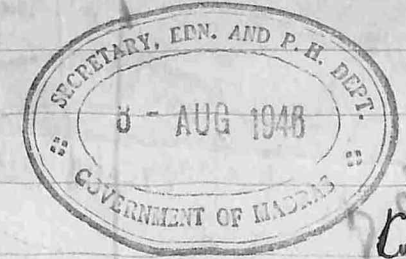
SREK

29.7.46

On case to S.G. and to D.P.H. who go to Delhi, and if the H.M. is willing to go, the presence of the Sg. and D.S. will become superfluous. It will be a great advantage for the S.G. and the D.P.H. to meet the vis-a-vis officers from other provinces, under the Presidentship of the Government of India. The preliminary conference that he proposed to hold at Adress will also become unnecessary.

Y.J.C.

As to who should go can H.M. (P.H.M.) be decided later on, on receipt of a reply from Delhi. There is no necessity for a preliminary conference, however the agenda may be discussed.



MS 2677/46

3.8.46

Submitted that the agenda of the conference to be held in September has not yet been received. In the telegram dated 1.8.46 on page 77 of The Govt. of India have been asked to wire the exact date of the conference and to send the complete agenda of the conference. For orders whether the reply may be awaited till

15.8.46

6/8/46
P.6.8.46

6/8/46

SREK 7.8.46

From the Govt of India, Telegram dated 5-8-46.

In reply to this Dept. Telegram dated 1.8.46,
for the exact dates of the Conference, the Govt. of
India report that the dates of the Conference
will be intimated as soon as they are settled.
No mention has, however, been made in their
reply telegram about the agenda of the
Conference. Presumably it will also be intimated
as soon as it is settled.

Rd
14.8.46.
J.14.8.46

14/8/46

Asst Secy

R.L.
16.8.46

S.R.K.
14.8.46



The Govt of India may perhaps be
reminded now.

A draft telegram is submitted.

L. to
22/8/46
17.8.46

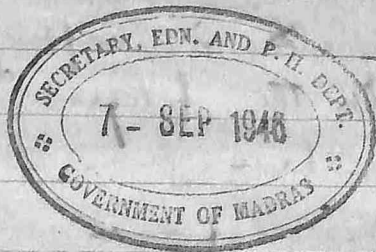
Rd
23.8.46
J.23.8.46

23/8/46

Saw in the press that the
date with will be 9/9 + 10/9/46
There is no point in reminding
before the formation of an "interim"
central Secy.

I agree
Asst Secy

S.R.K.
23.8.46



Asst Secy

R.L.
25.8.46

I agree,
no reminder
sent



23/8/46

143

21

An interim Govt is expected to
be formed on 2.9.46. This case may
lie over till 30/9/46 when a telegram may
be sent asking for information re the
date of the meeting. For order.

27/8/46

S.R.K.

27.8.46

Noted in
2/9/46 (f.m.)
27/8/46

Issue as Telegram to Govt of India dated 28.8.46.
From the Govt of India, Telegram dated 31.8.46.

Submitted for perusal of the Govt of India
reply on page 83 of. The further communication
promised by the Govt of India may be awaited till
20.9.46

14/9/46 perusal
done has
been informed
y the telegram
27/8/46

Rd
2/9/46
J.2.9.46

2/9/46

Asst Secy
3.9.46

H.N.(P.H.D.)

From the Govt of India telegram dated 29.46.

22/12

Ev P.H. Sep 21

The Secretariat of the Madras Legislature may be requested to state the dates referred to at A (above) on page 85 of.

Sd. T.G.M.
2.9.46.
Sd. S.R.K.
2.9.46.

Secret of Madras Legislature

P.H. no.

18756 21/46

29.46.



K+PH.

1203787/46-1716
319/46.

G1

144

SECRETARIAT OF THE MADRAS LEGISLATURE.

As at present arranged it is expected that the meeting of the Legislative Assembly will end on the 7th September 1946. It is not known when the Assembly will meet again after that date. It will depend upon the business which the Government may have.

The Council will meet on the 9th September 1946 and will continue to sit for a day or two afterwards to consider the business that may come to it from the Assembly and also some business which may be initiated in that House itself. It is not known whether the Assembly or Council will meet in October 1946.

With these remarks the telegram may be returned to Edn. & P.H. Department.

Ans
2.9.46.

21/9/46

Ev P.H. Sep 21

The Govt of India may be informed

24/

that meetings of The Provincial Assembly or Council have not been fixed after the 10th September 1946 and that the meetings of both the Houses ^{will} depend upon the business which the Govt may have.

A draft telegram is submitted.

