

Educational (1898) Department.

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G.O., No. 498-99

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8-8

[Despatch Abstract.]

Medical Education & Medical Exams in India

Recording letters from the S. & the D.P.I. offering remarks on letter from the Indian Medical Assoc., Calcutta, on the subject of reform in —.

[Letter Abet.]

Acknowledging receipt of letter dated 20th May 1898 on the subject of reform in — & forwarding a copy of the proceedings of this post thereon.

T
11-8-98

BACK PAPERS.

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

FURTHER PAPERS.

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

Government {1898} of Madras. EDUCATIONAL.

Recd. } *Enclosures*
Regd. } 1898. *Spare copies*

G.O., No. 498, 11th August 1898.

AUGUST.

Medical Education and Medical Examinations in India.

Recording letters from the Surgeon-General and the Director of Public Instruction offering remarks on letter from the Indian Medical Association, Calcutta, on the subject of reform in —.

GOVERNMENT OF MADRAS.

EDUCATIONAL DEPARTMENT.

Read—again the following paper :—

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

Read—the following letter 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 practise 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.)

(Signed) G. S. FORBES,
Secretary to Government.

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

READ—also the following papers:—

From Surgeon-Major-General C. SIBTHORPE, C.B., F.R.C.P.I., Surgeon-General with the Government of Madras, to the Secretary to Government, Educational Department, dated Ootacamund, 11th July 1898, No. 286-Tour.

With reference to G.O., No. 338, Educational, dated 7th June 1898, I have the honour to submit the following remarks.

2. Many of the remarks of the Indian Medical Association are based on its experience of the condition of medical education in Northern India and do not apply to Madras.

3. It will be seen from the revised Madras University By-Laws 192 to 237 and from the schemes for the re-organization of the Medical College and schools now before Government and partly disposed of in G.O., No. 654, Educational, dated 22nd October 1896, that all possible steps are being taken to improve the tone of medical education in this Presidency and that the Government is doing its best to look after the interests of the public by upholding the standard of medical education. Such important reforms can only be introduced gradually if they are to be appreciated and accepted by the public.

4. Considering the varying standards of education in India, I feel some diffidence in giving an opinion as to whether it will be possible to carry out the reform suggested by the Association, viz., uniform standards of preliminary examination, of education and of professional examination throughout the whole Indian Empire.

5. As regards the proposed formation of a medical council to exercise disciplinary powers similar to those of the General Medical Council of Great Britain, the idea is undoubtedly an excellent one, but it appears difficult to put it into practice. The council in India would as a matter of necessity be composed exclusively of Government servants, as there are so few medical men outside the Government service who would be worth being placed on it. Such a council would not in my opinion be of much advantage. It will, I think, serve the purpose in view if the universities are given disciplinary powers over their graduates.

6. The Association's remark that "unfortunately in this country at the present day the tendency is to lower and not to elevate the standard of medical education" is hardly applicable to Madras. As shown in the preceding paragraphs, the tendency is otherwise in this Presidency. We have no private schools which grant their own diplomas. Such a system is certainly pernicious and ought not to be tolerated—in fact no schools should be allowed to spring up except under the supervision and approval of the Educational Department as advised by the Chief Administrative Medical Officer of the Government.

7. It is not a fact that in Madras the Matriculation opens the way for the L.M. and S. degree. Candidates for this degree are required to have passed the First Arts Examination before entering on their medical studies.

8. I agree with the Association that there should be uniformity in the degrees granted by Indian Universities by adopting the same nomenclature. In Madras a degree in Sanitary Science has also been instituted which the Association does not apparently seem to be aware of.

9. As regards the Military Assistant Surgeon class, students for this grade in Madras are educated almost to the L.M. and S. standard. A few years ago a trial was made with the sanction of the Government of India to stop eleemosynary education and to recruit the department from amongst private candidates possessing the L.M. and S. degree of an Indian University, but as the scheme did not succeed a reversion had to be made to the old stipended pupilage system.

10. The Madras Hospital Assistants are not educated in the vernaculars. Some time ago there was a Local Fund school in Nellore which trained some of its men in the vernaculars for *local work*, but the school has since been abolished and the requirements of the district board are now met by the Medical Department. The system in force in Madras practically meets all the recommendations of the Association in this respect.

11. With reference to the appointment of professors to teach special subjects, Government is aware that great care is exercised in selecting the best men available and that no nomination is made unless it is jointly recommended both by the Surgeon-General and the Director of Public Instruction.

From the Hon'ble Mr. D. DUNCAN, M.A., D.Sc., LL.D., Director of Public Instruction, to the Secretary to Government, Educational Department, dated Madras, 22nd July 1898, No. 7974.

With advertence to G.O., No. 338, Educational, dated 7th June 1898, referring, for my remarks, letter from the Indian Medical Association, Calcutta, on the subject of reform in medical education and medical examinations in India, I have the honour to subjoin the resolution of the Medical College Council on the above reference.

