

Educational (1898) Department.

ORDINARY PRINTED.

G.O., No. 338

DATED 7-6-98

INDEXED.

5-5

[Despatch Abstract.]

Referring to the D.P.I. and
the S.E., for any remarks they may
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Medical Assoc., Calcutta, on the subject
of reform in medical education and
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Government (1898) of Madras. EDUCATIONAL.

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Enclosures

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G.O., No. 338, 7th June 1898.

JUNE.

Referring to the Director of Public Instruction and the Surgeon-General, for any remarks they may see fit to offer, letter from the Indian Medical Association, Calcutta, on the subject of reform in medical education and medical examinations in India.

GOVERNMENT OF MADRAS.

EDUCATIONAL DEPARTMENT.

Read—the following paper:—

From J. R. WALLACE, Esq., M.D., F.R.C.S., Secretary, Indian Medical Association, to the Chief Secretary to the Government of Madras, dated Calcutta, 20th May 1898.

The subject of reform in medical education and examinations has come prominently to the front in India recently. The *Indian Medical Record*, the organ of the local profession and of this Association, has voiced the public sentiments and views on this subject for the past ten years, and the Council realise most keenly that the time has come when action should be taken to place the question of reform in medical education and medical examinations before the Government, in view to a definite and equalised standard being adopted for the colleges and schools of the country.

The Council feel that were they to outline the direction in which reforms should be made, they would indicate them as follows: (1) a uniform standard of preliminary examination; (2) a uniform standard of education and professional examination; (3) the formation of a council to exercise disciplinary powers similar to those of the General Medical Council of Great Britain.

It may be interesting, while placing the subject of these necessary reforms before the Government, to take a glance at the condition of medical education and examinations in the Indian Empire.

In the first place we have no body comparable to the General Medical Council to supervise education and protect the public from the dealings of unqualified persons. In India everything is in the hands of the Government of the country, and it may be well in this connection to ask—

How does the Government look after the interests of the public by upholding the standard of medical education?

As a question of practical importance, it seems to have been altogether lost sight of, so varied and widely divergent are the standards with which we are surrounded, while the number of new schools constantly arising and granting their own diplomas must strike dismay into the minds of those who are interested in the future welfare of the medical profession in India.

The uniform standard of professional examination, the one portal system for each class, so ardently hoped for by many Indian reformers, is considered as entirely within the bounds of possibility in a country like India, where the State is all powerful and the vested interests are few, so that the question presents no obstacles that cannot be easily overcome.

At the present day, competition with Government schools by private institutions hardly exists in India, but that it will arise in the future, if not prevented, no one can doubt. The existence of two such diploma-granting schools in Calcutta is proof of this assertion.

Unfortunately in this country, at the present day, the tendency is to lower, and not to elevate, the standard of medical education; for we find the Government willing to accept anything in the shape of a "diploma" as good enough for its own local services and for the medical requirements of the public.

This is a question which demands the earnest attention, not only of the Government, but of the universities. It is obviously one of the chief functions of a university to uphold and elevate the standard of education, and if it fails to do this, its influence and importance must become depreciated.

Now what is to be said of a university that, without protesting, permits private bodies to grant counterfeits of its degrees? What can we say, except that it has become a nonentity as far as its influence over education and even over its own rights is concerned.

Yet we have several bodies granting hybrid diplomas. There is the V.L.M.S., which stands for Vernacular Licentiate of Medicine and Surgery, L.T.M.S., Licentiate of the Temple Medical School. What are these but imitations of the L.M.S. degree of the universities?

These titles are astonishing enough, but what strikes us with utter amazement is to find the exact counterpart of the university degree granted under the auspices of the Dufferin Fund. How has it come to pass that this fund grants a License in Medicine and Surgery?

The whole question must be raised as to the legality of these licenses. Under what authority are they given and what benefits do they confer? Are the holders of them held to be qualified practitioners in the eyes of the law?

The criterion of qualification in Great Britain is *Registration* under the Medical Acts of the United Kingdom. The degree or diploma in itself is not sufficient to constitute a qualified practitioner, it only enables the holder to be registered. It is registration which confers the benefits accruing to qualification.

A person who is unregistered is unqualified before the law.

What is the criterion of qualification in India? Under what authority do these different schools, and even private bodies, grant licenses to practice Medicine and Surgery, and who is responsible that the education given by all these bodies is up to the necessary standard? All these are matters which require elucidation, and it is to the interest of all concerned that they should be put on a proper footing by the Government of the country.

When we turn to the universities themselves, we find some anomalies for which we can discover no reason. It is a curious thing that the standard of preliminary education demanded by all is not the same.

In Bombay and Madras the Matriculation opens the way for the L.M. and S. In Calcutta it is necessary, in addition to the Matriculation, to pass the First Arts, and in the Punjab University the Intermediate is required. From this we conclude that the standard of preliminary education is lower in Madras and Bombay than it is in Calcutta and Lahore, and it is obvious that if it were not for the greatness of the distances in this country, most of the students requiring medical qualifications would flock to the two former universities.