3/9/46
J. 3.9.46

3/9/46

SRK
3.9.46

R.L.
6.9.46



(Issued as telegram to the Govt of India dated 4.9.46)

145

25

From the Govt of India, telegram dated 17.9.46.

192-430

192-7

192-7

The Govt of India have now decided to hold the Conference of the Health ministers at New Delhi on 10th, 11th and 12th October 1946. They want to know the names of Provincial Govt representatives who will attend the Conference and whether residential accommodation is required for them.

Attention is in this connection invited to H.M.'s note on pages 8 and 19 ^{ante} regarding accommodation and deputation of officers. Orders may be taken on these questions.

18/9/46

18/9/46

25/9

The Secy P.H. & S.G. or the D.P.H. may attend the Conference as their presence will be quite helpful in the discussions. I propose to stay with friends & hence no need for the Govt of India.

SNR
18/9/46

9.8.46

H.A. (P.H. & S.G.)

R.L.
20.9.46



[Do. No. 18356/G.O. No. 18356/9/46]

It is presumed that Secretary also will be staying with his friends but before sending a reply to the Govt of India, it may be ascertained whether the S.G. and the D.P.H. require any accommodation to be arranged for their stay at New Delhi.

A draft is submitted.

23/9/46
J. 23.9.46

2.6 was paid to DS
2.1.94 was 2.3/5/46
2.3/5/46

With reference to the orders in circulation on page 25 ante, the S.G. and the D.P.H may be asked to attend the Public Health Ministers' Conference to be held at New Delhi. They may be asked to wire direct to the Secy. to the Govt. of India, Dept. of Health if they require residential accommodation.

Doubt is put up. Finance may be for acceptance.

23.9.46

Seen by Secy
23.9.46

Fin (C80)

Please see the minutes of H.M (P.H) on p 25 above. The draft telegram ^{of the Memo} may be accepted and the case returned to Govt PH.
28/9/46 E.P.H.

Special

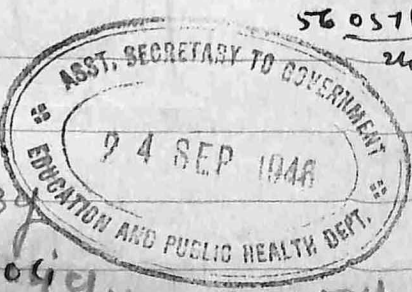
PH Memo
187569/46



Drafts may return. E.P.H.

51440 C81
24.9.46

SRK
24946



Issued as telegram to the Govt of India dated 24.9.46
Issued as Memo no. 18756 41/46 dated 24.9.46. p103
From the D.P.H. R.No. 1248-IT.A. 926 9.46. p104

The D.P.H seeks permission to take a person along with him when he proceeds to New Delhi for attending the Conference and ^{also} allow the person to draw travelling allowance ^{from Provincial funds} at the rates admissible in the Madras Travelling Allowance.

A draft memo is submitted. Finance may see.

28/9/46
P.89.46

20/9/46

Fin Memo
18756



(146)

Fin (C80)

(Previous Fin notes on p 26 above)
The draft memo may be accepted and the case returned to Govt PH.

28/9/46

28/9/46 E.P.H.

52402 C81/46
20.9.46



Draft may return.

20/9/46

SRK
30946

57576

Issued as Memo no. 18756 41/46. Dated 30.9.46.

From the Govt. of India Telegram dated 30.9.46.

Please see the telegram from the Govt of India at p 109 C.7. A copy of the Govt of India's telegram may be communicated to the D.P.H and the Secy. to the Govt of India and they may be requested to wire the date and time of their arrival in New Delhi and their residential addresses in Delhi if they are making their own arrangements for their stay. ~~in New Delhi~~
For orders. A draft end is subd for app!

2. D.S. and H.M. (PHIM) may kindly

note the probable date and time of their arrival in New Delhi and their residential address in New Delhi.

D.S. & H.M. have a Conference (on Town Planning) to attend on the 7th.

It is proposed that they propose to leave by air ~~on the morning of 8th~~ starting on the morning of 8th reaching New Delhi at about 5 PM on that day - for orders.

I am paying with Mr S. Angachen, Secy, cultural B.R. 10/10/46

This Spl. Secy. 1.10.46

Maybe transferred to special section

9th Oct. 10.46

Special as this passage to be arranged 1/10/46

PH Memo 18756

1.10.46

1/10/46

28/9/46

HD (P.H)

28/ This file has been returned to the Union after the P.H. Ministers Conference. These papers may be recorded. It remains this point.