"The council being of opinion that the Indian Medical Association is a body in no way representative of medical opinion in India or even in Calcutta, and in view of the fact that Dr. Wallace's letter contains such glaring inaccuracies and misstatements (especially as regards the standards of professional education and examination in Madras), consider that no useful purpose would be subserved by detailed discussion of the points raised in Dr. Wallace's letter."

2. In these remarks of the council I fully concur.

ORDER—No. 498, Educational, dated 11th August 1898.

Recorded.

[Here enter letter, No. 499, Educational, dated 11th August 1898.]

(True Extract.)

H. TREMENHEERE,
Secretary to Government.

To the Surgeon-General.
" Director of Public Instruction.
Editors' Table.

Ed. A. F. Eccleston.

Government {1898} of Madras. EDUCATIONAL.

Recd.

Enclosures

1898.

Regd.

Spare copies

Letter, No. 499, 11th August 1898.

AUGUST.

Medical Education and Medical Examinations in India.

Acknowledging receipt of letter, dated 20th May 1898, on the subject of reform in — and forwarding a copy of the proceedings of this Government thereon.

No. 499, EDUCATIONAL, 11TH AUGUST 1898.

EDUCATIONAL DEPARTMENT.

LETTER—from

H. TREMENHEERE, Esq., I.C.S.,
SECRETARY TO THE GOVERNMENT OF
Fort St. George,

To

THE SECRETARY OF THE INDIAN MEDICAL ASSOCIATION.

SIR,

I am directed to acknowledge the receipt of your letter, dated 20th May 1898, and to forward herewith a copy of G.O., No. 498, Educational, dated 11th August 1898, for your information.

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

OOTACAMUND,
11th August 1898.

Secretary to Government.

^{educational} Public (1898) Department.

CURRENT No. 8



To lie over till the D.P. is
reply is received.

MA 15-7-98 AL 16-7-98

Order

From Surgeon-Maj: Genl C. S. L. Thorpe, C.B.
F.R.C.P.S.
Surgeon-Genl with the Govt of Madras

No. 281

Dated 11th July 1898
Received } 14th July 1898
Registered }
Enclosures -
Spare copies -

SUBJECT.

Submitting remarks on the subject
of reform in Medical Education
and Medical Examinations in
Lydia.

SR
first paper
27/7/98
25-7-98

BACK PAPERS.

G.O.	No.	Department.	Date.
			Recd. papers 7/27/28.

FURTHER PAPERS.

G.O.	No.	Department.	Date.

Educational (1898) Department.

CURRENT No. 948

338/98

From the Secy. Pub. Instruction
Masses

Order

No. 7974

Dated 22 July 1898

Received 23 JUL 1898

Registered 23 July 1898

Enclosures *nil*

Spare copies

SUBJECT.

Subjoining the
resolution of the Medical
College Council on the subject
of the reform in Medical
Education proposed by the
American Medical Association,

*Recd long app
for. minor
reformatory
of the
23/7/98*

DESPATCHED
22 JUL 93

BACK PAPERS.

G.O.	No.	Department.	Date.
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FURTHER PAPERS.

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R/8

[G.]
[25 A]
500-8-12-97.

Educational DEPARTMENT.

C. No. 886 + 948 798

SUBJECT.

Reforms in Medical Education

FOR ORDERS.

Please see the remarks of the Medical College Council of the D.P.I. in cno 948.

The papers may be recorded and the receipt of the letter from the Indian Medical Association may simply be acknowledged.

The S. & points out that many of the remarks of the Indian Medical Assn do not apply to Madras

ab
28/7/98

The Medical Coll. Council & the D.P.I. consider that there is not worth discussion.

The papers might be placed on S.T. HT
28/8

Order no 498 of 11-8-98 with copy of the letter
P.S. Recorded

ab
8/8/98

Letter no 499 of 11-8-98 to the Secretary of the Indian Medical Assn.

Sir, am directed to acknowledge the receipt of your letter of 20th May 1898 & to forward a copy of G.O. no. 498 for your information.

To see Indian Medical Assn
S. &
D.P.I. & Editor Table
Y.S. Inclusive of the letters
J.S. & D.P.I.
28/8/98

First copy sent to Press. 11/8

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Letter only. 15
Order complete with Letter. 15

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READ AGAIN G.O., No.
189

DATED

CURRENT No.

As marked.

ENCLOSURES TO G. No.

ORDER OF GOVERNMENT

LETTER OF GOVERNMENT

STATEMENT WITH DITTO.

PAPERS NOT FILED UP, BEING MEANT FOR DEEPAYOR
IN ORIGINAL.

N.B.—

- A = Print in full.
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- P = Print abstract only.
- Q = Print heading only.