Again, there is no uniformity in the degrees that Indian Universities grant. Surely in these minor matters much might be gained by adopting the same *nomenclature*. At present the Calcutta University grants a License in Medicine and Surgery, Bachelor in Medicine and Doctor in Medicine. Madras University grants a License in Medicine and Surgery, Bachelor of Medicine and Master in Surgery, and Doctor of Medicine.

Bombay University grants the degree of Licentiate of Medicine and Surgery, and Doctor of Medicine, but no Bachelor's degree.

To what end are all these differences and minute distinctions?

Uniformity of examination and qualification is required also in the Military Assistant Surgeon class. At present three colleges grant diplomas to these men, and the diploma is different in each case. The Calcutta Medical College grants the D.M.C.C. Diplomate Medical College, Calcutta. The Grant Medical College, Bombay, grants D.G.M.C., and the Madras Medical College D.M.M.C. All these colleges might easily give the same title, say, Diplomate in Medicine, Surgery and Midwifery.

(D.M.S.M.) The educational standard for Military Assistant Surgeons should be fixed at the University Entrance; the course of study should be extended to five years, and there should still be a preliminary competitive examination.

Much reform is required in the education of Hospital Assistants and the junior class of practitioners on a level with them, who are turned out of State and private medical schools. At present they are all educated in the vernaculars. They should all be educated in English; in fact, there should be an English test before they enter upon their medical studies. Finally, there should be one standard examination for all the Government schools that turn out this class of men, their course of study should be four years, and they should receive a definite qualification, say, a Certificate in Medicine, Surgery and Midwifery (C.M.S.M.). Private medical schools which train this particular class should be placed under State inspection as regards their standard of education and examination and their alumni should be compelled to pass the State examinations of their class. Certificates of qualification should be granted alone by the Government.

It is, however, when we come to consider the mode of appointing the various professors in the different universities that we hit upon the most curious anomalies of all. In making these appointments, the Government apparently thinks that because a man holds a good "qualification" he is fit to "profess" in any subject. Doubtless many of those selected, would, if given a fair chance: but few possess the necessary versatility to profess in Chemistry one month, in Pathology the next, and perhaps in Obstetrics the next. Yet the exigencies of the service are so great and the tenure of office so uncertain, that this is what is actually demanded. Far more attention should be given to the selection of men for these posts, and the period of office should be fixed, and the longer the period the better, provided the right man was secured for each chair.

In conclusion, the Council of the Indian Medical Association desire to urge the following points in connection with medical education and medical examination upon the serious and early consideration of the Government:—

(1) A unified standard of preliminary examination in general education for admission to medical study for all universities in India. As the F.A. of Calcutta and the Intermediate of Lahore are already accepted by two universities, the other academical bodies should be asked to raise their preliminary educational standard to this level.

(2) That the medical degrees granted by Indian universities be of one standard, and one nomenclature, namely—

- (a) Licentiate of Medicine and Surgery or L.M.S.
- (b) Bachelor of Medicine or M.B.
- (c) Master of Surgery or C.M.
- (d) Doctor of Medicine or M.D.

No imitations of these degrees should be permitted.

(3) A unified standard of preliminary examination (the Entrance or Matriculation of Indian Universities or the High School Certificate), a full curriculum (5 years) and a unified diploma (Diplomate in Medicine, Surgery and Midwifery or D.M.S.M.) for all Military Assistant Surgeons.

(4) A unified standard of preliminary examination (the Middle School Examination of the Government European Code of its equivalent Entrance), a curriculum of four years' medical study, and a unified professional examination and certificate of qualification for all Hospital Assistants, whether civil or military, and for all junior medical schools, whether State or private. Certificate in Medicine, Surgery and Midwifery (C.M.S.M.).

(5) The formation of a General Medical Council for India (with powers similar to the General Medical Council of Great Britain) composed of an equal proportion of Government officials and independent medical practitioners.

The Council desire to press for the urgent attention of these matters by the Government, as not only do they point to a most chaotic and unsatisfactory condition of affairs medical, but the continuance of their existence is calling into being uncontrolled private institutions, which are claiming, not only to educate in Medicine, but are granting diplomas to practice the art of Medicine, Surgery and Midwifery. The

Council claims that, as the representative of the medical profession in India, it would be failing in its duty to the Government, the profession and the public, if it did not strongly urge the importance and real necessity for State interference in the matters herein referred to.

ORDER—No. 338, Educational, dated 7th June 1898.

The foregoing letter from the Indian Medical Association will be referred to the Director of Public Instruction and the Surgeon-General for any remarks they may see fit to offer.

(True Extract.)

G. S. FORBES,
Secretary to Government.

To the Director of Public Instruction.
" Surgeon-General.

Educational (1898) Department.

CURRENT No. 690

From
The Secretary,
Indian Medical Association,
Calcutta.

Order No 338 of 7-6-98

No.

The foregoing letter from
the Indian Medical Association
will be referred to the D.P.D.
for the sanction-general for any
remarks they may see fit to add.

Dated 20th May 1898

Received { 28th May 1898
Registered

Enclosures -

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SUBJECT.

Re certain proposals
connected with medical
education and medical
examinations in Indian
Universities.

To the D.P.D. { read & pd
- S.H. - 18-6-98
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