47/37-10-46

in/success
20.9.46

2154
24906

2222

in/success
20.9.46

2154

2154

147

29

877-24

CR. 57319 from the Govt of India, Dept. of Health - No. 72-12-46-PH
26.9.46

Subject: - Conference to consideration of the Health Survey and Development Committee - Agenda.

The agenda for the P.H. Ministers Conference has been received from the Govt of India and at page 2 of - A copy of the Agenda together with the Govt of India's notes on the Subjects may be communicated to S.S., D.P.H., C.E. & the Dept. -

48 Jan
to San. Engineer
20.9.46

2. It is proposed whether the C.E. may also be asked to attend the preliminary meeting on the 5th in connection with item 1 on the Agenda (Water supply & Sanitation) - It may be stated that the C.E.'s views on the Bhor Committee's recommendation as regards Water supply & Drainage are contained in his letter of the 13th July in the Linked file -

CR 32654/46

3. The draft memo below is for approval.

30.9.46
20.9.46

30/9/46

SRK
30946
(P.T.O.)
20.9.46

Order on the previous page -
The draft do below is for
approval -

30.9.46

By
Sif. a

30.9.46 [DO No. 57319-2 (Spl.) P.H. 2, 30.9.46]

With reference to Hm's minute
attached on page 10 of suggesting the
inclusion of three topics subjects in
the Agenda for the Health Conference
Of these Sanitation is already
included in the Agenda sent by
the Govt. of India (item No. 8) -
As regards the other two subjects it
would appear to be too late now
to address the Govt. of India for
their inclusion in the Agenda.

It is for orders whether Hm.
would discuss the recommendations
Regarding Indian medicine and
Physical Education, informally
with the members of the Con-
ference at New Delhi.

Hm (P.H.M.) may see.

Indian System of Medicine

The scheme under consideration / by
Hm may be informally discussed as
proposed Physical Education.

DP. 2 may be / rather late
in the day.

15/10/46

2.10.46

2.10.46

2.10.46

Health Conference - New Delhi

In connection with the ensuing
Health Conference at New Delhi
which will be attended by Hm
P.H.M., S.G., D.P.H. & D.S. S.P.H.
(10th, 11th & 12th Oct^r), Hm
has convened a preliminary
Conference at S.G., D.P.H., C.E.
at 3 PM on the 5th to dis-
cuss with them the subjects
on the Agenda for the Health
Conference. Item 10 on the Agenda
relates to the policy in regard
to quinine and other anti-
malaria drugs -
Secy Dept. may be requested

(E)

32

2

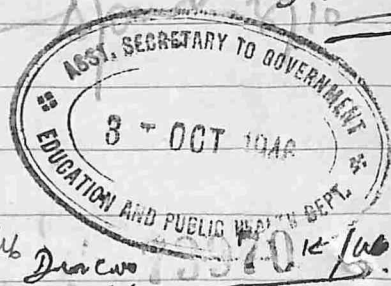
requested to be found as to be
present ~~at the present~~ at the
preliminary conference in the
H.M.'s room on the 5th.

W
3/10/46

3/10/46

3/10/46

L.P.H. v. no.
57319-3 spl
3.10.46



Levy, David

I by E.P.H. has no objection
to any and all work immediately connected with
the establishment of the Commission.

By E.P.H.

Dec. 10. 1946.
7397014/46-1
3/10/46

149

33

S.P.H.

Submitted

3/10/46

Am Pzante.

I shall do it, if Secretary has no objection.

3.10.46

No objection.
S. Shup.

34

A

This file has been returned to the office of the P.H. Minister's conference. As the record for may be reviewed for reference is one set

3. Some bank
Phase
document
~~Specified by~~

17.10.46

Go No 2007 P.H. dated 19-10-46

Recorded.

Conference -
Public Health
Minister's Conference

19.10.46

New Delhi - Paper
relating to the first meeting -
Agenda

19.10.46

Papers recorded.

19.10.46

19.10.46

17.10.46

36

24.5.46 119 01 27

Dr. A. P. I.
to Surgeon-General
for his information
— Adm. Secy
for his information
Dr. A. P. I.

Government of Madras.
Education and Public Health Department.

37

Memorandum No. 23763 G 1/46-1, dated 14th May 1946. (151)

Subject : - Postwar Reconstruction - Public Health and Medical Review of schemes with reference to Ehere Committee's Report.

From the Surgeon-General, No. 56965-4 P.W/45, dated 2nd May 1946.

The Government expect that, with reference to G.O.No. 892 P.H., dated 25th March 1946, the Surgeon-General will submit reports on the proposals, if any, of the Public Health Sub-Committee of the Postwar Reconstruction General Committee which have not been incorporated in the Postwar five years plan but have to be implemented later on and also on the recommendations made by the Ehere Committee which have not already been dealt with in the Provincial plans.

P.S. Viswanatha Ayyar,
Deputy Secretary to Government.

To the Surgeon-General.

Forwarded - By order-

not added to 23763/45
jn.

Superintendent.
Sle

438

Read the following paper:—

194

, dated

DEPARTMENT.

G.O. No.

ENCLOSURES.

No.

Received



MEDICAL DEPARTMENT.

Registered

19

Subject.

33872

Post War Reconstruction - Public Health and Medical.

ENCLOSURES.

No.

Spare copies

Ref. No. 56965-6-P.W./45.

Station Madras, Dated the 24th June 1946

From (Name) Major-General J.P. Huban, CSI., OBE., KHS., IMS.,

(Designation) Surgeon-General with the Govt. of Madras, Madras 6

To The Secretary to the Government of Madras,

EDUCATION AND PUBLIC HEALTH Department.
Madras.

Sir,

Ref:- Government Memorandum No. 23763-GI-46-I-P.H., dated 14th May 1946.

In the above, the Government have called for reports on the proposals if any (i) of the Public Health Sub Committee which have not been incorporated in the post war five years plan but have to be implemented later and (ii) also on the recommendations made by the Bhore Committee which have not already been dealt with in the Provincial plans. It may be stated that the general principles laid down by the Public Health Sub Committee and the Bhore Committee as regards expansion of medical relief have been embodied in the five year plans of the Madras Government and as stated in this Office letter Ref. No. 56965-4-P.W. dated 2-5-1946, they do not call for any revision. The recommendations of the Public Health Sub Committee regarding a Police Medical Service and separate police hospitals have not been included in the five year plan and the question of including the same in the post war plan is under the consideration of Government (vide this office letter Ref. No. 79850-2-P.W. dated 23-3-1946). The recommendation of the Public Health Sub Committee regarding the preliminary training of nurses and the full training of midwives and compounders at the District Headquarters Hospitals (vide para 11 of the proceedings of the Public Health Sub Committee dated 13-11-1944) are details connected with giving effect to the post war schemes, in general and separate communications in the matter will be addressed to Government in due course.

2. The five year plans of the Madras Government relate to (1) the establishment of additional medical colleges (2) improvements to teaching institutions (3) extension of medical relief (a) by opening primary centres (b) by improvement or reconstruction of secondary centres and (c) by improvement or reconstruction of District Headquarters Hospitals; (4) improvements to the tuberculosis sanatoria and the establishment of new sanatoria (5) anti-leprosy campaign and (6) development of the King Institute, Guindy, whereas the recommendations of the Bhole Committee cover a number of subjects besides the above. The five year plan of the Government cannot possibly cover all the subjects mentioned in the Bhole Committee's report.

3. The recommendations of the Bhole Committee are dealt with separately either by the Surgeon-General in the first instance or at the instance of Government from whom references are received to make recommendations on specific subjects. The Government have been addressed on the following points.

- (1) Appointment of a single medical officer as Head of the Administration for the Medical and Public Health Departments. (vide Ref. No. 56965-5-P.W., dated 1st May 1946 and letter Ref. No. 39021-1-P.W. dated 24th June 1946. This has reference to para 11(5) of the Committee's report, Volume II, page 21). X1 (25418)
- (2) Appointment of a District Health Board (vide letter Ref. No. 32497-1-P.W. dated 25-5-1946. This has reference to para 11(6) of the report (page 21) and paras 39 to 43 on pages 308-309). X2
- (3) Selection of students to medical colleges by merit. (Para 24 on page 345 of the report) X2
- (4) Training of nurses in Midwifery being made optional with reference to recommendation in para 140 (page 397) of report. X1
- (5) Training of almoners in foreign countries with reference to para 162 on page 405 of the report. X2
- (6) Establishment of mobile units to provide an itinerant medical service to areas which may be in-sufficiently served with reference to para 83 on page 62 and para 11 on page 142 of Report (vide letter Ref. No. 36638-1-P.W., dated 11-8-1946). X3

The following points are under consideration and Government will be addressed shortly.

- (1) medical inspection of school children with reference to chapter IX of report. X2
- (2) provision of accommodation for infectious diseases. X1
- (3) training of dhais (para 145 to 152 on pages 399 to 402) X1

It is requested that if Government consider that any of the recommendations of the Health Survey and Development Committee should be taken up first, a reference may kindly be sent in the matter so that the same may be examined and necessary recommendation submitted to Government.

Your obedient servant,

Mathlam

MR. 24/6.

for Surgeon-General with the Government of Madras.

8/6

153

41

Edw. R. H. Dept
-91

11/4 [Issued as Memo No. 23763 41/46-1 dated 14.5.46]

11/3-44 Cmo. 33072 41/46. From The Sg. No. 56965-6 P.W. dated 24.6.46.

Postwar Reconstruction - Public Health and Medical

Post-war Schemes specified in para 1 of the Sg's report on page 3 of

1. Scheme for the establishment of the separate Police hospitals and Police medical service referred to in para 1 of the report.

The Govt. have not considered the scheme as so urgent as to warrant its being included in the Post war Reconstruction Schemes of the Medical department for the first quinquennium and the

Ha. 3/2

S.G. is being asked to include it in the Postwar
Schemes for the second quinquennium.

13.7.46

By
4/7/46
J.H.7.46

That

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Postwar schemes in the first five year plan relating
to medical and public health mentioned in
para 2 of the S.G.'s report on page 2 of.

1. Scheme no. 104 in the Postwar five year plan -
Development of the King Institute, Guindy.

Approximate estimates and plans for the
provision of additional laboratory accommodation
in the King Institute, Guindy and the two regional
laboratories one at Madras and another at Vijayapattanam
have been received and are under consideration
separately.

Re
4.7.46
J.H.7.46

d. Item (4) 2 para 3 on p 4 CF. The S.G. has
submitted proposals for making the midwifery
training for nurse pupils optional. The matter is

under consideration. A reference has been made to
the S. G. and his reply is awaited.

4/7
Item (1) in para 3 of S. G.'s letter on 4/4/46
the question is being examined
separately

4/7
Item (5) in para 3 of S. G.'s letter on 4/4/46
The S. G. has sent up proposals for the
training of Almoners in foreign countries
and the matter is under consideration.

4/7/46
Item (3) in para (3) of the S. G.'s letter: The
question is being considered separately. The
question is being considered separately. The
question is being considered separately. The

155
and (6)
Items (2) & (3) of the S. G.'s letter
The question is being examined separately. A note
has already been submitted.

4/7/46
5/7/46

The proposals regarding 'A' in para 3 of the S. G.'s letter
on page 4 of may be awaited.

For order whether any reference need be issued
to the S. G. for examining first any of the recommendations
of the Health Survey and Development Committee.

last sentence
on 4/4/46

4/7/46

Box page 4 of
When a new scheme
formed in the office for work in
the Blue Committee's report, each case
may be started here and reference

46/5

62

sent to the S.G. Meanwhile
action is being taken in the P.H. Ministers
conference file. ~~the~~ immediate action
is required in this case. This
will be dealt with after a section
is formed for which sanction is
expected very shortly. ?

12/7/46

J. B. J. C.

Please put in file also up to me before the
conference.

B. J. C.

It has been decided to hold the Preliminary Conference
on 5.10.46. ~~at 3 P.M.~~ The S.G. and the D.P.H. have been
invited to attend the conference at 3 P.M. on 5.10.46 at
H.M. (P.H. & A.)'s room.

20/9/46

J. B. J. C.

30.9.46

GI
Forward
to the
SPL
10/10/46

156

47/6

The Shore Committee's recommendations are
being taken up for examination one by one
and reference made to S.G. D.P.H. etc. wherever
this may be filed with the

30/9/46.

31.10.46

1/4/46

Ev PH Sep

157

Spl

no. 7214 S/L/46. From the Govt of India, no. F.2/12/46.
R dated 18.11.46.

Summary of the proceedings of the Central Provincial Health Conference.

Finance and Public (Planning and Development) may be furnished with a copy of the Summary of the discussion on item relating to Grants to Provinces for development and administrative procedure for dealing with development plans.

2- El section in this Dept and Sec dealing respectively with items 9 and 10 ~~respectively~~ relating to the establishment of anti-malaria organisation and the policy in regard to quinine and other anti-malaria drugs may be given a copy of the summary of the discussions on these items.
Draft note submitted.

3- H2 is concerned with item no 11 relating to Indian medicine. It may be given a copy of the discussion on this item.

4- H1 concerned with item 12 relating to the abolition of the Civil branch of the D. H. S. may be furnished with a copy of the resolution passed by the Central Provincial Health Conference on this item.

As regards other items relevant copies of the discussions have been added to the Concurrent file pending in this section to be dealt with separately.

The papers may now be added to G.O. no. 2067 P.H. dated 19.10.46.

8/11/46

28.11.46

28.11.46
2/12/46
2/12/46